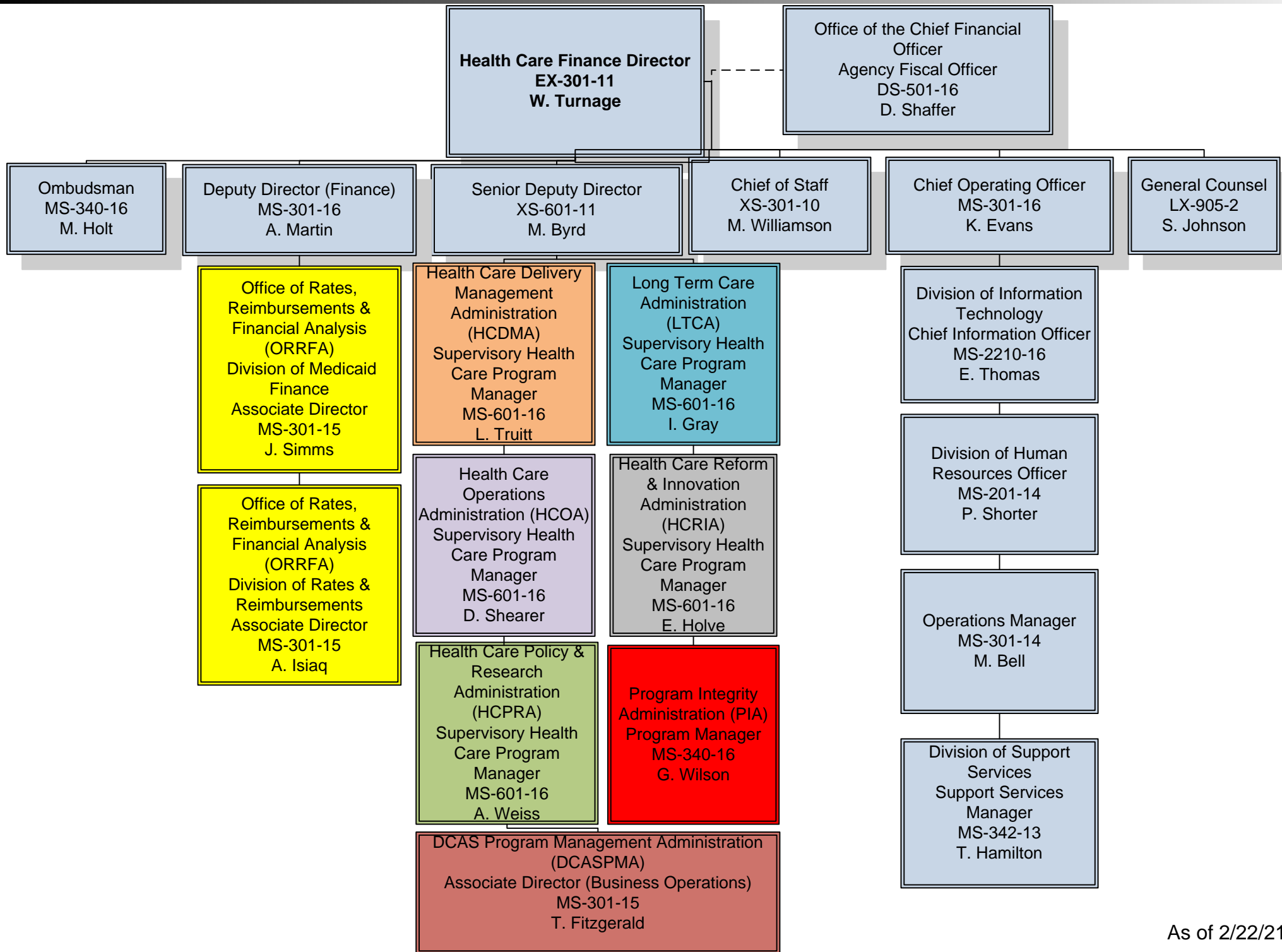
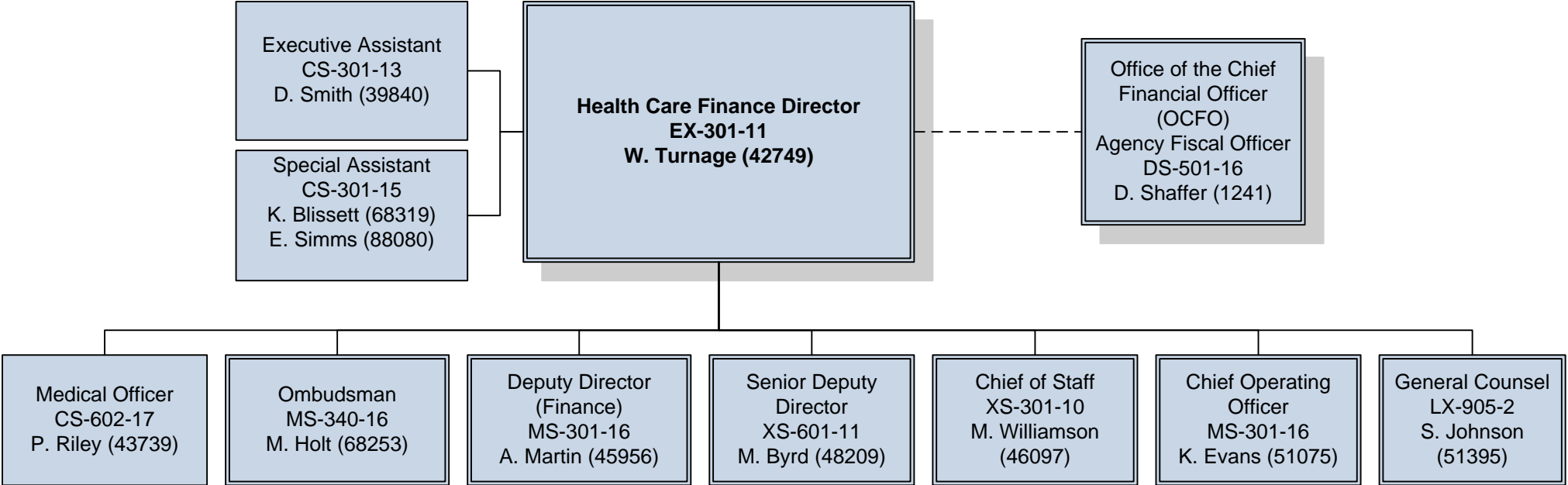


## DHCF Organizational Chart – Agency Structure



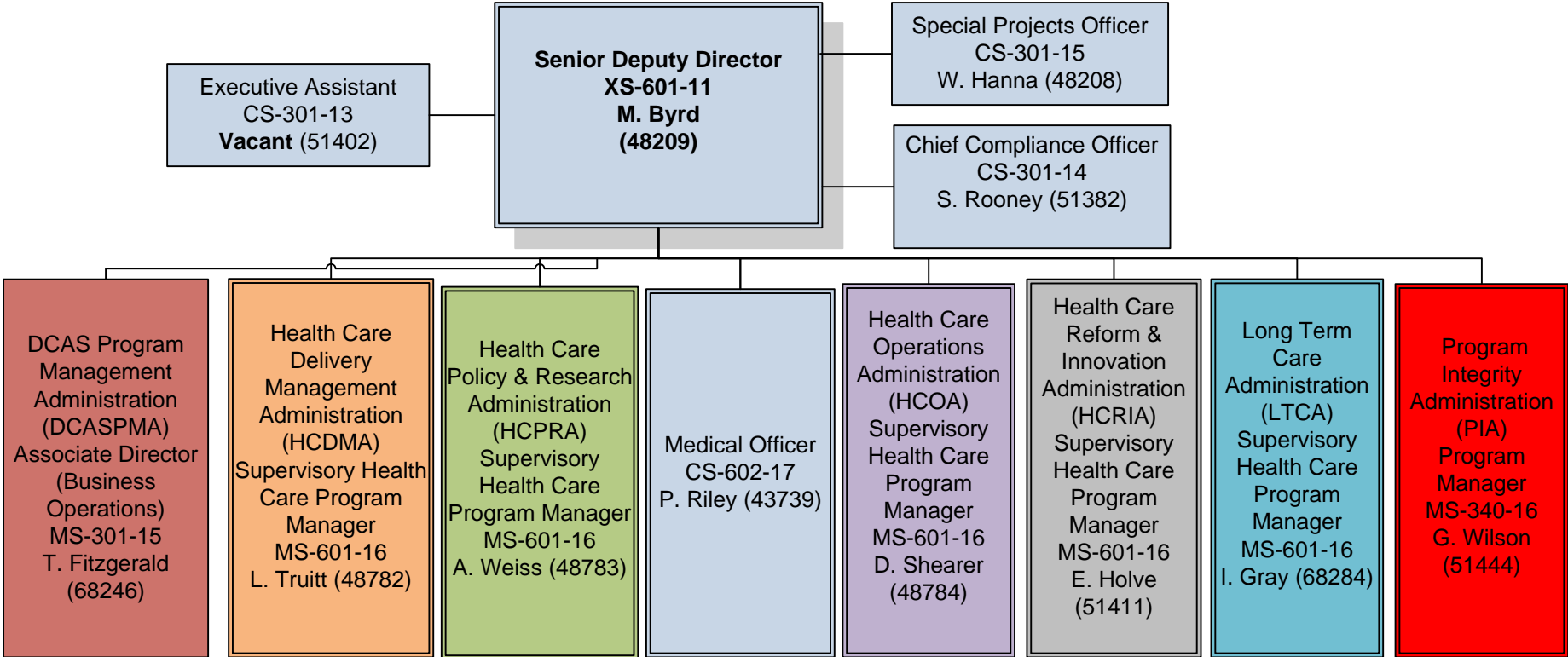
DHCF Organizational Chart – Executive Management Team



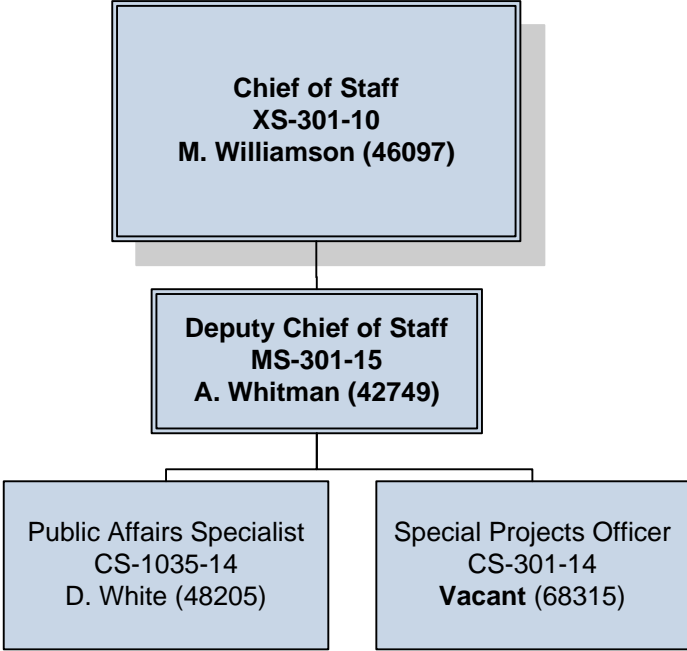
Color Key Code

- Office of the Director – Blue
- DCASPMA – Dark Pink
- HCDMA – Orange
- HCOA - Purple
- HCPRA – Green
- HCRIA – Gray
- LTCA – Teal
- OCFO – Light Pink
- ORRFA – Yellow
- Program Integrity – Red

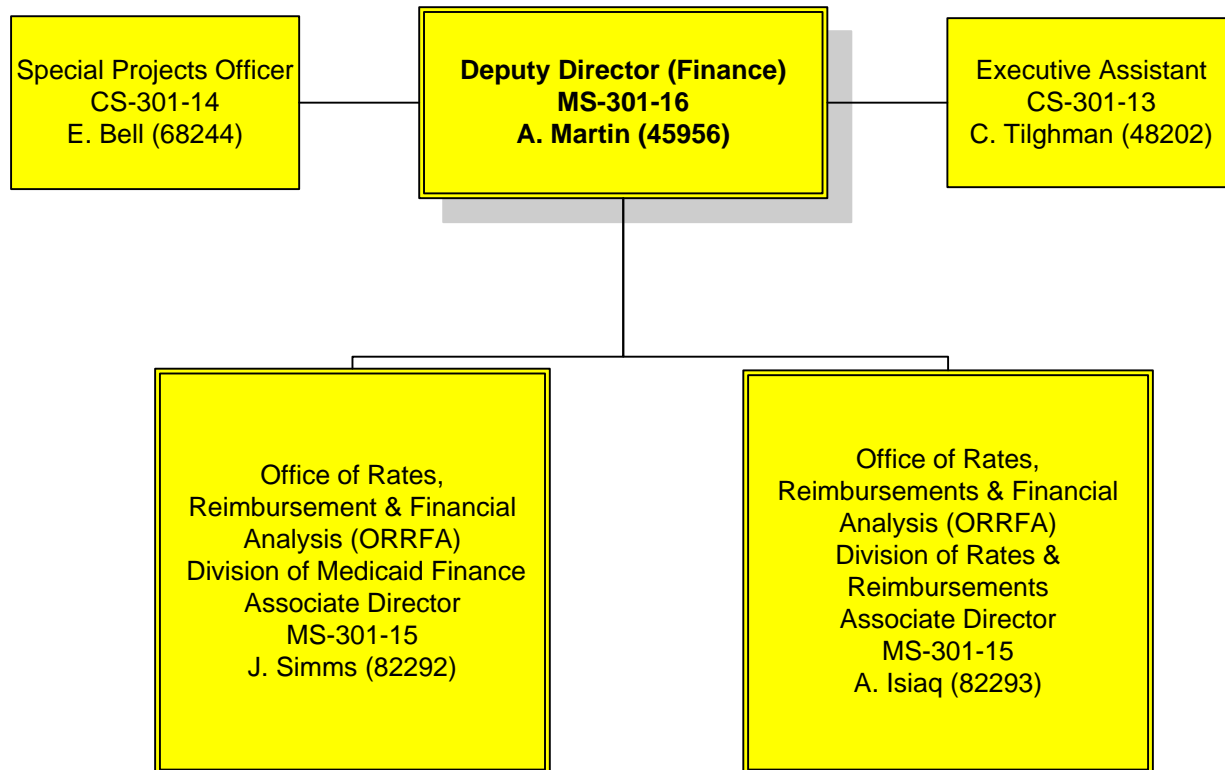
DHCF Organizational Chart – Office of the Senior Deputy Director



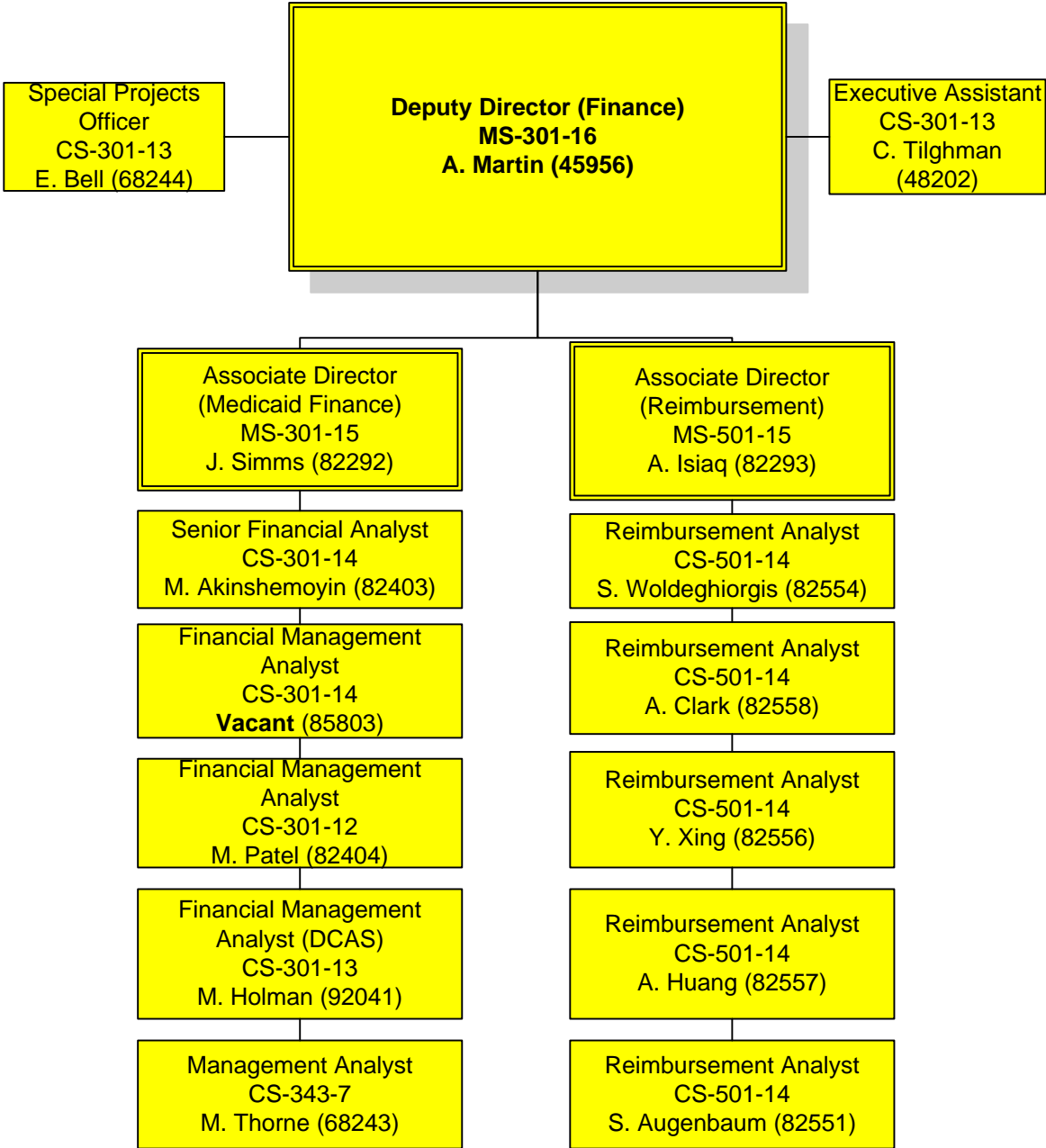
DHCF Organizational Chart – Office of the Chief of Staff

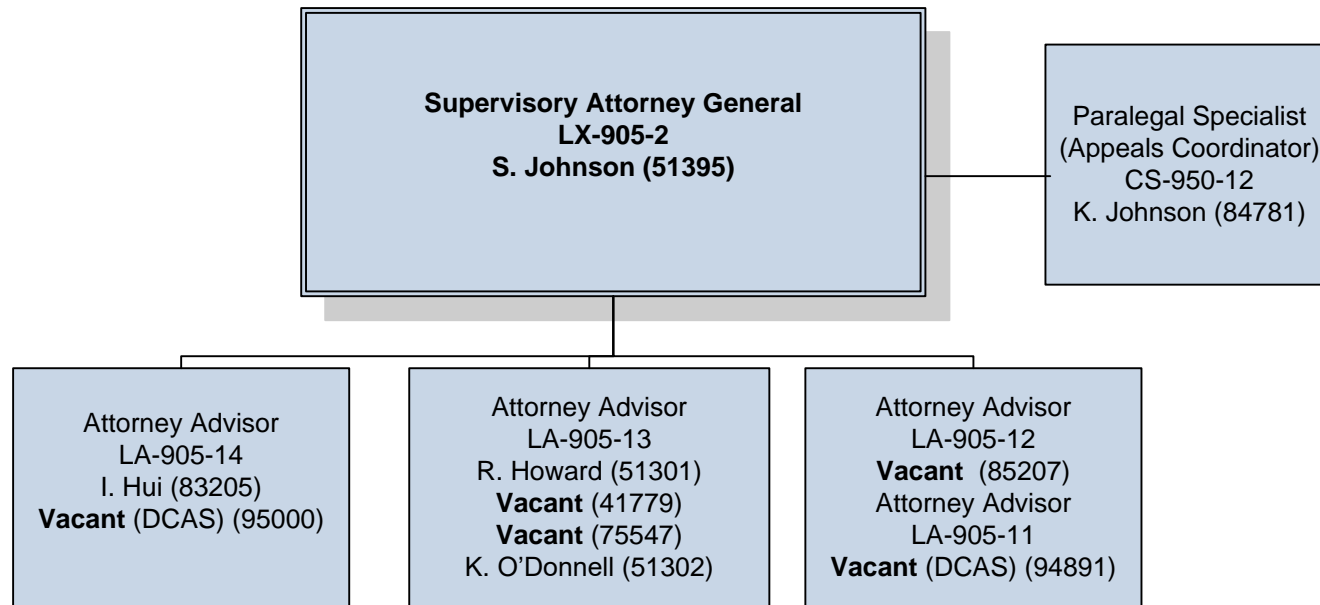


## DHCF Organizational Chart – Office of the Deputy Director (Finance)

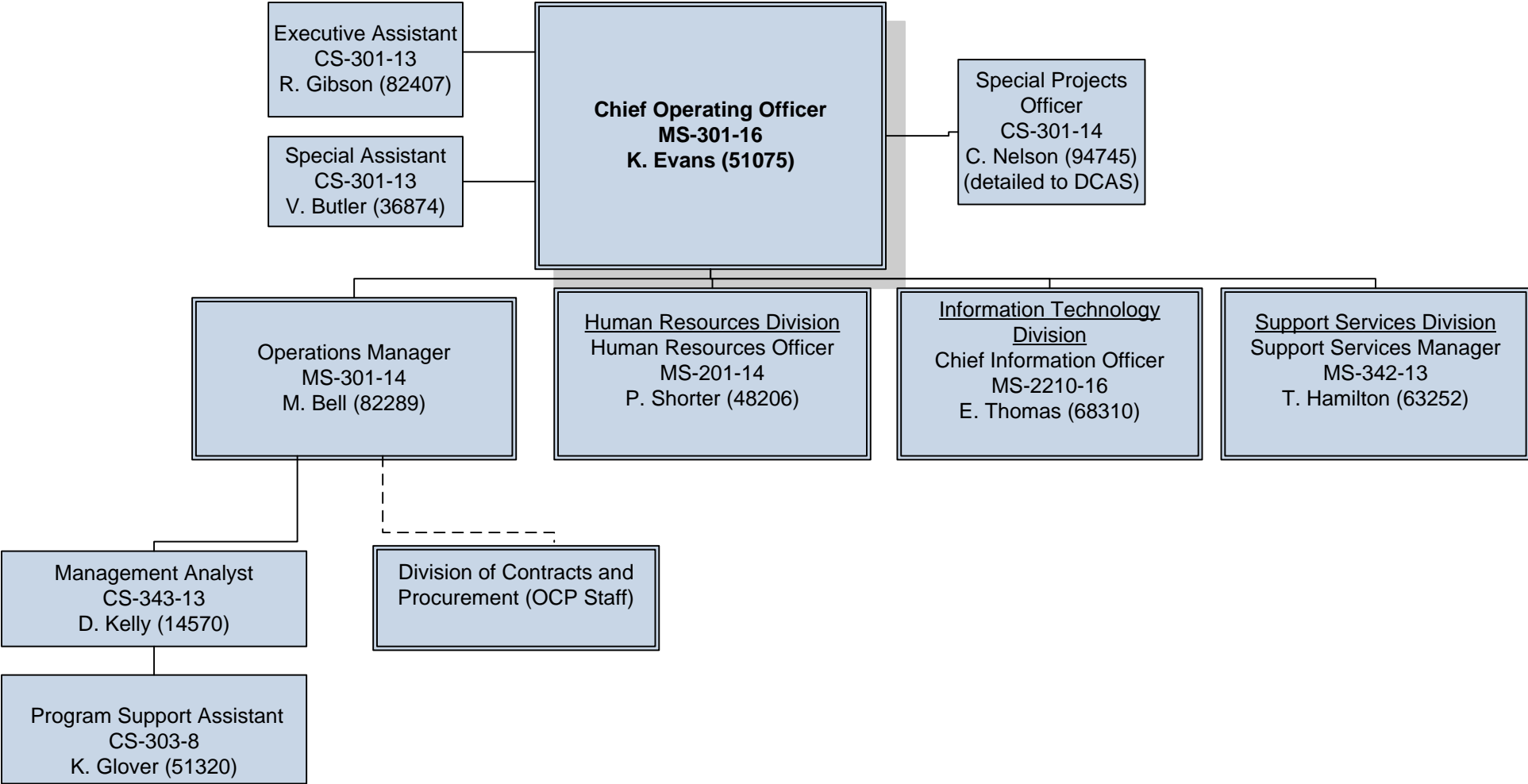


DHCF Organizational Chart – Office of Rates, Reimbursements and Financial Analysis



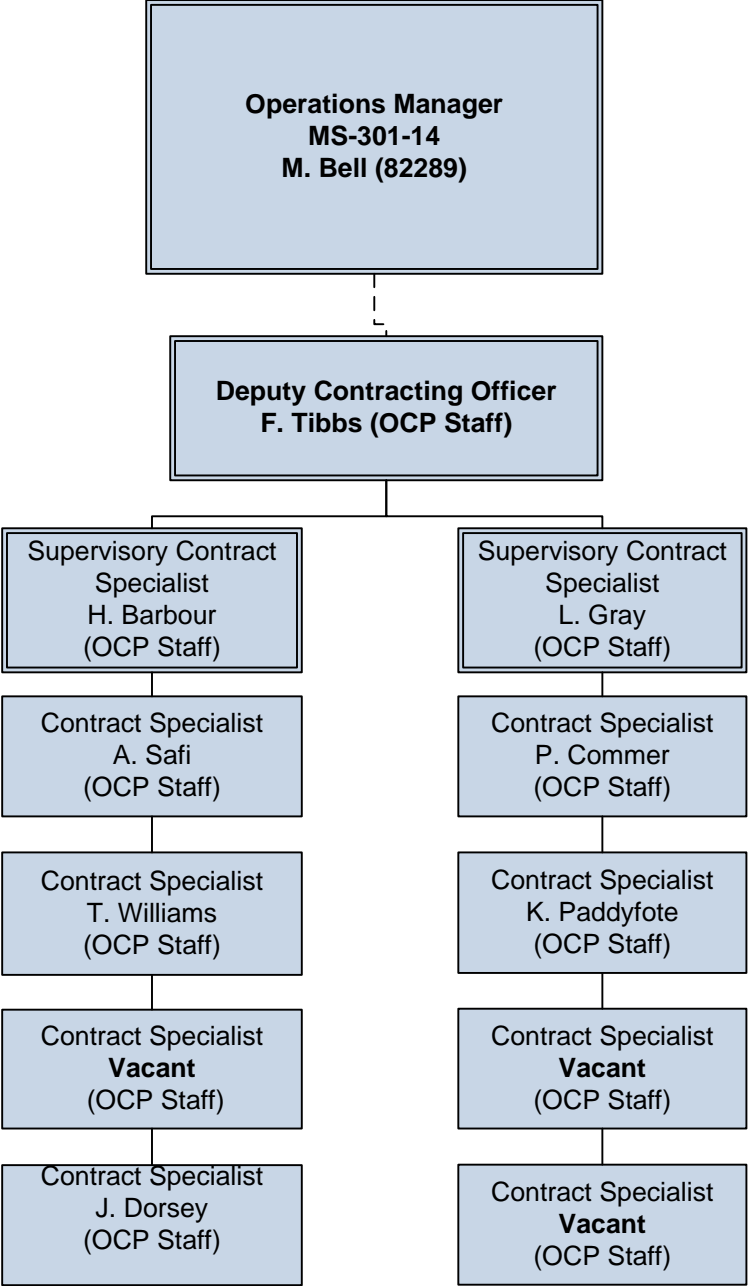


DHCF Organizational Chart – Office of the Chief Operating Officer

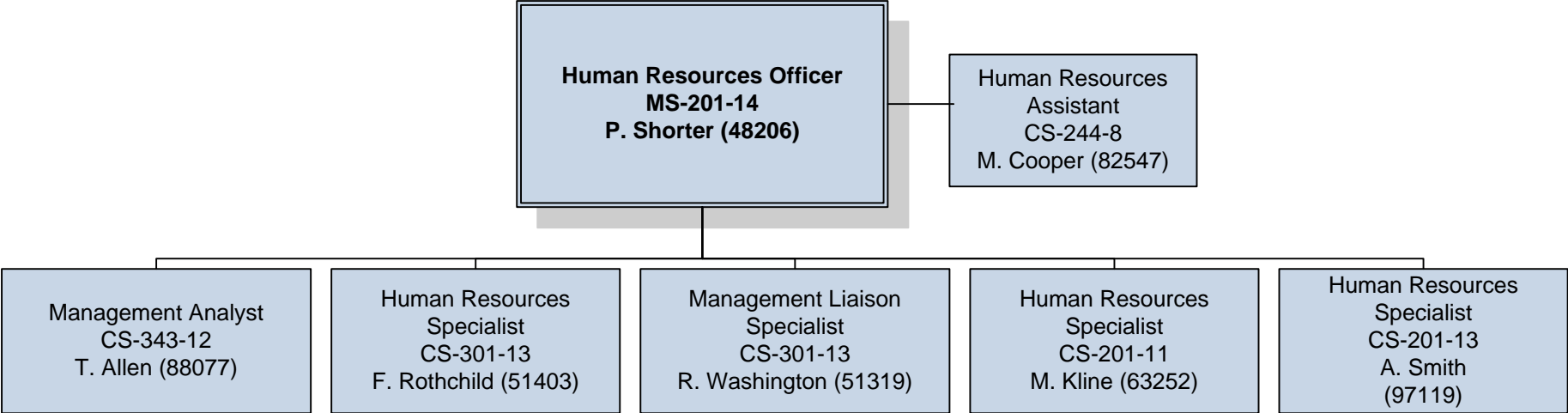




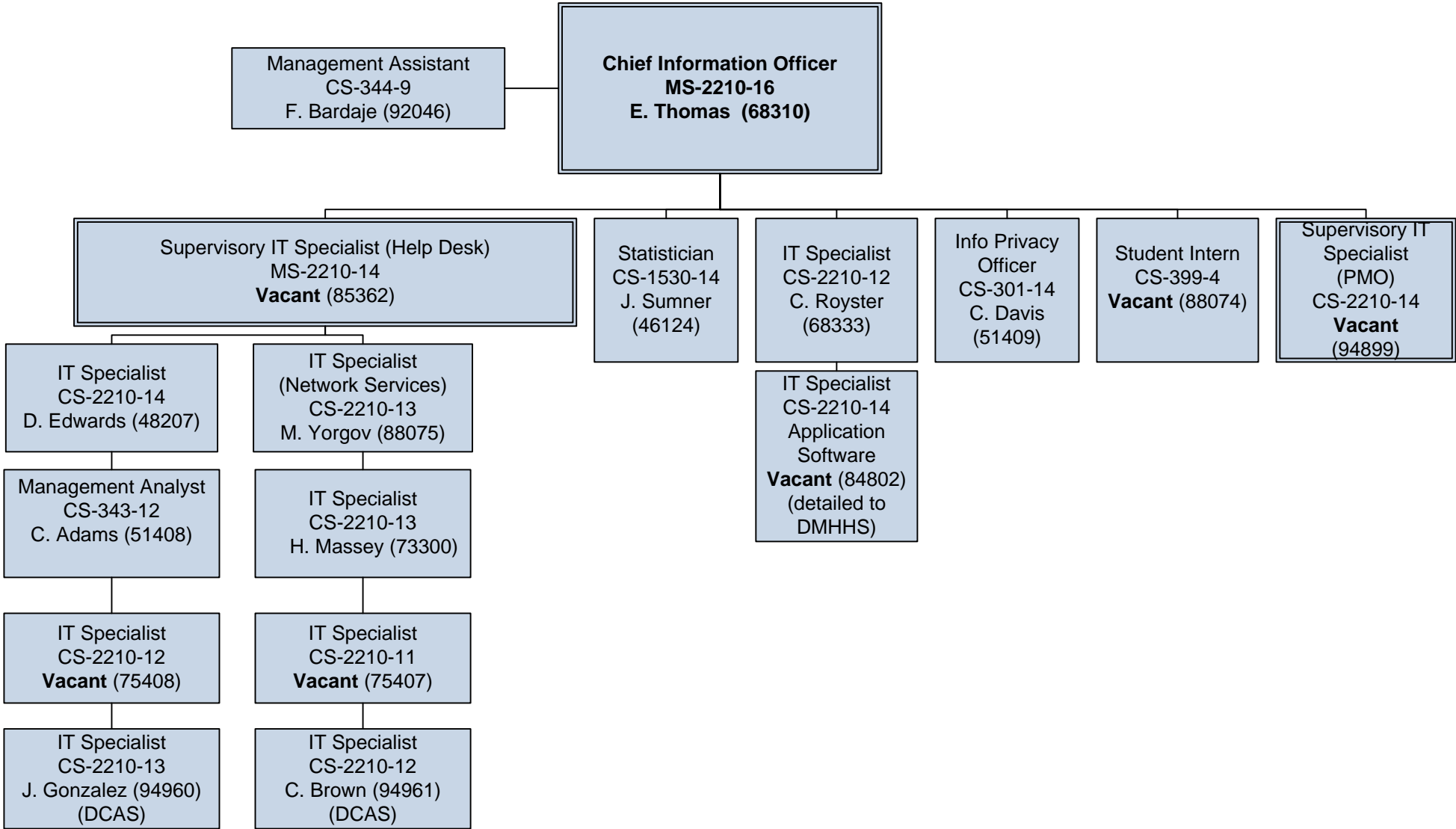
DHCF Organizational Chart – Office of the Chief Operating Officer- Contracts and Procurement Division



DHCF Organizational Chart – Office of the Chief Operating Officer- Human Resources Division

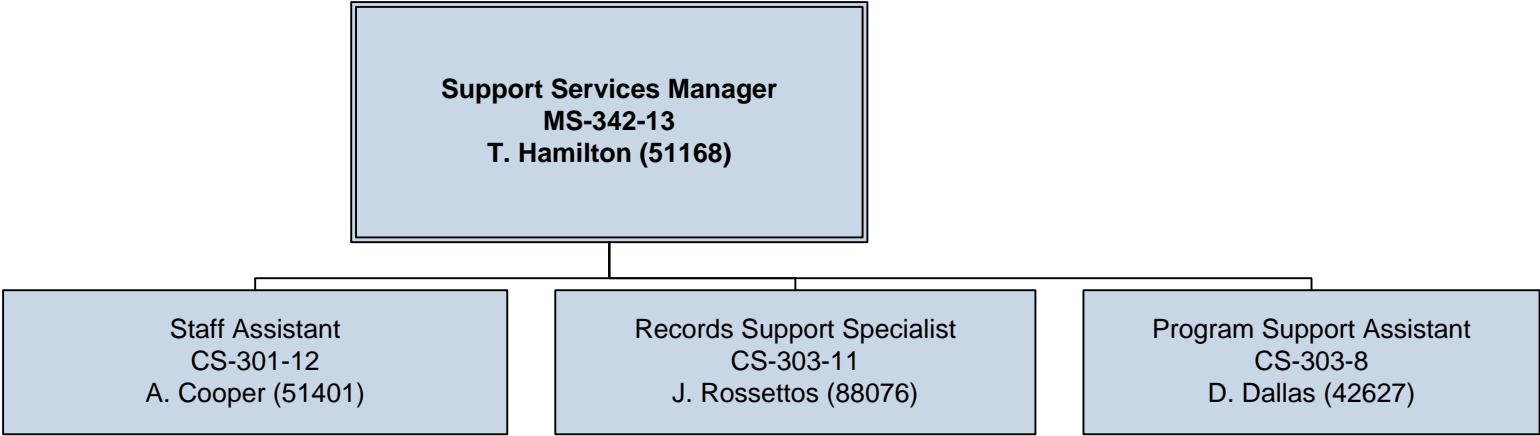


DHCF Organizational Chart – Office of the Chief Operating Officer- Information Technology Division

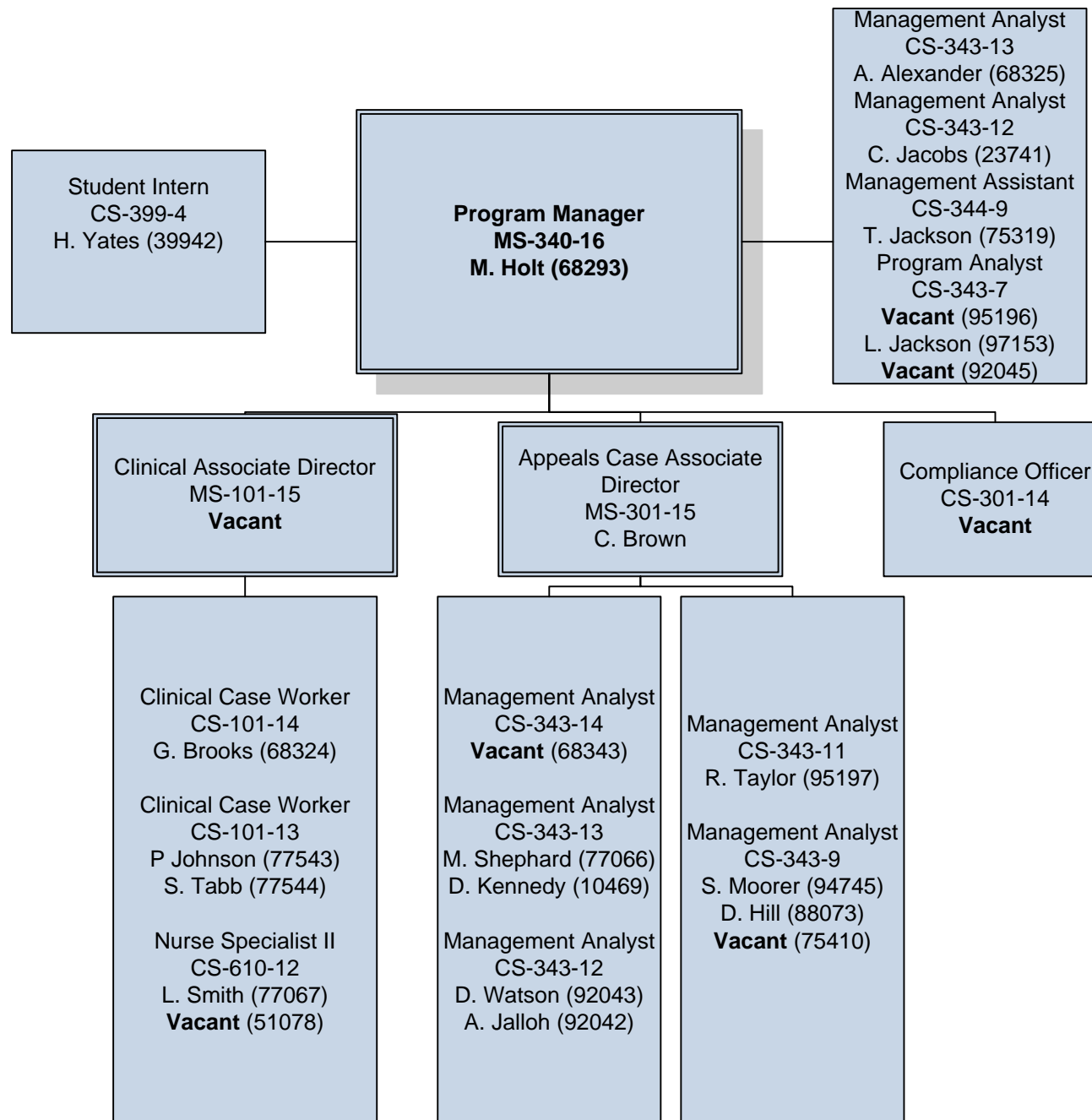


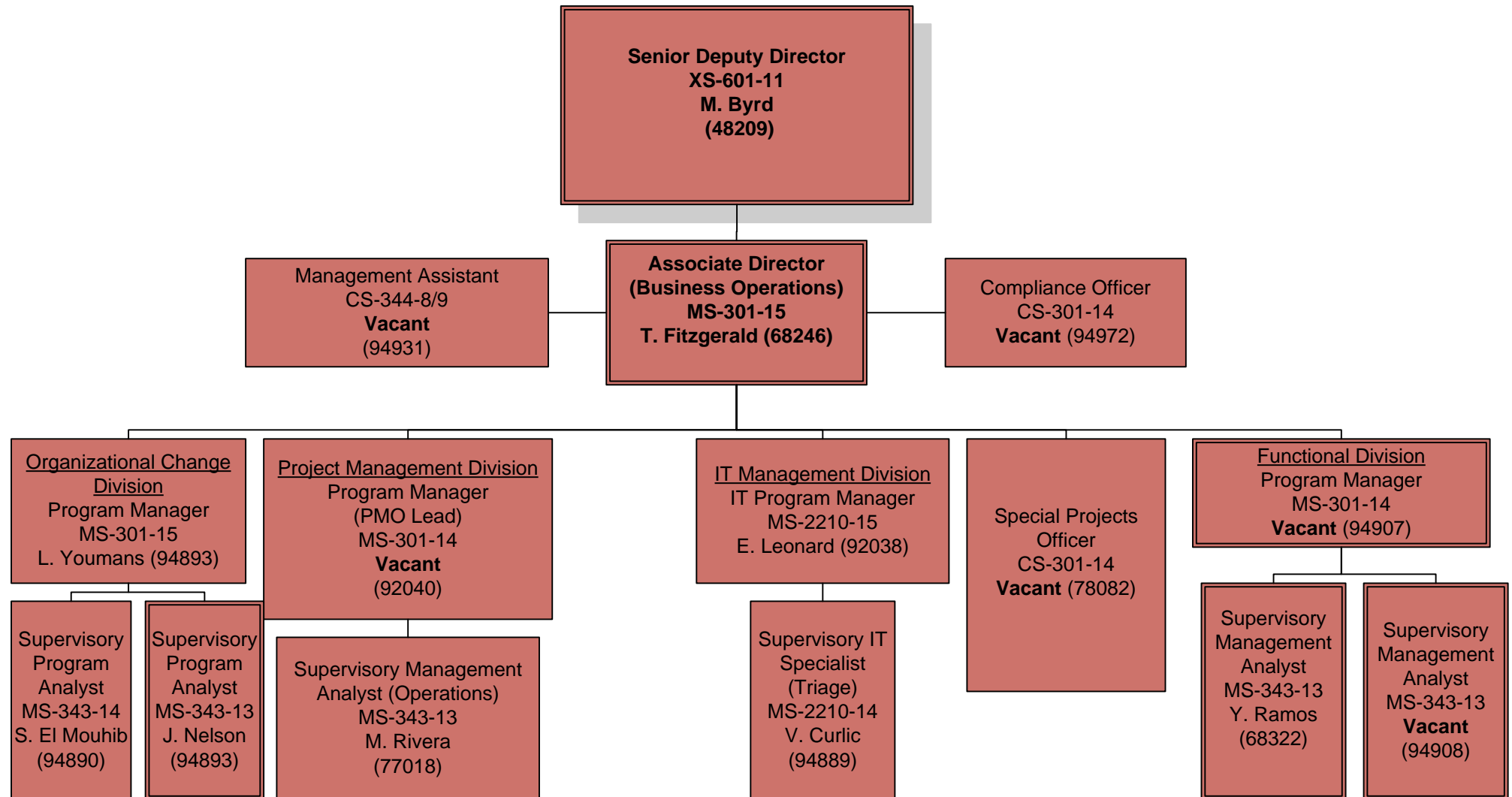
**DHCF Organizational Chart – Office of the Chief Operating Officer- Support Services Division**

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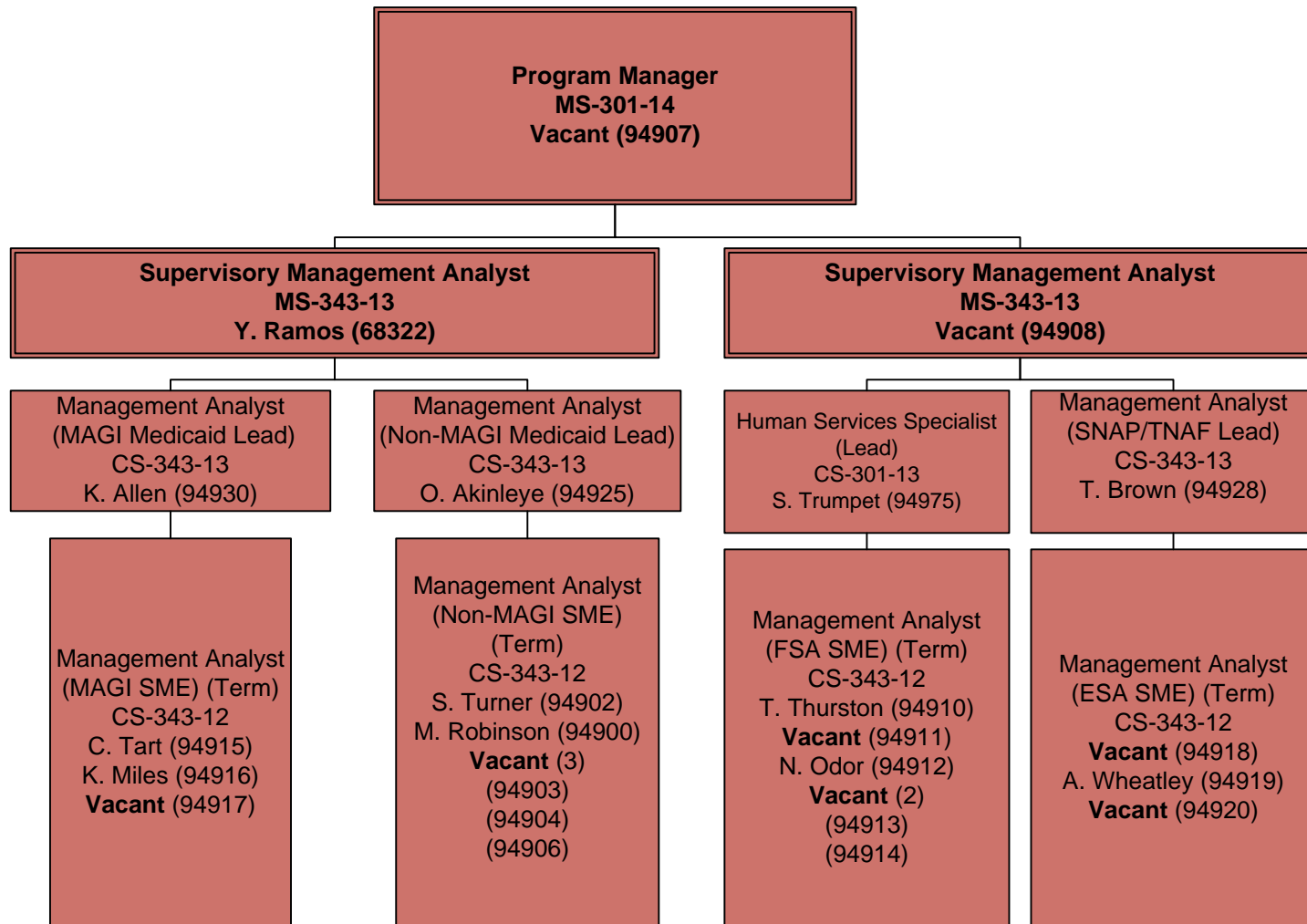


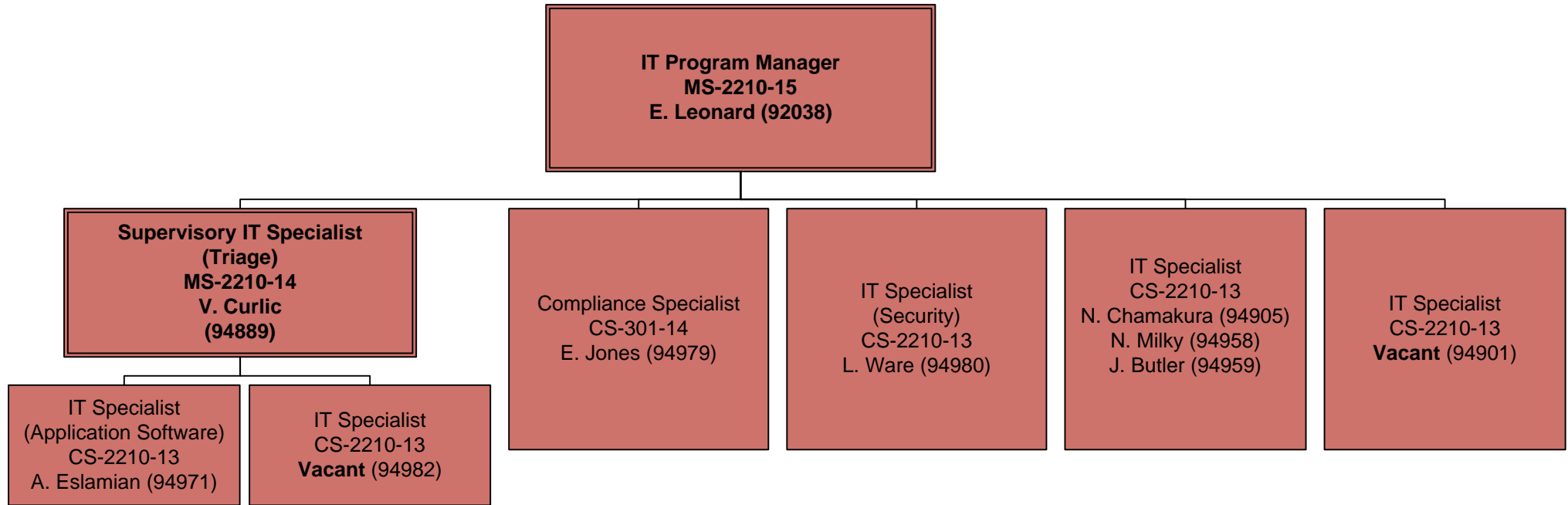
## DHCF Organizational Chart – Ombudsman & Health Care Bill of Rights



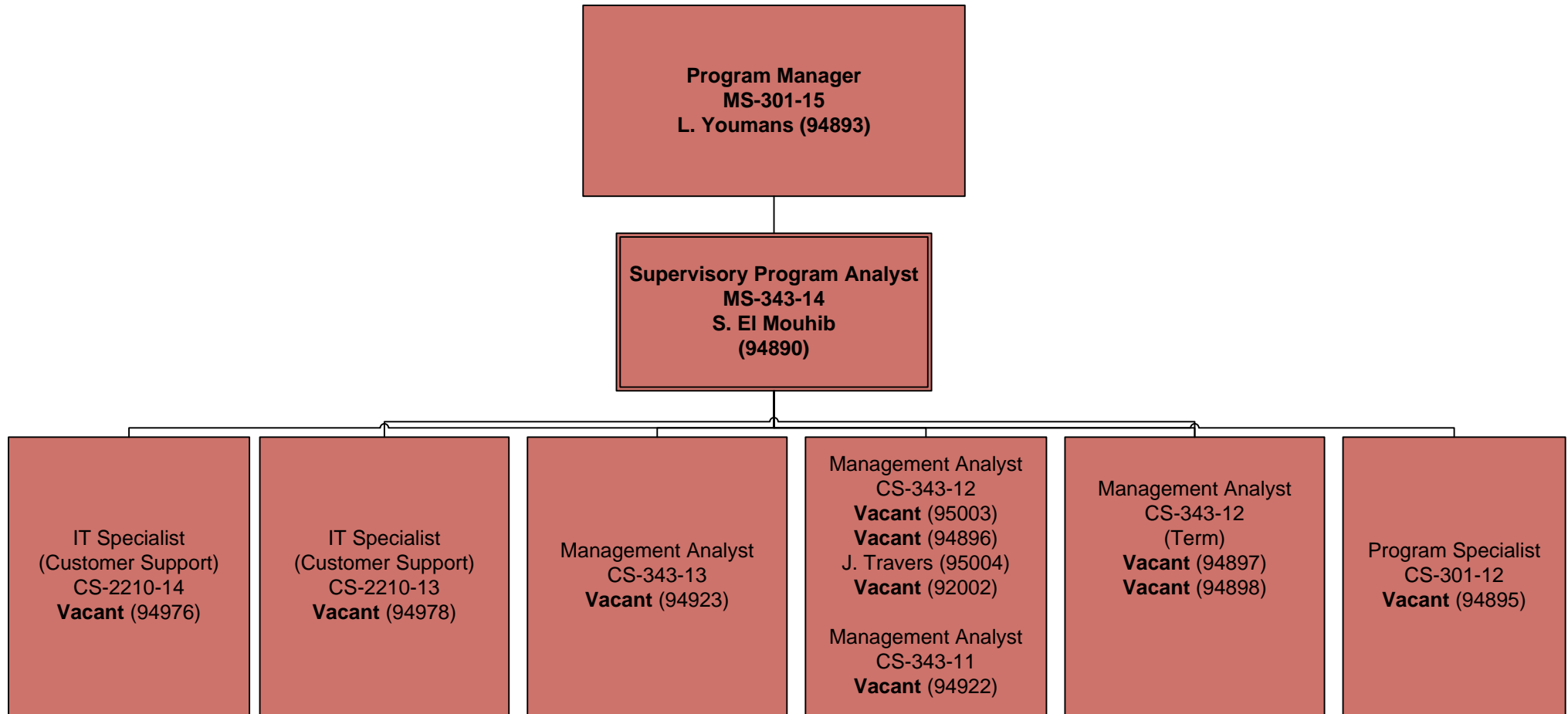


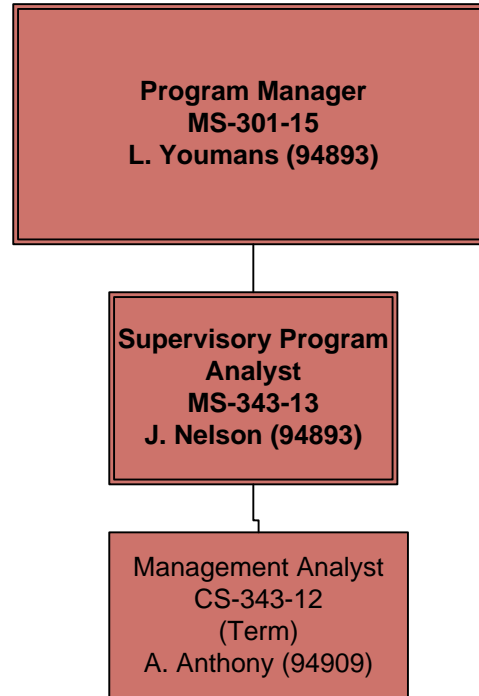
## DHCF Organizational Chart – DCAS Functional Division



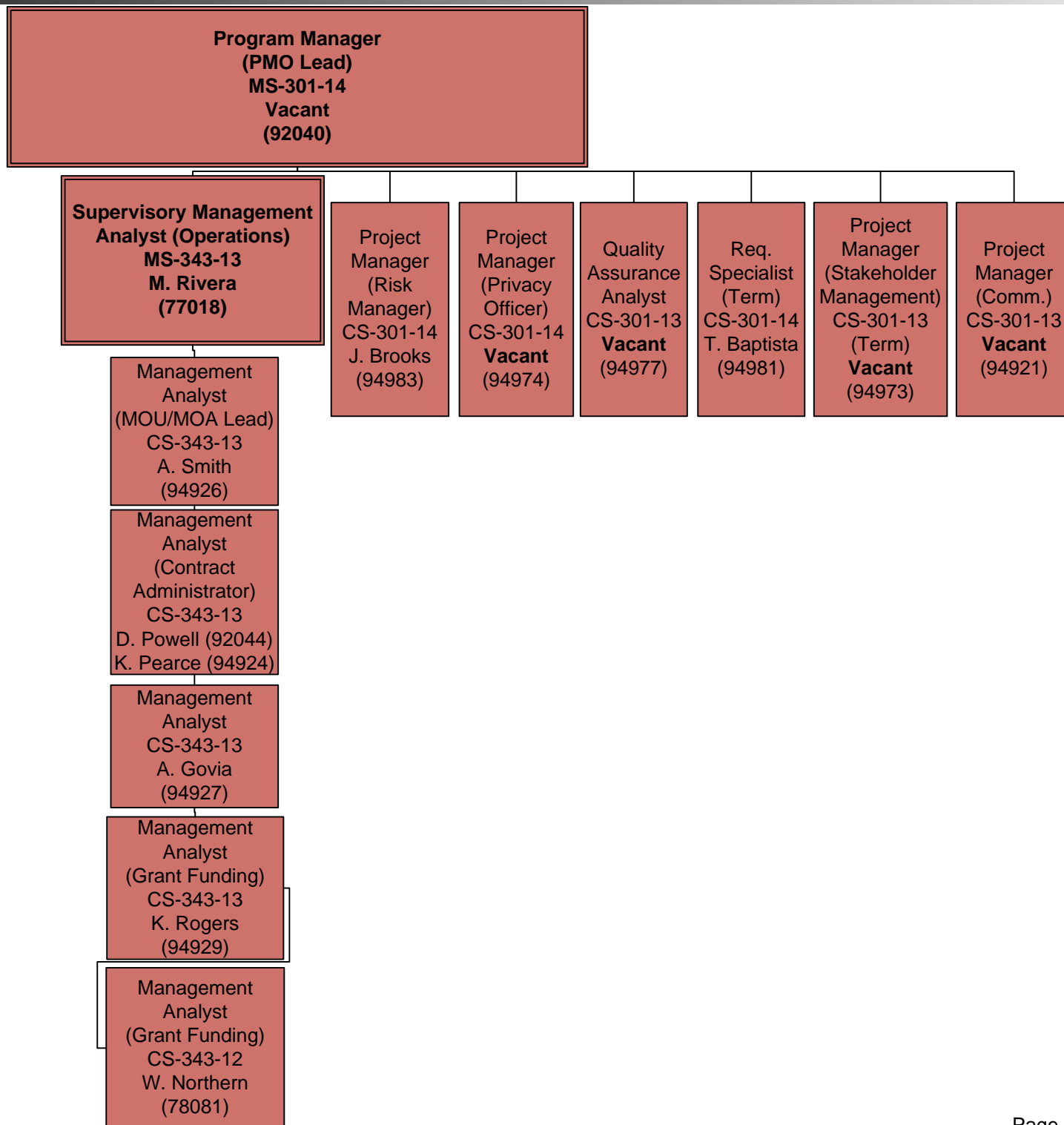




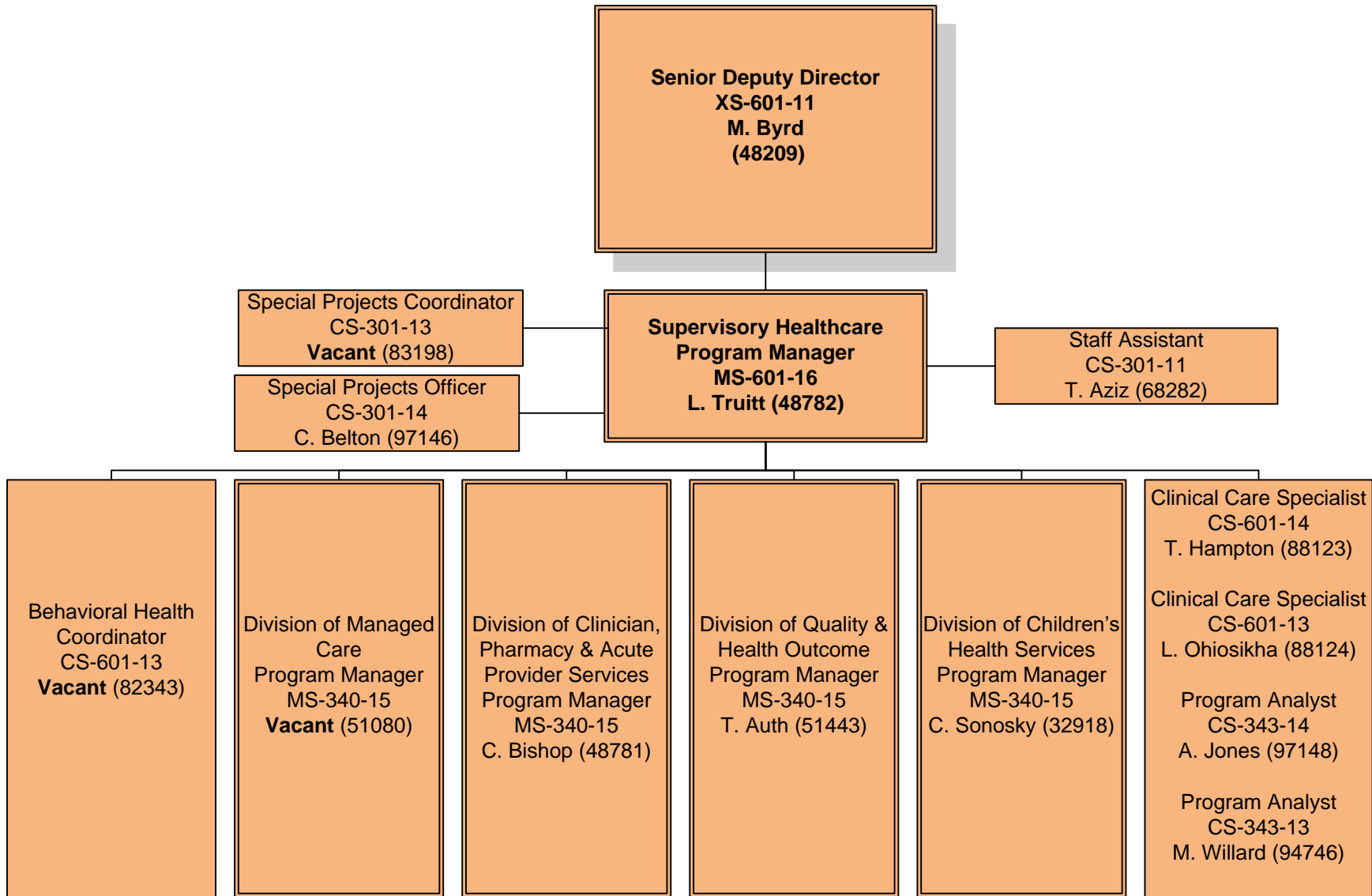


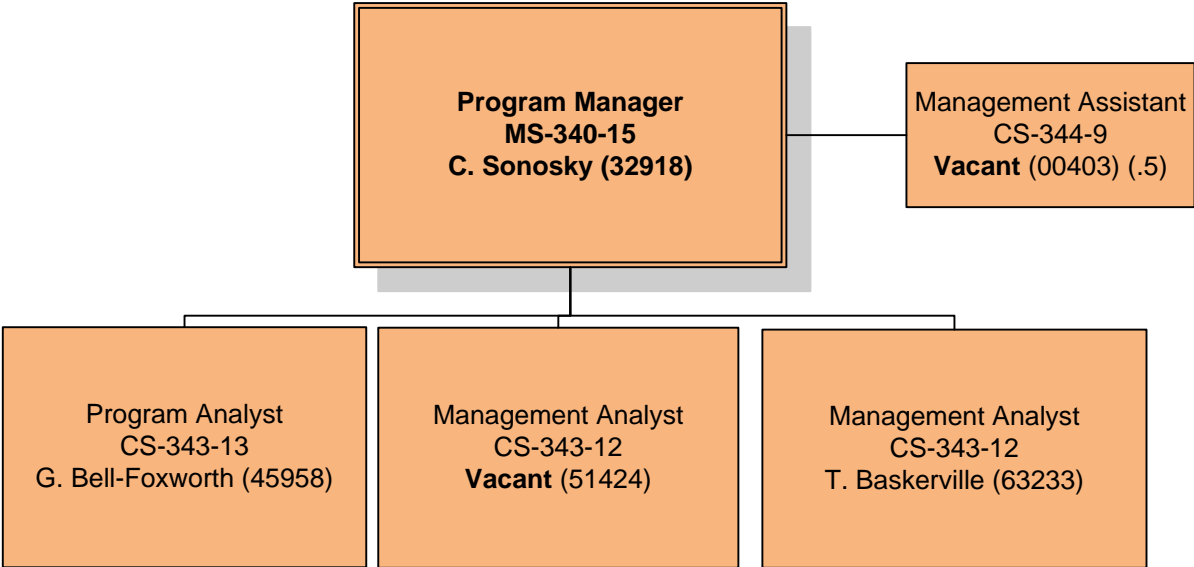


## DHCF Organizational Chart – DCAS Project Management Division

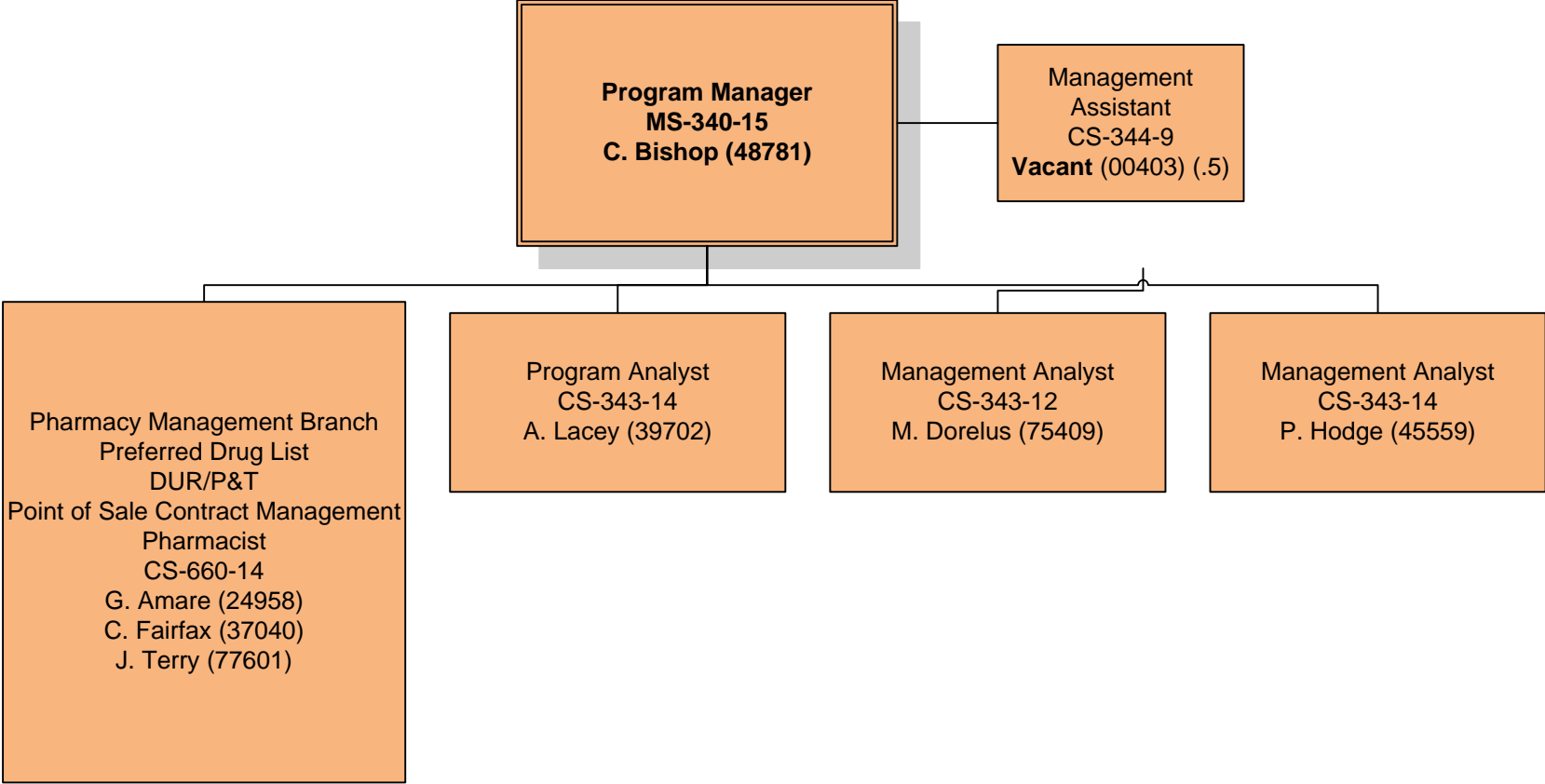


## DHCF Organizational Chart – Health Care Delivery Management Administration (HCDMA)

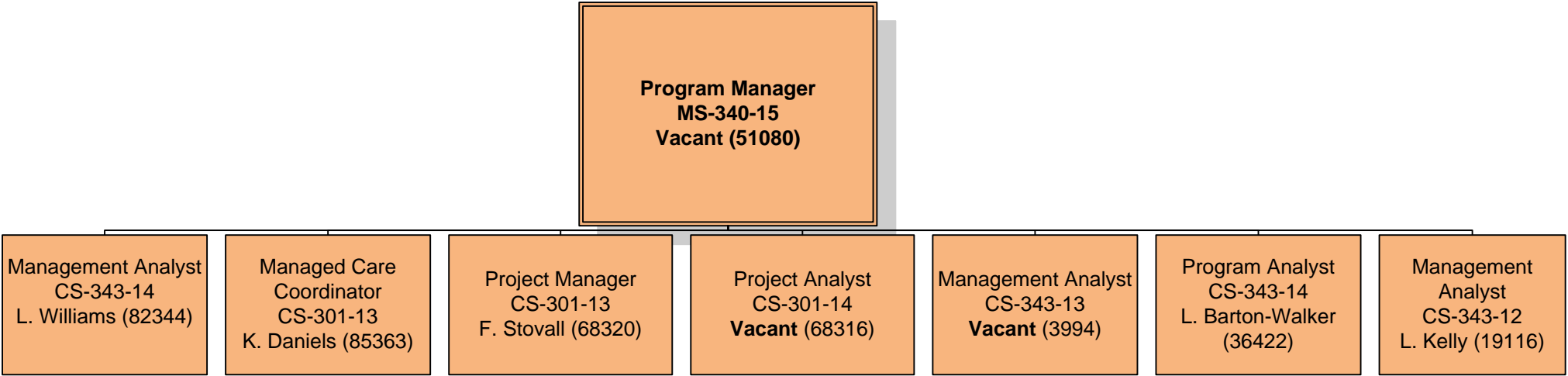


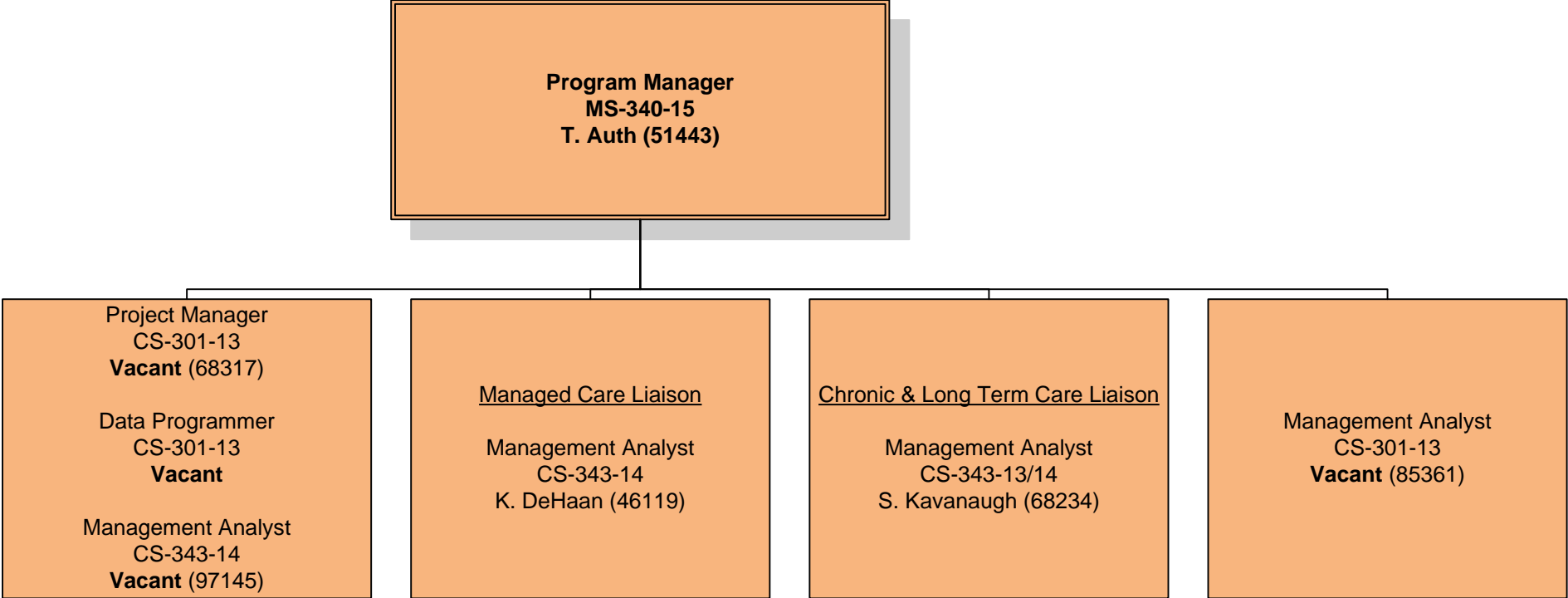


DHCF Organizational Chart – HCDMA - Division of Clinician, Pharmacy, & Acute Provider Services

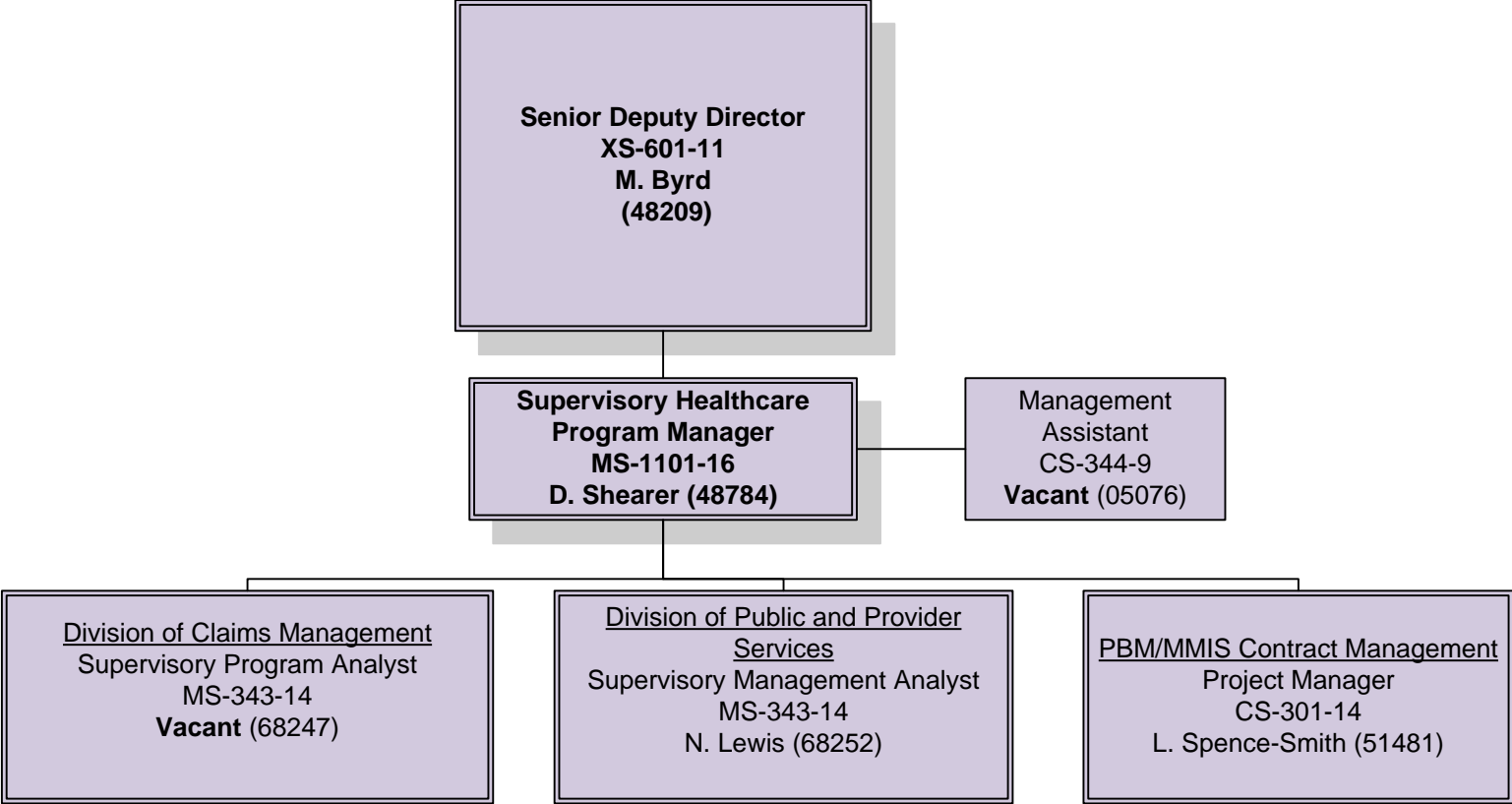


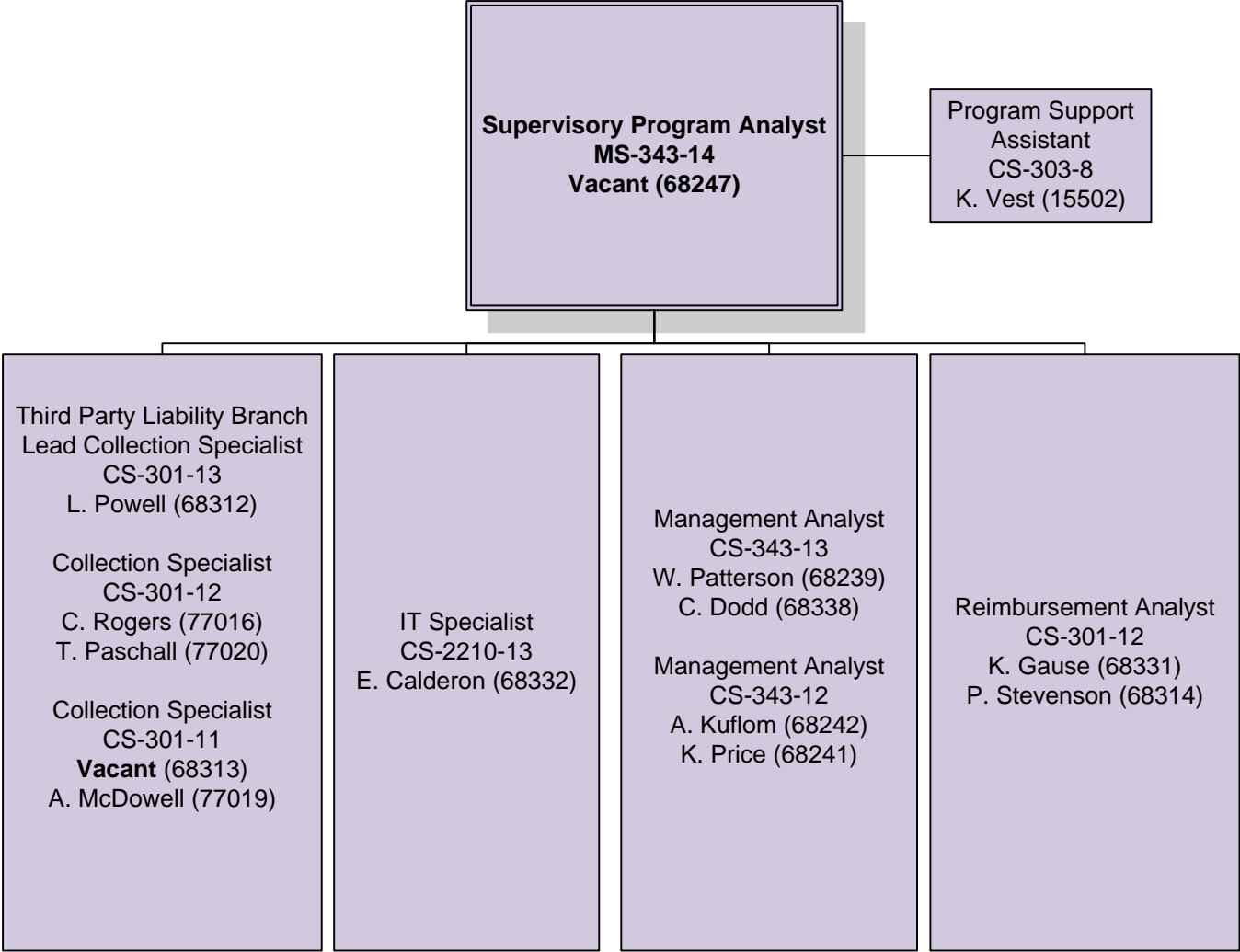
DHCF Organizational Chart – HCDMA - Division of Managed Care

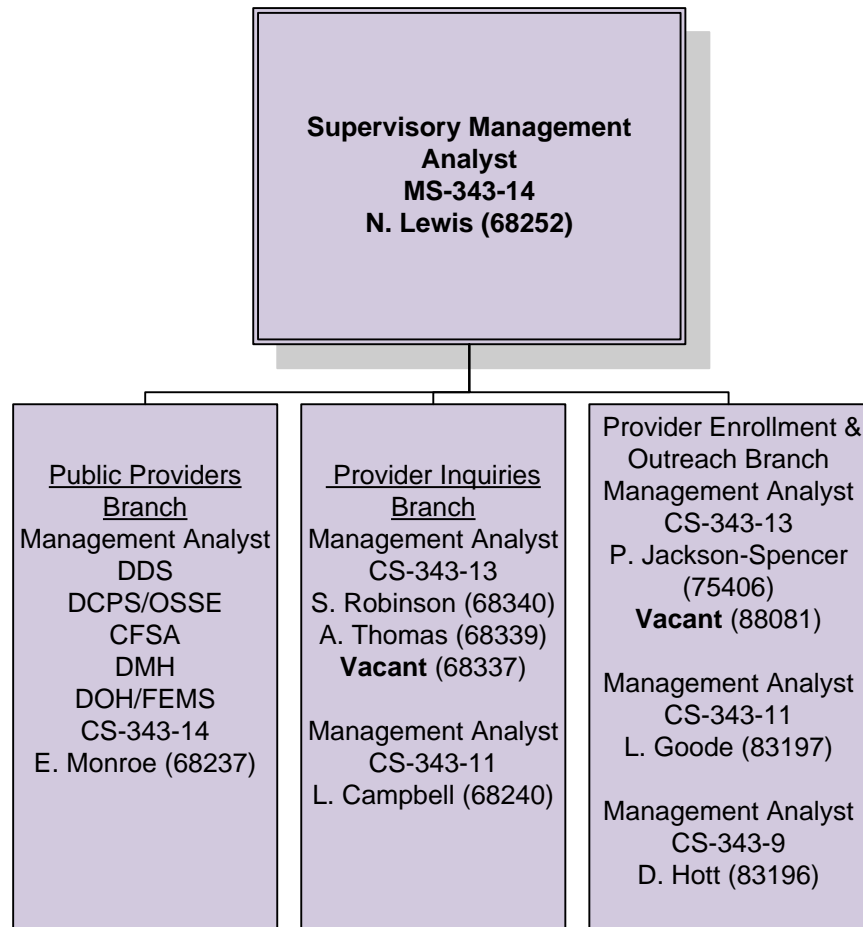




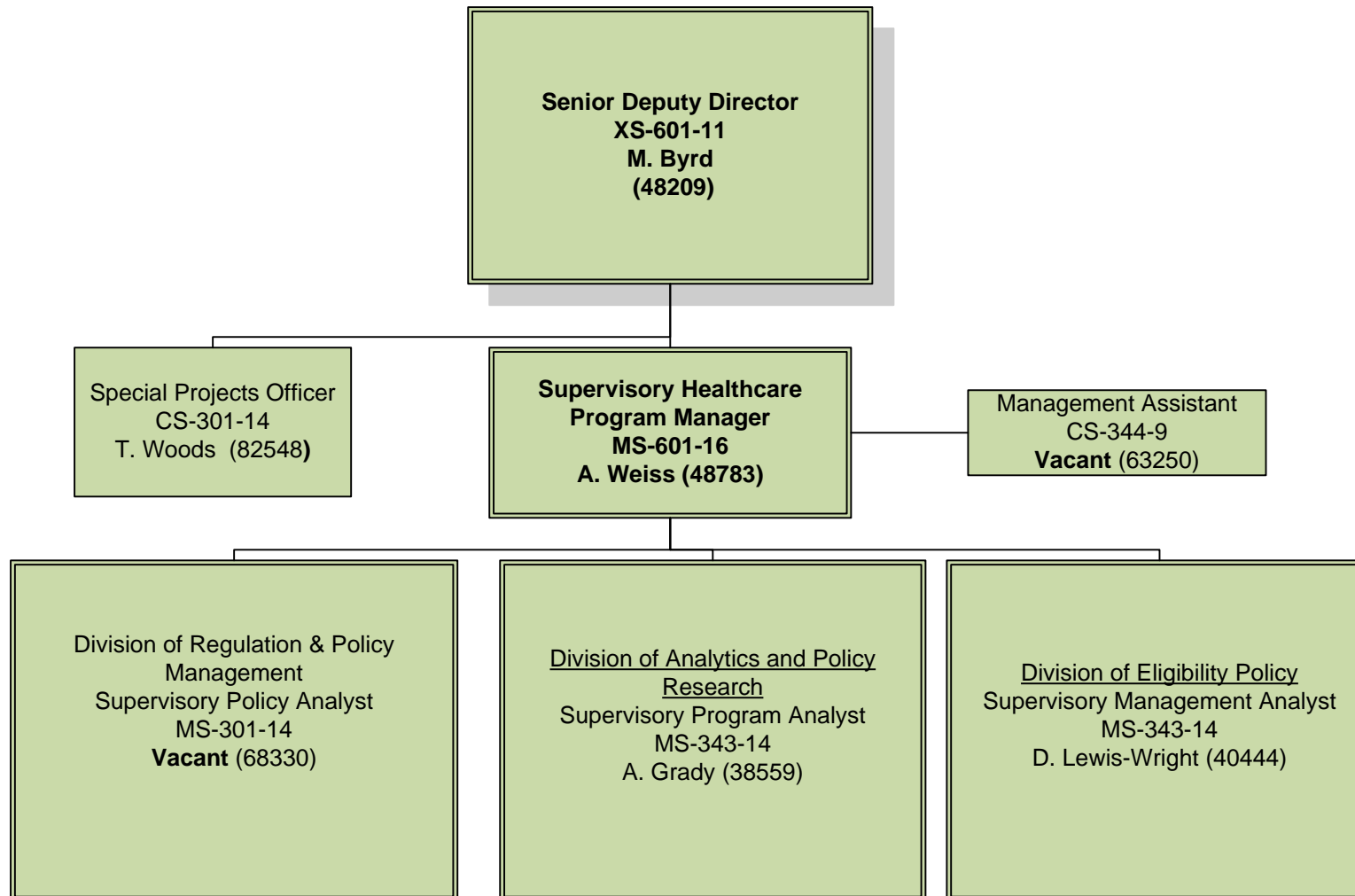


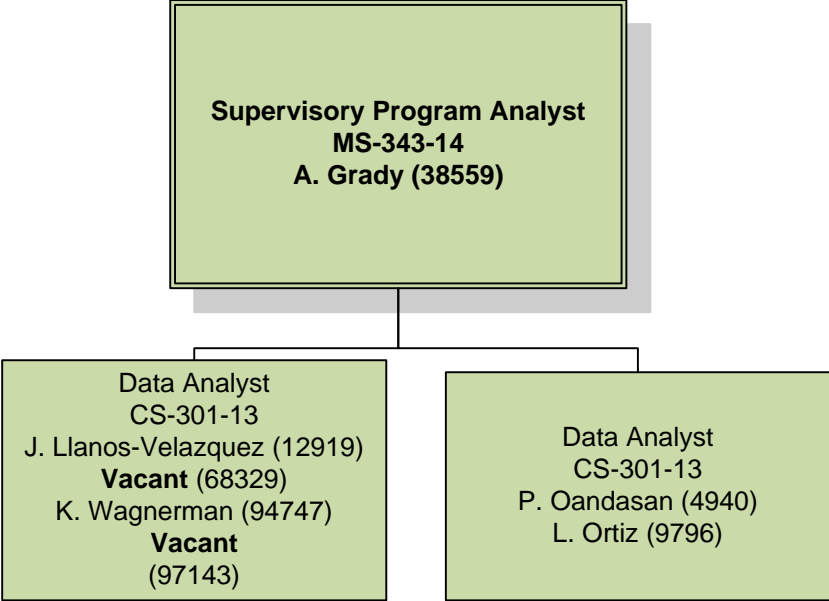


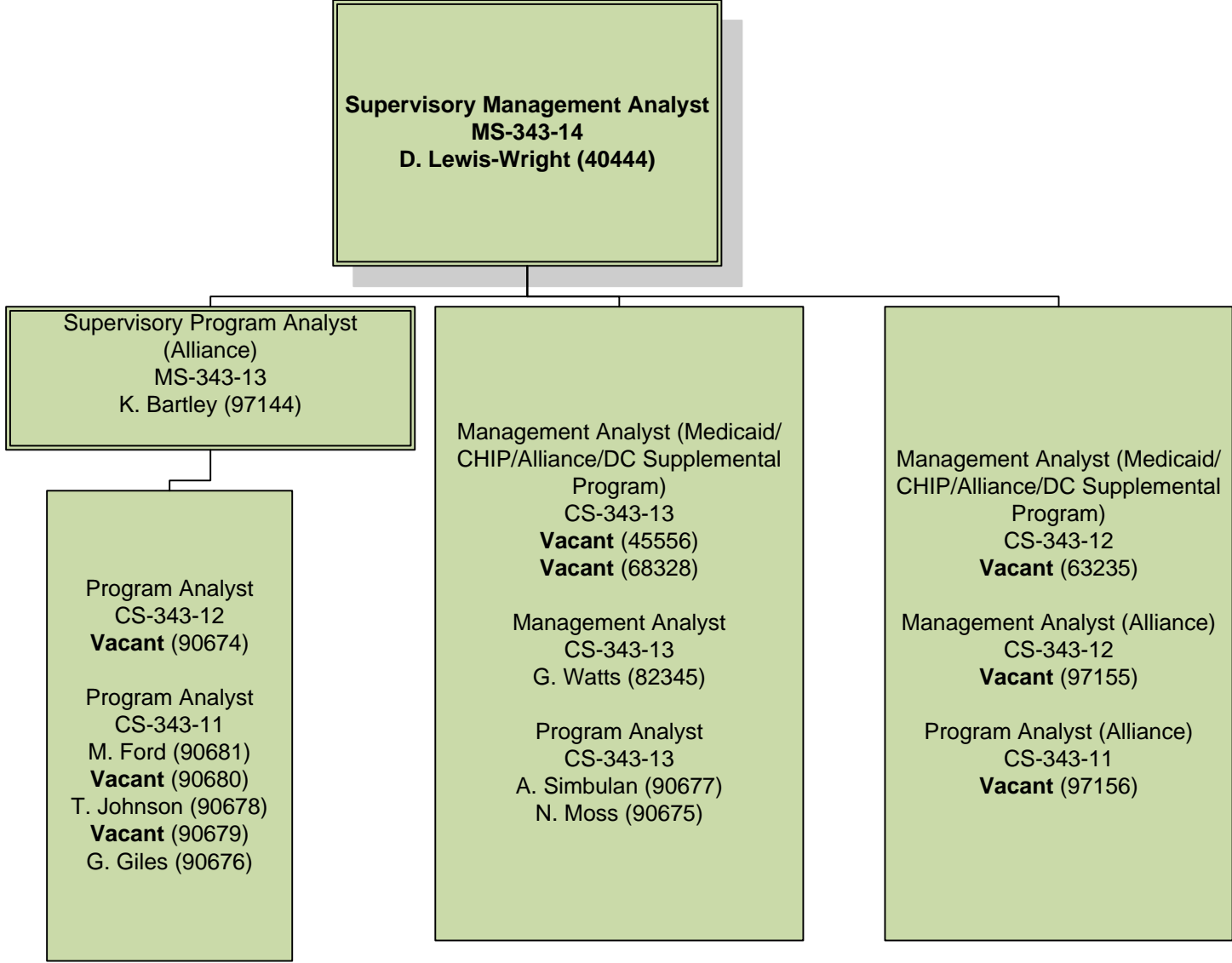


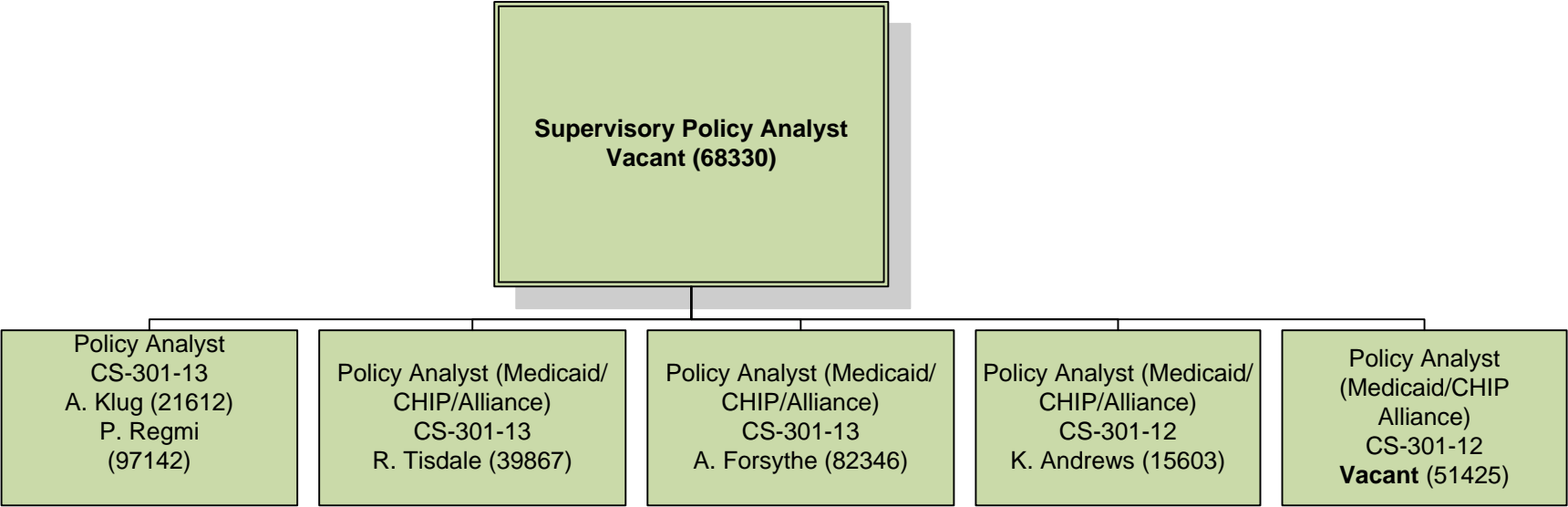


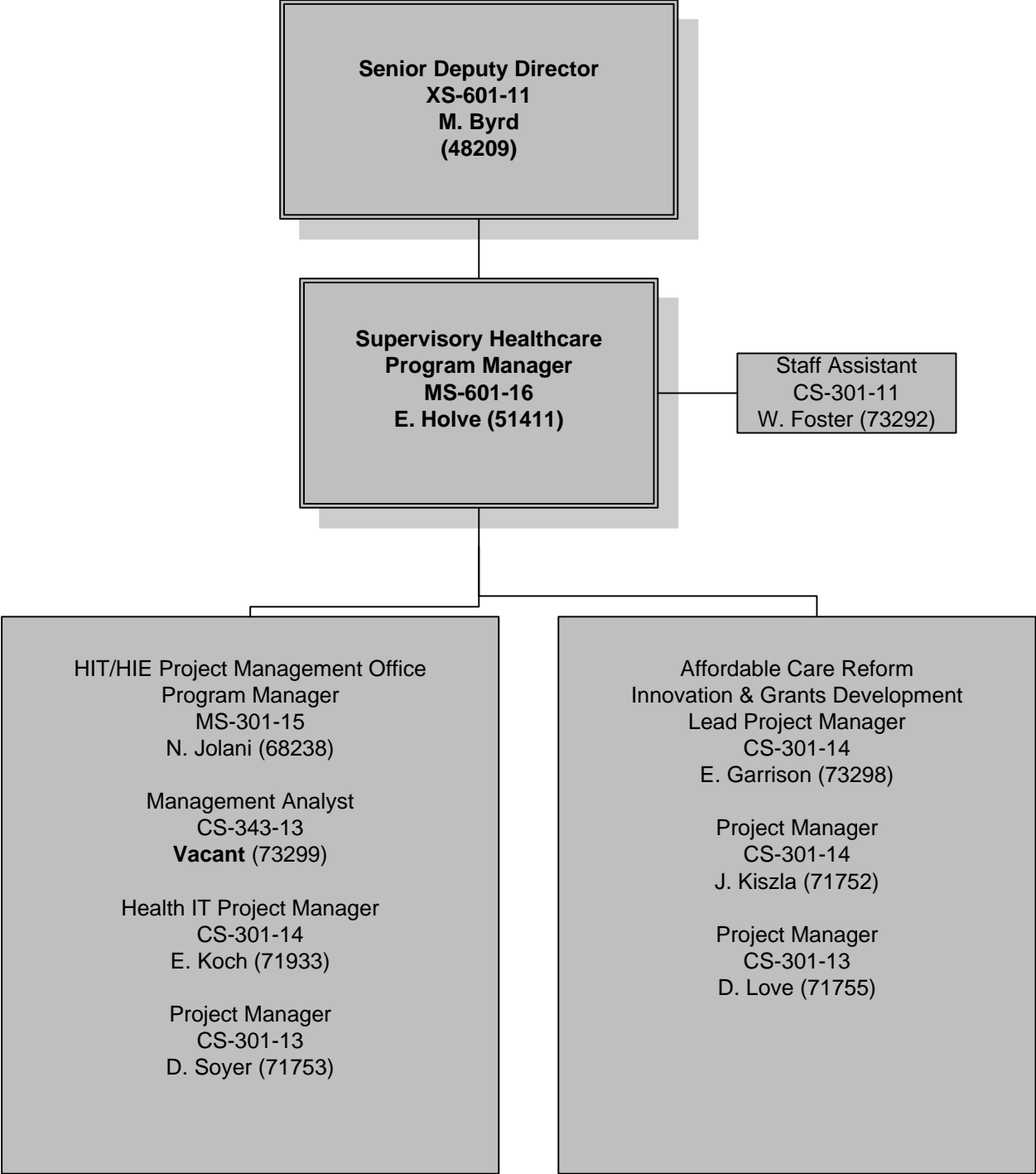
## DHCF Organizational Chart – Health Care Policy & Research Administration (HCPRA)





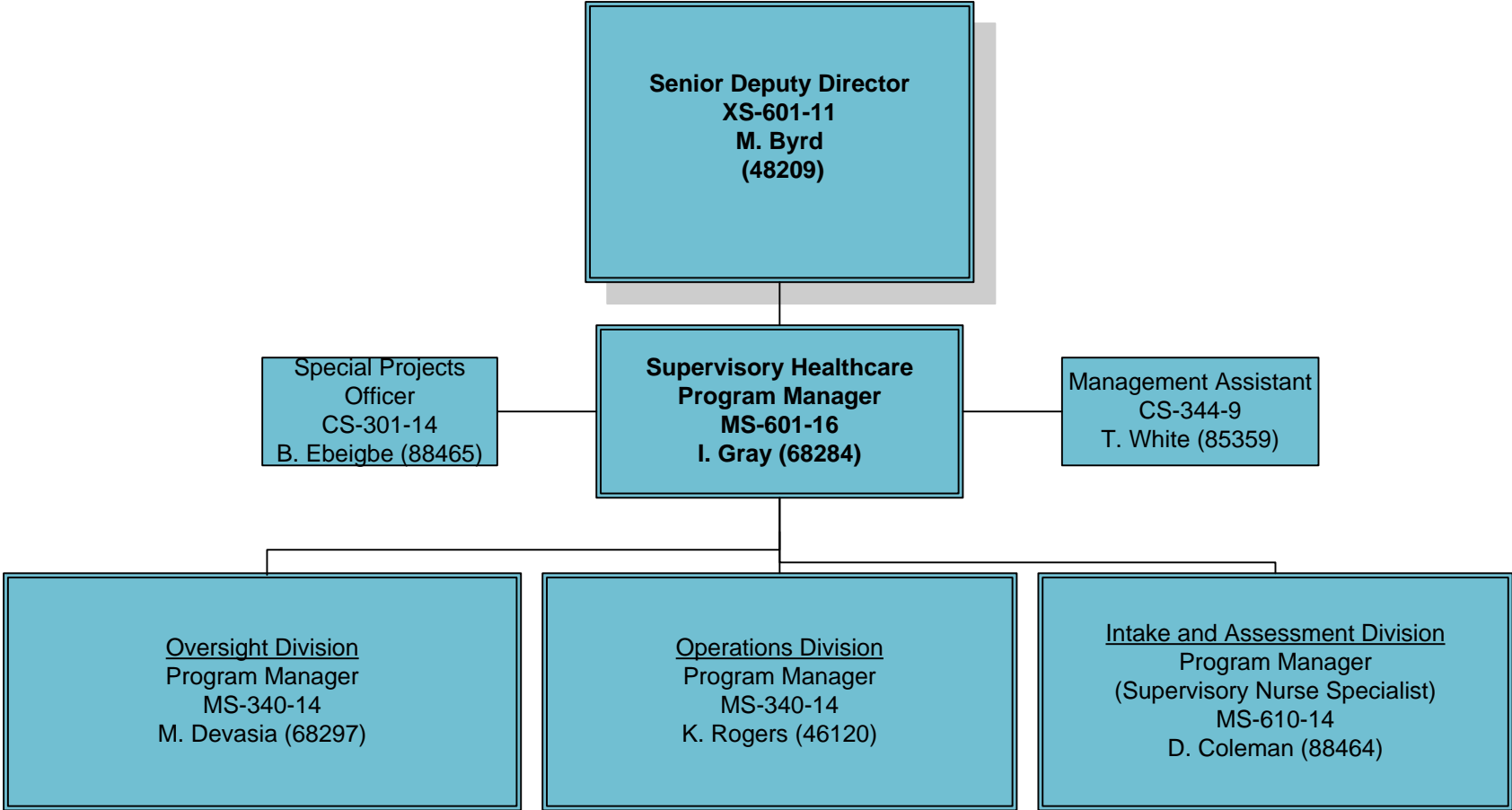




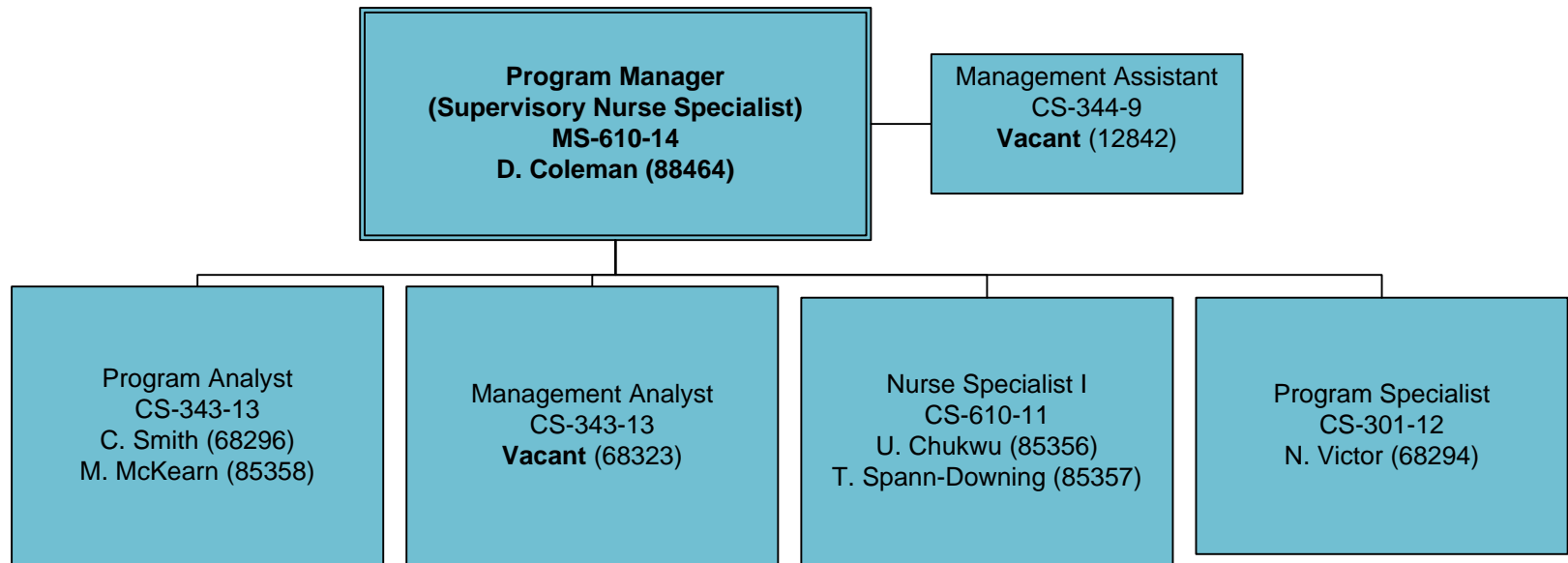


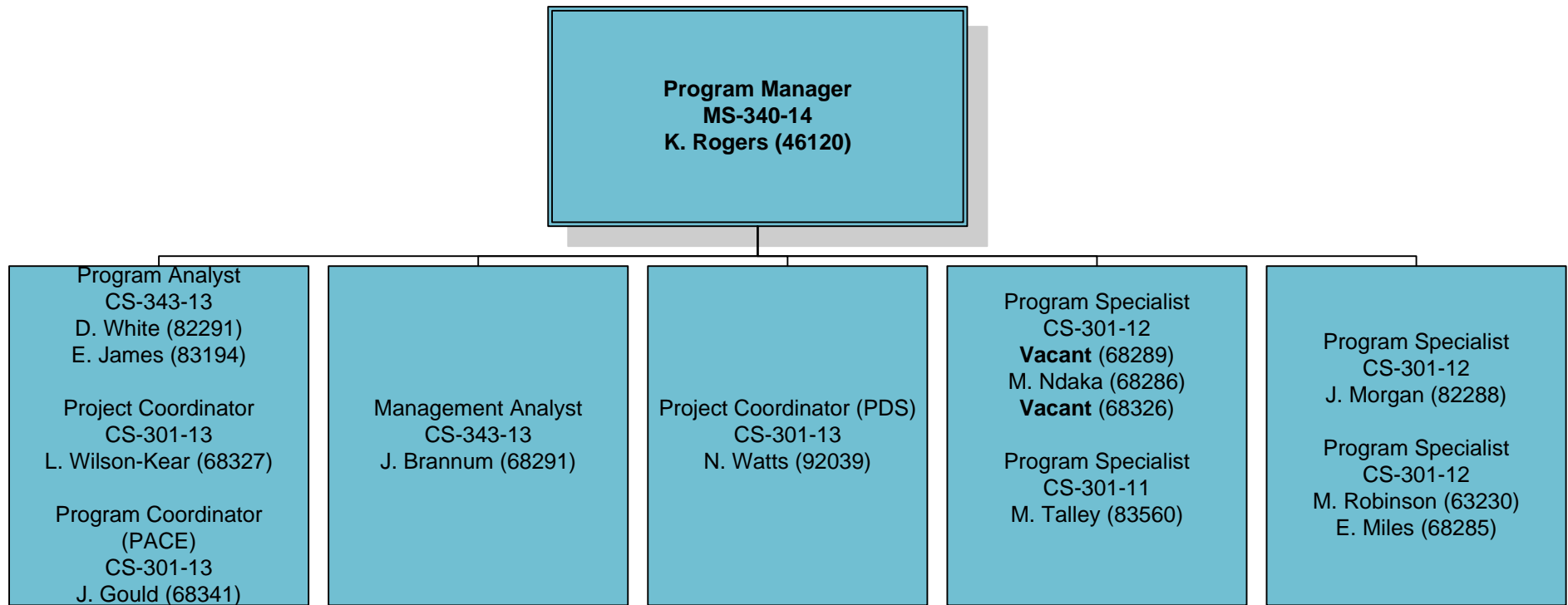


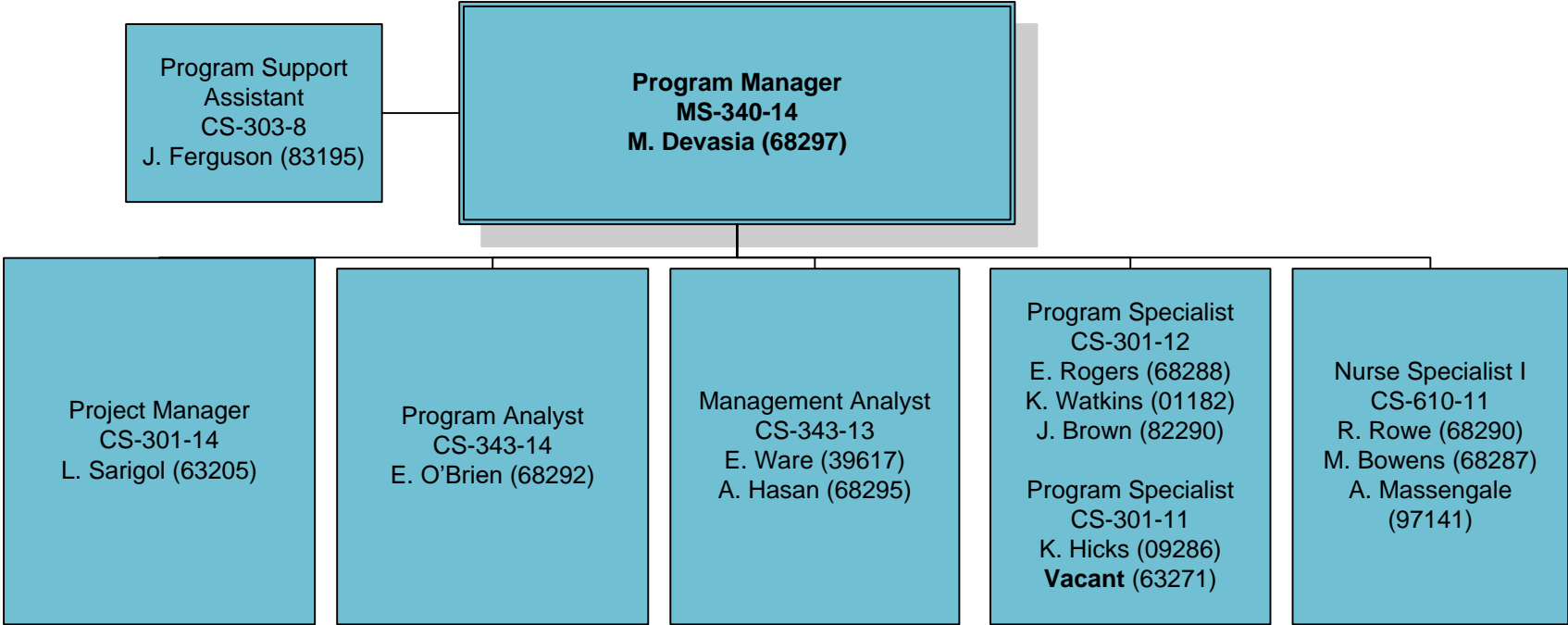
DHCF Organizational Chart – Long Term Care Administration (LTCA)

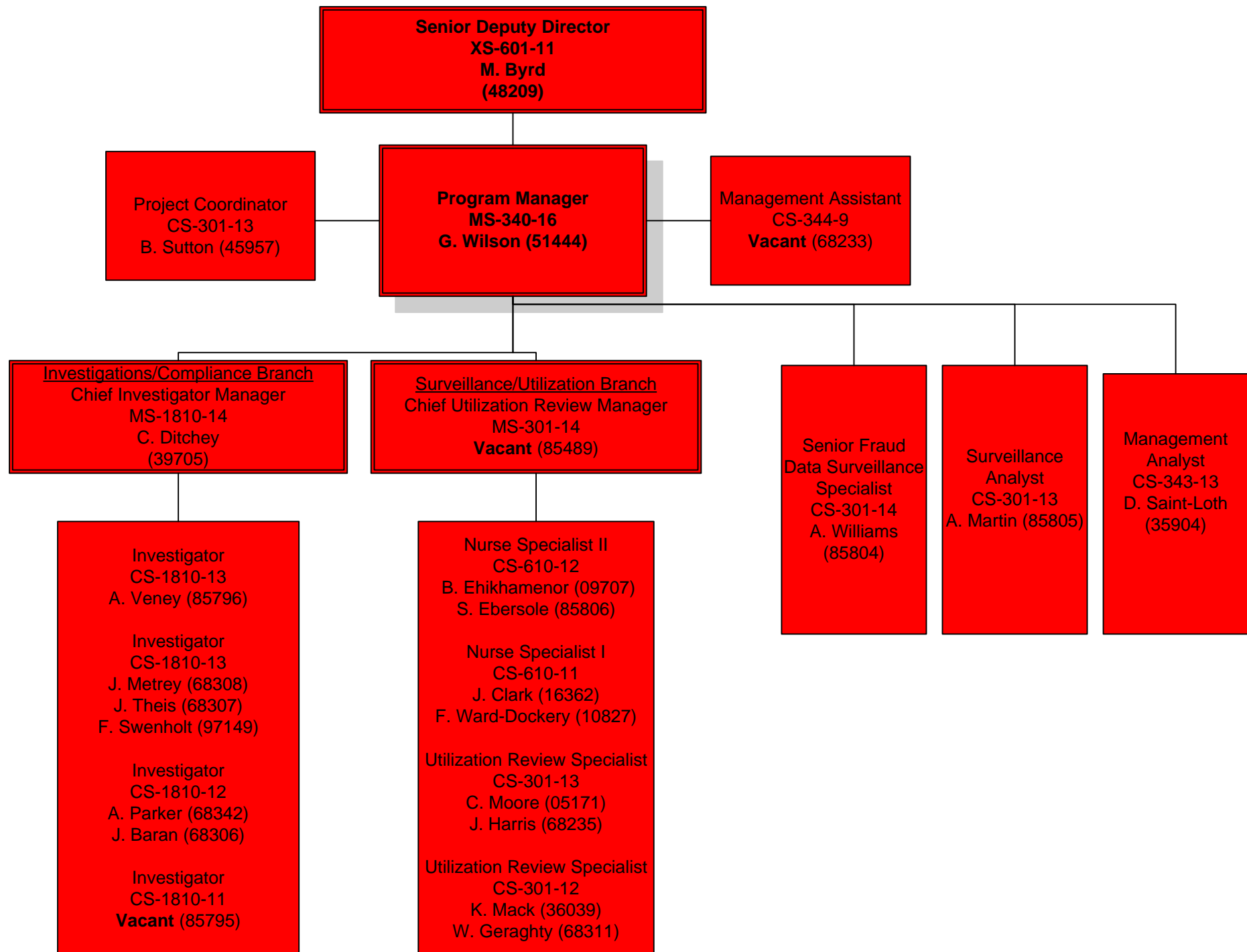


## DHCF Organizational Chart – LTCA – Intake and Assessment Division

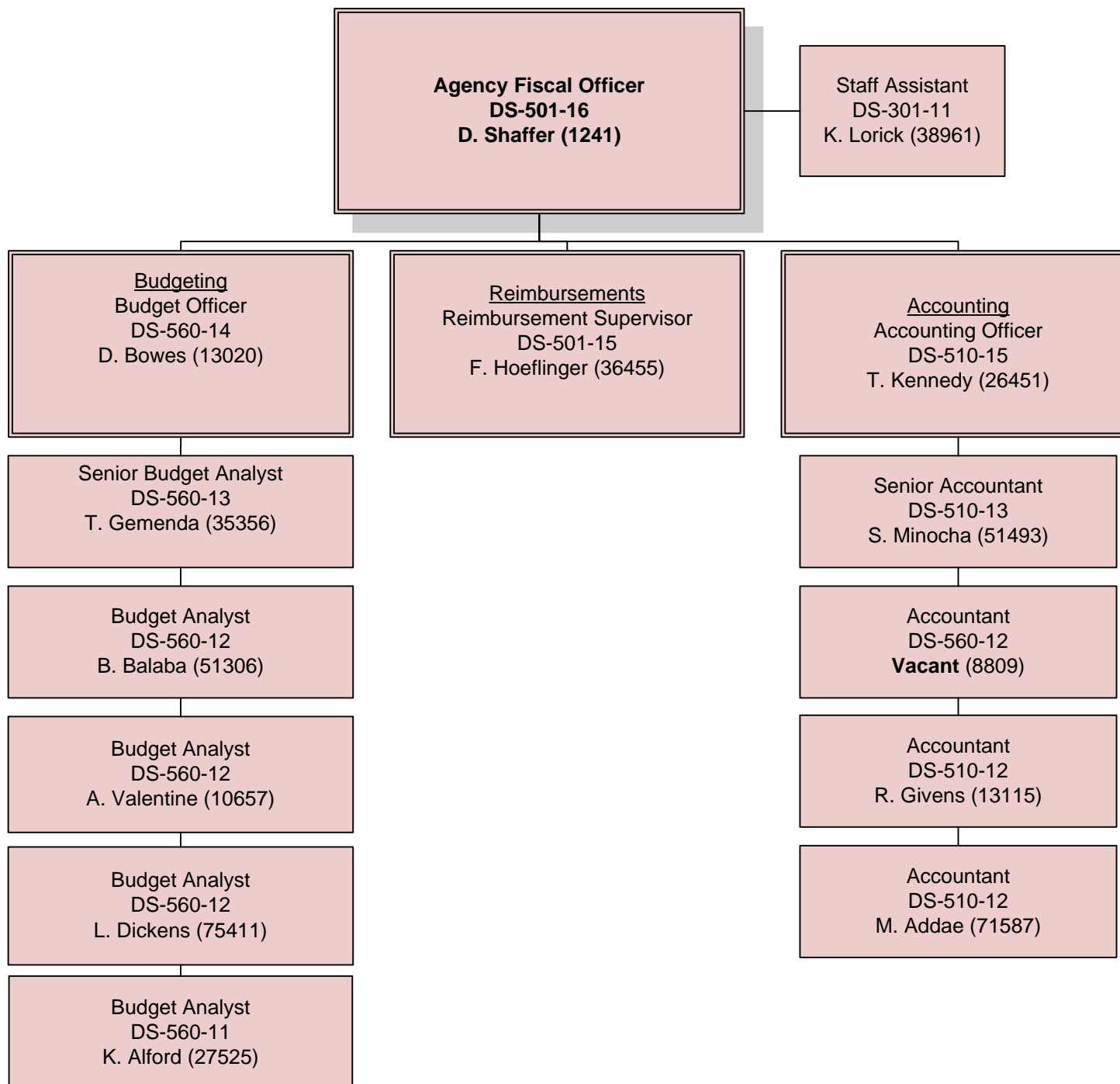








## DHCF Organizational Chart – Office of the Chief Financial Officer



Department of Health Care Finance (HT0)					
FY20 Oversight Hearing					
FY20 FTEs by Program and Division					
Program	Activity	Division	FTE Count	Employee Managing Program	
1000 Agency Management Program	1010 - Personnel	M010 Personnel	12	Portia Shorter	
	1020 - Contracting and Procurement	M060 Contracts and Procurement	3	Melanie Bell	
	1030 - Property Management	M080 Property Management	4	Tondalaya Hamilton	
	1040 - Information Technology	M100 Information Technology	13	Erik Thomas	
	1060 - Legal	M160 Legal (General Counsel)	9	Sheryl Johnson	
	1080 - Communications	M200 Communications	5	Amelia Whitman	
	1085 - Customer Service	M220 Customer Service: Ombudsman's Office	25	Maude Holt	
	1090 - Performance Management	M260 Performance Management	11	Wayne Turnage	
		M261 Office of Rates, Reimbursement and Financial Analysis	15	Angelique Martin	
		M262 Program Integrity	28	Gerald Wilson	
1000 Total			125		
100F OCFO: Agency Fiscal Operations	110F - Budgeting Operations	C140 Budget Operations	6	Deon Bowes	
	120F - Accounting Operations	C141 Accounting Operations	9	Thomas Kennedy	
	140F - Agency Fiscal Officer	C143 Agency Fiscal Operations	2	Darrin Shaffer	
100F Total			17		
2000 Health Care Delivery Management	2010 - Health Delivery Mgmt Support Svcs	D000 Health Care Delivery Mgmt Support Services	9	Lisa Truitt	
	2002 - Managed Care Management	D020 Division of Managed Care	8	Acting Lisa Truitt	
	2007 - Clinicians, RX, and Acute Provider Svcs	D030 Division of Clinicians, Pharmacy and Acute Provider Services	7.5	Cavella Bishop	
	2004 - Div of Quality and Health Outcomes	D040 Division of Quality Care	5	Travis Auth	
	2003 - Preventive and Acute Care	D050 Division on Children's Health	4.5	Colleen Sonosky	
2000 Total			34		
3000 Health Care Policy and Research	3010 - Health Care Policy and Planning Support	P200 Health Care Policy Support Service	3	Alice Weiss	
	3001 - Policy Unit Management	P210 Division of Regulation & Policy Mgmt	6	Acting Alice Weiss	
	3003 - Data Analysis	P220 Division of Analytics & Policy Research	7	April Grady	
	3004 - Member Management	P230 Division of Eligibility	16	Danielle Lewis	
3000 Total			32		
300A	310A - Program Management	A310 PROGRAM MANAGEMENT	9.1568	Tamika Fitzgerald	
		A311 PROGRAM MANAGEMENT - FNS MATCH	0.45	Tamika Fitzgerald	
		A312 PROGRAM MANAGEMENT	0.6224	Tamika Fitzgerald	

Department of Health Care Finance (HT0)					
FY20 Oversight Hearing					
FY20 FTEs by Program and Division					
Program	Activity	Division	FTE Count	Employee Managing Program	
	320A - Project Management	A320 PROJECT MANAGEMENT	30.9378	Tamika Fitzgerald	
		A321 PROJECT MANAGEMENT - FNS MATCH	1.285	Tamika Fitzgerald	
		A322 PROJECT MANAGEMENT	1.7772	Tamika Fitzgerald	
	330A - Organizational Change	A330 ORGANIZATIONAL CHANGE	10.5562	Lavar Youmans	
		A331 ORGANIZATIONAL CHANGE - FNS MATCH	1.025	Lavar Youmans	
		A332 ORGANIZATIONAL CHANGE - TANF	1.4188	Lavar Youmans	
	340A - Information Technology Management	A340 INFORMATION TECHNOLOGY MANAGEMENT	8.7322	Edward Leonard	
		A341 INFORMATION TECHNOLOGY MANAGEMENT - FNS	0.855	Edward Leonard	
		A342 INFORMATION TECHNOLOGY MANAGEMENT - TANF	1.1836	Edward Leonard	
<b>300A Total</b>			<b>68</b>		
6000 Health Care Operations	6010 - Health CARE Operations Support	O300 Health Care Operations Support Services	3	Donald Shearer	
	6001 - Medicaid Information Systems	O310 Division of Claims Management	14	Acting Donald Shearer	
	6006 - Div. of Public and Private Provider Svcs	O330 Division of Public & Private Provider Services	10	Natasha Lewis	
<b>6000 Total</b>			<b>27</b>		
8000 Health Care Reform and Innovation	8010 - HC Reform & Innovative Support Svs	R400 Health Care Innovation Support Services	2	Erin Holve	
	8002 - Affordable Care Reform and Grants Dev	R420 Division of Affordable Care Act and Grants Management	4	Erin Holve	
		R430 Division of Health Information Exchange and Information	4	Nina Jolani	
<b>8000 Total</b>			<b>10</b>		
200L Long Term Care	201L - Long Term Care Support Services	L000 Long Term Care Support Services	3	leisha Gray	
	210L - Oversight	L210 Division of Oversight	13	Mary Devasia	
	220L - Operations	L220 Division of Operations	14	Katherine Rogers	
	230L - Intake and Assessment	L230 Division of Intake and Assessment	8	Derdire Coleman	
<b>200L Total</b>			<b>38</b>		
<b>Grand Total</b>			<b>351</b>		



DEPARTMENT OF HEALTH CARE FINANCE			
FY20 OVERSIGHT HEARING			
Question 2: Communications Devices as of 2/18/21			
<u>NAME</u>	<u>Number</u>	<u>ADMINISTRATION</u>	<u>TITLE</u>
<b>AGENCY CELL PHONES</b>			
Adams, Crystal	834-6308	Office of the Chief Operating Officer	Management Analyst
Alexander, Amani	497-3641	Office of the Ombudsman	Data Base Developer
Amare, Gidey	557-6480	Health Care Delivery Mgmt Admin	Pharmacist
Arrington, Michael	591-6800	Office of the Chief Operating Officer	IT Specialist
Auth, Travis	553-0060	Health Care Delivery Mgmt Adm	Program Manager
Bell, Melanie	641-8203	Office of the Director	Operations Manager
Bishop, Cavella	657-2647	Health Care Delivery Mgmt Adm	Program Manager
Blissett, Kai	834-6316	Office of the Director	Special Assistant
Bowes, Deon	379-8163	Office of the Chief Financial Officer	Budget Officer
Brown, Charlita	553-0141	Office of the Ombudsman	Appeals Case Associate Director
Brown, Clemon	821-9669	Office of the Chief Operating Officer	IT Specialist
Byrd, Melisa	834-6318	Office of the Director	Deputy Director, Medicaid
Devasia, Mary	657-2545	Long Term Care Administration	Project Manager
Ditchey, Carl	379-6004	Health Care Operations Administration	Chief Investigator
Donald Shearer	657-2680	Health Care Operations Administration	Supervisory Healthcare Program Mgr
Drayton-Hays, Brenda	803-6612	Office of the Director	DC HHA DON
Edwards, Daren	557-0213	Office of the Chief Operating Officer	IT Specialist
Evans, Kenneth L.	834-1331	Office of the Chief Operating Officer	COO/Deputy Chief of Staff
Fairfax, Charlene	821-9688	Health Care Delivery Mgmt Adm	Pharmacist
Ferguson, Jacqueline	907-3812	Long Term Care Administration	Program Support Assistant
Gibson, Rita	263-9713	Office of the Director	Executive Assistant
Glover, Kevin	834-2653	Office of the Director	Program Support Assistant
Gonzalez, Juan	834-6374	Office of the Chief Operating Officer	IT Specialist -Term
Gray, leisha	821-9667	Long Term Care Administration	Director
Hamilton, Tondalaya	834-6370	Office of the Director	Support Svcs Manager
Hampton, Tippi	905-3432	Health Care Delivery Mgmt Adm	Clinical Care Specialist
Hodge, Pamela	834-6317	Health Care Delivery Mgmt Adm	Management Analyst
Holt, Maude	821-9680	Office of the Ombudsman	Ombudsman
Holve, Erin	557-9685	Health Care Reform & Innovation Admin	Director, HCRIA
Investigators-HCO	373-4852	Health Care Operations Administration	Used for field work
Isiaq, Bidemi	834-6351	Office of the Deputy Director	Associate Director Reimbursement
IT Staff	834-6378	Office of the Director	Used for field work

**DEPARTMENT OF HEALTH CARE FINANCE**

**FY20 OVERSIGHT HEARING**

**Question 2: Communications Devices as of 2/18/21**

<u><b>NAME</b></u>	<u><b>Number</b></u>	<u><b>ADMINISTRATION</b></u>	<u><b>TITLE</b></u>
Jacobs, Cardiss	246-9821	Office of Ombudsman	Management Analyst
Johnson, Sheryl	253-7463	Office of the Director	General Counsel
Jones, Alondra	905-3769	Division of Managed Care	Project Manager
Lee, Nylah	834-6374	Office of the Director	IT Specialist
Lewis-Wright, Danielle	834-3184	Health Care Policy & Research Adm	Program Manager
Lewis, Natasha	246-4024	Health Care Operations Administration	Supervisory Management Analyst
Martin, Angelique	557-6567	Office of the Director	Deputy Director, Finance
Massey, Herbert	834-6346	Office of the Chief Operating Officer	IT Specialist
Nelson, Candace	557-1157	OCOO/DCAS	Special Projects Officer
Provider Svcs -Team(1)	557-1998	Health Care Operations Administration	Used for field work
Provider Svcs -Team(2)	557-8199	Health Care Operations Administration	Used for field work
Riley, Pamela	904-1730	Office of the Director	Medical Director
Rogers , Enid (Field Use)	834-1927	Health Care Delivery Mgmt Adm	Program Specialist
Rogers, Katherine	271-6870	Long Term Care Administration	Program Manager
Rossetto, Johnny	423-6743	Office of the Chief Operating Officer	Records Support Specialist
Royster, Curtis	903-9706	Office of the Chief Operating Officer	IT Specialist
Sarigol, Leyla	557-0317	Long Term Care Administration	Project Manager
Shaffer, Darrin	591-6799	Office of the Chief Financial Officer	Agency Financial Officer
Shorter, Portia	596-4994	Office of the Director	Human Resource Officer II
Simbulan, Arceli	557-0782	Division of Eligibility Policy	Program Analyst
Simms, Eugene	427-1509	Health Care Policy & Research Admin	Supervisory Policy Analyst
Simms, James	246-9827	Office of the Deputy Director	Associate Director Medicaid Finance
Smith, Ayesha	557-1481	Health Care Policy & Research Admin	Program Analyst
Smith, Dawn	591-6797	Office of the Director	Executive Assistant
Smith, Noah	834-3217	Health Care Reform & Innovation Admin	Program Manager
Sonosky, Colleen	557-1625	Health Care Delivery Mgmt Adm	Program Manager
Stovall, Felecia	369-1035	Health Care Delivery Mgmt Adm	Project Manager
Thomas, Erik	705-8000	Office of the Chief Operating Officer	Interim, Chief Operating Officer
Tilghman, Cecelia	503-8472	Office of the Director	Executive Assistant
Terry, Jonas	834-2086	Health Care Delivery Mgmt Adm	Pharmacist
Truitt, Lisa	380-6899	Health Care Delivery Mgmt Adm	Director, HCDMA
Turnage, Wayne	821-9673	Office of the Director	Director
Watts, Nicole	657-2575	Long Term Care Administration	Program Coordinator

DEPARTMENT OF HEALTH CARE FINANCE			
FY20 OVERSIGHT HEARING			
Question 2: Communications Devices as of 2/18/21			
<u>NAME</u>	<u>Number</u>	<u>ADMINISTRATION</u>	<u>TITLE</u>
Weiss, Alice	821-9690	Policy and Research Admin	Director, HCPRA
White, Dorinda	369-3640	Office of the Director	Public Affairs Specialist
White, Tynesha	246-9822	Long Term Care Administration	Program Support Assistant
Whitman, Amelia	716-5140	Office of the Director	Deputy Chief of Staff
Williams, Lawrence	834-6319	Health Care Delivery Mgmt Adm	Data Mgmt Analyst
Williamson, Melanie	834-6371	Office of the Director	Chief of Staff
Wilson, Gerald	253-9418	Division of Program Integrity	Program Manager
Yorgov, Martin	834-6321	Office of the Chief Operating Officer	IT Specialist
<b>DCAS CELL PHONES</b>			
Adil, Mohammed	907-8851	DCAS Program Management Admin	Management Analyst Medicaid Lead
Akinleye, Emmanuel	246-9865	DCAS Program Management Admin	
Allen, Kivon	553-0050	DCAS Program Management Admin	
Anthony, Adrian	553-0109	DCAS Program Management Admin	
Annam, Seidhar	603-6562	DCAS Program Management Admin	Program Manager PMP Lead
John Travers	553-0134	DCAS Program Management Admin	
Baptista, Tony	465-9122	DCAS Program Management Admin	
Bavineni, Divya	246-9909	DCAS Program Management Admin	
Beshti, Reza	603-6021	DCAS Program Management Admin	Special Projects Officer
Chinnapapkkagarai, Swapna	553-0065	DCAS Program Management Admin	
Chunduri, Naveen	553-0105	DCAS Program Management Admin	
Elayadathu, Anish	907-8102	DCAS Program Management Admin	
Elmouhib, Sharon	907-8994	DCAS Program Management Admin	
Ferguson, Brooke	553-0112	DCAS Program Management Admin	
Fitzgerald, Tamika	503-8741	DCAS Program Management Admin	
Gutha, Rajiv	553-0058	DCAS Program Management Admin	
Hanna William	603-3877	DCAS Program Management Admin	
Hussain, Ayyub	423-4658	DCAS Program Management Admin	
Kalapala, Tejaswini	553-0048	DCAS Program Management Admin	
Leonard, Ed	905-9240	DCAS Program Management Admin	
Manjakuppam, Satish	907-9825	DCAS Program Management Admin	
Milky, Nahid	327-0028	DCAS Program Management Admin	
Misrha, Narendra	603-0451	DCAS Program Management Admin	
Monterio, Alex	787-8691	DCAS Program Management Admin	

DEPARTMENT OF HEALTH CARE FINANCE			
FY20 OVERSIGHT HEARING			
Question 2: Communications Devices as of 2/18/21			
<u>NAME</u>	<u>Number</u>	<u>ADMINISTRATION</u>	<u>TITLE</u>
Mulla, Vishnu	603-7153	DCAS Program Management Admin	
Nelson, Jujuan	553-0114	DCAS Program Management Admin	
Pearce, Khadija	557-9154	DCAS Program Management Admin	Management Analyst
Rajab, Emir	553-0065	DCAS Program Management Admin	
Riveria, Michelle	905-3598	DCAS Program Management Admin	
Sobhan, Syed	603-8168	DCAS Program Management Admin	
Suresh, Snigdha	246-9817	DCAS Program Management Admin	
Syed, Fayaz	603-1896	DCAS Program Management Admin	
Travers, John	553-0120	DCAS Program Management Admin	
Youmans, Lavar	553-0040	DCAS Program Management Admin	Program Manager
<b>I-PADS</b>			
Evans, Kenneth L.		Office of the Director	Chief Operating Officer
Turnage, Wayne		Office of the Director	Director
<b>AIR CARDS</b>			
Donald Shearer		Health Care Operations Administration	Supervisory Healthcare Program Mgr
Maude Holt		Ombudsman	Program Manager

Cell Phones **(DHCF) 73**

Cell Phones **(DCAS) 34**

Landlines **544**

I-Pads **2**

Air Cards **2**

DEPARTMENT OF HEALTHCARE FINANCE		
FY20 OVERSIGHT HEARING		
Question 2: Bonuses, Special Pay, Additional Compensation and/or Hiring Incentives in FY20 and FY21		
FY20 Distributions		
Name	Description	Amount of Additional Compensation
Marlaina Bowens*	License Renewal Bonus	\$548.65
Gina Brooks*	License Renewal Bonus	\$576.08
Uzoaku Chukwu*	License Renewal Bonus	\$495.55
Joanna Clark*	License Renewal Bonus	\$548.65
Samantha Ebersole*	License Renewal Bonus	\$557.50
Betty Ehikhamenor*	License Renewal Bonus	\$576.08
Anita Massengale*	License Renewal Bonus	\$548.65
Robbin Rowe*	License Renewal Bonus	\$548.65
Loretta Smith*	License Renewal Bonus	\$576.08
Tracy Spann-Downing*	License Renewal Bonus	\$548.65
Felicia Ward Dockery*	License Renewal Bonus	\$548.65
Robert Howard**	Performance Bonus	\$1,702.22
Irene Hui**	Performance Bonus	\$1,952.36
Stephnie John**	Performance Bonus	\$1,088.82
Lauren Jones**	Performance Bonus	\$1,952.36
Kevin O'Donnell**	Performance Bonus	\$1,502.00

\* These License Renewal Bonuses were given based upon the Collective Bargaining Agreement between the District and DC Nurses Association (Nurses).

\*\* These Performance Bonuses were given based upon the Collective Bargaining Agreement between the District and AFGE 1403 (Attorneys).

DEPARTMENT OF HEALTH CARE FINANCE											
FY20 OVERSIGHT HEARING											
Question 2: Travel Expenses for October 2019 - September 2020 (FY20)											
Name of Meeting or Conference	Attendee Last Name	Attendee First Name	Start Date	End Date	City/State	Air/Train or Bus Costs	Hotel Costs	Registration Costs	Ground Trans	Per Diem	Total Costs
Advance Health Equity Collaborative Kick-Off Meeting*	Riley, MD	Pamela	10/2/19	10/3/19	Chicago, IL	\$306.60	\$233.61	N/A	\$160.00	\$114.00	\$814.21
National Association of State Medicaid Directors (NAMD)***	Riley, MD	Pamela	11/11/19	11/13/19	Local/DC	\$500.00	N/A	N/A	N/A	N/A	\$500.00
Regenstrief Institute External Advisory Board Meeting**	Holve	Erin	10/23/19	10/25/19	Indiana, IL	N/A	N/A	N/A	\$50.00	\$140.00	\$190.00
APHS 2019 Education Conference	Jones	Lauren	10/27/19	10/30/19	Arlington, VA	N/A	N/A	\$750.00	N/A	N/A	\$750.00
PMI - ACP Certification Training	Brooks	Jasmine	11/13/19	11/15/19	Local/VA	N/A	N/A	\$1,095.00	N/A	N/A	\$1,095.00
National Association of State Medicaid Directors (NAMD)***	Byrd	Melisa	11/11/19	11/13/19	Local/DC	N/A	N/A	N/A	N/A	N/A	fee waived
NAMD	Martin	Angelique	11/11/19	11/13/19	Local/DC	N/A	N/A	\$500.00	N/A	N/A	\$500.00
NAMD	Weiss	Alice	11/11/19	11/13/19	Local/DC	N/A	N/A	\$500.00	N/A	N/A	\$500.00
NAMD	Grady	April	11/11/19	11/13/19	Local/DC	N/A	N/A	\$500.00	N/A	N/A	\$500.00
NAMD	Simms	Eugene	11/11/19	11/13/19	Local/DC	N/A	N/A	\$500.00	N/A	N/A	\$500.00
NCQA's Advance PCMH 2017 and Annual Reporting	Ohiosikha	Lucy	11/19/19	11/22/19	Tampa, FL	\$403.58	\$366.00	\$1,080.50	\$50.00	\$213.50	\$2,113.58
NCQA's Advance PCMH 2017 and Annual Reporting	Hampton-Stephenson	Tippi	11/19/19	11/22/19	Tampa, FL	\$418.95	\$533.04	\$1,060.50	\$50.00	\$213.50	\$2,275.99
AMA Conference	Bishop	Cavella	11/19/19	11/22/19	Chicago, IL	\$294.96	\$968.56	\$750.00	\$50.00	\$266.00	2,329.52
Subawarding for pass-through entities	Bell	Ellyon	11/25/19	11/26/19	Local//DC	N/A	N/A	\$849.00	N/A	N/A	\$849.00
HCCA Managed Care Compliance Conference	Kahn	Abigail	1/25/20	1/29/20	Lake Buena Vista, FL	\$216.60	\$934.89	\$825.00	\$50.00	165.00	\$2,191.49
Medicaid Innovative Forum	Belton	Carleta	2/4/20	2/7/20	Orlando, FL	\$250.00	\$246.60	\$495.00	\$60.00	231.00	1,282.60
Medicaid Innovative Forum****	Truitt	Lisa	2/4/20	2/7/20	Orlando, FL	\$250.00	\$246.60	N/A	\$60.00	231.00	\$787.60
Medicaid Innovative Forum*****	Stovall	Felecia	2/4/20	2/7/20	Orlando, FL	\$250.00	\$246.60	N/A	\$60.00	231.00	\$787.60
National Health Policy Conference	Oandasan	Pamela	2/10/20	2/11/20	Local	N/A	N/A	\$1,125.00	N/A	N/A	\$1,125.00
2020 CMS Quality Conference	Wagerman	Karina	2/25/20	2/26/20	Baltimore, MD	\$32.00	N/A	N/A	N/A	N/A	\$32.00
2020 CMS Quality Conference	Baskerville	Tiarra	2/25/20	2/26/20	Baltimore, MD	\$174.57	N/A	N/A	N/A	\$105.00	\$279.57
2020 CMS Quality Conference	Kavanaugh	Serina	2/25/20	2/26/20	Baltimore, MD	\$100.89	N/A	N/A	N/A	\$96.00	\$196.89
2020 CMS Quality Conference	Auth	Travis	2/25/20	2/2/20	Baltimore, MD	\$199.41	N/A	N/A	N/A	\$96.00	\$295.41
HIPPI SUMMIT	Massey	Herbert	3/3/20	3/5/20	Arlington, VA	N/A	N/A	\$1,590.00	N/A	N/A	\$1,590.00
2020 HIMSS Global Conference*****	Soyer	Deniz	3/9/20	3/13/20	Orlando, FL	N/A	N/A	N/A	N/A	N/A	\$0.00
The Rise National Summit (1)	Groves	DaShawn	3/15/20	3/17/20	Nashville, TN	\$295.41	returned	\$1,095.00	\$50.00	\$152.00	\$1,592.41
3rd Annual CIE Summit (1)	Groves	DaShawn	3/18/20	3/20/20	San Diego, CA	\$489.40	returned	\$695.00	\$50.00	\$177.50	\$1,411.90
National Conference of the American Pharmacist Association (APhA)`	Amare	Gidey	3/20/20	3/24/20	Oxon Hill, MD	N/A	N/A	\$890.00	N/A	N/A	\$890.00

DEPARTMENT OF HEALTH CARE FINANCE											
FY20 OVERSIGHT HEARING											
Question 2: Travel Expenses for October 2019 - September 2020 (FY20)											
<i>Name of Meeting or Conference</i>	<i>Attendee Last Name</i>	<i>Attendee First Name</i>	<i>Start Date</i>	<i>End Date</i>	<i>City/State</i>	<i>Air/Train or Bus Costs</i>	<i>Hotel Costs</i>	<i>Registration Costs</i>	<i>Ground Trans</i>	<i>Per Diem</i>	<i>Total Costs</i>
National Conference of the American Pharmacist Association (APhA)	Terry	Jonas	3/20/20	3/24/29	Oxon Hill, MD	N/A	N/A	\$690.00	N/A	N/A	\$690.00
Project Management Certification Training	Evans	Kenneth	3/25/20	3/27/20	Local	N/A	N/A	\$1,980.00	N/A	N/A	\$1,980.00
Project Management Certification Training	Thomas	Erik	3/25/20	3/27/20	Local	N/A	N/A	\$1,980	N/A	N/A	\$1,980.00
2020 Advancing States Spring Meeting (1)	Rogers	Katherine	5/4/20	5/8/20	Salt Lake City, UT	\$506.80	returned	\$575.00	\$50.00	\$196.00	\$1,327.80
2020 Advancing States Spring Meeting (1)	Gray	leisha	5/4/19	5/8/19	Salt Lake City, UT	\$506.80	returned	\$575.00	\$50.00	\$196.00	\$1,327.80
2020 MESC Conference (1)	Royster	Curtis	8/10/20	8/13/20	Boston, MA	\$301.81	returned	\$600.00	\$50.00	\$248.50	\$1,200.31
2020 MESC Conference (1)	Thomas	Erik	8/10/20	8/13/20	Boston, MA	\$301.81	returned	\$600.00	\$50.00	\$248.50	\$1,200.31
National Association for Medicaid Program Integrity Virtual Meeting (NAMPI)	Theis	Joseph	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Veney	Angela	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Geraghty	William	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Martin	Andre	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Parker	Angela	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Metrey	Jon	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Baron	Joseph	8/17/20	8/19/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Moore	Celceil	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Mack	Kendra	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Harris	Janice	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Clark	Joanna	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Sutton	Brenda	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Ebersole	Samantha	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Wilson	Gerald	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Williams	Adrian	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Saint-Loth	Dominique	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Ward-Dockery	Felecia	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
NAMPI	Swenholt	Francis	8/17/20	8/20/20	VIRTUAL	N/A	N/A	\$100.00	N/A	N/A	\$100.00
										<b>TOTAL</b>	<b>\$36,885.99</b>

\*Lodging paid in advance by sponsor; will reimburse DC Treasurer for airfare and ground. DHCF will cover per diem.

\*\*Sponsor paid airfare and lodging in advance. DHCF will reimburse for ground and per diem.

\*\*\*Registration fee waived/Medicaid Director

\*\*\*\*Reg fee waived as she will be a speaker; sponsor paid two nights lodging; will reimburse DC Treasurer for airfare

\*\*\*\*\*Reg fee waived/speaker; Sponsor will reimburse DC Treasurer for airfare

DEPARTMENT OF HEALTH CARE FINANCE											
FY20 OVERSIGHT HEARING											
Question 2: Travel Expenses for October 2019 - September 2020 (FY20)											
<i>Name of Meeting or Conference</i>	<i>Attendee Last Name</i>	<i>Attendee First Name</i>	<i>Start Date</i>	<i>End Date</i>	<i>City/State</i>	<i>Air/Train or Bus Costs</i>	<i>Hotel Costs</i>	<i>Registration Costs</i>	<i>Ground Trans</i>	<i>Per Diem</i>	<i>Total Costs</i>

\*\*\*\*\*All cost paid for by scholarship; approved by EOM

(1) Lodging credited back to card; air fare must be used at a later date; reg fee was used as virtual; advances returned to DC Treasurer



DEPARTMENT OF HEALTH CARE FINANCE											
FY20 OVERSIGHT HEARING											
Question 2: Travel Expenses for October 2020 - Present (FY21)											
<i>Name of Meeting or Conference</i>	<i>Attendee Last Name</i>	<i>Attendee First Name</i>	<i>Start Date</i>	<i>End Date</i>	<i>City/State</i>	<i>Air/Train or Bus Costs</i>	<i>Hotel Costs</i>	<i>Registration Costs</i>	<i>Ground Trans</i>	<i>Per Diem</i>	<i>Total Costs</i>
Training/Yearly PMI Classes	Evans	Kenneth	TBD	TBD	Local/DC	N/A	N/A	\$534.00	N/A	N/A	<b>\$534.00</b>
National Association of State Medicaid Director's Conference (NAMD)	Riley, MD	Pamela	11/20/20	11/21/20	Arlington, VA	N/A	N/A	\$350.00	N/A	N/A	<b>\$350.00</b>
NAMD	Martin	Angelique	11/20/20	11/21/20	Arlington, VA	N/A	N/A	\$350.00	N/A	N/A	<b>\$350.00</b>
Home and Community Based Services Conference (HCBS)	Sarigol	Leyla	12/2/20	12/3/20	Arlington, VA	N/A	N/A	\$761.25	N/A	N/A	<b>\$761.25</b>
HCBS	Rogers	Katherine	12/2/20	12/3/20	Arlington, VA	N/A	N/A	\$761.25	N/A	N/A	<b>\$761.25</b>
Families USA	Allen	Kivon	1/26/21	1/26/2021	Local/DC	N/A	N/A	\$249.00	N/A	N/A	<b>\$249.00</b>
										<b>TOTAL</b>	<b>\$3,005.50</b>

\*Sponsor will reimburse for lodging, flight and ground expenses. DHCF will reimburse for per diem.

\*\*Sponsor paid airfare and lodging in advance. DHCF will reimburse for per diem and ground.

\*\*\*Registration fee for participant waived.

\*\*\*\*Reg fee for Lisa waived as she will be a speaker at the FORUM: Sponser also paid for two nights of lodging up front. Will reimburse DC Treasurer for air fare.

\*\*\*\*\*Reg fee waived. Sponsor will reimburse reimburse DC Treasurer for air fare

\*\*\*\*\*All costs paid for by scholarship extended to participant

DEPARTMENT OF HEALTH CARE FINANCE													
FY20 Oversight Hearing													
Question 2: DHCF Salaries over \$100,000													
FY20							FY21						
Title	Name	Vac Stat	Pay	Grade	Step	Salary	Title	Name	Vac Stat	Pay	Grade	Step	Salary
Medical Officer	Riley,Pamela	F	DS	17	0	200309.5	Medical Officer	Riley,Pamela	F	DS	17	0	200309.5
Agency Fiscal Officer	Shaffer,Darrin A	F	DS	16	10	190773	Agency Fiscal Officer	Shaffer,Darrin A	F	DS	16	10	190773
Chief Operating Officer	Evans,Kenneth L	F	DS	16	0	185961.85	Chief Operating Officer	Evans,Kenneth L	F	DS	16	0	185961.85
Healthcare Program Mgr	Truitt,Lisa Ann	F	DS	16	0	185929.42	Healthcare Program Mgr	Truitt,Lisa Ann	F	DS	16	0	185929.42
Program Manager	Holt,Maude R	F	DS	16	0	184345.09	Program Manager	Holt,Maude R	F	DS	16	0	184345.09
Deputy Director	Martin,Angelique Monique	F	DS	16	0	184344.58	Deputy Director	Martin,Angelique Monique	F	DS	16	0	184344.58
Senior Deputy Director	Rapp,Melisa S.	F	XS	11	0	183262.71	Senior Deputy Director	Rapp,Melisa S.	F	XS	11	0	183262.71
Chief of Staff	Williamson,Melanie J.	F	XS	10	0	180713.71	Chief of Staff	Williamson,Melanie J.	F	XS	10	0	180713.71
Healthcare Program Manager	Holve,Erin	F	DS	16	0	180562.21	Healthcare Program Manager	Holve,Erin	F	DS	16	0	180562.21
Supvy. Healthcare Program Mgr	Shearer,Donald	F	DS	16	0	179036.21	Supvy. Healthcare Program Mgr	Shearer,Donald	F	DS	16	0	179036.21
Supervisory Attorney Advisor	Johnson,Sheryl C	F	LX	2	0	177132.45	Supervisory Attorney Advisor	Johnson,Sheryl C	F	LX	2	0	177132.45
Supvy. Healthcare Program Mgr	Weiss,Alice	F	DS	16	0	175546.6	Supvy. Healthcare Program Mgr	Weiss,Alice	F	DS	16	0	175546.6
Healthcare Program Manager	Gray,Ieisha	F	DS	16	0	173494.9	Healthcare Program Manager	Gray,Ieisha	F	DS	16	0	173494.9
Program Manager	Wilson,Gerald W	F	DS	16	0	170261.25	Program Manager	Wilson,Gerald W	F	DS	16	0	170261.25
Chief Mgmt Operations Officer	Richard,Calvin M	F	DS	15	10	169548	Chief Mgmt Operations Officer	Richard,Calvin M	F	DS	15	10	169548
Accounting Officer	Kennedy,Thomas F	F	DS	15	9	165336	Accounting Officer	Kennedy,Thomas F	F	DS	15	10	169548
Reimbursement Supervisor	Hoeflinger,Frederick	F	DS	15	9	165336	Reimbursement Supervisor	Hoeflinger,Frederick	F	DS	15	10	169548
Chief Operating Officer	Bell,Melanie J	F	DS	16	0	166075.14	Chief Information Officer	Thomas,Erik	F	DS	16	0	158729
Chief Information Officer	Thomas,Erik	F	DS	16	0	158729.18	Supervisory IT Program Manager	Leonard,Edward J	F	DS	15	0	157590
Supervisory IT Program Manager	Leonard,Edward J	F	DS	15	0	157590	Special Projects Officer	Hanna,William	F	DS	15	0	155248
Special Assistant	Blissett,Kai A	F	DS	15	0	155247.78	Special Assistant	Blissett,Kai A	F	DS	15	0	155247.78
Special Assistant	Thompson,Terri A	F	DS	15	0	155247.78	Supervisory Program Analyst	Grady,April	F	DS	14	0	150979.46
Program Director	Lawrence,Katheryne	F	DS	16	0	151774.62	Supervisory Nurse Specialist	Coleman,Derdire J	F	DS	14	0	150978.43
Supervisory Program Analyst	Grady,April	F	DS	14	0	150979.46	Operations Manager	Bell,Melanie J	F	DS	14	0	150978.27
Supervisory Nurse Specialist	Coleman,Derdire J	F	DS	14	0	150978.43	Program Manager	Sonosky,Colleen A	F	DS	15	0	148587.86
Program Manager	Sonosky,Colleen A	F	DS	15	0	148587.86	Program Manager	Bishop,Cavella Denise	F	DS	15	0	147369.94
Program Manager	Bishop,Cavella Denise	F	DS	15	0	147369.94	Program Manager	Rogers,Katherine K	F	DS	14	0	147027.35
Program Manager	Rogers,Katherine K	F	DS	14	0	147027.35	Human Resources Officer II	Shorter,Portia	F	DS	14	0	145733.07
Human Resources Officer II	Shorter,Portia	F	DS	14	0	145733.07	Program Manager	Devasia,Mary	F	DS	14	0	144473.14
Program Manager	Devasia,Mary	F	DS	14	0	144473.14	Pharmacist	Amare,Gidey	F	DS	14	10	144439
Pharmacist	Amare,Gidey	F	DS	14	10	144439	Clinical Care Specialist	Hampton-Stephenson,Tippi Keir	F	DS	14	10	144439
Clinical Care Specialist	Hampton-Stephenson,Tippi Keir	F	DS	14	10	144439	Program Analyst	Barton Walker,Linda D	F	DS	14	10	144439
Program Analyst	Barton Walker,Linda D	F	DS	14	10	144439	Requirements Specialist	Baptista,Tony	F	DS	14	10	144439
Requirements Specialist	Baptista,Tony	F	DS	14	10	144439	Pharmacist	Fairfax,Charlene D	F	DS	14	10	144439
Pharmacist	Fairfax,Charlene D	F	DS	14	10	144439	Program Analyst	Lacey,Antonio E	F	DS	14	10	144439
Program Analyst	Lacey,Antonio E	F	DS	14	10	144439	Pharmacist	Terry,Jonas	F	DS	14	10	144439
Program Manager	Smith,Noah	F	DS	15	0	142587.44	Appeals Case Associate Director	Brown,Charlita R	F	DS	15	0	139127
Program Manager	Fauntleroy,Elisa	F	DS	15	0	141700.11	Supervisory Management Analyst	Lewis,Danielle R.	F	DS	14	0	138561.53
Pharmacist	Terry,Jonas	F	DS	14	9	140847	Information Technology Spec.	Edwards,Daren M	F	DS	14	8	137255
Supervisory Program Analyst	Squires,Patricia	F	DS	14	0	138905.31	Management Analyst	Monroe,Emilie F	F	DS	14	8	137255
Supervisory Management Analyst	Lewis,Danielle R.	F	DS	14	0	138561.53	Project Manager	Groves,DaShawn A	F	DS	14	8	137255
Information Technology Spec.	Edwards,Daren M	F	DS	14	8	137255	Senior Fraud Data Surveillance	Williams,Adrian L	F	DS	14	8	137255
Management Analyst	Monroe,Emilie F	F	DS	14	7	133663	Associate Director (Medicaid Finance)	Simms,James	F	DS	15	0	134450.54
Project Manager	Groves,DaShawn A	F	DS	14	7	133663	Attorney Advisor	Hui,Irene	F	LA	14	5	134103
Senior Fraud Data Surveillance	Williams,Adrian L	F	DS	14	7	133663	Attorney Advisor	Jones,Lauren S	F	LA	14	5	134103
Statistician	Sumner,John W	F	DS	14	10	133537	Management Analyst	Dehaan,Kerda I	F	DS	14	7	133663
Associate Director (Reimbursement)	Isiaq,Abidemi S	F	DS	15	0	132596.25	Management Analyst	Williams,Lawrence D.	F	DS	14	7	133663
Public Affairs Specialist	White,Dorinda	F	DS	14	9	130217	Statistician	Sumner,John W	F	DS	14	10	133537
Compliance Monitor	Rooney,Surobhi N.	F	DS	14	9	130217	Project Manager	Garrison,Elizabeth	F	DS	14	10	133537

FY20						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Reimbursement Analyst	Clark,Andrea	F	DS	14	9	130217
Attorney Advisor	Hui,Irene	F	LA	14	4	130157
Attorney Advisor	Jones,Lauren S	F	LA	14	4	130157
Budget Officer	Bowes,Deon	F	DS	14	6	130072
Management Analyst	Dehaan,Kerda I	F	DS	14	6	130071
Management Analyst	Williams,Lawrence D.	F	DS	14	6	130071
Program Manager	Fitzgerald,Tamika	F	DS	14	0	128750
Chief Investigator	Ditchey,Carl J	F	DS	14	0	127761.92
Senior Financial Management An	Akinshemoyin,Musili T	F	DS	14	8	126897
Management Analyst	Hodge,Pamela Leeatta	F	DS	14	5	126479
Program Analyst	Bolling,Michael D	F	DS	14	5	126479
Management Analyst	Brown,Charlita R	F	DS	14	5	126479
Program Manager	Auth,Travis D.	F	DS	15	0	124979.17
Supervisory IT Specialist	Curlic,Violeta	F	DS	14	0	123600
Project Manager	Sarigol,Leyla D	F	DS	14	7	123577
Reimbursement Analyst	Xing,Yun	F	DS	14	7	123577
Attorney Advisor	Parsons,Keith David	F	LA	13	8	123492
Program Analyst	Willard,Monique Andre	F	DS	13	10	122230.1
Program Analyst	Bell-Foxworth,Gwendolyn	F	DS	13	10	122227
Program Analyst	Smith,Clydie A	F	DS	13	10	122227
Management Analyst	O'Brien,Ellen S	F	DS	13	10	122227
Clinical Case Worker	Johnson,Paula R	F	DS	13	10	122227
Clinical Case Worker	Tabb,Shirley L	F	DS	13	10	122227
Behavioral Health Coordinator	Oliver,Javon C	F	DS	13	10	122227
Program Analyst	McKearn,Matthew	F	DS	13	10	122227
Compliance Officer	Kahn,Abigail	F	DS	13	10	122227
Information Technology Special	Milky,Nahid I	F	DS	13	10	122227
Supvy. Management Analyst	Rivera,Michelle L	F	DS	13	0	121206.67
Nurse Specialist II	Ehikhamenor,Betty A	F	DS	12	10	121046
Nurse Specialist II	Brooks,Gina	F	DS	12	10	121046
Nurse Specialist II	Smith,Loretta	F	DS	12	10	121046
Project Manager	Spence-Smith,Louis	F	DS	14	6	120257
Reimbursement Analyst	Augenbaum,Sharon R.	F	DS	14	6	120257
Senior Budget Analyst	Johnson,Andrea L	F	DS	13	9	119187
Project Coordinator	Wilson-Kear,Lucy	F	DS	13	9	119186
Clinical Care Specialist	Ohiosikha,Lucy E	F	DS	13	9	119186
Info. Tech. Specialist (APPSW)	Eslamian,Azra	F	DS	13	9	119186
Supervisory Program Analyst	El Mouhib,Sharon	F	DS	14	0	119032.98
Nurse Specialist II	Ebersole,Samantha	F	DS	12	9	117141
Reimbursement Analyst	Woldeghiorgis,Samuel G.	F	DS	14	5	116937
Management Analyst	Saint-Loth,Dominique	F	DS	13	8	116145
Project Coordinator	Sutton,Brenda M	F	DS	13	8	116145
Management Analyst	Brannum Jr.,James	F	DS	13	8	116145
Investigator	Metrey,Jon Joseph	F	DS	13	8	116145
Management Analyst	Thomas,Ann B	F	DS	13	8	116145
Management Analyst	Robinson,Suprenia A	F	DS	13	8	116145
Project Manager	Soyer,Deniz	F	DS	13	8	116145
Special Projects Coordinator	Belton,Carleta Y	F	DS	13	8	116145
Information Technology Specialist	Butler,James R	F	DS	13	8	116145
Project Manager	Koch,Eduarda	F	DS	14	2	115703
Special Projects Officer	Woods,William T	F	DS	14	2	115703
Compliance Officer	McIntosh,Makenzie D.	F	DS	14	2	115703

FY21						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Associate Director (Reimbursement)	Isiaq,Abidemi S	F	DS	15	0	132596.25
Program Manager	Youmans,Lavar	F	DS	15	0	132000
Public Affairs Specialist	White,Dorinda	F	DS	14	9	130217
Compliance Monitor	Rooney,Surobhi N.	F	DS	14	9	130217
Senior Financial Management Analyst	Akinshemoyin,Musili T	F	DS	14	9	130217
Budget Officer	Bowes,Deon	F	DS	14	6	130072
Management Analyst	Hodge,Pamela Leeatta	F	DS	14	6	130071
Clinical Case Worker	Brooks,Gina	F	DS	14	6	130071
Deputy Chief of Staff	Whitman,Amelia Danielle	F	DS	15	0	130000
Program Manager	Fitzgerald,Tamika	F	DS	14	0	128750
Chief Investigator	Ditchey,Carl J	F	DS	14	0	127761.92
Project Manager	Sarigol,Leyla D	F	DS	14	8	126897
Program Manager	Auth,Travis D.	F	DS	15	0	124979.17
Supervisory IT Specialist	Curlic,Violeta	F	DS	14	0	123600
Project Manager	Spence-Smith,Louis	F	DS	14	7	123577
Reimbursement Analyst	Xing,Yun	F	DS	14	7	123577
Program Analyst	Bell-Foxworth,Gwendolyn	F	DS	13	10	122227
Program Analyst	Smith,Clydie A	F	DS	13	10	122227
Management Analyst	O'Brien,Ellen S	F	DS	13	10	122227
Clinical Case Worker	Johnson,Paula R	F	DS	13	10	122227
Clinical Case Worker	Tabb,Shirley Linda	F	DS	13	10	122227
Program Analyst	McKearn,Matthew	F	DS	13	10	122227
Program Analyst	Willard,Monique Andre	F	DS	13	10	122227
Information Technology Specialist	Milky,Nahid I	F	DS	13	10	122227
Info. Tech. Specialist (APPSW)	Eslamian,Azra	F	DS	13	10	122227
Supvy. Management Analyst	Rivera,Michelle L	F	DS	13	0	121206.67
Supervisory Management Analyst	Simbulan,Araceli	F	DS	14	0	121069.3
Nurse Specialist II	Ehikhamenor,Betty A	F	DS	12	10	121046
Nurse Specialist II	Smith,Loretta	F	DS	12	10	121046
Nurse Specialist II	Ebersole,Samantha	F	DS	12	10	121046
Reimbursement Analyst	Augenbaum,Sharon R.	F	DS	14	6	120257
Project Manager	Koch,Eduarda	F	DS	14	3	119295
Special Projects Officer	Woods,William T	F	DS	14	3	119295
Compliance Officer	McIntosh,Makenzie D.	F	DS	14	3	119295
Compliance Specialist	Jones,Evan A	F	DS	14	3	119295
Project Manager	Brooks,Jasmine A	F	DS	14	3	119295
Data Analyst	Ortiz,Lorena	F	DS	13	9	119186
Management Analyst	Saint-Loth,Dominique	F	DS	13	9	119186
Project Coordinator	Sutton,Brenda M	F	DS	13	9	119186
Investigator	Metrey,Jon Joseph	F	DS	13	9	119186
Project Coordinator	Wilson-Kear,Lucy	F	DS	13	9	119186
Management Analyst	Robinson,Suprenia A	F	DS	13	9	119186
Special Projects Coordinator	Belton,Carleta Y	F	DS	13	9	119186
Clinical Care Specialist	Ohiosikha,Lucy E	F	DS	13	9	119186
Information Technology Specialist	Butler,James R	F	DS	13	9	119186
Supervisory Program Analyst	El Mouhib,Sharon	F	DS	14	0	119032.98
Reimbursement Analyst	Woldeghiorgis,Samuel G.	F	DS	14	5	116937
Special Projects Officer	Nelson,Candace T.	F	DS	14	5	116937
Senior Accountant	Minocha,Shikha	F	DS	13	8	116146
Management Analyst	Brannum Jr.,James	F	DS	13	8	116145
Project Manager	Jones,Alondra S	F	DS	13	8	116145
Management Analyst	Thomas,Ann B	F	DS	13	8	116145

FY20						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Compliance Specialist	Jones,Evan A	F	DS	14	2	115703
Project Manager	Brooks,Jasmine A	F	DS	14	2	115703
Nurse Specialist I	Ward Dockery,Felicia D	F	DS	11	10	115283
Nurse Specialist I	Clark,Joanna M.	F	DS	11	10	115283
Nurse Specialist I	Bowens,Marlaina	F	DS	11	10	115283
Nurse Specialist I	Rowe,Robbin R	F	DS	11	10	115283
Nurse Specialist I	Spann-Downing,Tracy A	F	DS	11	10	115283
Nurse Specialist I	Massengale,Anita L	F	DS	11	10	115283
Special Projects Officer	Nelson,Candace T.	F	DS	14	4	113617
Attorney Advisor	Howard,Robert	F	LA	13	5	113481
Project Manager	Jones,Alondra S	F	DS	13	7	113106.22
Senior Accountant	Minocha,Shikha	F	DS	13	7	113104
Management Analyst	Hasan,Ali	F	DS	13	7	113104
Data Analyst	Huang,An-Tsun	F	DS	13	7	113104
Management Analyst	Dodd,Cheryl D	F	DS	13	7	113104
Management Analyst	Powell,Dalonte	F	DS	13	7	113104
Management Liaison Specialist	Washington,Radeena P	F	DS	13	10	113002
Special Projects Officer	Ebeigbe,Benjamin	F	DS	14	1	112111
Management Analyst	Kelly,Deborah	F	DS	13	9	110191
Executive Assistant	Gibson,Rita T	F	DS	13	9	110191
Management Analyst	Fraser,Michael O.	F	DS	13	6	110063
Management Analyst	Shephard,Mirka	F	DS	13	6	110063
Program Analyst	White,Debra	F	DS	13	6	110063
IT Specialist (Network Svcs.)	Yorgov,Martin	F	DS	13	6	110063
Program Analyst	Simbulan,Araceli	F	DS	13	6	110063
Utilization Review Specialist	Harris,Janice M	F	DS	13	6	110063
Project Manager	Stovall,Felecia Vida	F	DS	13	6	110063
Support Services Manager	Hamilton,Tondalaya	F	DS	13	0	108310.68
Nurse Specialist I	Chukwu,Uzoaku A	F	DS	11	8	107844
Supervisory Policy Analyst	Simms,Eugene	F	DS	14	0	107843.04
Executive Assistant	Smith,Dawn B.	F	DS	13	8	107380
Executive Assistant	Tilghman,Cecelia M	F	DS	13	8	107380
Special Projects Officer	Bell,Ellyon	F	DS	13	8	107380
Utilization Review Specialist	Moore,Celciel W.	F	DS	13	5	107022
Management Analyst	Patterson,Wanda S.	F	DS	13	5	107022
Lead Collection Specialist	Powell,Laverne	F	DS	13	5	107022
Management Analyst	Watts,Gary M	F	DS	13	5	107022
Investigator	Veney,Angela	F	DS	13	5	107022
Surveillance Analyst	Martin,Andre	F	DS	13	5	107022
Utilization Review Specialist	Geraghty,William	F	DS	12	10	105339
Data Analyst	Llanos-Velazquez,Janice Marie	F	DS	13	4	103981
Information Technology Specialist	Calderon,Erskine	F	DS	13	4	103981
Managed Care Coordinator	Daniels,Kelly-Ann Sabrina	F	DS	13	4	103981
Investigator	Johnson-Groves,Angela A	F	DS	13	4	103981
Data Analyst	Wagnerman,Karina H	F	DS	13	4	103981
Management Analyst	Pearce,Khadijah	F	DS	13	4	103981
Management Analyst	Smith,Ayesha	F	DS	13	4	103981
Reimbursement Analyst	Dawson,Felecia C	F	DS	14	1	103657
Information Technology Spec.	Royster Jr.,Curtis	F	DS	12	9	102782
Budget Analyst	Gemeda,Tigist T	F	DS	12	9	102775
Financial Management Analyst	Duong,Michelle	F	DS	13	6	101758
Management Analyst	Ware,Ethan E	F	DS	13	3	100940

FY21						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Project Manager	Soyer,Deniz	F	DS	13	8	116145
Management Analyst	Powell,Dalonte	F	DS	13	8	116145
Special Projects Officer	Ebeigbe,Benjamin	F	DS	14	2	115703
Nurse Specialist I	Ward Dockery,Felicia D	F	DS	11	10	115283
Nurse Specialist I	Clark,Joanna M.	F	DS	11	10	115283
Nurse Specialist I	Bowens,Marlaina	F	DS	11	10	115283
Nurse Specialist I	Rowe,Robbin R	F	DS	11	10	115283
Nurse Specialist I	Spann-Downing,Tracy A	F	DS	11	10	115283
Nurse Specialist I	Massengale,Anita L	F	DS	11	10	115283
Special Projects Officer	Bell,Ellyon	F	DS	14	4	113617
Attorney Advisor	Howard,Robert	F	LA	13	5	113481
Utilization Review Specialist	Harris,Janice M	F	DS	13	7	113104
Management Analyst	Hasan,Ali	F	DS	13	7	113104
Project Manager	Stovall,Felecia Vida	F	DS	13	7	113104
Data Analyst	Huang,An-Tsun	F	DS	13	7	113104
Management Analyst	Dodd,Cheryl D	F	DS	13	7	113104
Program Analyst	White,Debra	F	DS	13	7	113104
Management Analyst	Kelly,Deborah	F	DS	13	10	113002
Management Liaison Specialist	Washington,Radeena P	F	DS	13	10	113002
Project Manager	Kiszla,Jordan L	F	DS	14	1	112111
Management Analyst	Muhammad,Makarim Ikraam	F	DS	14	1	112111
Financial Management Analyst	Duong,Michelle	F	DS	14	3	110297
Executive Assistant	Smith,Dawn B.	F	DS	13	9	110191
Executive Assistant	Tilghman,Cecelia M	F	DS	13	9	110191
Human Resources Specialist	Rothchild,Felicia	F	DS	13	9	110191
Executive Assistant	Gibson,Rita T	F	DS	13	9	110191
Utilization Review Specialist	Moore,Celciel W.	F	DS	13	6	110063
Management Analyst	Patterson,Wanda S.	F	DS	13	6	110063
Lead Collection Specialist	Powell,Laverne	F	DS	13	6	110063
Project Manager	Love,Deja	F	DS	13	6	110063
Management Analyst	Shephard,Mirka	F	DS	13	6	110063
IT Specialist (Network Svcs.)	Yorgov,Martin	F	DS	13	6	110063
IT Specialist (Customer Suppor	Walls,Jason Phillip	F	DS	13	6	110063
Support Services Manager	Hamilton,Tondalaya	F	DS	13	0	108310.68
Nurse Specialist I	Chukwu,Uzoaku A	F	DS	11	8	107844
Supervisory Policy Analyst	Simms,Eugene	F	DS	14	0	107843.04
Supervisory Management Analyst	Lewis,Natasha P.	F	DS	14	0	107843
Data Analyst	Llanos-Velazquez,Janice Marie	F	DS	13	5	107022
Information Tech Specialist	Calderon,Erskine	F	DS	13	5	107022
Program Coordinator	Gould,Jacqueline R.	F	DS	13	5	107022
Management Analyst	Watts,Gary M	F	DS	13	5	107022
Managed Care Coordinator	Daniels,Kelly-Ann Sabrina	F	DS	13	5	107022
Investigator	Veney,Angela	F	DS	13	5	107022
Surveillance Analyst	Martin,Andre	F	DS	13	5	107022
Data Analyst	Wagnerman,Karina H	F	DS	13	5	107022
Management Analyst	Pearce,Khadijah	F	DS	13	5	107022
Management Analyst	Smith,Ayesha	F	DS	13	5	107022
Management Analyst	Ware,Ethan E	F	DS	13	4	107022
Management Analyst	Jackson-Spencer,Phillice E	F	DS	13	4	107022
Program Analyst	James III,Elbridge G	F	DS	13	4	107022
Program Analyst	Moss,Natasha L	F	DS	13	4	107022
Management Analyst	Geraghty,William	F	DS	12	10	105339

FY20						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Management Analyst	Jackson-Spencer, Phillice E	F	DS	13	3	100940
Program Analyst	James III, Elbridge G	F	DS	13	3	100940
Program Analyst	Moss, Natasha L	F	DS	13	3	100940
Information Technology Special	Chamakura, Niveditha	F	DS	13	3	100940
Management Analyst	Govia, Adrian G.	F	DS	13	3	100940
Management Analyst	Allen, Kivon L	F	DS	13	3	100940
Program Specialist	Gould, Jacqueline R.	F	DS	12	8	100225
Management Analyst	Northern, William A	F	DS	12	8	100225
Accountant	Addae, Mark	F	DS	12	8	100219
Attorney Advisor	O'Donnell, Kevin H.	F	LA	13	1	100133

FY21						
Title	Name	Vac Stat	Pay	Grade	Step	Salary
Management Analyst	Dawson, Felecia C	F	DS	12	10	105330
Information Technology Specialist	Chamakura, Niveditha	F	DS	13	4	103981
Management Analyst	Govia, Adrian G.	F	DS	13	4	103981
Management Analyst	Allen, Kivon L	F	DS	13	4	103981
Policy Analyst	Regmi, Pooja Adhikary	F	DS	13	4	103981
IT Specialist (Security)	Ware II, Larry M	F	DS	13	3	103981
Attorney Advisor	O'Donnell, Kevin H.	F	LA	13	2	103470
Information Technology Spec.	Royster Jr., Curtis	F	DS	12	9	102782
Accountant	Childers, Debbie A	F	DS	12	9	102775
Budget Analyst	Gemeda, Tigist T	F	DS	12	9	102775
Accountant	Addae, Mark	F	DS	12	9	102775
Special Assistant	Butler, Veronica Webster	F	DS	13	6	101758
Management Analyst	Kavanaugh, Serina	F	DS	13	3	100940
Investigator	Theis, Joseph J	F	DS	13	3	100940
Policy Analyst	Forsythe, Amanda K.	F	DS	13	3	100940
IT Specialist (Security)	Ware II, Larry M	F	DS	13	3	100940
Program Specialist	Rogers, Enid M	F	DS	12	8	100225
Management Analyst	Northern, William A	F	DS	12	8	100225

Department of Health Care Finance															
FY20 Oversight Hearing															
Question 3: Reprogrammings Received By or Transferred From DHCF During FY20 and to date in FY21															
				From						To					
FY	Fund	Request Amount	Purpose	Program	Program Name	Activity	Activity Name	Service	Service Name	Program	Program Name	Activity	Activity Name	Service	Service Name
Fiscal Year 2020															
2020	Intra-District	10,667.64	Align the budget to correct index and remove project number from local index.	300A	DC Access System (DCAS)	320A	PROJECT MANAGEMENT	A3240	PROJECT MANAGEMENT - PMO/SME -FNS MATCH	300A	DC Access System (DCAS)	320A	PROJECT MANAGEMENT	SA323	PROJECT MANAGEMENT - PMO/SME
2020	Capital Local	2,500,000.00	To cover the contracts cost for the implementation and operation of a state of the art commercial off the shelf MMIS Core System	1000	Agency Management Program (AMP)	1040	INFORMATION TECHNOLOGY	M1000	INFORMATION TECHNOLOGY	6000	Health Care Operations Administration (HCOA)	6001	MEDICAID INFORMATIONS SYSTEMS	0310	MEDICAID INFORMATION SYSTEMS
2020	Capital Medicaid	22,500,000.00	To cover the Medicaid match of the contracts cost related to the implementation and operation of a state of the art commercial off the shelf MMIS Core System	1000	Agency Management Program (AMP)	1040	INFORMATION TECHNOLOGY	M1000	INFORMATION TECHNOLOGY	6000	Health Care Operations Administration (HCOA)	6001	MEDICAID INFORMATIONS SYSTEMS	0310	MEDICAID INFORMATION SYSTEMS
2020	Local	5,506,958.54	Align budget authority with the approved DC Access System (DCAS) advanced planning document (APD)	300A	DC Access System (DCAS)	320A 330A 340A	PROJECT MANAGEMENT 320A ORGANIZATIONAL CHANGE 330A INFORMATION TECHNOLOGY MANAGEMENT 340A	A3230 A3240 A3260 A3270 A32A0 A32B0  A3300 A3310 A33D0 A33E0 A3330  A3400 A34D0 A34M0	Various	300A	DC Access System (DCAS)	320A 330A 340A	PROJECT MANAGEMENT 320A ORGANIZATIONAL CHANGE 330A INFORMATION TECHNOLOGY MANAGEMENT 340A	A3280 A32C0  A3350 A33F0  A34N0 A3400	Various
2020	Medicaid	1,805,000.00	To estimate and allocate the federal budget to account for the random moment time study throughout the agency for FY20.	5000	Health Care Finance (HCF)	5001	Medicaid Provider Payment	F043	Managed Care Organizations (MCO) CHIP	Various	Various	Various	Various	Various	Various
2020	Federal 8200	21,495.00	Reprogram Federal Funding from Contractual svces to supplies	200L	Long Term Care Administration (LTCA)	201L	Long Term Care Support Services	L000	Long Term Care Support Services	200L	Long Term Care Administration (LTCA)	201L	Long Term Care Support Services	L000	Long Term Care Support Services
2020	Local	187,000.00	Align budget with anticipated expenditures	5000	Health Care Finance (HCF)	5001	Medicaid Provider Payment	F0400	Medicaid Part B	8000	Health Care Reform Support Services (HCRIA)	8010	Health Care Reform Support Services	R4000	Health Care Reform Support Services
2020	Medicaid	166,995.97	Reprogram Federal Funding from Contractual svces to Medicaid Vendor Payments	200L	Long Term Care Administration (LTCA)	201L	Long Term Care Support Services	L000	Long Term Care Support Services	200L	Long Term Care Administration (LTCA)	201L	Long Term Care Support Services	L000	Long Term Care Support Services
2020	Local	35,481,137.93	Align budget with anticipated expenditures	5000	Health Care Finance (HCF)	5001	Medicaid Provider Payment	Various	Various	5001	Various	5001	Medicaid Provider Payment	Various	Various
2020	Capital Local	25,000,000.00	To fund the St. Elizabeth's Campus Public Parking Structure (capital)	1000	Agency Management Program (AMP)	1090	Performance Management	M260	PERFORMANCE MANAGEMENT	DGS	DCHSEC	0300	NHPPD	95101	Various
2020	Capital Local	5,000,000.00	From DCAS Release 3 -To DOC Infrastructure System Upgrade to fully fund the Offender management System Project. (Capital)	1000	Agency Management Program (AMP)	1040	Information Technology	M1000	Information Technology	DOC	Department of Corrections	N7001C-08	Infrastructure System Upgrade	00007	Infrastructure System Upgrade

Department of Health Care Finance															
FY20 Oversight Hearing															
Question 3: Reprogrammings Received By or Transferred From DHCF During FY20 and to date in FY21															
				From						To					
FY	Fund	Request Amount	Purpose	Program	Program Name	Activity	Activity Name	Service	Service Name	Program	Program Name	Activity	Activity Name	Service	Service Name
2020	Local	35,000,000.00	Hospital Grants related to Covid 19	OBP	BC0	0100	0754	00045	EMERG	1000	Agency Management Program (AMP)	1090	Performance Management	M2610	PERF. MGT.(RATES & FINANCIAL ANALYSIS)
2020	Local	57,223,759.00	FY20 Supplemental Local Reprogramming	Various	Various	Various	Various	Various	Various	EOM					
2020	Local	200,000.00	Mayor's National Maternal & Infant Health Summit	5000	Health Care Finance (HCF)	5001	Medicaid Provider Payment	FO170	Outpatient Hospital - Instate	HG0	Thrive by Five Coordinating Council	3010A	Thrive by Five Coordinating Council	3010A	Thrive by Five Coordinating Council
2020	Local	28,298,655.00	Emergency Planning Security Fund (Public Safety Cluster)	Various	Various	Various	Various	Various	Various	EOM/EPO					
2020	Local	438,396.00	To fund outreach cost efforts related to the public health emergency	OBP	COVID19 ENTRY					2000	Health Care Delivery Management (HCDMA)	2010	Health Care Delivery Management Support Svces	D000	Health Care Delivery Management Support Service
2020	Local	438,396.00	FY20 DECREASE CONTINGENCY FUND (outreach cost efforts related to the public health emergency)	2000	Health Care Delivery Management (HCDMA)	2010	Health Care Delivery Management Support Svces	D000	Health Care Delivery Management Support Service	OBP	FY20 DECREASE CONTINGENCY FUND				
Total				219,778,461.08											
Fiscal Year 2021 To Date as of (12/31/2020)															
2021	Local	100,910,069.86	Align budget to the correct program code and Index	5000	Health Care Finance	5001	Medicaid Provider Payment	Various	Various	5001	Various	5001	Medicaid Provider Payment	Various	Various
2021	Intra-District	432,191.94	Align budget to the correct program code and index	5000	Health Care Finance	5001	Medicaid Provider Payment	Various	Various	5001	Various	5001	Medicaid Provider Payment	Various	Various
2021	Medicaid	250,002,229.38	Align budget to the correct program code and index	5000	Health Care Finance	5001	Medicaid Provider Payment	Various	Various	5001	Various	5001	Medicaid Provider Payment	Various	Various
2021	Intra-District	1,220,391.53	Align budget to anticipated spending as outlined in the CMS approved Advanced Planning Document (APD)	300A	DCAS	340A 330A 320A	IT Software Organizational Change Project Management	A34J0 A3300 A3200	IT MGMT SOFTWARE Organizational Change Project Management	300A	DCAS	340A 310A 320A	IT Software Program Management Project Management	A3200 A34M0 A3100	Project Management IT Mgmt. Services Program Management
2021	Medicaid	2,280,109.51		300A	DCAS	330A	Organizational Change	A3300	Organizational Change	300A	DCAS	320A 340A 310A	Project Management IT Software/Services Program Management	A3200 A34M0 A3100	Project Management IT Mgmt. Services Program Management
Total		354,844,992.22													

Department of Health Care Finance

FY20 Oversight Hearing

Question 4: Intra District Activity

Intra-Districts Received (Seller)

Fund Detail	Project Number and phase	Intra District Title	Transferring Agency	Program responsible for monitoring	Activity	Service	Description	FY20 Actual Spent Amount	FY21 Amount (Budgeted)
0701	DHFDMMH/20	DHCF DMH MHRS	DBH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F030 (Clinical Services - MHRS)	To pay for Medicaid claims paid by DHCF to providers for Mental Health Rehabilitation Services.	26,339,838	29,844,253
0702	DDHCBS/20	HCBS waiver program for IDD (IDD HCBS waiver)	DDS	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F086 (MR/DD Waiver)	Payment of the local match to claim Federal Financial Participation for the 1915(c) Home and Community Based Services waiver program for persons with Intellectual and Developmental Disabilities.	66,279,967	89,834,857
0704	ASARSI/20	DHCF ASARS	DBH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F095 (APRA ASARS: Adult Substance Abuse)	Support the costs associated with Adult Substance Abuse Recovery Service.	187,611	338,599
0703	ASTEPI/20	APRA: A Step Program	DBH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F096 (APRA ASTEP: Child Substance Abuse)	To support the youth substance abuse program.	12,682	8,910
0709	HCFHH1/20	Health Homes I	DBH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F100 (DHCF - Health Homes I)	To integrate mental and physical health care services for Medicaid beneficiaries with severe mental illness through the Health Home model.	254,384	1,221,795
0715	DBHBHT/20	BHT Waiver	DBH	5001 (Health Care Finance)	5001 (Medicaid Provider Payments)	F108 (BEHAVIORAL HEALTH TRANSFORMATION WAVIER)	To implement the Medicaid benefit to deliver 1115 Medicaid Waiver Services.	595,586	10,536,437
0716	DBHTEL/20	Piloting Telehealth Services	DBH	8000 (Health Care Reform & Innovation)	8000 (Health Care Reform & Innovation)	R420 (AFFORDABLE CARE REFORM & GRANTS DEVL P)	To support the treatment of opioid use disorder (OUD)	-	Pending (750,000)
0711	DCASOP/17	District of Columbia Access System	DHS	300A (District of Columbia Program Management Administration)	310A (Program Management)	A310 (Program Management)	To integrate all health and human services programs to provide a seamless eligibility, renewal and enrollment process for District residents applying for or receiving public assistance programs.	4,529,717	6,930,861



Department of Health Care Finance								
FY20 Oversight Hearing								
Question 4: Intra District Activity								
Intra-Districts Transferred (Buyer)								
Fund Detail MOU is budgeted in	Intra District Title	Receiving Agency	Program responsible for monitoring	Activity	Service	Description	FY20 Amount	FY21 Amount (Budgeted)
0100	Portion of DMHHS Position	DMHHS	AMP (1000)	AMP (1000) - M260	M260 (Performance Management)	Portion of DMHHS Position	10,000	13,000
0100 8250	DGS Parking MOU	DGS	1000 (Agency Management Program)	1030 (Property Management)	M080 (Property Management)	Support the cost associated with parking	30,240	40,000
0100 8250	DGS Postage MOU	DGS	1000 (Agency Management Program)	1030 (Property Management)	M080 (Property Management)	Support the cost associated with outgoing mail distribution services and mass postage for DHCF	30,000	20,000
0300 0301	New Hospital Project (GW Univ. Hosp)	DGS	1000 (Agency Management Program)	1090 (Performance Management)	M260 (Performance Management)	New Hospital Project (GW University Hospital)	9,000,000	Pending
0100 0632	HC Bill of Rights Assessment	DISB	1000 (Agency Management Program)	1085 (Customer Service)	M220 (Customer Service)	Assessment of Insurers on behalf of DHCF	81,000	81,000
8250	Programmatic Support	OAG	1000 (Agency Management Program)	1060 (Legal)	M160 (Legal Services)	DHCF has requested legal services for OAG to provide litigation, advice-giving and programmatic support to its operations and assist in appeals.	55,511	58,645
8250	Medicaid Administrative Funding for OAG MOU	OAG	1000 (Agency Management Program)	1060 (Legal)	0409 - M62A0 100%	Medicaid Administrative Funding for OAG MOU	39,813	39,815
0100 0700 8250	Procurement	OCP	1000 (Agency Management Program)	1020 (Contracting & Procurement)	M060 (Contracting & Procurement)	To support the cost of OCP staff working on behalf of DHCF	1,728,801	1,784,720
0100 8250	OCTO Assessment	OCTO	1000 (Agency Management Program)	1040 (Information Technology)	M100 (Information Technology)	OCTO Assessment	394,725	448,473
0100 8250	Executive Level Learning & Development	DCHR	1000 (Agency Management Program)	1090 (Performance Management)	M260 (Performance Management)	Executive level learning and development opportunities for DHCF's senior employees	12,500	12,500
0100 8250	Employment Screening	DCHR	1000 (Agency Management Program)	1090 (Performance Management)	M260 (Performance Management)	Supports Employment screening	11,264	11,264
0200	SUD Grant	DBH	8000 (Health Care Reform & Innovation)	R420 (Affordable Care Reform & Grants Devlp.)	R420 (Affordable Care Reform & Grants Devlp.)	To support the SUD Capacity grant received from CMS	465,650	TBD
8250	DOH Linkage and Tracking	DC Health	2000 (Healthcare Delivery Management)	2003 (Prevention and Acute Care)	D050 (Children's Health Services)	Provides funding to administer the DCLTS.	296,846	300,000
0100 0711 8250	DCAS Support	OCTO	300A (DC Access System Program)	340A - IT Management	A34M0 - IT Services Management A34N0- IT Services Management FNS A34O0- IT Services Management TANF	Program Management Support - Hardware & Software	3,329,125	4,456,505

Fund Detail MOU is budgeted in	Intra District Title	Receiving Agency	Program responsible for monitoring	Activity	Service	Description	FY20 Amount	FY21 Amount (Budgeted)
0100 8250	Single Audit	OCFO	100F (Agency Financial Operations)	120F (Accounting Operations)	C141 (Accounting Operations)	Single Audit	151,132	Pending
0100	MHRS Treatment Services	DBH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	0502 (Medical Vendor Services)	MHRS Day Treatment Services to individuals that were formerly enrolled in the Fee-for-service Day Treatment	4,300,000	4,300,000
0100	Exchange electronic advance directive forms	DOH	5000 (Health Care Finance)	5001 (Medicaid Provider Payments)	F113 (ICF/MR)	DOH to support the Exchange electronic advance directive forms among providers	N/A	485,000
8250	("COVID-19") emergency funding to DDS	DC Health	8000 (Health Care Reform & Innovation)	R400 (HC Reform and Innovative Support SVS)	R400 (HC Reform and Innovative Support SVS)	("COVID-19") emergency funding to DDS	418,924	N/A
0100 8250	Aging & Disability Resource Center (ADRC)	DACL	200L (Long Term Care Admin)	201L (Long Term Care Support Services)	L000 (Long Term Care Support Services)	To engage in specific activities designed to further support increased access to home and community-based long term care services and supports (HCBS), rather than institutional long term care services.	180,000	178,104
0100 8250	Money Follows the Person	DACL	200L (Long Term Care Admin)	201L (Long Term Care Support Services)	L000 (Long Term Care Support Services)	To improve the quality of life of institutionalized District residents who have a need and desire to move into the community with home and community-based supports and services.	35,108	76,807
0110 8250	Expansion LTC Ombudsman Services	DACL	5000 (Health Care Finance)	5001 Medicaid Provider Payments	F011 (NURSING HOME QUALITY OF CARE SERVICES)	DCLTCOP monitors provisions of long-term care services & quality for Medicaid beneficiaries.	100,000	100,000
0100 8250	City-Wide Fixed Cost MOU with DGS	DGS	1000 (Agency Management Program)	1030 (Property Management)	M080 (Property Management)	Support fixed cost assessment	2,137,004	2,826,174
0100 8250	City-Wide Fixed Cost MOU with DPW	DPW	1000 (Agency Management Program)	1070 (Fleet Management)	M180 (Fleet Management)	DPW Maintenance Cost	20,263	27,327
0100 8250	City-Wide Fixed Cost MOU with OFRM	OFRM	1000 (Agency Management Program)	1030 (Property Management)	M080 (Property Management)	Support fixed cost - Telecommunications	204,207	377,255
0115 8250	OTR Tax Collection	OTR	5000 (Health Care Finance)	5001 Medicaid Provider Payments	F011 (NURSING HOME QUALITY OF CARE SERVICES)	OTR's collection of various provider taxes on DHCF's behalf.	170,466	170,466
0100	DCAS Support	DHS	300A (DC Access System Program)	340A - IT Management	A34N0- IT Services Management FNS A34O0- IT Services Management TANF	APD Deliverables - BPR Maintenance & Expansion Contract	88,500	88,500
0100 0711 8250	DCAS Support	OCTO	300A (DC Access System Program)	340A - IT Management	A34M0 - IT Services Management A34N0- IT Services Management FNS A34O0- IT Services Management TANF	Program Management Support - Hardware & Software	540,500	N/A

Department of Health Care Finance (HT0)									
FY20 Oversight Hearing									
Question 5: Special Purpose Revenue for FY20 and FY21 (Fund 0600)									
Revenue Source Name	Revenue Source Code	Source of Funding	Description of Program that Generates the funds	Activity that the Revenue Supports	FY 2020 Revenue	FY 2020 Expenditures	FY 2021 Revenue Collected (thru 12/31/20)	FY 2021 Expenditures (thru 12/31/2020)	Purpose of Expenditure
Third Party Liability Collection	0631	Fraudulent Medicaid claims; reimbursement from insurance companies.	Fines and penalties collected on findings of Medicaid fraud, as well as reimbursements for payments made by Medicaid that should have been paid by a third party insurance company.	The revenue received from Third Party Liability supports the contract with the vendor that collects the TPL. The revenue also offsets local funding for provider payment costs.	1,296,162	267,062	2,873,371	71,326	Supports the cost of salaries and TPL contract within Health Care Operations and Provider Payments
Health Benefit Grievance Plan	0632	Health Insurance Companies.	Revenue generated from an assessment charged to all Health Insurance Companies.	The revenue received supports the costs in the Ombudsman's office that support Health Care Bill of Rights activities.	1,855,339	1,112,847	3,960	339,195	Supports the cost of running the Ombudsman's Office including salaries and operations cost
Recovery Auditing Contract	0633	Overpayments stemming from fraudulent and/or erroneous billing which has been refunded by Medicaid providers.	Auditing of Medicaid providers to identify overpayments. The provider refunds the overpayment to the Medicaid program. Medicaid pays RAC contractor a percentage of the recovery.	The revenue received supports the contract with the vendor that audits various provider types and recoups fraudulent billing.	1,401	-	-	-	Offsets expenditures in the related Provider Payment category that the recoupment occurred.
Provider Screening and Enrollment Fees	0634	Health Care Providers	The revenue is generated by an enrollment fee that health care providers pay to enroll as providers in the Medicaid providers.	The revenue received offsets personnel costs within the Public and Provider Services activity in the Health Care Operations program.	15,344	15,344	-	16,056	Supports cost related to salaries and contract cost for the Provider Enrollment Division

**Footnotes:**

1. 0633 revenue is used to offset expenditures
2. Expenditures include accrued expenditures

Department of Health Care Finance (HCF)														
FY20 Oversight Hearing														
Questions 6: Grant Information Sheet														
Grant Number	Grant Name	FY20 Approved Budget Authority	FY20 Expenditures	FY21 Approved Budget Authority	FY21 Expenditures (Thru 12/31/20)	Purpose of Grant	Grant Deliverables	Grant Outcomes, including Grantee Performance	Corrective Action taken or Technical Assistance Provided	Funding Source	Result of Health Care Reform (Y/N)	Program/Activity	Contact Person	
92MCP	FY19 CHILDREN'S HEALTH INSURANCE PROGRAM CHIP	\$ 16,023,245	\$ -	\$ -	\$ -	Funds the federal share of supports, administrative, and provider payment cost for eligible children	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	All Programs/Activities	Darlin Shaffer	
MCP22	FY20 CHILDREN'S HEALTH INSURANCE PROGRAM CHIP	\$ 59,118,289	\$ 57,413,463	\$ -	\$ -	Funds the federal share of supports, administrative, and provider payment cost for eligible children	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	All Programs/Activities	Darlin Shaffer	
MCP24	FY21 CHILDREN'S HEALTH INSURANCE PROGRAM CHIP	\$ -	\$ -	\$ 82,206,943	\$ 11,999,788	Funds the federal share of supports, administrative, and provider payment cost for eligible children	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-65	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	All Programs/Activities	Darlin Shaffer	
MMAID20	FY 20 DHCF ADMIN PORTION OF MEDICAID ENTITLEMENT	\$ 116,064,350	\$ 85,344,036	\$ -	\$ -	Funds the federal share of the administrative cost of operating the Medicaid program.	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	All Programs/Activities	Darlin Shaffer	
MMAID21	FY 21 DHCF ADMIN PORTION OF MEDICAID ENTITLEMENT	\$ -	\$ -	\$ 130,231,410	\$ 14,053,198	Funds the federal share of the administrative cost of operating the Medicaid program.	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	All Programs/Activities	Darlin Shaffer	
MMMID20	FY 20 PROVIDER PYMT PORTION OF MEDICAID ENTITLEMENT	\$ 2,010,247,570	\$ 2,396,110,473	\$ -	\$ -	Funds the federal share of Medicaid provider payments.	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	Health Care Finance	Darlin Shaffer	
MMMID21	FY 21 PROVIDER PYMT PORTION OF MEDICAID ENTITLEMENT	\$ -	\$ -	\$ 2,250,237,529	\$ 634,060,824	Funds the federal share of Medicaid provider payments.	Completion of federal reporting including, but not limited to, the CMS-37 and CMS-64	CMS review of quarterly Medicaid claims have not identified any problems.	None	DBHIS/CMS	N	Health Care Finance	Darlin Shaffer	
MHIT20	FY20 MEDICAID HEALTH INFORMATION TECHNOLOGY PORTION OF ENTITLEMENT GRANT	\$ 7,664,628	\$ 8,207,143	\$ -	\$ 5,740,366	To rollout a complete five-year strategic plan for Medicaid Health information Technology (HIT) projects and implement major components of the plan. Continue to maintain the Electronic Health Records (EHR) Incentive Program and provide technical assistance to providers.	Rollout of the State Medicaid Health IT Plan; implementation of Health Information Exchange (HIE), tools, EHR Incentive Program operating system; assistance for providers to meeting meaningful user requirements.	The District's State Medicaid Health IT Plan (SMHP) was approved in FY20 and DHCF is now set to fully implement several foundational components of the plan. DHCF will competitively award three new, multi-year grants to support the HIE infrastructure in the District and fully connect Medicaid providers to information they need to treat their patients. The three new grants are:  1) Core HIE Capabilities for Providers - Establish and provide Core HIE Capabilities to District Medicaid providers (technology infrastructure). 2) HIE Onboarding for Providers - Provide onboarding connection, support, and training to Medicaid providers for the DC HIE. Focus on recruiting high-volume, independent practices and cover full costs of HIE onboarding. 3) Addressing Social Determinants of Health via HIE - Design, develop and implement a non-proprietary, bi-directional community resource inventory that is accessible to health and social support organizations, and District government agencies via HIE.  In addition to the HIE grants, the grant continues to fund three requirements that support HIT adoption by providers:  1) A contract with DC Primary Care Association to assist providers on-the-ground with meeting meaningful use requirements and signing up for HIE services and to assist DHCF with the evaluation and rollout of the SMHP. 2) A new 12-month contract with HealthTech Solutions to provide a commercial off-the-shelf (COTS) product to manage the EHR Incentive Program. 3) A new competitively awarded contract to audit the EHR Incentive Program as required by CMS (vendor THD).	TA guidance provided by CMS	DBHIS/CMS	N	Health Care Reform and Innovation	Erin Holve	
MHIT21	FY21 MEDICAID HEALTH INFORMATION TECHNOLOGY PORTION OF ENTITLEMENT GRANT	\$ -	\$ -	\$ 10,142,698	\$ 488,838	To rollout a complete five-year strategic plan for Medicaid HIT projects and implement major components of the plan. Continue to maintain the EHR Incentive Program and provide technical assistance to providers.	Rollout of the State Medicaid Health IT Plan; implementation of HIE tools; EHR Incentive Program operating system; assistance for providers to meeting meaningful user requirements.	The District's State Medicaid Health IT Plan (SMHP) was approved in FY21 and DHCF is now set to fully implement several foundational components of the plan. DHCF will competitively award three new, multi-year grants to support the HIE infrastructure in the District and fully connect Medicaid providers to information they need to treat their patients. The three new grants are:  1) Core HIE Capabilities for Providers - Establish and provide Core HIE Capabilities to District Medicaid providers (technology infrastructure). 2) HIE Onboarding for Providers - Provide onboarding connection, support, and training to Medicaid providers for the DC HIE. Focus on recruiting high-volume, independent practices and cover full costs of HIE onboarding. 3) Addressing Social Determinants of Health via HIE - Design, develop and implement a non-proprietary, bi-directional community resource inventory that is accessible to health and social support organizations, and District government agencies via HIE.  In addition to the HIE grants, the grant continues to fund three requirements that support health information technology adoption by providers:  1) A contract with DC Primary Care Association to assist providers on-the-ground with meeting meaningful use requirements and signing up for HIE services and to assist DHCF with the evaluation and rollout of the SMHP. 2) A new 12-month contract with HealthTech Solutions to provide a COTS product to manage the EHR Incentive Program. 3) A new competitively awarded contract to audit the EHR Incentive Program as required by CMS (vendor THD).	TA guidance provided by CMS	DBHIS/CMS	N	Health Care Reform and Innovation	Erin Holve	
64MBFP	MONEY FOLLOWS THE PERSON	\$ 76,807	\$ 231,811	\$ 3,083,626	\$ 49,165	To transition people from institutions to community residences.	To support the successful transition of individuals and realize cost savings from using lower cost community based long term care services from FY16-FY20.	To continue to assist individuals with transition services to the community as we transition this service to the Elderly and Persons with Physical Disabilities (EPPD) Waiver program	Transition services provided to Medicaid beneficiaries.	DBHIS/CMS	N	Health Care Delivery Mgmt.	Leyla Saigol	
SUDP20	SUBSTANCE USE DISORDER PREVENTION	\$ -	\$ 981,870	\$ 2,984,050	\$ 69,751	Supporting Provider Capacity to Deliver High Quality Substance Use Treatment and Recovery Services in the District of Columbia	1. A comprehensive needs assessment of Medicaid provider capacity to diagnose and treat substance use disorder (SUD). 2. Education and technical assistance among Medicaid providers to build capacity to treat individuals with SUD in community settings. 3. Build infrastructure to enable structured data collection and communication with District behavioral health providers, as well as the development and implementation of consent management tools to facilitate appropriate exchange of 42 CFR Part 2.	1) SUD treatment and recovery services access and utilization data and analysis of trends. 2) An assessment of the effectiveness of the efforts of the state to expand the capacity of providers to deliver SUD treatment or recovery services. 3) Submission of a log reflecting monthly submission status of Transformed Medicaid Statistical Information System (T-MSIS) production data to CMS, including addressing T-MSIS data quality issues and whether catch-up data files are current (if applicable). 4) A plan for how the Recipient will sustain any increase in the capacity of providers to deliver SUD treatment or recovery services resulting from the demonstration project after the termination of the demonstration project. 5) A description of Recipient efforts to sustain any increase in the capacity of providers to deliver SUD treatment or recovery services resulting from the demonstration project.	TA guidance provided by CMS	DBHIS/CMS	N	Health Care Reform and Innovation	Erin Holve	

Department of Health Care Finance (HT0)						
FY20 Oversight Hearing						
Questions 7: Grant Lapse Information Sheet						
Grant Number	Grant Name	Grant Lapse?	Amount Lapsed	Corrective Action taken or Technical Assistance Provided	Carry Over Into FY21?	Explanation
MHIT20	MEDICAID HEALTH INFORMATION TECHNOLOGY PORTION OF ENTITLEMENT GRANT	No	N/A	N/A	No	This grant funding is awarded annually based on the approved Advanced Planning Document (APD) and the requested funding for incentive payments.
MCIP22	FY 20 CHILDREN'S HEALTH INSURANCE PROGRAM	No	N/A	N/A	No	This grant funding lasts 2 fiscal years but full allotment was expended in FY20
MMMD20	FY 20 PROVIDER PYMT PORTION OF MEDICAID ENTITLEMENT	No	Entitlement grants do not lapse; the grant award amount is based on spending.	N/A	N/A	N/A
MMAD20	FY 20 DHCF ADMIN PORTION OF MEDICAID ENTITLEMENT	No	Entitlement grants do not lapse; the grant award amount is based on spending.	N/A	N/A	N/A
64MMFP	MONEY FOLLOWS THE PERSON	No	N/A	N/A	Yes	This grant balance was carried forward into FY21 under the same grant number.
SUDP20	SUBSTANCE USE DISORDER PROVIDER CAPACITY GRANT	No	N/A	N/A	Yes	This grant balance was carried forward into FY21 under the same grant number.

Department of Health Care Finance (HT0)															
FY20 Oversight Hearing															
Question 8: FY20 and FY21 Capital Budget															
Project Number	Project Name	Narrative	Is the Project Completed as planned?	FY20 Impact on Operating Budget	FY21 Impact on Operating Budget	Appropriated Fund	FY21 Project Cost	FY20 Capital Spending				FY21 Capital Spending			
								FY20 Allotment	LTD Allotments	Expenditures in FY20	LTD Expenditures	FY21 Allotment	LTD Allotments	Expenditures in FY21 (as of 12/31/20)	LTD Expenditures
UMC02C	United Medical Center Improvements	The purpose of this project is to evaluate and address the needs of the United Medical Center (UMC) facility to ensure that the facility is sufficient to meet the needs of the District and patients served in this hospital.	On-going Project	N/A	N/A	0300-CAPITAL FUND - OTHER 0301-CAPITAL FUND - PAYGO Appropriated Fund Total	\$58,054,663 \$21,238,034 \$79,292,697	\$4,500,000 \$0 \$4,500,000	\$58,054,663 \$21,238,034 \$79,292,697	\$6,303,069 \$2,553,967 \$8,857,036	\$47,023,333 \$18,791,169 \$65,814,502	\$3,000,000 \$0 \$3,000,000	\$58,054,663 \$21,238,034 \$79,292,697	\$0 \$0 \$0	\$47,023,333 \$18,791,169 \$65,814,502
UMV01C	SAINT ELIZABETHS MEDICAL CENTER	Replace UMC facility with a new sustainable, state-of-the-art hospital to serve all District residents – with a focus on the residents of Wards 7 and 8.	On-going Project	N/A	N/A	0300-CAPITAL FUND - OTHER 0301-CAPITAL FUND - PAYGO 0309- TAXABLE BONDS Appropriated Fund Total	\$0 \$82,817,251 \$292,882,749 \$375,700,000	\$8,000,000 \$2,000,000 \$0 \$10,000,000	\$8,000,000 \$2,000,000 \$45,500,000 \$55,500,000	\$510,192 \$130,000 \$1,152,565 \$1,792,757	\$510,192 \$130,000 \$1,152,565 \$1,792,757	\$0 \$0 \$36,800,000 \$36,800,000	\$8,000,000 \$2,000,000 \$45,500,000 \$55,500,000	\$0 \$0 \$87,163 \$87,163	\$510,192 \$130,000 \$1,239,728 \$1,879,920
MPM05	Medicaid Data Warehouse	The Centers for Medicare and Medicaid Services (CMS) certified the District's Medicaid Data Warehouse (MDW) in January 2019. Utilizing the MDW for data analysis and trending has greatly improved the District's ability to manage the Medicaid program. To facilitate more efficient Medicaid program administration and support intelligent decision-making, DHCF's MDW provides easy access to Medicaid program data from the Medicaid Management Information System (MMIS) through the use of analytical reporting tools.	Completed FY18	4,348,425.58 for Contractual Services	4,641,574.00 for Contractual Services	0300-CAPITAL FUND - OTHER 0301-CAPITAL FUND - PAYGO 0304-SHORT-TERM BONDS 0350-CAPITAL FUND - FEDERAL Appropriated Fund Total	\$1,086,000 \$1,657,200 \$400,000 \$9,000,000 \$12,143,200	\$0 \$0 \$400,000 \$0 \$400,000	\$1,086,000 \$1,657,200 \$400,000 \$9,000,000 \$12,143,200	\$0 \$0 \$0 \$0 \$0	\$994,109 \$1,646,895 \$0 \$6,880,875 \$9,521,878	\$0 \$0 \$0 \$0 \$0	\$1,086,000 \$1,657,200 \$400,000 \$9,000,000 \$12,143,200	\$0 \$0 \$0 \$0 \$0	\$994,109 \$1,646,895 \$0 \$6,880,875 \$9,521,878
MES12C	MES - DCAS Release 1 (DHCF Portion)	DCAS is a joint project between DHS, DHCF, HBX, DISB and OCTO. Jointly, the agencies continue the deployment of: DCAS Release 2.0 and 2.2: DC Link. Release 3 will satisfy the option the District chose under the ACA to build an integrated online portal to access all DHS Cash and Food Assistance services, and modernize the eligibility determination and enrollment process for 11 major DHS programs, including SNAP, TANF, and Interim Disability Assistance (IDA). The portal will first be accessible to Caseworkers only, then to the general public.	Competed FY18	N/A	N/A	0300-CAPITAL FUND - OTHER 0301-CAPITAL FUND - PAYGO 0350-CAPITAL FUND - FEDERAL Appropriated Fund Total	\$323,884 \$1,676,116 \$72,054,560 \$74,054,560	\$0 \$0 \$0 \$0	\$323,884 \$1,676,116 \$72,054,560 \$74,054,560	\$0 \$0 \$0 \$0	\$44,370 \$998,255 \$44,813,294 \$45,855,918	\$0 \$0 \$0 \$0	\$323,884 \$1,676,116 \$72,054,560 \$74,054,560	\$0 \$0 \$0 \$0	\$44,370 \$998,255 \$44,813,294 \$45,855,918
MES23C	DCAS Release 3		On-going Project			0304-SHORT-TERM BONDS 0350-CAPITAL FUND - FEDERAL Appropriated Fund Total	\$40,846,562 \$152,608,484 \$193,455,046	\$5,662,247 \$47,552,053 \$53,214,300	\$40,846,562 \$152,608,484 \$193,455,046	\$6,125,744 \$44,744,746 \$50,870,490	\$25,056,379 \$84,769,736 \$109,826,116	\$0 \$0 \$0	\$40,846,562 \$152,608,484 \$193,455,046	\$1,148,881 \$1,773,957 \$2,922,837	\$26,205,260 \$86,543,693 \$112,748,953
CM102C	Replace Case Management System	A Clinical Case Management System to manage and coordinate the District's long-term services and supports (LTSS). Replaces several legacy case management systems that, collectively, no longer enable the District to effectively manage LTSS for Medicaid beneficiaries. Also, to be in compliance with Section 12006(a) of the Cures Act, DHCF must have an Electronic Visit Verification system for Medicaid-funded personal care services and home health care services.	Completed FY20	751,588.80 for Contractual Services	759,522.24 for Contractual Services	0300-CAPITAL FUND - OTHER 0304-SHORT-TERM BONDS 0350-CAPITAL FUND - FEDERAL Appropriated Fund Total	\$1,206,800 \$225,000 \$4,275,000 \$5,706,800	\$0 \$75,000 \$0 \$75,000	\$1,206,800 \$225,000 \$4,275,000 \$5,706,800	\$0 \$100,237 \$902,134 \$1,002,371	\$1,070,164 \$100,237 \$3,374,359 \$4,544,760	\$0 \$0 \$0 \$0	\$1,206,800 \$225,000 \$4,275,000 \$5,706,800	\$0 \$0 \$0 \$0	\$1,070,164 \$100,237 \$3,374,359 \$4,544,760
MPM03C	MMIS Upgrade	The CMS requires each Medicaid state/District to maintain and operate a Medicaid Management Information System (MMIS). The MMIS serves as the District's Medicaid claims processing engine and supports DHCF staff in their day to day duties. CMS requires that the system technology be refreshed every 5 years to ensure it is up to date and contracts are competed openly.	On-going Project	25,908,727 for Contractual Services	28,921,242 for Contractual Services	0300-CAPITAL FUND - OTHER 0304-SHORT-TERM BONDS 0350-CAPITAL FUND - FEDERAL Appropriated Fund Total	\$8,500,000 \$4,251,387 \$76,500,000 \$89,251,387	\$0 \$2,500,000 \$22,500,000 \$25,000,000	\$6,000,000 \$4,251,387 \$76,500,000 \$86,751,387	\$228,068 \$0 \$2,052,615 \$2,280,683	\$1,114,575 \$0 \$8,315,207 \$9,429,782	\$2,500,000 \$0 \$0 \$2,500,000	\$8,500,000 \$4,251,387 \$76,500,000 \$89,251,387	\$235,464 \$0 \$192,653 \$428,117	\$1,350,039 \$0 \$8,507,859 \$9,857,899
						0300-CAPITAL FUND TOTAL 0301-CAPITAL FUND TOTAL 0304-SHORT-TERM BONDS TOTAL 0309-TAXABLE BONDS TOTAL 0350-FEDERAL FUND TOTAL GRAND TOTAL	\$69,171,347 \$107,388,601 \$45,722,949 \$292,882,749 \$314,438,044 \$829,603,690	\$12,500,000 \$2,000,000 \$8,637,247 \$0 \$70,052,053 \$93,189,300	\$74,671,347 \$26,571,350 \$45,722,949 \$45,500,000 \$314,438,044 \$506,903,690	\$7,041,329 \$2,683,967 \$6,225,981 \$1,152,565 \$47,699,495 \$64,803,337	\$50,756,743 \$21,566,318 \$25,156,616 \$1,152,565 \$148,153,470 \$246,785,713	\$5,500,000 \$0 \$0 \$36,800,000 \$0 \$42,300,000	\$77,171,347 \$26,571,350 \$45,722,949 \$45,500,000 \$314,438,044 \$509,403,690	\$235,464 \$0 \$1,148,881 \$87,163 \$1,966,609 \$3,438,117	\$50,992,207 \$21,566,318 \$26,305,497 \$1,239,728 \$150,120,079 \$250,223,830

Department of Health Care Finance (HT0)

FY20 Oversight Hearing

Question 9: Fixed Cost Budget, Expenditures and Source of Funding - FY20 and FY21 To Date

Local (Fund 0100)

		FY20		FY21	
		Budget	Actual	Budget	Actual Transfer to Date *
30	Electric, water, etc.	139,514	138,879	193,049	3,368
31	Telephones	174,180	168,317	207,490	-
32	Rent	596,990	601,631	264,624	331,856
33	Janitorial	-	-	-	-
34	Security	38,495	46,582	128,900	-
35	Occupancy	246,547	223,962	299,180	2,448
<b>Total</b>		<b>1,195,727</b>	<b>1,179,369</b>	<b>1,093,243</b>	<b>337,672</b>

Intra-District (Fund 0700)

		FY20		FY21	
		Budget	Actual	Budget	Actual Transfer to Date *
30	Electric, water, etc.	-	-	325	-
31	Telephones	-	-	-	-
32	Rent	189,210	186,166	94,509	-
33	Janitorial	-	-	-	-
34	Security	55	-	6,356	-
35	Occupancy	2,754	-	373	-
<b>Total</b>		<b>192,018</b>	<b>186,166</b>	<b>101,563</b>	<b>-</b>

Federal Medicaid Grant (Fund 0250)

		FY20		FY21	
		Budget	Actual	Budget	Actual Transfer to Date *
30	Electric, water, etc.	114,148	124,054	162,468	-
31	Telephones	142,511	162,547	169,765	-
32	Rent	2,258,284	553,083	1,531,042	-
33	Janitorial	-	-	-	-
34	Security	88,989	45,298	167,867	20,810
35	Occupancy	261,105	217,350	249,973	-
<b>Total</b>		<b>2,865,037</b>	<b>1,102,332</b>	<b>2,281,114</b>	<b>20,810</b>

Total Fixed Cost for DHCF

		FY20		FY21	
		Budget	Actual	Budget	Actual Transfer to Date *
30	Electric, water, etc.	253,663	262,933	355,841	3,368
31	Telephones	316,691	330,864	377,255	-
32	Rent	3,044,485	1,340,880	1,890,175	331,856
33	Janitorial	-	-	-	-
34	Security	127,539	91,879	303,123	20,810
35	Occupancy	510,406	441,312	549,525	2,448
<b>Total Fixed Cost for DHCF</b>		<b>4,252,783</b>	<b>2,467,868</b>	<b>3,475,919</b>	<b>358,482</b>

Department of Health Care Finance																			
FY20 Oversight Hearing																			
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																			
Program Code	Program Name	Service Code	Service Title	Contract Name \ Description	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant \ Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget
1000	Agency Management	M010	PERSONNEL	Overall Agency Risk Assessment - Option Year 4 (7/29/20-7/28/21)	BDA Global	To conduct a risk assessment for security and privacy compliance consistent with the	CB	CW45454	Melanie Bell	Mod 17	0409	55%	0100	MMAD21 / 21	94,951.65	94,612.16	94,612.16	17,106.84	191,998.79
1000	Agency Management	M010	PERSONNEL	Overall Agency Risk Assessment - Option Year 4 (7/29/20-7/28/21)	BDA Global										69,505.89	77,409.95	77,409.95	13,996.50	157,089.92
1000	Agency Management	M010		Overall Agency Risk Assessment - Option Year 4 (7/29/20-7/28/21) - Total											154,457.54	172,022.10	172,022.10	31,103.34	349,088.71
1000	Agency Management	M010	PERSONNEL	Overall Agency Risk Assessment - Base Year (7/29/21-7/28/22)	BDA Global	To conduct a risk assessment for security and privacy compliance consistent with the	CB	CW45454	Melanie Bell	Mod 17	0409	55%	0100	MMAD21 / 21	18,109.85	20,031.89	20,031.89	-	40,651.21
1000	Agency Management	M010	PERSONNEL	Overall Agency Risk Assessment - Base Year (7/29/21-7/28/22)	BDA Global										16,811.45	18,733.73	18,733.73	-	33,240.08
1000	Agency Management	M010		Overall Agency Risk Assessment - Base Year (7/29/21-7/28/22) - Total											32,927.90	36,421.62	36,421.62	-	73,911.29
1000	Agency Management	M010	PERSONNEL	Coping during Pandemic - Contract	TBD	Coping during pandemic - Total	TBD				0409	55%	0100	MMAD21 / 21	-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Coping during Pandemic - Contract	TBD										-	-	-	-	-
1000	Agency Management	M010		Coping during pandemic - Total											-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Diversity - Contract	TBD	Diversity - Contract	TBD				0409	55%	0100	MMAD21 / 21	-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Diversity - Contract	TBD										-	-	-	-	-
1000	Agency Management	M010		Diversity Contract - Total											-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Equity & Inclusion - Specialty Position	TBD	Equity & Inclusion - Specialty Position	TBD				0409	55%	0100	MMAD21 / 21	-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Equity & Inclusion - Specialty Position	TBD										-	-	-	-	-
1000	Agency Management	M010		Equity & Inclusion - Specialty Position - Total											-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Finger Prints & Background Check	TBD	Finger Prints & Background Check	TBD				0409	55%	0100	MMAD21 / 21	-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Finger Prints & Background Check	TBD										-	-	-	-	-
1000	Agency Management	M010		Finger Prints & Background Check - Total											-	-	-	-	-
1000	Agency Management	M010	PERSONNEL	Realignment - Contract	TBD	Realignment - Contract	TBD				0409	55%	0100	MMAD21 / 21	-	-	-	-	275,000.00
1000	Agency Management	M010	PERSONNEL	Realignment - Contract	TBD										-	-	-	-	225,000.00
1000	Agency Management	M010		Realignment - Contract - Total											-	-	-	-	500,000.00
1000	Agency Management	M060	CONTRACTING & PROCUREMENT	Procurement Contract Staff MOU with OCP	POO	Procurement Contract Staff MOU with OCP	POO				0409	55%	0100	MMAD21 / 21	950,840.59	981,596.03	981,596.03	1,030,675.83	-
1000	Agency Management	M060	CONTRACTING & PROCUREMENT	Procurement Contract Staff MOU with OCP	POO										777,960.48	803,124.03	803,124.03	843,280.23	-
1000	Agency Management	M060		Procurement Contract Staff MOU with OCP - Total											1,728,801.07	1,784,720.06	1,784,720.06	-	1,873,956.06
1000	Agency Management	M060	CONTRACTING & PROCUREMENT	Training - Executive Leadership Training - DCHR MOU	BE0	Training - Executive Leadership Training - DCHR MOU	BE0				0409	55%	0100	MMAD21 / 21	6,875.00	6,875.00	6,875.00	-	-
1000	Agency Management	M060	CONTRACTING & PROCUREMENT	Training - Executive Leadership Training - DCHR MOU	BE0										5,625.00	5,625.00	5,625.00	-	-
1000	Agency Management	M060		Training - Executive Leadership Training - DCHR MOU - Total											12,500.00	12,500.00	12,500.00	-	-
1000	Agency Management	M080	PROPERTY MANAGEMENT	Agency Wide Printing - Printing services for the agency	Foremost Advanced	Agency Wide Printing - Printing services for the agency	Foremost Advanced				0409	55%	0100	MMAD21 / 21	29,568.63	129,250.00	129,250.00	-	156,750.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Agency Wide Printing - Printing services for the agency	Foremost Advanced										24,192.52	105,750.00	105,750.00	-	128,250.00
1000	Agency Management	M080		Agency Wide Printing - Printing services for the agency. Total											53,761.15	235,000.00	235,000.00	-	285,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	DC General Project - Clinical Data Lookup	Robert Bobb	Records Management services	RFTOP	CW75661	Tondalaya Hamilton	Mod 1-4	0409	55%	0100	MMAD21 / 21	333,197.90	385,000.00	385,000.00	64,166.66	495,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	DC General Project - Clinical Data Lookup	Robert Bobb										272,616.47	315,000.00	315,000.00	52,500.00	405,000.00
1000	Agency Management	M080		DC General Project - Clinical Data Lookup - Total											605,814.37	700,000.00	700,000.00	116,666.66	900,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Document Tagging/Bar-Coding Tracking System	Avanti	Document Tagging/Bar-Coding Tracking System	Avanti				0409	55%	0100	MMAD21 / 21	40,671.81	41,250.00	41,250.00	-	41,250.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Document Tagging/Bar-Coding Tracking System	Avanti										33,276.94	33,750.00	33,750.00	-	33,750.00
1000	Agency Management	M080		Document Tagging/Bar-Coding Tracking System - Total											73,948.75	75,000.00	75,000.00	-	75,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Medical Records Storage/Retrieval	North Capitol Partners	Medical Records Storage/Retrieval	North Capitol Partners				0409	55%	0100	MMAD21 / 21	38,650.49	42,900.00	42,900.00	6,730.87	42,900.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Medical Records Storage/Retrieval	North Capitol Partners										33,623.12	35,100.00	35,100.00	5,507.08	35,100.00
1000	Agency Management	M080		Medical Records Storage/Retrieval - Total											70,273.61	78,000.00	78,000.00	-	-
1000	Agency Management	M080	PROPERTY MANAGEMENT	Midtowne Personnel - Temporary Staff Support	Midtowne	Temporary Staffing to provide administrative support and records management support.	RFTOP	CW65572	Tondalaya Hamilton	Mod 5	0409	55%	0100	MMAD21 / 21	75,461.45	110,000.00	110,000.00	86,153.76	17,756.39
1000	Agency Management	M080	PROPERTY MANAGEMENT	Midtowne Personnel - Temporary Staff Support	Midtowne										61,741.18	90,000.00	70,489.44	14,527.96	90,000.00
1000	Agency Management	M080		Midtowne Personnel - Temporary Staff Support - Total											137,202.63	200,000.00	156,643.20	32,284.35	200,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Parking - Executive Staff & Govt. Vehicle MOU with DGS	AMO	MOU with DGS	AMO				0409	55%	0100	MMAD21 / 21	16,632.00	22,000.00	22,000.00	-	22,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Parking - Executive Staff & Govt. Vehicle MOU with DGS	AMO										13,600.00	18,000.00	18,000.00	-	18,000.00
1000	Agency Management	M080		Parking - Executive Staff & Govt. Vehicle MOU with DGS - Total											30,240.00	40,000.00	40,000.00	-	40,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Water Filter Service - Water filtration	Quench	Water Filter Service - Water filtration	Quench				0409	55%	0100	MMAD21 / 21	3,917.46	4,400.00	4,400.00	-	4,950.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Water Filter Service - Water filtration	Quench										3,205.20	3,600.00	3,600.00	-	4,050.00
1000	Agency Management	M080		Water Filter Service - Water filtration - Total											7,122.66	8,000.00	8,000.00	-	9,000.00
1000	Agency Management	M080	PROPERTY MANAGEMENT	Copier Leasing	Canon	To lease copiers, associated maintenance services and applicable accessories.	RFTOP	CW69868	Erik Thomas	Mod 1-5	0409	55%	0100	MMAD21 / 21	120,745.67	154,687.50	121,144.91	16,279.54	154,687.50
1000	Agency Management	M080	PROPERTY MANAGEMENT	Copier Leasing	Canon										98,791.92	126,562.50	99,138.57	13,319.62	126,562.50
1000	Agency Management	M080		Copier Leases - Total											219,537.59	281,250.00	220,263.48	29,599.16	281,250.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Annual Charges for Record Data Base - Kwik Tag Document Tracking System	Avanti	Annual Charges for Record Data Base - Kwik Tag Document Tracking System	Avanti				0409	55%	0100	MMAD21 / 21	40,064.75	46,750.00	49,335.00	11,550.00	52,250.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Annual Charges for Record Data Base - Kwik Tag Document Tracking System	Avanti										45,000.00	40,365.00	40,365.00	9,450.00	42,750.00
1000	Agency Management	M100		Annual Charges for Record Data Base - Kwik Tag Document Tracking System - Total											72,845.00	85,000.00	89,700.00	21,000.00	95,000.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Document Management - OY4	DigiDoc	The District of Columbia Office of Contracting and Procurement (OCP), on behalf of Department of Health Care Finance (DHCF), has	RFTOP	CW53549	Curtis Royster	Modification M0015	0409	55%	0100	MMAD21 / 21	68,823.05	68,823.05	68,823.05	17,611.21	72,264.20
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Document Management - OY4	DigiDoc										56,309.77	56,309.77	56,309.77	14,409.18	59,125.26
1000	Agency Management	M100		Document Management - OY4 - Total											125,132.82	125,132.82	125,132.82	32,020.39	131,389.46
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Microsoft Analytics Platform System (APS) Contract	Micsoft	Microsoft Analytics Platform System (APS) Contract	Micsoft				0409	55%	0100	MMAD21 / 21	116,320.60	137,500.00	137,500.00	-	137,500.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Microsoft Analytics Platform System (APS) Contract	Micsoft	Microsoft Analytics Platform System (APS) Contract - Total	Micsoft				0409	55%	0100	MMAD21 / 21	95,171.40	112,500.00	112,500.00	-	112,500.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Agency Wide Trainer (MS)	Micsoft	Information Technology - Agency Wide Trainer (MS)	Micsoft				0409	55%	0100	MMAD21 / 21	211,492.00	250,000.00	230,000.00	-	250,000.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Agency Wide Trainer (MS)	Micsoft	Information Technology - Agency Wide Trainer (MS) - Total	Micsoft				0409	55%	0100	MMAD21 / 21	82,500.00	82,500.00	67,500.00	-	67,500.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Agency Wide Trainer (MS) - Total											150,000.00	150,000.00	150,000.00	-	-
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Cloud Migration Consultant	CAI	Information Technology - Cloud Migration Consultant	CAI				0409	55%	0100	MMAD21 / 21	165,000.00	165,000.00	165,000.00	20,929.70	165,000.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Cloud Migration Consultant	CAI										135,000.00	135,000.00	135,000.00	17,124.30	135,000.00
1000	Agency Management	M100		Information Technology - Cloud Migration Consultant - Total											300,000.00	300,000.00	300,000.00	38,054.00	300,000.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Privacy and Security Officer	CAI	Information Technology - Privacy and Security Officer	CAI				0409	55%	0100	MMAD21 / 21	-	-	-	-	99,992.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	Information Technology - Privacy and Security Officer	CAI										-	-	-	-	81,648.00
1000	Agency Management	M100		Information Technology - Privacy and Security Officer - Total											-	-	-	-	181,440.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	IT Support Contractors: Software/Hardware Network	MindFinders	Department of Health Care Finance (DHCF) has a continued need to retain the current IT Specialist(s) to identify and troubleshoot IT	RFTOP	CW66936	Eric Thomas	Modification M005	0409	55%	0100	MMAD21 / 21	220,000.00	220,000.00	220,000.00	27,784.50	354,750.00
1000	Agency Management	M100	INFORMATION TECHNOLOGY	IT Support Contractors: Software/Hardware Network	MindFinders										180,000.00	180,000.00	180,000.00	22,73	



[illegible]

Department of Health Care Finance																				
FY20 Oversight Hearing																				
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																				
Program Code	Program Name	Service Code	Service Title	Contract Name / Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant / Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget
1000	Agency Management	M262	PROGRAM INTEGRITY	PI Management System (4/13/20-4/12/21)	10/1/20-4/12/21	Customer Expressions							45%	8250	MMAD21 / 21	11,195.19	12,600.00	12,600.00	1,731.71	12,600.00
1000	Agency Management	M262	PROGRAM INTEGRITY	PI Management System - Total												24,878.21	28,000.00	28,000.00	8,292.74	28,000.00
1000	Agency Management	M262	PROGRAM INTEGRITY	PI Management System (4/13/21-4/12/22)	4/13/21-9/30/21	Customer Expressions							0409	55%	0100	16,456.99	17,600.00	17,600.00	-	17,600.00
1000	Agency Management	M262	PROGRAM INTEGRITY	PI Management System (4/13/21-4/12/22)	4/13/21-9/30/21	Customer Expressions							45%	8250	MMAD21 / 21	13,464.81	14,400.00	14,400.00	-	14,400.00
1000	Agency Management	M262	PROGRAM INTEGRITY	PI Management System - Total												29,921.80	32,000.00	32,000.00	-	32,000.00
1000	Agency Management	M262	PROGRAM INTEGRITY	Program Integrity - Fraud Analytics	TBD	TBD							0409	55%	0100	-	-	-	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Program Integrity - Fraud Analytics	TBD	TBD							45%	8250	MMAD21 / 21	-	-	-	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Program Integrity - Fraud Analytics - Total												-	-	-	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	RAC - Recovery Audit Contractor	TBD	TBD							0409	55%	0100	-	165,000.00	165,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	RAC - Recovery Audit Contractor	TBD	TBD							45%	8250	MMAD21 / 21	-	135,000.00	135,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	RAC - Recovery Audit Contractor - Total												-	300,000.00	300,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Temporary Staff for PARIS Eligibility	TBD	TBD							0409	55%	0100	-	275,000.00	275,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Temporary Staff for PARIS Eligibility	TBD	TBD							45%	8250	MMAD21 / 21	-	225,000.00	225,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Temporary Staff for PARIS Eligibility - Total												-	500,000.00	500,000.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Alliance Program Oversight - Contract	TBD	TBD							0409	55%	0100	-	68,750.00	68,750.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Alliance Program Oversight - Contract	TBD	TBD							45%	8250	MMAD21 / 21	-	56,250.00	56,250.00	-	-
1000	Agency Management	M262	PROGRAM INTEGRITY	Alliance Program Oversight - Contract Total												-	125,000.00	125,000.00	-	-
2000	Health Care Delivery Management	D000	HEALTH CARE DELIVERY MGT SUPPO	HCDMA Operations Support Services Contract		TBD							0409	55%	0100	-	-	-	-	-
2000	Health Care Delivery Management	D000	HEALTH CARE DELIVERY MGT SUPPO	HCDMA Operations Support Services Contract		TBD							45%	8250	MMAD21 / 21	-	-	-	-	-
2000	Health Care Delivery Management	D020		HCDMA Operations Support Services Contract - Total												-	-	-	-	-
2000	Health Care Delivery Management	D020	MANAGED CARE	Enrollment Brokerage Services (8/12/2020 - 8/11/2021)	10/1/20-8/11/21	Maximus	comprehensive enrollment services	CB	CW43442	Felicia Stovall	Mod12	0409	55%	0100		1,705,505.27	1,929,909.82	1,929,909.82	458,083.09	1,929,909.82
2000	Health Care Delivery Management	D020	MANAGED CARE	Enrollment Brokerage Services (8/12/2020 - 8/11/2021)	10/20-8/11/21	Maximus							45%	8250	MMAD21 / 21	1,395,413.41	1,579,017.12	1,579,017.12	374,795.26	1,579,017.12
2000	Health Care Delivery Management	D020	MANAGED CARE	Enrollment Brokerage Services (8/12/2020 - 8/11/2021) - Total												3,100,918.68	3,508,926.94	3,508,926.94	832,878.35	3,508,926.94
2000	Health Care Delivery Management	D020	MANAGED CARE	Enrollment Brokerage Services (8/12/2021 - 8/11/2022)	8/12/21-9/30/21	Maximus							0409	55%	0100	548,144.66	306,621.18	306,621.18	-	306,621.18
2000	Health Care Delivery Management	D020	MANAGED CARE	Enrollment Brokerage Services (8/12/2021 - 8/11/2022)	8/12/21-9/30/21	Maximus							45%	8250	MMAD21 / 21	448,481.99	250,871.88	250,871.88	-	250,871.88
2000	Health Care Delivery Management	D020	MANAGED CARE	Home Health Planning		Prizm							0409	55%	0100	996,626.65	557,493.06	557,493.06	-	557,493.06
2000	Health Care Delivery Management	D020	MANAGED CARE	Home Health Planning		Prizm							45%	8250	MMAD21 / 21	-	-	-	-	-
2000	Health Care Delivery Management	D020	MANAGED CARE	Home Health Planning - Total												-	-	-	-	-
2000	Health Care Delivery Management	D020	MANAGED CARE	MCO Quality Monitoring Contract	TBD	TBD							0409	25%	0100	-	437,500.00	437,500.00	-	437,500.00
2000	Health Care Delivery Management	D020	MANAGED CARE	MCO Quality Monitoring Contract	TBD	TBD							75%	8250	MMAD21 / 21	-	1,312,500.00	1,312,500.00	-	1,312,500.00
2000	Health Care Delivery Management	D020	MANAGED CARE	MCO Quality Monitoring Contract - Total												-	1,750,000.00	1,750,000.00	-	1,750,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2020-1/31/2021)	10/1/20-1/31/21	Mercer Consulting	To provide actuarial services, technical assistance, consultation and health care	CB	CW40699	Lisa Trutt	Mod 15-17	0409	55%	0100		606,855.13	715,000.00	715,000.00	183,769.58	1,100,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2020-1/31/2021)	10/1/20-1/31/21	Mercer Consulting							45%	8250	MMAD21 / 21	496,517.83	585,000.00	585,000.00	150,356.93	900,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2020-1/31/2021) - Total												1,103,372.96	1,300,000.00	1,300,000.00	334,126.50	2,000,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2020-1/31/2022)	2/1/21-9/30/22	Mercer Consulting	To provide actuarial services, technical assistance, consultation and health care	Emergency	CW89210	Lisa Trutt		0409	55%	0100		1,647,474.99	1,430,000.00	1,430,000.00	-	2,200,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2020-1/31/2022)	2/1/21-9/30/22	Mercer Consulting							45%	8250	MMAD21 / 21	1,347,883.52	1,170,000.00	1,620,000.00	-	1,800,000.00
2000	Health Care Delivery Management	D020	MANAGED CARE	Mercer Consulting - Actuarial Services (2/1/2021-3/1/2022) - Total												2,995,296.71	2,600,000.00	3,600,000.00	-	4,000,000.00
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2020-3/10/2021)	10/1/20-3/10/21	Quality Plan Administrators (QPA)							0409	55%	0100	47,554.10	87,822.58	52,651.50	10,318.00	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2020-3/10/2021)	10/1/20-3/10/21	Quality Plan Administrators (QPA)							45%	8250	MMAD21 / 21	38,907.90	71,854.84	43,078.50	8,442.00	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2020 - 3/10/2021) Total												86,462.00	159,677.42	95,730.00	18,760.00	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2021 - 3/10/2022)	3/11/21-9/30/21	Quality Plan Administrators (QPA)							0409	55%	0100	31,148.50	110,177.42	35,812.17	358,312.17	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2021 - 3/10/2022)	3/11/21-9/30/21	Quality Plan Administrators (QPA)							45%	8250	MMAD21 / 21	27,121.50	90,145.16	-	-	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	Dental Services FFS (3/11/2021 - 3/10/2022) - Total												60,270.00	200,322.58	-	-	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2020-12/31/2020)	10/1/20-12/31/20	Megellan							0409	55%	0100	123,956.25	177,724.94	127,674.94	85,116.63	140,187.44
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2020-12/31/2020)	10/1/20-12/31/20	Megellan							45%	8250	MMAD21 / 21	101,418.75	145,411.31	104,461.31	69,640.88	114,698.81
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2020 - 12/31/2020) - Total												225,375.00	323,136.25	232,136.25	154,757.51	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2021 - 12/31/2022)	1/1/21-9/30/21	Megellan	To develop and implement the District's Preferred Drug List (PDL) and Supplemental	CB	CW88488	Charlene Fairfax		0409	55%	0100		383,024.81	383,024.81	398,345.89	-	420,562.31
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2021 - 12/31/2022)	1/1/21-9/30/21	Megellan							45%	8250	MMAD21 / 21	313,383.94	325,919.36	312,919.36	-	344,096.34
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	PDL - PDL (1/1/2021 - 12/31/2022) - Total												696,408.75	696,408.75	724,265.25	-	764,658.75
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021)	10/1/20-10/31/21	Comagine	Utilization reviews and quality improvement activities	RFP	CW63781	Cavella Bishop	Mods 1-11	0409	25%	0100		112,021.73	154,150.61	119,437.39	159,066.60	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021)	10/1/20-10/31/21	Comagine							75%	8250	MMAD21 / 21	336,068.18	462,451.83	477,195.87	477,195.87	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021) - Total												448,089.91	616,602.44	477,749.56	477,749.56	636,266.39
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021)	11/1/20-9/30/21	Comagine	Utilization reviews and quality improvement activities	RFP	CW63781	Cavella Bishop	Mods 1-11	0409	25%	0100		1,274,677.15	1,387,500.00	1,413,179.73	-	1,749,732.58
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021)	11/1/20-9/30/21	Comagine							75%	8250	MMAD21 / 21	3,824,031.46	4,162,500.00	4,239,539.19	5,249,197.75	-
2000	Health Care Delivery Management	D030	DIV OF CLINICIANS, RX& ACUTE PRO	QIO - QIO (11/1/2020 - 10/31/2021) - Total												5,098,708.61	5,550,000.00	5,652,718.92	-	6,998,930.33
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	CAPHIS Survey	TBD	TBD							0409	55%	0100	-	-	-	-	-
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	CAPHIS Survey	TBD	TBD							45%	8250	MMAD21 / 21	-	-	-	-	-
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	CAPHIS Survey - Total												-	-	-	-	-
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/20 - 8/6/21)	10/1/20-8/6/21	Qlarent							0409	25%	0100	263,944.14	380,214.07	309,174.06	133,450.89	280,214.07
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/20 - 8/6/21)	10/1/20-8/6/21	Qlarent							75%	8250	MMAD21 / 21	791,832.42	1,140,642.21	927,522.17	109,187.09	1,140,642.21
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/20 - 8/6/21) - Total												1,055,776.56	1,520,856.28	1,236,696.23	242,637.98	-
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/21 - 8/6/22)	8/7/21-9/30/21	Qlarent							0409	25%	0100	53,021.78	75,449.33	61,113.96	-	75,449.33
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/21 - 8/6/22)	8/7/21-9/30/21	Qlarent							75%	8250	MMAD21 / 21	159,065.33	226,347.99	183,341.87	-	226,347.99
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	EQRO - EQRO (8/7/21 - 8/6/22) - Total												212,087.10	301,797.32	244,455.83	-	301,797.32
2000	Health Care Delivery Management	D040	DIV OF QUALITY & HEALTH OUTCOM	Medicaid Health Home State Plan Evaluator	TBD	TBD							0409	55%	0100	-	-	-	-	-
2000	Health Care Delivery Management</																			

Department of Health Care Finance																				
FY20 Oversight Hearing																				
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																				
Program Code	Program Name	Service Code	Service Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant \ Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC - Printing - Printing Needs	LTC - Printing - Printing Needs	10/1/20-9/30/21	Formost							45%	8250	MMAD21 / 21	-	-	-	-	-
200L	Long Term Care	L000	LTC - Printing - Printing Needs Total													-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC - Temp Staffing - LTC Temp Staffing (2 Staff for 50 weeks at \$24.56)	LTC Temp Staffing - LTC Temp Staffing (2 Staff for 50 weeks at \$24.56)	10/1/20-9/30/21	MB Staffing						0409	55%	0100		-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC - Temp Staffing - LTC Temp Staffing (2 Staff for 50 weeks at \$24.56)	LTC Temp Staffing - LTC Temp Staffing (2 Staff for 50 weeks at \$24.56)	10/1/20-9/30/21	MB Staffing							45%	8250	MMAD21 / 21	-	-	-	-	-
200L	Long Term Care	L000	LTC - Temp Staffing - LTC Temp Staffing (2 Staff for 50 weeks at \$24.56) Total													-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Contract - Medicare - Contract to assist individuals that qualify for Me	LTC Contract - Medicare - Contract to assist individuals that qualify for Me	10/1/20-9/30/21	UMASS	To operate the Medicare Eligibility Enhancement initiative which seeks to ensure	Sole Source	CW79221	Dawn Smith	Mod 1-6	0409	55%	0100		-	907,500.00	55,000.00	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Contract - Medicare - Contract to assist individuals that qualify for Medicare	LTC Contract - Medicare - Contract to assist individuals that qualify for Medicare	10/1/20-9/30/21	UMASS							45%	8250	MMAD21 / 21	-	742,500.00	45,000.00	-	-
200L	Long Term Care	L000	LTC Contract - Medicare - Contract to assist individuals that qualify for Me Total													-	1,650,000.00	100,000.00	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Operations Support Services Contract - LTC Operations Support Services Contract FY20	LTC Operations Support Services Contract - LTC Operations Support Services Contract FY20	10/1/20-9/30/21	TBD						0409	55%	0100		-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Operations Support Services Contract - LTC Operations Support Services Contract FY20	LTC Operations Support Services Contract - LTC Operations Support Services Contract FY20	10/1/20-9/30/21	TBD							45%	8250	MMAD21 / 21	-	-	-	-	-
200L	Long Term Care	L000	LTC Operations Support Services Contract - LTC Operations Support Services Contract FY20 Total													-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Support Svcs - Restructure, develop and implement a comprehensive	LTC Support Svcs - Restructure, develop and implement a comprehensive	10/1/20-9/30/21	Change and Innovation Agency						0409	55%	0100		-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Support Svcs - Restructure, develop and implement a comprehensive	LTC Support Svcs - Restructure, develop and implement a comprehensive	10/1/20-9/30/21	Change and Innovation Agency							45%	8250	MMAD21 / 21	-	-	-	-	-
200L	Long Term Care	L000	LTC Support Svcs - Restructure, develop and implement a comprehensive Total													-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Temp Staffing -Nursing - LTC Temp Staffing -Nursing (3 staff)	LTC Temp Staffing -Nursing - LTC Temp Staffing -Nursing (3 staff)	10/1/20-9/30/21	MITACC						0409	55%	0100		-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE LTC Temp Staffing -Nursing - LTC Temp Staffing -Nursing (3 staff)	LTC Temp Staffing -Nursing - LTC Temp Staffing -Nursing (3 staff)	10/1/20-9/30/21	MITACC							45%	8250	MMAD21 / 21	-	-	-	-	-
200L	Long Term Care	L000	LTC Temp Staffing -Nursing - LTC Temp Staffing -Nursing (3 staff) Total													-	-	-	-	-
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE PDS Consulting Services Contract - PDS Consulting Services Contract	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/20-9/30/21	Consumer Direct	The Government of the District of Columbia (the District), Office of Contracting and Procurement (OCP), on behalf of the	Competitive RFP	CW63144	Nicole Watts	Modification M0012	0409	55%	0100		2,100,166.75	2,623,500.00	2,751,705.00	752,600.75	3,300,000.00
200L	Long Term Care	L000	LONG TERM CARE SUPPORT SERVICE PDS Consulting Services Contract - PDS Consulting Services Contract	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/20-9/30/21	Consumer Direct							45%	8250	MMAD21 / 21	1,718,318.25	2,146,500.00	2,251,395.00	615,764.25	2,700,000.00
200L	Long Term Care	L000	PDS Consulting Services Contract - PDS Consulting Services Contract Total													3,818,485.00	4,770,000.00	5,003,100.00	1,368,365.00	6,000,000.00
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM-Medicare Eligibility Enhancement Initiative	HCPRM-Medicare Eligibility Enhancement Initiative	10/1/20-1/13/21	UMASS						0409	55%	0100		-	907,500.00	-	-	264,687.50
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM-Medicare Eligibility Enhancement Initiative	HCPRM-Medicare Eligibility Enhancement Initiative	10/1/20-1/13/21	UMASS							45%	8250	MMAD21 / 21	-	742,500.00	-	-	216,562.50
3000	Policy	P200	HCPRM-Medicare Eligibility Enhancement Initiative - Total													-	1,650,000.00	-	-	481,250.00
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM-Medicare Eligibility Enhancement Initiative	HCPRM-Medicare Eligibility Enhancement Initiative	1/14/21-9/30/21	UMASS						0409	55%	0100		-	-	680,625.00	-	642,812.50
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM-Medicare Eligibility Enhancement Initiative	HCPRM-Medicare Eligibility Enhancement Initiative	1/14/21-9/30/21	UMASS							45%	8250	MMAD21 / 21	-	-	556,875.00	-	525,937.50
3000	Policy	P200	HCPRM-Medicare Eligibility Enhancement Initiative - Total													-	-	1,237,500.00	-	1,168,750.00
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Waiver Evaluation Contract	HCPRM Waiver Evaluation Contract	10/1/20-5/14/21	IMPAQ	To complete an evaluation design, beneficiary survey, mid-point assessment, interim	RFP	CW82733	Dawn Smith	Mod 1-5	0409	55%	0100		-	130,571.10	145,290.02	9,686.01	79,442.57
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Waiver Evaluation Contract	HCPRM Waiver Evaluation Contract	10/1/20-5/14/21	IMPAQ							45%	8250	MMAD21 / 21	-	106,830.90	118,873.65	7,924.91	64,998.46
3000	Policy	P200	HCPRM Waiver Evaluation Contract - Total													-	237,402.00	264,163.67	17,610.92	144,441.03
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Waiver Evaluation Contract	HCPRM Waiver Evaluation Contract	5/15/21-9/30/21	IMPAQ	To complete an evaluation design, beneficiary survey, mid-point assessment, interim	RFP	CW82733	Dawn Smith	Mod 1-5	0409	55%	0100		87,174.04	130,571.10	47,665.54	-	48,964.39
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Waiver Evaluation Contract	HCPRM Waiver Evaluation Contract	5/15/21-9/30/21	IMPAQ							45%	8250	MMAD21 / 21	71,324.21	106,830.90	38,999.08	-	40,061.77
3000	Policy	P200	HCPRM Waiver Evaluation Contract - Total													-	158,496.25	237,402.00	86,664.62	89,026.16
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI West Law Subscription	West Law Subscription	10/1/20-9/30/21	Thomas Reuters						0410	55%	0100		-	9,900.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI West Law Subscription	West Law Subscription	10/1/20-9/30/21	Thomas Reuters							45%	8250	MMAD21 / 21	-	8,100.00	-	-	-
3000	Policy	P200	West Law Subscription - Total													-	18,000.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Politico Subscription	HCPRM Politico Subscription	10/1/20-9/30/21	Politico						0410	55%	0100		-	5,500.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Politico Subscription	HCPRM Politico Subscription	10/1/20-9/30/21	Politico							45%	8250	MMAD21 / 21	-	4,500.00	-	-	-
3000	Policy	P200	HCPRM Politico Subscription - Total													-	10,000.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Cengage Subscription	HCPRM Cengage Subscription	10/1/20-9/30/21	Cengage Learning						0410	55%	0100		-	-	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Cengage Subscription	HCPRM Cengage Subscription	10/1/20-9/30/21	Cengage Learning							45%	8250	MMAD21 / 21	-	-	-	-	-
3000	Policy	P200	HCPRM Cengage Subscription - Total													-	-	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Printing Needs (Agency-Wide Printing)	HCPRM Printing Needs (Agency-Wide Printing)	10/1/20-9/30/21	Formost	Printing Services	RFTOP	CW62120	Tondalaya Hamilton	Mod 1 - 14	0409	55%	0100		-	158.99	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM Printing Needs (Agency-Wide Printing)	HCPRM Printing Needs (Agency-Wide Printing)	10/1/20-9/30/21	Formost							45%	8250	MMAD21 / 21	-	139.00	-	-	-
3000	Policy	P200	HCPRM Printing Needs (Agency-Wide Printing) - Total													-	289.08	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI 1095B - Conduent 1095B	Conduent 1095B		Conduent						0409	55%	0100		-	83,930.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI 1095B - Conduent 1095B	Conduent 1095B		Conduent							45%	8250	MMAD21 / 21	-	251,790.00	-	-	-
3000	Policy	P200	1095B - Conduent 1095B - Total													-	335,720.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI Fair Health Data Subscription - Research & Rate Setting	Fair Health Data Subscription - Research & Rate Setting	10/1/20-9/30/21	TBD						0409	55%	0100		-	27,500.00	20,625.00	-	27,500.00
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI Fair Health Data Subscription - Research & Rate Setting	Fair Health Data Subscription - Research & Rate Setting	10/1/20-9/30/21	TBD							45%	8250	MMAD21 / 21	-	22,500.00	16,875.00	-	22,500.00
3000	Policy	P200	Fair Health Data Subscription - Research & Rate Setting - Total													-	50,000.00	37,500.00	-	50,000.00
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI Alliance Program Oversight Contract	Alliance Program Oversight Contract		TBD						0409	55%	0100		-	68,750.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI Alliance Program Oversight Contract	Alliance Program Oversight Contract		TBD							45%	8250	MMAD21 / 21	-	56,250.00	-	-	-
3000	Policy	P200	Alliance Program Oversight Contract - Total													-	125,000.00	-	-	-
3000	Policy	P200	HEALTH CARE POLICY & RESEARCH SI HCPRM - Operations Support Services Contract	HCPRM - Operations Support Services Contract	10/1/20-9/30/21	TBD						0409	55%	0100		-	17,524.36	-	-	

Department of Health Care Finance																					
FY20 Oversight Hearing																					
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																					
Program Code	Program Name	Service Code	Service Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant \ Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/20-7/19/21	10/1/20-7/19/21	Magellan	To operate, monitor and administer the Pharmacy Benefit Manager System (PBMS) and Pharmacy Support Services for eligible District beneficiaries.	Emergency	CW84007	Louis Spence-Smith		0409	25%	0100		716,113.60	1,020,293.14	1,020,293.14	-	1,029,791.78	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/20-7/19/21	10/1/20-7/19/21	Magellan		Emergency	CW84007	Louis Spence-Smith			75%	8250	MMAD21 / 21	2,148,340.79	3,060,879.42	3,060,879.42	-	3,089,375.34	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/20-7/19/21 - Total												2,864,454.38	4,081,172.56	4,081,172.56	-	4,119,167.12	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/21-7/19/22	7/20/21-9/30/21	Magellan	To operate, monitor and administer the Pharmacy Benefit Manager System (PBMS) and Pharmacy Support Services for eligible District beneficiaries.	Sole Source	CW81262	Louis Spence-Smith		0409	25%	0100		196,935.49	253,361.39	253,361.39	-	466,582.19	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/21-7/19/22	7/20/21-9/30/21	Magellan		Sole Source	CW81262	Louis Spence-Smith			75%	8250	MMAD21 / 21	590,806.46	760,084.16	760,084.16	-	1,399,746.58	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - 7/20/21-7/19/22 - Total												787,741.94	1,013,445.54	1,013,445.54	-	1,866,328.77	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - New Procurement	TBD	Magellan						0409	25%	0100		-	-	-	-	221,187.67	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - New Procurement	TBD	Magellan							75%	8250	MMAD21 / 21	-	-	-	-	663,563.01	
6000	DCAS	0310	CLAIMS MANAGEMENT	PBM - Pharmacy Benefit Manager - New Procurement - Total												-	-	-	-	884,750.68	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/20-1/7/21)	10/1/20-1/7/21	Maximus	To properly screen all newly enrolling, reenrolling, reactivating, and revalidating	Sole Source	CW85843	Louis Spence-Smith		0409	25%	0100		569,280.33	569,280.33	568,029.16	-	600,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/20-1/7/21)	10/1/20-1/7/21	Maximus		Sole Source	CW85843	Louis Spence-Smith			75%	8250	MMAD21 / 21	1,707,840.99	1,707,840.99	1,704,087.47	-	1,800,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/20-1/7/21) - Total												2,277,121.32	2,277,121.32	2,272,116.62	-	2,400,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/21-1/7/22)	1/8/21-9/30/21	Maximus	To properly screen all newly enrolling, reenrolling, reactivating, and revalidating	Sole Source	CW85843	Louis Spence-Smith		0409	25%	0100		194,380.66	194,380.66	189,343.05	-	200,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/21-1/7/22)	1/8/21-9/30/21	Maximus		Sole Source	CW85843	Louis Spence-Smith			75%	8250	MMAD21 / 21	583,141.97	583,141.97	568,029.15	-	600,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Provider Data Manager System - PDMS (1/8/21-1/7/22) - Total												777,522.63	777,522.63	757,372.20	-	800,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (CCMS) - Maria Suarez	10/1/20-9/30/21	Avid Systems					0409	55%	0100			159,722.31	173,250.00	173,250.00	-	173,250.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (CCMS) - Maria Suarez	10/1/20-9/30/21	Avid Systems						45%	8250	MMAD21 / 21		130,681.99	141,750.00	141,750.00	-	141,750.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (CCMS) - Maria Suarez - Total												290,404.20	315,000.00	315,000.00	-	315,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (TPL) - Fran Coury	10/1/20-9/30/21	Avid Systems					0409	55%	0100			154,420.77	173,250.00	162,141.81	-	173,250.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (TPL) - Fran Coury	10/1/20-9/30/21	Avid Systems						45%	8250	MMAD21 / 21		126,344.27	141,750.00	132,661.48	-	141,750.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (TPL) - Fran Coury - Total												280,765.04	315,000.00	294,803.29	-	315,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PBM) - Patty Lynn	10/1/20-9/30/21	Avid Systems					0409	55%	0100			159,483.32	173,250.00	173,250.00	-	173,250.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PBM) - Patty Lynn	10/1/20-9/30/21	Avid Systems						45%	8250	MMAD21 / 21		130,486.36	141,750.00	141,750.00	-	141,750.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PBM) - Patty Lynn - Total												289,969.68	315,000.00	315,000.00	-	315,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PDMS) - Keenan Bynum	10/1/20-9/30/21	Avid Systems					0409	55%	0100			156,934.14	173,250.00	162,141.81	-	173,250.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PDMS) - Keenan Bynum	10/1/20-9/30/21	Avid Systems						45%	8250	MMAD21 / 21		132,400.66	141,750.00	132,661.48	-	141,750.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Senior Consultant (PDMS) - Keenan Bynum - Total												285,334.80	315,000.00	294,803.29	-	315,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Subject Matter Expert 1 (MMIS) - Sam Walker	10/1/20-9/30/21	Avid Systems					0409	55%	0100			186,360.03	199,100.00	199,100.00	-	199,100.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Subject Matter Expert 1 (MMIS) - Sam Walker	10/1/20-9/30/21	Avid Systems						45%	8250	MMAD21 / 21		154,170.57	162,900.00	162,900.00	-	162,900.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Subject Matter Expert 1 (MMIS) - Sam Walker - Total												340,530.59	362,000.00	362,000.00	-	362,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	TMSIS: MMIS Upgrade	10/1/20-9/30/21	Conduent	The enhancement and operation of a certified or certifiable Medicaid Management	Sole Source	CW61706	Don Shearer	Mod 11	0409	10%	0100		-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	TMSIS: MMIS Upgrade	10/1/20-9/30/21	Conduent		Sole Source	CW61706	Don Shearer	Mod 11		90%	8250	MMAD21 / 21	-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	TMSIS: MMIS Upgrade - Total												-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2019-10/20/2020)	10/1/20-10/20/2020	HMS					0409	55%	0631			10,096.03	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2019-10/20/2020)	10/1/20-10/20/2020	HMS						45%	8250	MMAD21 / 21		8,260.39	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2019-10/20/2020) - Total												18,356.42	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2020-10/20/2021)	10/21/20-9/30/21	HMS					0409	55%	0631			-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2020-10/20/2021)	10/21/20-9/30/21	HMS						45%	8250	MMAD21 / 21		-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - TPL (10/21/2020-10/20/2021) - Total												-	-	-	-	-	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2019-10/20/2020)	10/1/20-10/20/2020	TBD					0409	55%	0631			-	110,000.00	110,000.00	-	110,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2019-10/20/2020)	10/1/20-10/20/2020	TBD						45%	8250	MMAD21 / 21		-	90,000.00	90,000.00	-	90,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2019-10/20/2020) - Total												-	200,000.00	200,000.00	-	200,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2020-10/20/2021)	10/21/20-9/30/21	TBD					0409	55%	0631			-	2,200,000.00	2,200,000.00	-	2,200,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2020-10/20/2021)	10/21/20-9/30/21	TBD						45%	8250	MMAD21 / 21		-	1,800,000.00	1,800,000.00	-	1,800,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Recovery (10/21/2020-10/20/2021) - Total												-	4,000,000.00	4,000,000.00	-	4,000,000.00	
6000	DCAS	0310	CLAIMS MANAGEMENT	Third Party Liability Contract - Verification	10/1/21-5/31/22	Zane Networks					0409	55%	0631			-	74,250.00	257,9,			



Department of Health Care Finance																						
FY20 Oversight Hearing																						
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																						
Program Code	Program Name	Service Code	Service Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant \ Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget		
8000	Health Care Reform and Innovation	R430		HIT/HIE Focused Management - HIT/HIE Contractor fo- Total												118,352.80	150,000.00	141,258.00	33,604.80	150,000.00		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	CRISP DC MDW/MITA	10/1/20-9/30/21	CRISP DC							30%	0100		-	67,175.10	67,175.10	-	67,175.10		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	CRISP DC MDW/MITA	10/1/20-9/30/21	CRISP DC							70%	8250		-	156,741.90	156,741.90	-	156,741.90		
8000	Health Care Reform and Innovation	R400														-	223,917.00	223,917.00	-	223,917.00		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	CRISP DC Gen. Admin.	10/1/20-9/30/21	CRISP DC							55%	0100		-	79,366.65	-	-	79,366.65		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	CRISP DC Gen. Admin.	10/1/20-9/30/21	CRISP DC							45%	8250		-	64,936.35	-	-	64,936.35		
8000	Health Care Reform and Innovation	R400														-	144,303.00	144,303.00	-	144,303.00		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	Integrated Care Technical Assistance	8/14/2020 - 8/13/2021	Health Management Associates	To provide Individualized Technical Assistance	RFP	CW84998	Deja Love	Mod 1-4	0409				-	-	-	-	715,000.00		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	Integrated Care Technical Assistance	8/14/2020 - 8/13/2021	Health Management Associates	and training/coaching that will support						100%	8200	SUDP20/20	50,328.72	1,700,000.00	1,794,196.28	222,431.17	585,000.00		
8000	Health Care Reform and Innovation	R400														50,328.72	1,700,000.00	1,794,196.28	222,431.17	1,300,000.00		
8000	Health Care Reform and Innovation	R400	HC REFORM & INNOVATIVE SUPPOR	SUDP Extended Demonstration Project	10/1/20-9/30/21	TBD							0409	100%	8200	SUDP20/20	-	-	-	100,000.00		
300A	DCAS	A310	PROGRAM MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD	Staff augmentation support for DCAS implementation			Dalonte Powell		0417	42.00%	8250	MMAD21 / 21	\$	2,019,956.00	\$	2,019,956.00	\$	465,881.22	
300A	DCAS	A310	PROGRAM MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	14.00%	0100		\$	9,669.23	\$	326,717.00	\$	3,308.79	
300A	DCAS	A310	PROGRAM MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0711		\$	142,457.00	\$	142,457.00	\$	3,072.45	
300A	DCAS	A310	PROGRAM MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0100		\$	142,457.00	\$	142,457.00	\$	3,072.45	
300A	DCAS	A310	PROGRAM MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	18.00%	0100		\$	360,501.00	\$	360,501.00	\$	4,254.16	
300A	DCAS	A310		DCAS- R1/R2/R3 Staff Augs - Total												\$	9,669.23	\$	2,992,088.00	\$	23,634.24	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD	Staff augmentation support for DCAS implementation			Dalonte Powell		0417	42.00%	8250	MMAD21 / 21	\$	-	1185338.522	\$	1,420,269.06		
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	14.00%	0100		\$	395112.8408	\$	395,112.84	\$	473,423.02	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0711		\$	360453.8197	\$	360,453.82	\$	439,607.09	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0100		\$	360453.8197	\$	360,453.82	\$	439,607.09	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	18.00%	0100		\$	471362.6873	\$	471,362.69	\$	608,686.74	
300A	DCAS	A320		DCAS- R1/R2/R3 Staff Augs - Total												\$	2,772,721.69	\$	2,772,721.69	\$	3,381,593.00	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R3 Staff Augs	Various	TBD	Staff augmentation support for DCAS implementation			Dalonte Powell		0417	90%	8250	MMAD21 / 21			\$	25,200.00	\$	171,042.30	
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- R3 Staff Augs	Various	TBD						0417	10%	0100				\$	2,520.00	\$	19,004.70	
300A	DCAS	A320		DCAS- R3 Staff Augs - Total														\$	27,720.00	\$	190,047.00	
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- R1/R2/R3 Staff Augs	Various	TBD	Staff augmentation support for DCAS implementation			Dalonte Powell		0417	42.00%	8250	MMAD21 / 21	\$	158,112.00	\$	1,218,817.90	\$	1,054,604.46	
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	14.00%	0100		\$	13,392.00	\$	406,272.63	\$	351,534.82	
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0711		\$	9,760.00	\$	370,634.68	\$	326,425.19	
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0100		\$	370,634.68	\$	370,634.68	\$	326,425.19	
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	18.00%	0100		\$	484,676.12	\$	484,676.12	\$	451,973.34	
300A	DCAS	A330		DCAS- R1/R2/R3 Staff Augs - Total												\$	181,264.00	\$	2,851,036.02	\$	2,510,963.00	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- R1/R2/R3 Staff Augs	Various	TBD	Staff augmentation support for DCAS implementation			Dalonte Powell		0417	42.00%	8250	MMAD21 / 21	\$	-	2,851,036.02	\$	1,532,037.78		
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	14.00%	0100		\$	429,072.36	\$	45,005.35	\$	510,679.26	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0711		\$	618,305.46	\$	41,790.68	\$	474,202.17	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	13.00%	0100		\$	41,790.68	\$	41,790.68	\$	474,202.17	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- R1/R2/R3 Staff Augs	Various	TBD						0417	18.00%	0100		\$	57,864.02	\$	57,864.02	\$	666,587.62	
300A	DCAS	A340		DCAS- R1/R2/R3 Staff Augs - Total												\$	1,047,377.82	\$	2,851,036.02	\$	3,647,709.00	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Document/Web/ETC. Translation Services	6/17/2020 - 6/16/2021	Andean Consulting Solutions					0409	42.00%	8250	MMAD21 / 21	\$	2,503.71	\$	64,125.00	\$	5,985.96	\$	63,000.00
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Document/Web/ETC. Translation Services	6/17/2020 - 6/16/2021	Andean Consulting Solutions					0409	14.00%	0100		\$	834.57	\$	21,375.00	\$	1,995.32	\$	21,000.00
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Document/Web/ETC. Translation Services	6/17/2020 - 6/16/2021	Andean Consulting Solutions					0409	13.00%	0711		\$	761.36	\$	19,500.00	\$	1,852.80	\$	19,500.00
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Document/Web/ETC. Translation Services	6/17/2020 - 6/16/2021	Andean Consulting Solutions					0409	13.00%	0100		\$	761.36	\$	19,500.00	\$	1,852.80	\$	19,500.00
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Document/Web/ETC. Translation Services	6/17/2020 - 6/16/2021	Andean Consulting Solutions					0409	18.00%	0100		\$	995.62	\$	25,500.00	\$	2,565.41	\$	27,000.00
300A	DCAS	A340		Document/Web/ETC. Translation Services - Total												\$	5,856.62	\$	150,000.00	\$	150,000.00	
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- O&M Vendor	Not yet awarded	TBD	Umbrella O&M staff augmentation support				0417	42.00%	8250	MMAD21 / 21	\$	6,328,809.65	\$	6,203,165.67	\$	6,442,798.00	\$	6,636,082.32
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- O&M Vendor	Not yet awarded	TBD					0417	14.00%	0100		\$	2,109,603.22	\$	2,067,721.89	\$	2,142,027.44	\$	2,212,027.44
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- O&M Vendor	Not yet awarded	TBD					0417	13.00%	0711		\$	1,924,550.30	\$	1,920,027.47	\$	1,994,199.00	\$	2,054,025.48
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- O&M Vendor	Not yet awarded	TBD					0417	13.00%	0100		\$	1,924,550.30	\$	1,920,027.47	\$	1,994,199.00	\$	2,054,025.48

Department of Health Care Finance																									
FY20 Oversight Hearing																									
Q10 and Q11: FY20/FY21 Contracts and Contract Modifications - Information Current as of 12/31/20																									
Program Code	Program Name	Service Code	Service Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method	Contract Number	DHCF Employee Responsible for the Contract (CA)	Modifications	Comp Object	Funding Split	Fund Detail	Grant \ Phase	FY20 Actuals	FY21 Revised Budget	FY21 Anticipated Cost	FY21 Expenditures thru 12/31/20	FY22 Proposed Budget					
300A	DCAS	A330	ORGANIZATIONAL CHANGE	USPS Post Box		TBD						0410	18.00%	0100			\$	34.00	\$	34.00					
300A	DCAS	A330		USPS Post Box - Total												148	\$	200.00	\$	220.00					
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Maximus		TBD						0409	42.00%	8250	MMAD21 / 21	\$	2,500,833.89	\$	1,819,103.04	\$	2,142,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Maximus		TBD						0409	14.00%	0100		\$	833,611.30	\$	606,367.68	\$	714,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Maximus		TBD						0409	13.00%	0711		\$		\$	663,000.00	\$	663,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Maximus		TBD						0409	13.00%	0100		\$		\$	918,000.00	\$	918,000.00				
300A	DCAS	A330		Maximus - Total												3334445.18	\$	2,425,470.72	\$	5,100,000.00					
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Office Maintenance		TBD						0409	42.00%	8250	MMAD21 / 21	\$	2,700.00	\$	2,138.00	\$	3,150.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Office Maintenance		TBD						0409	14.00%	0100	\$	900.00	\$	2,138.00	\$	1,950.00					
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Office Maintenance		TBD						0409	13.00%	0711		\$	975.00	\$	975.00	\$	975.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Office Maintenance		TBD						0409	13.00%	0100		\$	975.00	\$	975.00	\$	975.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Office Maintenance		TBD						0409	18.00%	0100		\$	1,275.00	\$	1,275.00	\$	1,350.00				
300A	DCAS	A330		DCAS- Office Maintenance - Total												\$	3,600.00	\$	7,501.00	\$	7,500.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Joint Notices (HBX MOU)	10/1/2020 - 9/30/2021	HBX	MOU			Ayesha Smith		0409	42.00%	8250	MMAD21 / 21	\$	42,750.00	\$	42,750.00	\$	55,860.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Joint Notices (HBX MOU)	10/1/2020 - 9/30/2021	HBX						0409	14.00%	0100		\$	14,250.00	\$	14,250.00	\$	18,620.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Joint Notices (HBX MOU)	10/1/2020 - 9/30/2021	HBX						0409	13.00%	0711		\$	13,000.00	\$	13,000.00	\$	17,290.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Joint Notices (HBX MOU)	10/1/2020 - 9/30/2021	HBX						0409	13.00%	0100		\$	13,000.00	\$	13,000.00	\$	17,290.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	DCAS- Joint Notices (HBX MOU)	10/1/2020 - 9/30/2021	HBX						0409	18.00%	0100		\$	17,000.00	\$	17,000.00	\$	23,940.00				
300A	DCAS	A330		DCAS- Joint Notices (HBX MOU) - Total												\$	100,000.00	\$	100,000.00	\$	133,000.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Moving Expense		TBD						0409	42%	8250	MMAD21 / 21	\$	13,500.00	\$	12,150.00	\$	6,300.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Moving Expense		TBD						0409	14%	0100		\$	1,500.00	\$	1,350.00	\$	2,100.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Moving Expense		TBD						0409	13%	0711		\$	750.00	\$	750.00	\$	1,950.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Moving Expense		TBD						0409	13%	0100		\$	750.00	\$	750.00	\$	1,950.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Moving Expense		TBD						0409	18%	0100		\$		\$	2,700.00	\$	2,700.00				
300A	DCAS	A320		DCAS- Moving Expense - Total												\$	15,000.00	\$	15,000.00	\$	15,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Tier 1 Call Center Contract		TBD						0409	42%	8250	MMAD21 / 21	\$	3,960,000.00	\$	1,589,616.00	\$	1,680,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Tier 1 Call Center Contract		TBD						0409	14%	0100		\$	440,000.00	\$	529,872.00	\$	560,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Tier 1 Call Center Contract		TBD						0409	13%	0711		\$	492,024.00	\$	494,024.00	\$	520,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Tier 1 Call Center Contract		TBD						0409	13%	0100		\$	492,024.00	\$	494,024.00	\$	520,000.00				
300A	DCAS	A330	ORGANIZATIONAL CHANGE	Tier 1 Call Center Contract		TBD						0409	18%	0100		\$	681,264.00	\$	681,264.00	\$	720,000.00				
300A	DCAS	A330		Tier 1 Call Center Contract - Total												\$	4,400,000.00	\$	3,784,800.00	\$	4,000,000.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	42%	8250	MMAD21 / 21	\$	4,400,000.00	\$	3,784,800.00	\$	4,000,000.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	14%	0100		\$	252,000.00	\$	252,000.00	\$	105,000.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	14%	0100		\$	84,000.00	\$	84,000.00	\$	35,000.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	13%	0711		\$	78,000.00	\$	78,000.00	\$	32,500.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	13%	0100		\$	78,000.00	\$	78,000.00	\$	32,500.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- Marketing		TBD						0409	18%	0100		\$	108,000.00	\$	108,000.00	\$	45,000.00				
300A	DCAS	A340		DCAS- Marketing - Total												\$	600,000.00	\$	600,000.00	\$	250,000.00				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- OCTO MOU	10/1/2020 - 9/30/2021	OCTO	MOU with OCTO for technology support			Ayesha Smith		0409	42.00%	8250	MMAD21 / 21	\$	1,611,514.47	\$	1,871,732.30	\$	2,038,014.30				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- OCTO MOU	10/1/2020 - 9/30/2021	OCTO						0409	14.00%	0100		\$	537,171.49	\$	623,910.77	\$	679,338.10				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- OCTO MOU	10/1/2020 - 9/30/2021	OCTO						0409	13.00%	0711		\$	490,051.19	\$	579,345.71	\$	630,813.95				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- OCTO MOU	10/1/2020 - 9/30/2021	OCTO						0409	13.00%	0100		\$	490,051.19	\$	579,345.71	\$	630,813.95				
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	DCAS- OCTO MOU	10/1/2020 - 9/30/2021	OCTO						0409	18.00%	0100		\$	640,836.17	\$	802,170.99	\$	873,434.70				
300A	DCAS	A320		DCAS- OCTO MOU - Total												\$	3,769,624.50	\$	4,456,505.48	\$	4,852,415.00				
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Receptionists	2/12/2020 - 12/1/2020	Midtown	Temporay Admin Assistants	Competitive	CW79878	Dalonte Powell		0409	39.75%	8250	MMAD21 / 21	\$	12970.0764	\$	62,415.36	\$	3,594.82	\$	60,844.13		
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Receptionists	2/12/2020 - 12/1/2020	Midtown						0409	13.25%	0100		\$	1441.1196	\$	20,805.12	\$	1,198.27	\$	20,281.38		
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Receptionists	2/12/2020 - 12/1/2020	Midtown						0409	16.50%	0711		\$	800.622	\$	19,319.04	\$	1,112.68	\$	25,256.06		
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Receptionists	2/12/2020 - 12/1/2020	Midtown						0409	16.50%	0100		\$	800.622	\$	19,319.04	\$	1,112.68	\$	25,256.06		
300A	DCAS	A320	PROJECT MANAGEMENT	DCAS- Receptionists	2/12/2020 - 12/1/2020	Midtown						0409	14.00%	0100		\$	26,749.44	\$	24,579.65	\$	1,540.64	\$	21,429.38		
300A	DCAS	A320		DCAS- Receptionists - Total												\$	16,012.44	\$	148,608.00	\$	136,553.60	\$	8,559.10	\$	153,067.00
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Cloud Subscription/Migration		TBD						0409	42.00%	8250	MMAD21 / 21		\$	777600	\$	952,140.00	\$	952,140.00			
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Cloud Subscription/Migration		TBD						0409	14.00%	0100		\$	0	\$	86400	\$	317,380.00	\$	317,380.00		
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Cloud Subscription/Migration		TBD						0409	13.00%	0711		\$	0	\$	48000	\$	294,710.00	\$	294,710.00		
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Cloud Subscription/Migration		TBD						0409	13.00%	0100		\$	0	\$	48000	\$	294,710.00	\$	294,710.00		
300A	DCAS	A340	INFORMATION TECHNOLOGY MANA	Cloud Subscription/Migration	</																				

## Department of Health Care Finance FY2020

Agency Department of Health Care Finance

Agency Acronym DHCF

Agency Code HT0

To edit agency and POC information press your agency name (underlined and in blue above).

Agency Performance POCs Angelique (DHCF) Martin; Melanie (OCA) Bell

Agency Budget POCs Angelique (DHCF) Martin; Darrin (DHCF) Shaffer; Melanie (OCA) Bell

Fiscal Year 2020

## Agency's Operating Budget

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## FY2020 Agency Top 3 Accomplishments

Add Add Accomplishment

Accomplishment

Accomplishments	Accomplishment	Impact on Agency	Impact on Residents
	Fee-for-Service (FFS) to Managed Care Transition: DHCF transitioned nearly 19,000 individuals currently in the FFS program to the Medicaid managed care program.	This change represents the first step in DHCF's ambitious plan to transform the Medicaid delivery system to improve health outcomes. Over the next five years, DHCF will move towards a fully managed Medicaid program in order to transform the managed care program into a more organized, accountable, and person-centered system that best supports the District's Medicaid beneficiaries in managing and improving their health.	This change will help expand access to care and improve health outcomes for District residents. The FFS population has high morbidity rates and on a per-beneficiary basis, their health care costs roughly four times more than their peers in managed care. Moving the population to managed care will give them access to care coordination and case management services not provided in the FFS program. This should improve health outcomes for the population and reduce health care costs.
	Implementation of the Behavioral Health Waiver: The District's first-in-the-national Behavioral Health Transformation Demonstration waiver will allow District Medicaid to pay for certain services provided by an institution for mental disease to Medicaid-eligible adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD), and will add new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient, and residential treatment.	The demonstration is part of a broader effort outlined in the District's Opioid Strategic Plan, LiveLong.DC — with goals to reduce opioid use, misuse and related deaths. The demonstration will expand the range of services offered, improve data collection and transitions, and create a new focus on improving community service delivery for both mental health and Substance Use Disorder (SUD) services. This is a first step in transforming Medicaid's delivery of behavioral health services toward a more person-centered model focused on treatment, recovery, and whole person care.	This waiver is expected to provide services for more than 80,000 District residents who are enrolled in Medicaid and have a behavioral health diagnosis. Through this waiver, the District is transforming behavioral health services by expanding the array of evidence-based services to treat District residents with a serious mental illness or substance use disorder.
	Implementation of Changes Related to the Public Health Emergency: During the Public Health Emergency (PHE), DHCF worked to ensure access to coronavirus testing and treatment for beneficiaries; ongoing access to care for beneficiaries in the event of an emergency; and support for Medicaid providers in providing testing and treatment for coronavirus, and in continuing ongoing care delivery operations. To accomplish this, DHCF implemented a number of actions during the PHE, including automatically extending eligibility and waiving requirements to report changes for current enrollees in the Medicaid, Alliance, and the Immigrant Children's Program; conducting outreach to approximately 108,000 beneficiaries identified as high-risk for COVID-19; expanding access to telemedicine; and enhancing flexibility and financial support for providers.	These changes demonstrated DHCF's ability to be nimble and responsive during the ongoing PHE.	The changes implemented by DHCF during the PHE helped ensure that beneficiaries could maintain their insurance coverage, received information and education on COVID-19, and could continue to access needed healthcare. Further, the enhanced flexibility and financial support for providers helped ensure that they were able to continue to provide the care that residents need during and after the PHE.

## 2020 Objectives

Objective Number	Strategic Objective	# of Measures	# of Operations
1	Provide access to comprehensive healthcare services for District residents.	5	4
2	Ensure the delivery of high quality healthcare services to District residents.	3	2
3	Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program.	1	1
4	Create and maintain a highly efficient, transparent, and responsive District government.	12	0
<b>TOT</b>		<b>21</b>	<b>7</b>

## 2020 Key Performance Indicators

Measure	New Measure/ Benchmark Year	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Report	Was 2020 KPI Met?	Are Explanation of Barriers to Meeting KPIs Complete
1 - Provide access to comprehensive healthcare services for District residents. (5 Measures)														
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	<input type="checkbox"/>	Up is Better	56%	56%	62%	55%	62%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	

Measure	New Measure/ Benchmark Year	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Report	Was 2020 KPI Met?	Are Explanation of Barriers to Meeting KPIs Complete
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	<input type="checkbox"/>	Up is Better	66%	63%	72%	63%	72%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
Percent of Medicaid renewals as a result of the passive renewal process	<input type="checkbox"/>	Up is Better	89.1%	72.2%	70%	82.9%	70%	87.6%	86.2%	94.3%	100%	91.8%	Met	
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	<input type="checkbox"/>	Up is Better	96.9%	94.5%	95%	98.3%	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	97.6%	Met	
Percent of District residents covered by Medicaid	<input type="checkbox"/>	Up is Better	35.5%	37.2%	35%	35.9%	35%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	37.32%	Met	
<b>2 - Ensure the delivery of high quality healthcare services to District residents. (3 Measures)</b>														
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	<input type="checkbox"/>	Down is Better	19.8%	27.6%	10%	34.6%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
Reduce potentially preventable Emergency Department visits by Medicaid Managed Care enrollees that may have been avoided or appropriately treated at a lower level of care	<input type="checkbox"/>	Down is Better	6.8%	9.2%	10%	28%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	<input type="checkbox"/>	Down is Better	11.2%	17.4%	10%	8%	10%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	Waiting on Data	Waiting on Data	
<b>3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Measure)</b>														
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	<input type="checkbox"/>	Up is Better	14	18	14	15	14	1	14	6	5	26	Met	
<b>4 - Create and maintain a highly efficient, transparent, and responsive District government. (1 Measure)</b>														



Measure	New Measure/ Benchmark Year	Directionality	FY 2017 Actual	FY 2018 Actual	FY 2019 Target	FY2019 Actual	FY 2020 Target	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Report	Was 2020 KPI Met?	Are Explanation of Barriers to Meeting KPIs Complete
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	<input type="checkbox"/>	Up is Better	99.1%	98.4%	98%	97.6%	98%	98.2%	98%	99.6%	99.2%	98.7%	Met	

## 2020 Operations

Operations Header	Operations Title	Operations Description	Type of Operations
<b>1 - Provide access to comprehensive healthcare services for District residents. (4 Activities)</b>			
HEALTH CARE POLICY & PLANNING SUPPORT	Eligibility	Based on the Federal guidelines for Medicaid and local laws for the Alliance program, DHCF provides healthcare to District residents according to the criteria of the programs offered. This requires the agency to create State Plans and rules that define the qualifications, along with working with other District agencies to ensure that qualified applicants are granted access to these healthcare programs.	Daily Service
MEDICAID INFORMATION SYSTEMS	DC Access System (DCAS)	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Key Project
MANAGED CARE MGT	Benefits	DHCF establishes and administers healthcare benefits for DC residents primarily through two delivery systems: managed care and Fee-for-service (FFS). The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	Daily Service
INFORMATION TECHNOLOGY	Eligibility and Enrollment System	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Daily Service
<b>2 - Ensure the delivery of high quality healthcare services to District residents. (2 Activities)</b>			
MEDICAID INFORMATION SYSTEMS	Claims Processing	As beneficiaries utilize services with physicians, clinics, pharmacies, and hospitals, payments are remitted by those providing the services to DHCF for processing and payment. Federal regulations and local laws require prompt payment of claims submitted, so DHCF must first verify the eligibility of the beneficiary, the Medicaid enrollment of the provider, and the validity of the service being provided.	Daily Service
HEALTH CARE OPERATIONS SUPPORT	Provider Enrollment and Screening	In order to receive payments for services provided to Medicaid and Alliance patients, physicians, clinics, pharmacies, hospitals and other providers must first apply to be a qualified provider. DHCF screens providers to minimize future unscrupulous activities. Once enrolled, provider information is retained and utilized to accept and process future claims.	Daily Service
<b>3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Activity)</b>			
PERFORMANCE MANAGEMENT	Program Integrity	The 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

## 2020 Workload Measures

Measure	New Measure/ Benchmark Year	FY2016 Actual	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Report
<b>1 - Benefits (6 Measures)</b>										
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	<input type="checkbox"/>	6469	4768	7026	10,037	2232	3036	2974	2511	10,753
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	<input type="checkbox"/>	131	258	1410	2980	926	982	1008	1053	3969
Produce and disseminate three (3) data snapshots to share utilization and spending patterns with external stakeholders and the general public	<input type="checkbox"/>	New in 2018	3	2	2	Annual Measure	Annual Measure	Annual Measure	Annual Measure	3
Number of District residents covered by Medicaid (Year End)	<input type="checkbox"/>	252,596	258,482	252,346	252,346	Annual Measure	Annual Measure	Annual Measure	Annual Measure	263,386
Percent of District residents insured	<input type="checkbox"/>	96.2%	96.1%	96.2%	96.8%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.5%
Number of District residents covered by Alliance (Year End)	<input type="checkbox"/>	15,801	15,318	16,240	15,619	Annual Measure	Annual Measure	Annual Measure	Annual Measure	15,836
<b>1 - Eligibility (1 Measure)</b>										
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	<input type="checkbox"/>	Not Available	25	23	17	3	0	4	14	21
<b>2 - Claims Processing (1 Measure)</b>										
Percent of procurement process completed for the acquisition of a new Medicaid Management Information System (MMIS) that will be a multi-payor claims adjudication system for Medicaid and other DC Government programs that process medical claims	<input type="checkbox"/>	New in 2018	20%	-70%	-70%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	-70%
<b>2 - Provider Enrollment and Screening (2 Measures)</b>										
Number of newly enrolled providers	<input type="checkbox"/>	0	2347	10,034	3864	100	879	110	64	1153

Measure	New Measure/ Benchmark Year	FY2016 Actual	FY2017 Actual	FY2018 Actual	FY2019 Actual	FY 2020 Quarter 1	FY 2020 Quarter 2	FY 2020 Quarter 3	FY 2020 Quarter 4	FY 2020 Report
Number of re-enrolled providers	<input type="checkbox"/>	0	1081	811	1019	31	569	61	101	762
<b>3 - Program Integrity (5 Measures)</b>										
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	<input type="checkbox"/>	Not Available	144	188	98	23	29	13	24	89
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	<input type="checkbox"/>	Not Available	386	233	173	16	68	40	49	173
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	<input type="checkbox"/>	8164	9010	11,004	11,301	Annual Measure	Annual Measure	Annual Measure	Annual Measure	11,650
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	<input type="checkbox"/>	88	241	126	215	Annual Measure	Annual Measure	Annual Measure	Annual Measure	157
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	<input type="checkbox"/>	New in 2018	89	189	134	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	Semi-Annual Measure	138

## 2020 Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date	Is this Initiative focused on Wards 7 and/or 8?	Does this initiative support the Resilient DC Strategy?	Cluster	Add Initiative Update for PAR
Benefits (5 Strategic initiatives)						
Increase Access to Behavioral Health Services	Increase access to behavioral health services. DHCF, in collaboration with DBH, will expand the continuum of care for individuals with Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), or identified as at-risk for an SUD, including treatment of Medicaid-eligible adults in residential and inpatient hospital settings that are considered Institutions for Mental Disease (IMDs).	03-01-2020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Deputy Mayor for Health and Human Services	
EPD Waiver Reform	Amend the Elderly and Persons with Physical Disabilities (EPD) Waiver to realign the service array offered therein to more directly meet participants' functional and clinical needs.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Increase Utilization of Prenatal and Postpartum Care	Increase access to/utilization of prenatal care within the first trimester and increase access to/utilization of postpartum care with the recommended post delivery timeframe. DHCF will finalize the baseline measurement and begin to measure access in FY20.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Increase Access to Integrated Care	DHCF will implement the first site for the Program for All-Inclusive Care for the Elderly (PACE) in Ward 7 or 8 in FY20. Through the PACE program a provider organization is responsible for providing program enrollees (55 or older) with all primary, acute and long-term care services through an interdisciplinary team of health professionals based at a designated PACE site.	06-30-2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
FFS to MCO	FFS to MCO: [DHCF Placeholder – more information to be provided first week of September]	10-01-2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Deputy Mayor for Health and Human Services	
Claims Processing (1 Strategic Initiative)						
Streamline Behavioral Health Claims Process	In FY20, claims processing for Medicaid reimbursable behavioral health services will transition from DBH to DHCF to streamline the claims process for behavioral health providers.	12-31-2019	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	Add Initiative Update
DC Access System (DCAS) (2 Strategic initiatives)						
DC Access System (DCAS) Migration	DHCF will migrate DCAS from on premise to a cloud solution to strengthen system reliability and redundancy.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
DCAS R3 Non-MAGI Medicaid Casework Portal	DHCF is implementing DCAS functionality to enable eligibility determinations for the Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid population to occur in DCAS. DHCF will implement the R3 Non-MAGI Medicaid Caseworker Portal for service centers	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Program Integrity (4 Strategic initiatives)						
Develop Automated Cost Reports	DHCF will develop comprehensive and automated cost reports for Medicaid providers and transition away from paper-based processes.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Managed Care Pay for Performance	DHCF will reinstate the managed care pay for performance program to improve inappropriate emergency department use.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date	Is this Initiative focused on Wards 7 and/or 8?	Does this initiative support the Resilient DC Strategy?	Cluster	Add Initiative Update for PAR
Implement Strategies to Combat Provider and Beneficiary Fraud	In FY20, DHCF will implement a comprehensive strategy aimed to reduce provider and beneficiary fraud. This initiative will help reduce inappropriate and fraudulent utilization.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Strengthen Oversight of Personal Care Services	DHCF will implement, for the first time, Electronic Visit Verification (EVV) for personal care services.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
Provider Enrollment and Screening (2 Strategic initiatives)						
Expand My Health GPS	DHCF will expand the My Health GPS capacity in FY20. The My Health GPS program is offered to District Medicaid beneficiaries with the highest burden of chronic illness. Improved care coordination to reduce utilization of preventable, high-cost services stands to improve overall health and wellness.	09-30-2020	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Mayor for Health and Human Services	
HIE Designation	DHCF will register and designate Health Information Exchange (HIE) entities in the District to expand provider participation to support transitions of care and care coordination programs, including Health Homes.	09-30-2020	<input type="checkbox"/>	✓	Deputy Mayor for Health and Human Services	

### FY2020 Initiative Updates

Initiative Updates	Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	FY20 Reporting Quarter
DC Access System (DCAS) Migration (4 Initiative Updates)							
	DC Access System (DCAS) Migration	No updates for Q1 as the DCAS Team has been focused on DCAS R3.	0-24%	Low	None		Q1
	DC Access System (DCAS) Migration	SOW has been completed and turned over to OCP for finalization of the procurement. Expected release of the procurement is late summer 2020.	0-24%	Low	Incremental		Q2
	DC Access System (DCAS) Migration	SOW has been completed and turned over to OCP for finalization of the procurement. Expected release of the procurement is late summer 2020.	0-24%	Medium	Incremental		Q3
	DC Access System (DCAS) Migration	The Statement of Work has been completed and turned over to the Office of Contracting and Procurements (OCP) for finalization of the procurement. Expected release of the procurement is late spring 2021.	0-24%		Incremental		Q4
DCAS R3 Non-MAGI Medicaid Casework Portal (4 Initiative Updates)							
	DCAS R3 Non-MAGI Medicaid Casework Portal	Will finish design in February 2020 and then onto development.	25-49%	Low	Incremental		Q1
	DCAS R3 Non-MAGI Medicaid Casework Portal	Requirement sessions are slated to begin in July 2020. Delay is due to COVID-19 efforts needed to be implemented to allow DHS SSRs to work remotely as efficiently as possible. The requirement sessions will allow for sufficient time to do all requirements gathering and development required to launch during September 2021.	25-49%	Medium	Incremental		Q2
	DCAS R3 Non-MAGI Medicaid Casework Portal	Design and Development continue on the Non-MAGI Medicaid release, which is tentatively scheduled for September 2020, with a secondary contingency deployment targeted for March 2021. Long Term Care spend-down functionality is starting to begin design sessions, with a targeted deployment in September 2021	50-74%	Medium	Incremental		Q3
	DCAS R3 Non-MAGI Medicaid Casework Portal	Design and Development continue on the Non-MAGI Medicaid release, which is tentatively scheduled for September 2020, with a secondary contingency deployment targeted for March 2021. Long Term Care spend-down functionality is starting to begin design sessions, with a targeted deployment in September 2021.	75-99%		Demonstrable		Q4
Develop Automated Cost Reports (4 Initiative Updates)							
	Develop Automated Cost Reports	During this quarter, we focused on reviewing the existing cost report templates, identified benchmarks and common expenditure categories across several programs. Further, we rolled out the Intellectual Disabilities/Developmental Disabilities (IDD) waiver cost reporting template and held in-depth hands-on training for providers.	0-24%	High	Incremental		Q1
	Develop Automated Cost Reports	During this quarter, we worked on defining the scope of work and developed an RFP pending approval for engaging a contractor to help with the design, build out and implementation of the cost report model.	0-24%	Low	Incremental		Q2
	Develop Automated Cost Reports	DHCF is continuing work on the RFP for this project with OCP. The scope of the project has been expanded to include collection of provider data beyond only cost information. We anticipate issuance and award of the RFP in the next quarter.	0-24%	Medium	Incremental		Q3

Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	FY20 Reporting Quarter
Develop Automated Cost Reports	DHCF is continuing work on the RFP. The scope of the project has been expanded to include collection of provider data beyond only cost information, in light of the strategic direction of the agency and provider cost changes as a result of COVID-19 PHE.	0-24%		None		Q4
<b>EPD Waiver Reform (4 Initiative Updates)</b>						
EPD Waiver Reform	Waiver draft has been completed and published for public comment. Currently in preparation for submission to CMS for a July 1 effective date.	25-49%	Medium	Incremental		Q1
EPD Waiver Reform	Waiver draft has been completed and submitted to CMS for an adjusted effective date of 10/1/2020 (from 7/1/2020) subsequent to the public health emergency.	50-74%	Medium	Incremental		Q2
EPD Waiver Reform	Waiver draft has been completed and submitted to CMS for an adjusted effective date of 10/1/2020 (from 7/1/2020) subsequent to the public health emergency.	50-74%	Medium	Incremental		Q3
EPD Waiver Reform	The EPD waiver amendment was submitted and approved by CMS effective 10/1/2020. Some elements of the waiver amendment will not be implemented immediately due to the PHE, but DHCF continues to prepare for implementation at that future date.	50-74%		Demonstrable		Q4
<b>Expand My Health GPS (4 Initiative Updates)</b>						
Expand My Health GPS	Outreach and education activities occur to recruit providers into the program. Onsite reviews were completed in FY19; status reports are being prepared to share findings w/current MHGPS providers with recommendations and opportunities for improvement, as applicable to expand capacity for enrollment.	0-24%	Medium	Incremental		Q1
Expand My Health GPS	Outreach and education activities occur to recruit providers into the program. Onsite reviews were completed in FY19; status reports were shared with current MHGPS providers with recommendations and opportunities for improvement, as applicable, to expand capacity for enrollment. In FY20, a SPA revision should increase interest in the program by new providers while also streamlining and removing administratively burdensome tasks making the program more appealing.	0-24%	Medium	Incremental		Q2
Expand My Health GPS	Outreach and education activities occur to recruit providers into the program. Onsite reviews were completed in FY19; status reports are being prepared to share findings with current My Health GPS providers with recommendations and opportunities for improvement, as applicable, to expand capacity for enrollment.	25-49%	Medium	Incremental		Q3
Expand My Health GPS	Outreach and education activities occur to recruit providers into the program. Status reports are received monthly from providers that indicate capacity to expand the program. DHCF continues to provide recommendations, opportunities and incentives to foster improvement of enrollment.	Complete		Transformative		Q4
<b>FFS to MCO (4 Initiative Updates)</b>						
FFS to MCO	The procurement process for the new managed care contracts is underway. The MCO RFP was issued on January 10, 2020.	0-24%	High	Demonstrable		Q1
FFS to MCO	The Procurement Review Committee (PRC) has reviewed the MCO RFP and should be moving to BAFO and negotiations shortly. Goal is to submit the council package in June. DHCF has identified the roughly 19,000 individuals who will transition from FFS to MCO and is prepared to submit to CMS in June the required State Plan Amendment to receive federal authority for the transition. DHCF is finalizing the outreach and communication plan as well as a plan to ensure continuity of care as individuals transition. Once contracts are awarded, DHCF will begin the readiness review of MCOs.	25-49%	High	Demonstrable		Q2
FFS to MCO	DHCF completed the consensus evaluation report. Contracts are stalled due to pre-award protest currently with the Contract Appeals Board. There is a risk that contracts may not be executed for a 10/1/20 start date given the current protest and potential post-award protest.  State plan amendments submitted to CMS and associated rules are currently in the review process. Updates to the provider agreement have been completed, including notice to impacted providers to re-enroll to implement universal contracting.	50-74%	Medium	Demonstrable		Q3
FFS to MCO	Contracts with the new MCOs became effective October 1. Nearly 16,700 beneficiaries transitioned from FFS to managed care. Over 218,000 beneficiaries were re-assigned to be equally distributed among the three MCOs.	Complete		Transformative		Q4
<b>HIE Designation (3 Initiative Updates)</b>						
HIE Designation	DHCF has received three applications to the DC HIE. Two have been received for DC HIE registration and one application was received during the open application period for HIE Designation. To date, one application has been approved by the HIE Registration Review Panel (HRRP), to the Chesapeake Regional Information Systems for our Patients (CRISP) Inc and CRISP has been publicly acknowledged as the first participant in the DC HIE. The additional registration application and designation application are in the final stages of review.	25-49%	High	Incremental		Q1
HIE Designation	On April 22, 2020, after undergoing an open and competitive process, CRISP was publicly named the District's Designated HIE Entity. As the District's Designated HIE Entity, CRISP is DHCF's organizational partner in supporting the ongoing maintenance and operation of the DC HIE infrastructure and services. The District Designated HIE Entity is committed to supporting the development and maintenance of HIE services to facilitate the secure, electronic exchange of health information among the District Registered HIE entities and participating organizations in the District. In addition to CRISP, DHCF is pleased to announce that as of February 2020, the District of Columbia Primary Care Association has met the requirements to be a District Registered HIE Entity.	Complete	High	Demonstrable		Q2
HIE Designation	HIE Designation was completed in April. Since that time, a series of additional efforts to formalize DC's governance approach and updated to DHCF's notice of privacy practices has been updated to reflect our relationship with the Designated DC HIE, Chesapeake Regional Information System for our Patients (CRISP).	Complete		Transformative		Q4
<b>Implement Strategies to Combat Provider and Beneficiary Fraud (4 Initiative Updates)</b>						
Implement Strategies to Combat Provider and Beneficiary Fraud	DHCF has conducted provider risk analysis for FY20 to focus resources on most significant entities potentially involved in Medicaid program fraud and abuse. DHCF conducted monthly and ad hoc program integrity meetings with program integrity partners, including law enforcement agencies, managed care organizations, DC agencies, and other DHCF Administrations. Meetings focused on information sharing and coordination of joint activities, development of Beneficiary Fraud DCMR changes, assistance in development of the Electronic Visit Validation program, provider and beneficiary outreach, and resolving fraud cases through criminal, civil, and administrative actions.	0-24%	Medium	Incremental		Q1

Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	FY20 Reporting Quarter
Implement Strategies to Combat Provider and Beneficiary Fraud	DHCF conducted provider risk analysis for FY20 and is using the analysis, in addition to COVID related analysis to focus resources on most significant entities potentially involved in Medicaid program fraud and abuse. DHCF conducts monthly and ad hoc meetings with program integrity partners, including law enforcement agencies, managed care organizations, DC agencies, and other DHCF Administrations focusing on information sharing and coordination of joint activities, development of Beneficiary Fraud DCMR changes, development of the Electronic Visit Validation (EVV) program, provider and beneficiary outreach, and resolving fraud cases through criminal, civil, and administrative actions. EVV contractor selected and DHCF is establishing program. DHCF continues to develop DCMR improvements.	25-49%	Medium	Incremental		Q2
Implement Strategies to Combat Provider and Beneficiary Fraud	DHCF conducted provider risk analysis, including COVID data, and uses this analysis to focus resources on most significant entities potentially involved in Medicaid program fraud and abuse. Collaboration is conducted with program integrity partners, including law enforcement (LE) agencies, managed care organizations, DC agencies, and other administrations to share information and coordinate activities. Activities include development of Beneficiary Fraud DCMR changes, development of the Electronic Visit Validation (EVV) program, provider and beneficiary outreach, and resolution of fraud cases through criminal, civil, and administrative actions. EVV contractor was selected and DHCF is establishing a program; COVID related audits are ongoing; and multiple cases were referred to LE and OAG, resulting in criminal charges/arrests.	50-74%	Medium	Incremental		Q3
Implement Strategies to Combat Provider and Beneficiary Fraud	DHCF conducted provider risk analysis, including COVID data, and uses analysis to focus resources on most significant entities potentially involved in Medicaid program fraud and abuse. Collaboration was conducted with program integrity partners, including law enforcement (LE) agencies, Managed Care Organizations, DC Agencies, and other administrations to share information and coordinate activities. Activities include work on Beneficiary Fraud DCMR changes, development of the Electronic Visit Validation (EVV) program, provider and beneficiary outreach, and resolution of fraud cases through criminal, civil, and administrative actions. EVV contractor selected and DHCF is establishing program, COVID related audits ongoing, and multiple referred cases to LE and OAG resulting in criminal charges/arrests.	Complete		Incremental		Q4
Increase Access to Behavioral Health Services (4 Initiative Updates)						
Increase Access to Behavioral Health Services	During the first quarter of FY20, DHCF received formal approval from CMS for implementation of the BH Transformation Waiver and, with DBH, issued necessary guidance to support implementation of the first wave of Medicaid BH services, including IMD services, beginning January 1, 2020. DHCF continues to work with DBH on implementation of necessary guidance to support remaining services. DHCF will continue in FY20 to pursue additional implementation actions, including stakeholder outreach and education, refining guidance and rules, developing new State Plan Amendments to make certain services permanent, implementing an evaluation process, and reporting to CMS on key measures.	50-74%	Medium	Transformative		Q1
Increase Access to Behavioral Health Services	DHCF has been diligently working with DBH this quarter to implement needed rulemaking and create new financial, quality and oversight reports in compliance with waiver requirements. Rollout of the transition planning services benefit needed to be delayed due to the need for additional policy decision making, so that benefit is now being implemented in August/September 2020 instead of June 2020. Due to the need to develop substantial policy changes in response to the COVID-19 public health emergency, the District is seeking approval from CMS to delay submission of SPAs until June of 2021.	50-74%	Low	Transformative		Q2
Increase Access to Behavioral Health Services	This quarter, DHCF and DBH effectuated legal authority to implement all services other than Transition Planning Services. The waiver team published a second version of Chapter 86, which authorizes new waiver services; Chapter 37, which created new authority for supported employment services; and submitted crisis stabilization and SUD services rules for publication. The District was authorized by the Centers for Medicare & Medicaid Services (CMS) to delay submission of its evaluation plan, monitoring protocol, in-person meeting, and Q1 reporting due to staffing issues related to COVID-19. Those will be required in future quarters.	75-99%	Medium	Transformative		Q3
Increase Access to Behavioral Health Services	In Q3, the waiver team submitted its draft evaluation design, monitoring protocol, Q1 reporting, and Q2 reporting to CMS. In addition, it provided required public notice for the Post Award Forum scheduled in Q4 and submitted the Rule of the final service to be implemented, Transition Planning, to ODAI.	75-99%		Transformative		Q4
Increase Access to Integrated Care (4 Initiative Updates)						
Increase Access to Integrated Care	The SPA for PACE was submitted in October 2019. The rules were recently approved for publication in January 2020. We expect to release an RFP and select a provider within the next six months.	25-49%	Low	Demonstrable		Q1
Increase Access to Integrated Care	The State Plan Amendment for PACE was submitted in October 2019. The rules were approved for publication in January 2020. We expect to release an RFP and select a provider within the next six months.	50-74%	Medium	Demonstrable		Q2
Increase Access to Integrated Care	The State Plan Amendment for PACE was submitted in October 2019. The rules were published January 2020. We expect to release an RFP to select a provider this month (July 2020).	50-74%	Medium	Demonstrable		Q3
Increase Access to Integrated Care	The PACE RFP was published in August 2020 and closed October 8, 2020. The Technical Evaluation Panel is currently reviewing responses. DHCF expects the selected provider to submit a DHCF-endorsed PACE application to CMS by March 31, 2021, and to have the program operational late in 2021.	50-74%		Demonstrable		Q4
Increase Utilization of Prenatal and Postpartum Care (4 Initiative Updates)						
Increase Utilization of Prenatal and Postpartum Care	Beginning initial activities to identify and collect complete and accurate data for baseline measurement. Several data pulls will occur to finalize the baseline and establish targets for achievement.	0-24%	High	None		Q1
Increase Utilization of Prenatal and Postpartum Care	The MCO baseline data has been collected and will be used as a reference point to determine progress in improving access to and utilization of prenatal and postpartum care.	50-74%	High	Incremental		Q2

Strategic Initiative Title	Initiative Status Update	% Complete to date	Confidence in completion by end of fiscal year (9/30)?	Status of Impact	Supporting Data	FY20 Reporting Quarter
Increase Utilization of Prenatal and Postpartum Care	DHCF established baseline for an MCO weighted average of timeliness of prenatal care for Medicaid-covered beneficiaries for MY2018 as 73.64%. The MCO weighted average for Postpartum Care for Medicaid-covered beneficiaries for MY2018 is 53.92%.	Complete	High	None		Q3
Increase Utilization of Prenatal and Postpartum Care	DHCF established baseline for a Managed Care Organization (MCO) weighted average of timeliness of prenatal care for Medicaid-covered beneficiaries for Medicaid Year (MY) 2018 as 73.64%. The MCO weighted average for Postpartum Care for Medicaid-covered beneficiaries for MY2018 is 53.92%.	Complete		None		Q4
<b>Managed Care Pay for Performance (4 Initiative Updates)</b>						
Managed Care Pay for Performance	P4P remains active with the risk-based MCOs without a monetary withhold. MCOs are implementing initiatives to decrease inappropriate utilization of the Emergency Department (ED); and DHCF with its contracted Actuary monitor quarterly performance.	25-49%	High	None		Q1
Managed Care Pay for Performance	MCOs continue to develop performance incentive arrangements within their networks. Each are active with outreach initiatives to enrollees to identify root causes for ER visits for non-emergent services. Utilization may decrease due to the COVID-19 pandemic. Will continue to monitor performance and utilization.	25-49%	High	Incremental		Q2
Managed Care Pay for Performance	MCOs continue to implement and manage activities to educate and encourage the proper ways to access services. DHCF has noted a decrease in utilization due to the Public Health Emergency.	50-74%	High	Incremental		Q3
Managed Care Pay for Performance	FY20 final results will not be available until March 2021. Pay for performance validation and reconciliation process is completed from a Calendar Year view. Final achieved payouts are made in April.	75-99%		Incremental		Q4
<b>Streamline Behavioral Health Claims Process (1 Initiative Update)</b>						
Streamline Behavioral Health Claims Process	The transition of billing from DBH to DHCF was completed on October 6th.	Complete	High	None		Q1
<b>Strengthen Oversight of Personal Care Services (4 Initiative Updates)</b>						
Strengthen Oversight of Personal Care Services	Sandata was selected as our EVV vendor. Implementation will begin in Q2 2020	0-24%	High	Incremental		Q1
Strengthen Oversight of Personal Care Services	The EVV rules validation has been completed and the vendor has started configuring the EVV system. We have also started outreach activities with all of the affected stakeholders.	0-24%	High	Incremental		Q2
Strengthen Oversight of Personal Care Services	DHCF is working with Sandata, the system vendor, to implement the system. The business requirements have been defined and the vendor is configuring the system based on these rules.	25-49%	High	Transformative		Q3
Strengthen Oversight of Personal Care Services	We are working with Sandata, the system vendor, to implement the system. System configuration and user acceptance training is done. We are preparing for implementation with training and data loads.	50-74%		Transformative		Q4

### Internal: Unfinished 2019 Initiatives

Strategic Initiatives	Title	Description	Complete to Date	Status Update	Explanation	Anticipated Completion Date	Add Initiative Update
HEALTH CARE OPERATIONS SUPPORT (2 Strategic initiatives)							
	Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance	In FY19 DHCF will continue to promote the adoption and use of certified EHR technology through outreach and technical assistance efforts. Specially, technical assistance will be provided to at least 100 eligible providers to help them attest for meaningful use stages 2 and 3. Participation in the meaningful use program is an important building block towards continuous quality improvement and value-based purchasing (which seeks to pay for the value - improved health outcomes - rather than volume of services). Because outcomes in these payment models are generally assessed using validated quality measures that increasingly rely on electronic health data, a critical step in this direction is ensuring providers have technical assistance to use electronic medical records effectively. Increasing the technical capabilities of District providers, and the cache of digital health data in the District, benefits Medicaid beneficiaries across all eight wards in the District.	50-74%	DHCF continues its partnership with eHealthDC to provide technical assistance (TA) to Medicaid Promoting Interoperability (PI) partners. In Program Year 2020, we expect 153 providers to attest, while providing TA to 450+ providers. To date, eHealthDC has assisted and confirmed that a total of 109 providers have met the program requirements for the current Program Year 2020, which represents an over 220% increase from Q3. The completed % reflects incremental progress by eHealthDC. DHCF received CMS emergency funding to support telemedicine engagement efforts in July 2020. In partnership with TA contractors, DHCF conducted outreach to 300+ provider organizations and will distribute approximately 400 laptops + data plans and approximately 140 HIPAA compliant telehealth licenses to providers to support this effort.	Particularly with the advent of the COVID-19 pandemic, providers' resources were stretched thin, and some groups did not have bandwidth to engage in technical assistance. In addition, the ability to achieve the MEIP Incentives relies on system upgrades by providers, some of which were not completed in time.	12-31-2020	

Title	Description	Complete to Date	Status Update	Explanation	Anticipated Completion Date	Add Initiative Update
Strengthen the Overall Connectivity and Interoperability of the District's Current Health Information Exchange	DHCF will extend the existing grant to Chesapeake Regional Information System for our Patients (CRISP)/DC Primary Care Association (DCPCA) to develop four Health Information Exchange (HIE) tools to complete work that began later than expected. In FY19 DHCF will continue to build on the recently developed HIE infrastructure and expand access to HIE tools to a broader set of physician practices, in addition to Fire Department nurses, Federally Qualified Health Centers (FQHCs), behavioral health providers (with DBH) and hospital emergency departments. DHCF will focus on continuously improving the timeliness and accuracy of data transmitted through the HIE. The DC HIE advances health and wellness for all persons in the District by providing actionable health-related information whenever and wherever it is needed.	50-74%	DHCF has several grants in progress for FY20:  #1 supports 5 Core HIE capabilities for District Medicaid providers.  #2 provides HIE onboarding support to "connect" providers with HIE Services. In Q4, about 92 provider organizations were connected to the DC HIE.  #3, the Community Resource Information Exchange (CoRIE), supports screening for social needs/ services,  #4 "The Consent Management Grant" implements a consent management solution to exchange substance use disorder data pending consent.  FEMS and other first responders continue to receive real time alerts in the event of exposure to COVID-19, and all public health and commercial labs share information on notifiable diseases or conditions with DC Health and the DC HIE. Finally, several hospitals and health plans are now connected and send images (e.g. MRIs) and labs to CRISP.	This is a multi-year project. It is on track and is anticipated to be completed by the end of FY21, as outlined in the District's State Medicaid Health IT Plan.	09-30-2021	
<b>HEALTH CARE POLICY &amp; PLANNING SUPPORT (2 Strategic initiatives)</b>						
Title VI of the Civil Rights Act of 1964 Provider Compliance	In FY19, DHCF will increase oversight and monitoring of provider compliance of Title VI of the Civil Rights Act of 1964 to ensure District residents have meaningful access to covered health services free from discrimination. DHCF will develop/launch a web-based database for providers to report quarterly data on encounters with limited or non-English proficient (LEP/NEP) Medicaid beneficiaries, language services offered, proof of availability, language service usage data and proof of compliance. DHCF will also require, as a condition of enrollment and re-enrollment, providers submit proof of compliance with Civil Rights requirements, including submission of its Civil Rights Compliance Plan. DHCF will also develop/ launch a public facing portal for residents to submit complaints or allegations of discrimination. In accordance with its internal civil rights compliance policy, DHCF will investigate and appropriately respond to all complaints and allegations.	75-99%	Publishing of the regulation that would provide the requisite authority to enforce civil rights reporting standards was delayed due to the need to incorporate universal contracting standards by October 1, 2020. As last reported, DHCF expects publication in the quarter immediately following the end of the COVID-19 PHE declaration.	DHCF anticipates that the regulations will be published by the end of the 2020 calendar year, without further barriers.	12-31-2020	
Medicare Enhancement Initiative	In FY19 DHCF will implement a new initiative to improve identification and enrollment of Medicare eligible Medicaid beneficiaries to reduce the District's financial burden associated with individuals with substantial medical and long term care needs. The DHCF plans to contact at least 200 current Medicaid beneficiaries regarding possible Medicare eligibility and enrollment and enroll at least 100 current Medicaid beneficiaries into Medicare.	0-24%	The vendor was unable to initiate work on the project due to the need to execute new data agreements with federal agency partners (CMS and SSA) to facilitate identification of eligible beneficiaries. DHCF has been working with vendor to get agreements in place and vendor will initiate work on project once completed. Results are now projected for 2021.	The required data agreements have presented a barrier to initiation and completion of the annual goal because they require federal inputs and agreement. DHCF is working with the vendor to ensure the agreements are executed and to initiate work on the project as soon as they are finalized.	09-30-2021	
<b>MEDICAID INFORMATION SYSTEMS (2 Strategic initiatives)</b>						
DCAS R3 Non-MAGI Medicaid Caseworker Portal	DHCF is implementing DCAS functionality to enable eligibility determinations for the non-MAGI Medicaid population to occur in DCAS. DCAS will work to ensure high quality delivery of functionality and compliance with program rules and achieves the goal of streamlined enrollment.	25-49%	Requirement sessions are slated to begin in July 2020. Delay is due to COVID-19 efforts needed to be implemented to allow DHS SSRs to work remotely as efficiently as possible. The requirement sessions will allow for sufficient time to do all requirements gathering and development required to launch during September 2021.			
Amend Home Health Rate Methodology	In FY19, the DHCF's Office of Rates, Reimbursement & Financial Analysis (ORRFA) and Long Term Care Administration (LTCA) will work collaboratively to review the current service delivery and rate methodology for services provided under the Home Health umbrella. The agency will work with the Provider community and DC Health to align the rate methodology with the service delivery and expectations of the District.	0-24%	The project is on-going as we monitor changes in the program following the Fee-for-Service to Managed Care transition and other transition populations. This is in addition to the review of the current requirements for home health annual cost reporting.	Further changes in the Home Health regulatory requirements, changes in the long-term care delivery model, along with the availability of reliable cost data.	09-30-2021	
<b>PERFORMANCE MANAGEMENT (1 Strategic Initiative)</b>						

Title	Description	Complete to Date	Status Update	Explanation	Anticipated Completion Date	Add Initiative Update
Develop Sanctions for Beneficiary and Provider Fraud	In FY19 DHCF will continue to develop sanctions and other administrative actions for incidents of fraud conducted by Medicaid program beneficiaries. Changes will be submitted for inclusion in the District of Columbia Municipal Regulations (DCMR) and/or State Plan to establish sanctions and other administrative actions applicable in response to incidents of fraud. Medicaid fraud currently has a significant impact on program expenditures. The District does not have a range of sanctions in place to address fraud committed by program beneficiaries. This initiative will reduce costs and increase the resolution of incidents of Medicaid program fraud and abuse.	75-99%	DHCF continues development of DCMR changes, including additional guidance on beneficiary responsibilities, timelines, and beneficiary rights. Due to COVID-19, complexity of proposed regulatory changes and need to obtain input from various administrations, development process was delayed. In anticipation of completion of DCMR changes, DPI and other DHCF staff developing outreach strategies and administrative processes/documents including training materials. Numerous discussions, communications, and meetings were conducted. The proposed rule is currently being reviewed by OGC and DPRM policy analyst. After any additional changes are incorporated, rule to enter formal approval process.	Delays due to COVID-19, complexity of proposed regulatory changes, need to obtain input from various administrations, and coordination with forthcoming federal guidance have contributed to delay development process.	01-30-2021	

### Updates for Unfinished FY19 Initiatives

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
Enhance and Expand the My Health GPS for Individuals with Chronic Physical Health Conditions to Improve Integration of Medical and Behavioral Health Care through a Health Homes Model		<input type="checkbox"/>	<input type="checkbox"/>	Based on claims data, the My Health GPS program has enrolled 6,248 beneficiaries submitting claims as of January 2020, an increase of 15% since July 2019. DHCF extended a technical assistance contract and nearly providers are receiving ongoing support to help them re-design care delivery workflow in order to improve quality. These efforts have demonstrated improvement in providers' competencies for practice transformation, specifically care management practices and the use of health IT for panel management. The size of the program has more than doubled since FY17.	75-99%	High	Demonstrable	Continued growth of the program and early results are promising given the fact that it often takes a few years to demonstrate the impact of care coordination programs. With respect to practice improvement, My Health GPS Entities continue to develop system-level innovations in population health management, including new strategies to improve transitions of care using inpatient alerts from the DC HIE, some of which are now being deployed beyond the My Health GPS Program within participating provider entities.		Q1
Medicare Enhancement Initiative	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	The contract was submitted to the contractor and approved by DHCF and OCP in early January. In process of finalizing logistics between OCP, ORRFA and will schedule Kick Off meeting in late February 2020 for implementation	Complete	High	Incremental	The contract focus is to identify potentially eligible Medicaid beneficiaries and enroll them into Medicare which will help to identify a cost saving for the District. DC Medicaid will be the payer of last resort instead of the primary payer		Q1
Addressing Barriers to Perinatal Care		<input type="checkbox"/>	<input type="checkbox"/>	DQHO staff is collaborating with the DMC and MCOs to plan and identify effective options to engage beneficiaries in discussions to identify barriers or decreased utilization of perinatal services. DQHO will collaborate w/DMC to plan a targeted date and platform through the MCOs to have similar discussions with OB/GYNs.	0-24%	Medium	None	The initiative is in its early stages of implementation; perinatal services continue to be monitored in the managed care program.		Q1



Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
Develop Sanctions for Beneficiary and Provider Fraud	01-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	As previously reported DHCF continues development of DCMR changes, including additional guidance on beneficiary responsibilities, timelines, and beneficiary rights. Due to complexity of proposed regulatory changes and need to obtain input from various administrations, development process was delayed. In anticipation of completion of DCMR changes, DPI and other DHCF staff developing outreach strategies and administrative processes/documents. Discussions held with DHCF PAO on techniques to conduct beneficiary outreach. DCMR Internal review was conducted on 11/4/19, discussed changes being sent to reviewers. Changes currently being made to draft DCMR changes.	50-74%	Medium	Incremental	This initiative has an incremental impact on the agency through increasing the resolution of incidents of beneficiary fraud and abuse. The associated efforts will involve coordination and collaboration with DHCF's Office of General Counsel, Medicaid Director, other senior staff, and Operations division in the development and approval of DCMR changes. DPI will also conduct liaison with CMS to actively participate in group meetings, training, and discussions concerning beneficiary fraud.		Q1
Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance	12-31-2020	<input type="checkbox"/>	<input type="checkbox"/>	DHCF continues its partnership with eHealthDC to provide TA to Medicaid Promoting Interoperability (PI) program partners. Each year the team sets new benchmarks for delivering effective, targeted that are needed to meet the Stage 3 PI objective required in FY20. By Q1, the team assisted 26 organizations in fully upgrading to 2015 CEHRT as required for Stage 3 of the PI Program, as well as approximately 450 individual providers to help them achieve overall improvements of their individual PI performance. Also by Q1, the team engaged and assisted all affiliated health systems to adopt DIRECT messaging and encourage secure transmission of eReferrals across the District. The completed % reflects incremental progress by eHealthDC.	0-24%	Medium	Incremental	This work supports DHCF's strategic goal to "...provide actionable health-related information whenever and wherever it is needed, to support person-centered care and improve health outcomes." This effort has positioned more practices to incorporate new workflows and adopt tools to meet the challenging PI program requirements which will ultimately aid in increasing the quality of care delivered to Medicaid beneficiaries.		Q1
Amend Home Health Rate Methodology	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	During this quarter, we conducted a deep root cause analysis and compiled an inventory of issues impacting the home health industry. Furthermore, in working with our consultant we began the process of considering different rate methodologies and value-based payment approaches, that would help to address some of the issues identified. Further, we submitted SPA to CMS to urgently update the reimbursement rates for physical therapy, occupational therapy, and speech therapy.	0-24%	Medium	Incremental	The outcome of this project would significantly improve the efficiencies and capacity of the home health agencies to provide the much needed skilled care services to District residents. Further, it would support the HHA adoption of Electronic systems and compliance with changing DC DOH regulations.		Q1
Title VI of the Civil Rights Act of 1964 Provider Compliance	12-31-2020	<input type="checkbox"/>	<input type="checkbox"/>	DHCF is in the final stages of internal review of the regulation containing the civil rights compliance requirements. It is expected that the rule will be published by April 1, 2020. DHCF is in the process of launching a cross-divisional workgroup to develop and implement the requirement, including a communication, monitoring, and enforcement plan.	50-74%	Low	Demonstrable	It is substantial that the regulation is in the final stages of internal approval, and does not expect any obstacles to publication within the next two months.		Q1

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
Strengthen the Overall Connectivity and Interoperability of the District's Current Health Information Exchange	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	To strengthen HIE connectivity and interoperability, HCRIA has several grants in progress for FY20: Grant 1 provides support for 5 Core HIE capabilities to District Medicaid providers, as part of which CRISP rolled out Fire/EMS data in Q1. Nearly 10,000 FEMS alerts were sent in December 2019, of which ~15% were accessed by providers through the health records app, a strong early indication of the utility of these data. Grant 2 provides HIE financial and technical onboarding support and training to "connect" Medicaid providers with HIE Services. Both are on target to achieve their grant aims. Grant 3, "The Community Resource Inventory Grant," will implement an HIE platform for assessing and referring individuals for social support services. This grant is pending final CMS approval.	50-74%	High	Demonstrable	By end of Q1, 8,900+ Medicaid providers/practices were connected to HIE services in the District, representing a diverse array of provider types. This includes 70% of DC hospitals users and access to a patient lookup function that is available to 35% of District providers. FEMS alerts, among other tools, have resulted in uptick in use of HIE services. In FY20, Enlightened Inc. has contacted over 150 District provider organizations for onboarding support and connected 40+ providers to the DCHIE, some of which are behavioral health providers.		Q1
Increase Primary Care Service Utilization via My Health GPS Program		<input type="checkbox"/>	<input type="checkbox"/>	Technical assistance is provided to support provider efforts towards redesign of their care delivery process.	25-49%	Medium	Incremental	The initiative is continuously monitored routinely to assess primary care service utilization for newly enrolled beneficiaries.		Q1
Promote Adoption and Meaningful Use of Electronic Health Records by Providing Incentive Payments to Providers and Offering Outreach, Education and Technical Assistance	12-31-2020	<input type="checkbox"/>	<input type="checkbox"/>	DHCF continues its partnership with eHealthDC to provide technical assistance (TA) to Medicaid Promoting Interoperability (PI) Program partners. For Program Year 2020, DHCF expects 153 providers to attest, while still providing TA to 450+ providers. To date, eHealthDC has assisted and confirmed that a total of 34 providers have met the program requirements for the current Program Year, 2020. The completed percent reflects incremental progress by eHealthDC. The team is organizing an e-Referral pilot focused on testing the complete patient referral cycle between Medical Faculty Associates (MFA) and MetroHealth, a primary care practice that sends nearly 40% of their specialty referrals to MFA. The e-Referral pilot will leverage the use of DIRECT secure messaging protocols, as well as the DC HIE Provider Directory and encounter notification service tools developed by CRISP DC.	25-49%	Medium	Incremental	The PI program, eReferral Pilot effort, and efforts to engage affiliated health systems to adopt DIRECT messaging position more practices to receive PI incentive support and incorporate new workflows, as well as adopt tools to meet the challenging PI program requirements. Such efforts will ultimately support care-coordination, communication, and improved care quality across the District.		Q1

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
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Strengthen the Overall Connectivity and Interoperability of the District's Current Health Information Exchange	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	DHCF's Health Care Reform and Innovation Administration (HCRIA) has several grants in progress for FY20: #1 supports 5 Core HIE capabilities for District Medicaid providers; #2 provides HIE onboarding support to "connect" providers with HIE Services, with about 80 provider orgs were connected to the DC HIE in Q3; #3, Community Resource Information Exchange Technical Solution (CoRIE) supports screening for social needs/services; #4 "The Consent Management Grant" implements a consent management solution to exchange substance use disorder data pending consent. FEMS and other first responders continue to receive real time alerts in the event of exposure to COVID-19, and all public health and commercial labs share information on notifiable diseases or conditions with DC Health and the DC HIE. Finally, several hospitals and health plans are now connected and send send images (e.g., MRIs) and labs to CRISP.	50-74%	High	Demonstrable	By end of Q3, more than 9,500 Medicaid providers/practices are connected to HIE services. This includes 7 DC hospitals, 5 of which have direct data access in their electronic health record (EHR). Behavioral health providers are increasingly participating in HIE. As of Q3, Enlightened Inc. has contacted 230+ District provider organizations for onboarding support. Based on strong partnerships among our technical assistance grantees, DHCF has observed a 51% demonstrated increase in active DC CRISP users since 2017 and a 10% increase since Q1.		Q3
Enhance and Expand the My Health GPS for Individuals with Chronic Physical Health Conditions to Improve Integration of Medical and Behavioral Health Care through a Health Homes Model		<input type="checkbox"/>	<input type="checkbox"/>	Based on claims data, the My Health GPS program has approximately 5,000 current enrollees. During Q3, DHCF implemented a set of changes to the program approved by the Centers for Medicare & Medicaid Services (CMS) on June 5, 2020 and retroactive to March 1, 2020. These changes are intended to ensure the program is focused on efficient, well-coordinated care delivery of care, rather than administrative reporting. Specific policy updates that have since been implemented are highly responsive to provider feedback, including: Consolidating the My Health GPS staffing model into one acuity tier; Transitioning payment from monthly to quarterly bundled payments; and Modifying the in-person requirements for the annual biopsychosocial assessment to allow tele-visits when appropriate.	50-74%	Medium	Incremental	Practices have demonstrated innovation and new approaches to care coordination that are promising. The technical assistance provider recently submitted a final report with an executive summary that DHCF is working to review and publish. The report demonstrated substantial improvement in practices' ability to achieve the highest level of functioning in three domains from August 2018 to August 2019: 1) 'adapting to a performance based model' (+17%), 2) 'delivering patient centered care' (+23%), and 3) 'managing population health' (+23%).		Q3

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
Increase Primary Care Service Utilization via My Health GPS Program		<input type="checkbox"/>	<input type="checkbox"/>	Technical assistance is provided to support provider efforts towards redesign of their care delivery process.	25-49%	Medium	Incremental	The initiative is continuously monitored routinely to assess primary care service utilization for newly enrolled beneficiaries.		Q3
DCAS R3 Non-MAGI Medicaid Caseworker Portal		<input type="checkbox"/>	<input type="checkbox"/>	Design and Development continue on the Non-MAGI Medicaid release, which is tentatively scheduled for September 2020, with a secondary contingency deployment targeted for March 2021. Long Term Care spend-down functionality is starting to begin design sessions, with a targeted deployment in September 2021.	50-74%	Medium	Incremental	Completion of the non-MAGI work will allow DCAS to hold all of the Medicaid eligibility and allow for the sunset of the legacy system currently used by DHS, called ACEDS		Q3
Develop Sanctions for Beneficiary and Provider Fraud	01-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	DHCF continues development of DCMR changes, including additional guidance on beneficiary responsibilities, timelines, and beneficiary rights. Due to COVID-19, complexity of proposed regulatory changes and need to obtain input from various administrations, the development process was delayed. In anticipation of completion of DCMR changes, DPI and other DHCF staff are developing outreach strategies and administrative processes/documents, including training materials. Numerous discussions, communications, and meetings have been conducted, including a meeting on 7/13/20 to review CMS oversight of similar regulations in another state and to ensure DHCF proposed regulations in compliance with federal rules and regulations and need for SPA update. Final DCMR changes being disseminated for review.	50-74%	Medium	Incremental	This initiative has an incremental impact on the agency through increasing the resolution of incidents of beneficiary fraud and abuse. The associated efforts will involve coordination and collaboration with DHCF's Office of General Counsel, Medicaid Director, other senior staff, and Operations division in the development and approval of DCMR changes. The Division of Program Integrity will also conduct liaison with CMS to actively participate in group meetings, training, and discussions concerning beneficiary fraud.		Q3
Amend Home Health Rate Methodology	09-30-2021	<input type="checkbox"/>	<input type="checkbox"/>	Based on the analysis completed, regulatory changes, the Elderly and Persons with Physical Disabilities (EPD) program changes, and taking into account the provider cost experience during the COVID-19 Public Health Emergency, our approach is to extend the implementation timeline. The change in timeline will enable DHCF develop a more comprehensive methodology that is reflective of the cost and provider requirements. As part of this process, providers may be required to submit cost reports.	0-24%	Low	Incremental	The outcome of this project would significantly improve the efficiencies and capacity of the home health agencies to provide the much needed skilled care services to District residents. Further, it would support the Home Health Agency adoption of electronic systems and compliance with changing DC Department of Health regulations.		Q3
Title VI of the Civil Rights Act of 1964 Provider Compliance	12-31-2020	<input type="checkbox"/>	<input type="checkbox"/>	Policy was delayed in publishing the regulation that would provide the requisite authority to enforce civil rights reporting standards due to the need to incorporate universal contracting standards by October 1, 2020. DHCF expects publication in the quarter immediately following the end of the COVID19 Public Health Emergency (PHE) declaration.	75-99%	Medium	Demonstrable	DHCF will begin performing provider outreach to inform them of the upcoming requirement immediately following the end of the COVID-19 PHE.		Q3

Strategic Initiative Title	Anticipated completion date	New Initiative Created for FY20	No Longer an Initiative	Initiative Status Update	% Complete to date	Confidence in completion by anticipated completion date?	Status of Impact	Explanation of Impact	Supporting Data	FY20 Reporting Quarter
Addressing Barriers to Perinatal Care		<input type="checkbox"/>	<input type="checkbox"/>	On June 17, staff participated in CareFirst's virtual provider meeting & led discussion about barriers to pre/post-natal care, contraceptive care & use of telemedicine to address barriers. Providers stated the use of multiple modes of transportation is the main barrier to women attending all needed prenatal care visits, and telehealth helps eliminate this barrier. On April 27, CareFirst held it's bi-annual Maternity Listening Session with perinatal women to understand barriers to utilizing prenatal and postpartum care. The key takeaways were: <ul style="list-style-type: none"> <li>women expressed their concerns about their ability to access prenatal care; and</li> <li>the need for more health education around the following: <ul style="list-style-type: none"> <li>what to expect in birthing facilities</li> <li>preconception health</li> <li>healthy eating during pregnancy</li> </ul> </li> </ul>	Complete	High	None	DHCF to monitor whether increased use of telehealth for prenatal care has a positive impact on increasing the number of pregnant women who utilize needed prenatal care services.  Based on information received from the Maternity Listening Session, CareFirst plans to integrate the feedback received into the curriculum of their prenatal program "Healthy Beginnings" and build an opportunity to solicit ongoing feedback from women who are participating in the program.		Q3

### Administrative Information

Record ID# 714

Performance Plan ID 714    Blank Initiative Updates [Blank Initiative Updates](#)Created on Oct. 30, 2018 at 11:14 AM (EDT). Last updated by [Katz, Lia \(EOM\)](#) on Jan. 28, 2019 at 11:48 AM (EST). Owned by [Katz, Lia \(EOM\)](#).

# Department of Health Care Finance FY2021

**Agency** Department of Health Care Finance

**Agency Code** HTO

**Fiscal Year** 2021

**Mission** The mission of the Department of Health Care Finance is to improve health outcomes by providing access to comprehensive, cost effective, and quality health care services for residents of the District of Columbia.

## Strategic Objectives

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.

## Key Performance Indicators

Measure	Directionality	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Target
<b>1 - Provide access to comprehensive healthcare services for District residents. (5 Measures)</b>					
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	Up is Better	56%	Waiting on Data	Waiting on Data	62%
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	Up is Better	63%	Waiting on Data	Waiting on Data	72%
Percent of Medicaid renewals as a result of the passive renewal process	Up is Better	72.2%	82.9%	91.8%	70%
Participation rate among Medicaid and CHIP eligible children ages 0 through 18 in the District of Columbia	Up is Better	94.5%	98.3%	97.6%	95%
Percent of District residents covered by Medicaid	Up is Better	37.2%	35.9%	37.3%	35%
<b>2 - Ensure the delivery of high quality healthcare services to District residents. (8 Measures)</b>					
Reduce hospital discharges of Medicaid Managed Care enrollees that were followed by a readmission for any diagnosis within 30 days	Down is Better	27.6%	Waiting on Data	Waiting on Data	10%
Reduce potentially preventable Emergency Department visits by Medicaid Managed Care enrollees that may have been avoided or appropriately treated at a lower level of care	Down is Better	9.2%	Waiting on Data	Waiting on Data	10%
Reduce hospital admissions of Medicaid Managed Care enrollees due to health conditions that may have been prevented through appropriate outpatient care	Down is Better	17.4%	Waiting on Data	Waiting on Data	10%
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who received services specified in their individual support plan in accordance with type, scope, amount, and frequency	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans that address health & safety risks	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021

Measure	Directionality	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Target
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Services participants who have service plans addressing personal goals	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community Based Waiver complaints investigated within 7 days of receipt of complaint.	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program beneficiaries critical incidents where follow-up to resolve contributing factors in the incident is implemented in 30 days	Up is Better	New in 2021	New in 2021	New in 2021	New in 2021
<b>3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Measure)</b>					
Number of referrals to the Medicaid Fraud Control Unit or other agencies for criminal or civil resolution	Up is Better	18	15	26	14
<b>4 - Create and maintain a highly efficient, transparent, and responsive District government. (1 Measure)</b>					
Percent of invoices processed accurately and in compliance with the Prompt Payment Act	Up is Better	98.4%	97.6%	98.7%	98%

## Operations

Operations Header	Operations Title	Operations Description	Type of Operations
<b>1 - Provide access to comprehensive healthcare services for District residents. (4 Activities)</b>			
HEALTH CARE POLICY & PLANNING SUPPORT	Eligibility	Based on the Federal guidelines for Medicaid and local laws for the Alliance program, DHCF provides healthcare to District residents according to the criteria of the programs offered. This requires the agency to create State Plans and rules that define the qualifications, along with working with other District agencies to ensure that qualified applicants are granted access to these healthcare programs.	Daily Service
MEDICAID INFORMATION SYSTEMS	DC Access System (DCAS)	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Key Project
MANAGED CARE MGT	Benefits	DHCF establishes and administers healthcare benefits for DC residents primarily through two delivery systems: managed care and Fee-for-service (FFS). The benefit design is detailed through the Medicaid State Plan, waiver applications, rules, laws and transmittals.	Daily Service
INFORMATION TECHNOLOGY	Eligibility and Enrollment System	DHCF is charged with implementing and overseeing a single, streamlined, no-wrong door eligibility and enrollment system for all health and human services assistance programs being offered by the District of Columbia.	Daily Service
<b>2 - Ensure the delivery of high quality healthcare services to District residents. (2 Activities)</b>			
MEDICAID INFORMATION SYSTEMS	Claims Processing	As beneficiaries utilize services with physicians, clinics, pharmacies, and hospitals, payments are remitted by those providing the services to DHCF for processing and payment. Federal regulations and local laws require prompt payment of claims submitted, so DHCF must first verify the eligibility of the beneficiary, the Medicaid enrollment of the provider, and the validity of the service being provided.	Daily Service

Operations Header	Operations Title	Operations Description	Type of Operations
HEALTH CARE OPERATIONS SUPPORT	Provider Enrollment and Screening	In order to receive payments for services provided to Medicaid and Alliance patients, physicians, clinics, pharmacies, hospitals and other providers must first apply to be a qualified provider. DHCF screens providers to minimize future unscrupulous activities. Once enrolled, provider information is retained and utilized to accept and process future claims.	Daily Service
<b>3 - Deter fraud, waste, and abuse by promoting integrity throughout the Medicaid program. (1 Activity)</b>			
PERFORMANCE MANAGEMENT	Program Integrity	The 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

## Workload Measures

Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
<b>1 - Benefits (10 Measures)</b>			
Number of District residents covered by Medicaid (Year End)	252,346	252,346	263,386
Percent of District residents insured	96.2%	96.8%	96.5%
Number of District residents covered by Alliance (Year End)	16,240	15,619	15,836
Number of beneficiaries receiving a conflict free assessment for long-term care services and supports	7026	10,037	10,753
Number of Elderly and Persons with Disabilities Waiver (EPDW) beneficiaries enrolled in services My Way	1410	2980	3969
Produce and disseminate three (3) data analyses to share utilization and spending patterns with external stakeholders and the general public	2	2	3
Number of people directly transitioned to Medicaid Home and Community-Based Services without DC Aging and Disability Resource Center transition assistance after a 90+ day stay in a nursing facility or hospital	New in 2021	New in 2021	New in 2021
Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home	New in 2021	New in 2021	New in 2021
Number of District residents enrolled in Adult Day Health Program	New in 2021	New in 2021	New in 2021
Total number of District residents enrolled in Medicaid Assisted Living services	New in 2021	New in 2021	New in 2021
<b>1 - Eligibility (1 Measure)</b>			
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	23	17	21
<b>2 - Claims Processing (1 Measure)</b>			
Percent of procurement process completed for the acquisition of a new Medicaid Management Information System (MMIS) that will be a multi-payor claims adjudication system for Medicaid and other DC Government programs that process medical claims	-70%	-70%	-70%
<b>2 - Provider Enrollment and Screening (2 Measures)</b>			
Number of newly enrolled providers	10,034	3864	1153



Measure	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual
Number of re-enrolled providers	811	1019	762
<b>3 - Program Integrity (5 Measures)</b>			
Number of non-commercial consumers served by Ombudsman (to include Medicare, Medicaid, Alliance, and DC Health Link)	11,004	11,301	11,650
Conduct Investigations based on complaints data analysis, input from internal and external partners, and other indications of abnormal or suspect claims	188	98	89
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	233	173	173
Conduct liaison, education, and training with other DHCF divisions, outside agencies, providers, and other groups in support of program integrity mission	189	134	138
Number of adjusted/overtaken/upheld/partial payment/resolved/reversed/written-off cases among commercial consumers served by the Ombudsman (appeals and grievances)	126	215	157

## Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
<b>Benefits (4 Strategic initiatives)</b>		
Community Resource Information Exchange (CoRIE) Project	In FY21, DHCF will design and implement the Community Resource Information Exchange (CoRIE) project to screen beneficiaries for social service needs, refer beneficiaries to social services, and monitoring follow ups in order to help address social determinant of health needs.	09-30-2021
Postnatal Depression Screenings	By September 30, 2021, DHCF will work with Managed Care Organizations (MCOs) to ensure that 10% of births with each MCO will result in completion of a Postnatal Depression Screening within 90 days of delivery to increase access and utilization of/to postpartum behavioral health services within the recommended post-delivery timeframe. Collection of baseline data will be used to establish utilization patterns and recommendation of benchmarks to incorporate data-driven goals for DHCF's Quality Strategy in FY 2022.	09-30-2021
Behavioral Health Integration	DHCF will expand the services included in the Medicaid Managed Care contracts to include behavioral health services, currently carved-out of the managed care contracts, as part of a multi-year project to integrate physical and behavioral health. This integration will help improve coordination and increase the provision of whole person care.	09-30-2021
Olmstead Community Integration Initiative-One Community for All (District-wide Olmstead Plan)	As part of the District-wide Olmstead plan, which supports the full inclusion of people with disabilities in the community with an emphasis on 3 priority areas: 1) Housing; 2) Employment; and 3) Healthcare, DHCF will implement the agency's approved goals with a focus on ensuring the delivery of quality home and community-based Medicaid long term care services and supports to DC residents who need them to stay in the community, and the expansion of Medicaid slots in new assisted living facilities under development. In FY21, DHCF will track and report a number of metrics as part of the Olmstead plan.	09-30-2021
<b>Claims Processing (1 Strategic Initiative)</b>		
Enhanced Managed Care Programmatic Oversight	By January 1, 2021, DHCF will fully implement an automated process requiring all MCOs to submit 100% of their claims with a final disposition of "denied" directly into the Medicaid Data Warehouse within 30 days of action. This will ensure DHCF's ability to assess MCOs' compliance with paying 90% of all Clean Claims within 30 days of receipt. DHCF will develop and implement at least two managed care performance dashboards to monitor and track Managed Care Organization (MCO) performance and compliance with contractual obligations: The "Encounter Dashboard," which will monitor and track MCOs' payment of 90% of all Clean Claims within 30 days of receipt, and the "MCO Performance Dashboard," which will track and trend MCO performance within specific categories/service Grievances and Appeals (G&A).	01-01-2021

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
<b>Eligibility (1 Strategic Initiative)</b>		
Alliance Program Recertification Simplification and Eligibility Alignment Initiative	In FY21, DHCF will ensure compliance with the Alliance Program Recertification Simplification Act, including implementation of telephonic interview and recertification process once per year for Alliance beneficiaries, codification of exceptions to the face-to-face interview required at application and once per year for recertifications, and annual reporting on Alliance program experience. In addition, DHCF will update the Alliance eligibility requirements and methodology to align with the requirements and methodology used for Medicaid Childless Adults, implement a new Alliance eligibility group under the Unjust Convictions Act for individuals who were wrongly convicted and imprisoned in the District, and make other procedural changes needed to support automation of the program into the DCAS system.	09-30-2021
<b>Program Integrity (2 Strategic initiatives)</b>		
Communications Protocol	DHCF's Office of the State Medicaid Director will implement a formal communications protocol for all communication in order to strengthen its operational infrastructure. By December 31, 2020, DHCF will implement protocols for quasi-internal communication, public communication, and special publications, which will complement the protocols for provider and internal communication that were implemented in FY20.	09-30-2021
Strengthen Telemedicine to Expand Access	In FY21, DHCF will identify challenges and benefits of telehealth provided to Medicaid program beneficiaries based on utilization review, data analysis, provider outreach, and beneficiary input; continued review and modification of regulations and guidance; and collaboration with federal and state partners with oversight responsibilities and similar programs. This initiative is anticipated to increase the availability of services to Medicaid program beneficiaries, improve patient care, provide providers additional flexibility, and ensure telehealth services are provided in accordance Medicaid program rules and regulations.	09-30-2021
<b>Provider Enrollment and Screening (4 Strategic initiatives)</b>		
Exchange of Electronic Advance Directives via the HIE	In FY21, DHCF will facilitate the exchange of advance directive forms among providers using the Health Information Exchange (HIE). This initiative addresses one of the recommendations from the Mayor's Commission on Health Care Systems Transformation.	09-30-2021
CMS SUD Provider Capacity Grant	In FY21, DHCF will implement the CMS Substance Use Disorder (SUD) Provider Capacity Grant, which will include a SUD Needs Assessment, Consent Management project, Integrated Care Technical Assistance contract, and upgrades to DBH SUD system of record, DATAWits. This will help ensure a complete continuum of care for residents with substance use disorders.	09-30-2021
Designated DC HIE (CRISP) enhancements	Several projects are underway that will substantially enhance provider uses of the DC HIE tool to enhance use of population health analytics, inform clinical decision-making, and improve health outcomes. In FY21, DHCF will implement a suite of new population health analytic tools via CRISP Reporting Services, and a new approach to patient panel management, which will enable users are able to submit relevant patient data, and identify patient's care programs to support care coordination.	09-30-2021
Managed Care Alternative Payment Methodologies	Over the next 3 years, DHCF will continue the shift of health care delivery and reimbursement away from volume, towards value and quality through increasing value-based payment approaches. In FY21, DHCF will develop the framework for managed care organizations as they incorporate alternative payment methodologies that will support and incentivize providers in building a sustainable service delivery system focused on outcomes and efficiency. DHCF will publish the framework and offer support to providers during the transformation.	09-30-2021

**DEPARTMENT OF HEALTH CARE FINANCE**

**FY20 Oversight Hearing**

**Question 14: Claims Filed Per Agency Each Month**

<b>PROV ID</b>	<b>PROVIDER NAME</b>	<b>MONTH</b>	<b>BILLED</b>	<b>PAID</b>	<b>CLAIMS</b>
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2019-10	\$ 4,233.85	\$ 3,271.13	43
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2019-11	\$ 3,474.10	\$ 2,685.66	44
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2019-12	\$ 66.52	\$ 50.69	2
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-01	\$ 8,323.53	\$ 6,438.32	52
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-02	\$ 2,806.21	\$ 2,253.37	44
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-03	\$ 2,176.70	\$ 1,547.57	39
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-04	\$ 262.25	\$ 111.78	7
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-05	\$ 1,298.78	\$ 648.65	17
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-06	\$ -		1
017160089	ACHIEVEMENT PREPARATORY ACADEMY	2020-10	\$ 226.70	\$ 179.53	3
<b>SUB TOTAL</b>			<b>\$ 22,868.64</b>	<b>\$ 17,186.70</b>	<b>252</b>

029868300	SAINT ELIZABETH HOSPITAL	2019-10	\$ 72,924.00	\$ 25,779.60	1
029868300	SAINT ELIZABETH HOSPITAL	2019-10	\$ 311,472.00	\$ 81,974.70	9
029868300	SAINT ELIZABETH HOSPITAL	2019-11	\$ -		1
029868300	SAINT ELIZABETH HOSPITAL	2019-11	\$ 342,372.00	\$ 90,045.00	12
029868300	SAINT ELIZABETH HOSPITAL	2019-12	\$ 137,196.00	\$ 5,251.40	2
029868300	SAINT ELIZABETH HOSPITAL	2019-12	\$ 365,856.00	\$ 101,498.40	12
029868300	SAINT ELIZABETH HOSPITAL	2020-01	\$ 86,520.00	\$ 6,131.84	2
029868300	SAINT ELIZABETH HOSPITAL	2020-01	\$ 362,148.00	\$ 100,469.70	11
029868300	SAINT ELIZABETH HOSPITAL	2020-02	\$ 142,140.00	\$ 32,404.04	2
029868300	SAINT ELIZABETH HOSPITAL	2020-02	\$ -		1
029868300	SAINT ELIZABETH HOSPITAL	2020-02	\$ 365,856.00	\$ 101,498.40	11
029868300	SAINT ELIZABETH HOSPITAL	2020-03	\$ 59,328.00	\$ 5,632.70	1
029868300	SAINT ELIZABETH HOSPITAL	2020-03	\$ -		2
029868300	SAINT ELIZABETH HOSPITAL	2020-03	\$ 458,556.00	\$ 128,085.30	15
029868300	SAINT ELIZABETH HOSPITAL	2020-04	\$ 131,016.00	\$ 34,869.12	2
029868300	SAINT ELIZABETH HOSPITAL	2020-04	\$ 305,292.00	\$ 84,696.30	10
029868300	SAINT ELIZABETH HOSPITAL	2020-05	\$ 321,360.00	\$ 89,154.00	9
029868300	SAINT ELIZABETH HOSPITAL	2020-06	\$ 316,416.00	\$ 87,782.40	10

029868300 SAINT ELIZABETH HOSPITAL	2020-07	\$	344,844.00	\$	95,669.10	9
029868300 SAINT ELIZABETH HOSPITAL	2020-08	\$	74,160.00	\$	32,186.88	1
029868300 SAINT ELIZABETH HOSPITAL	2020-08	\$	-			1
029868300 SAINT ELIZABETH HOSPITAL	2020-08	\$	315,180.00	\$	86,753.70	10
029868300 SAINT ELIZABETH HOSPITAL	2020-09	\$	287,988.00	\$	80,765.10	9
029868300 SAINT ELIZABETH HOSPITAL	2020-10	\$	74,160.00	\$	9,656.06	1
029868300 SAINT ELIZABETH HOSPITAL	2020-10	\$	278,100.00	\$	77,649.30	8
029868300 SAINT ELIZABETH HOSPITAL	2020-11	\$	58,092.00	\$	2,414.02	1
029868300 SAINT ELIZABETH HOSPITAL	2020-11	\$	-			1
029868300 SAINT ELIZABETH HOSPITAL	2020-11	\$	257,088.00	\$	71,323.20	7
029868300 SAINT ELIZABETH HOSPITAL	2020-12	\$	259,560.00	\$	72,009.00	7
029868300 SAINT ELIZABETH HOSPITAL	2021-02	\$	-			1

**SUB TOTAL**

<b>\$ 5,727,624.00</b>	<b>\$ 1,503,699.26</b>	<b>169</b>
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030126500 D.C. PUBLIC SCHOOLS	2019-10	\$	2,108,475.16	\$	1,647,597.95	5,027
030126500 D.C. PUBLIC SCHOOLS	2019-11	\$	1,900,590.24	\$	1,494,648.39	4,606
030126500 D.C. PUBLIC SCHOOLS	2019-12	\$	2,484,290.73	\$	1,945,238.78	5,338
030126500 D.C. PUBLIC SCHOOLS	2020-01	\$	2,230,383.23	\$	1,745,191.55	5,867
030126500 D.C. PUBLIC SCHOOLS	2020-02	\$	2,472,884.64	\$	1,938,461.13	6,057
030126500 D.C. PUBLIC SCHOOLS	2020-03	\$	1,371,370.18	\$	1,069,354.31	3,816
030126500 D.C. PUBLIC SCHOOLS	2020-04	\$	-			2
030126500 D.C. PUBLIC SCHOOLS	2020-04	\$	946,052.09	\$	735,772.60	2,134
030126500 D.C. PUBLIC SCHOOLS	2020-05	\$	963,562.53	\$	753,712.04	2,460
030126500 D.C. PUBLIC SCHOOLS	2020-06	\$	17,963.60	\$	13,688.29	26
030126500 D.C. PUBLIC SCHOOLS	2020-07	\$	131,489.70	\$	100,643.97	265
030126500 D.C. PUBLIC SCHOOLS	2020-08	\$	3,274.07	\$	2,553.33	24
030126500 D.C. PUBLIC SCHOOLS	2020-09	\$	946,146.56	\$	728,596.91	3,679
030126500 D.C. PUBLIC SCHOOLS	2020-10	\$	1,336,461.62	\$	1,027,948.61	4,817
030126500 D.C. PUBLIC SCHOOLS	2020-11	\$	49,316.03	\$	38,060.44	300
030126500 D.C. PUBLIC SCHOOLS	2020-12	\$	-			1

**SUB TOTAL**

<b>\$ 16,962,260.38</b>	<b>\$ 13,241,468.30</b>	<b>44,419</b>
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030329900 DC FIRE DEPT AMBULANCE SVC	2019-10	\$	504,042.40	\$	71,063.29	1,053
030329900 DC FIRE DEPT AMBULANCE SVC	2019-10	\$	545,115.85	\$	398,525.02	1,155

030329900	DC FIRE DEPT AMBULANCE SVC	2019-11	\$	503,545.50	\$	72,074.55	1,055
030329900	DC FIRE DEPT AMBULANCE SVC	2019-11	\$	497,910.80	\$	369,742.61	1,052
030329900	DC FIRE DEPT AMBULANCE SVC	2019-12	\$	549,502.05	\$	81,664.61	1,155
030329900	DC FIRE DEPT AMBULANCE SVC	2019-12	\$	590,972.35	\$	448,964.96	1,250
030329900	DC FIRE DEPT AMBULANCE SVC	2020-01	\$	541,517.85	\$	108,669.63	1,133
030329900	DC FIRE DEPT AMBULANCE SVC	2020-01	\$	635,145.40	\$	490,777.25	1,337
030329900	DC FIRE DEPT AMBULANCE SVC	2020-02	\$	497,406.30	\$	89,635.62	1,047
030329900	DC FIRE DEPT AMBULANCE SVC	2020-02	\$	564,628.95	\$	436,130.42	1,196
030329900	DC FIRE DEPT AMBULANCE SVC	2020-03	\$	467,814.80	\$	77,956.57	988
030329900	DC FIRE DEPT AMBULANCE SVC	2020-03	\$	559,217.80	\$	432,964.03	1,186
030329900	DC FIRE DEPT AMBULANCE SVC	2020-04	\$	472,217.40	\$	76,290.44	992
030329900	DC FIRE DEPT AMBULANCE SVC	2020-04	\$	492,685.25	\$	381,605.27	1,047
030329900	DC FIRE DEPT AMBULANCE SVC	2020-05	\$	487,384.80	\$	72,479.29	1,024
030329900	DC FIRE DEPT AMBULANCE SVC	2020-05	\$	494,488.55	\$	384,130.39	1,050
030329900	DC FIRE DEPT AMBULANCE SVC	2020-06	\$	439,655.60	\$	61,591.45	928
030329900	DC FIRE DEPT AMBULANCE SVC	2020-06	\$	554,770.55	\$	432,623.08	1,165
030329900	DC FIRE DEPT AMBULANCE SVC	2020-07	\$	442,672.60	\$	64,518.91	930
030329900	DC FIRE DEPT AMBULANCE SVC	2020-07	\$	506,075.45	\$	392,387.96	1,071
030329900	DC FIRE DEPT AMBULANCE SVC	2020-08	\$	429,742.40	\$	63,155.10	897
030329900	DC FIRE DEPT AMBULANCE SVC	2020-08	\$	449,104.05	\$	343,023.42	948
030329900	DC FIRE DEPT AMBULANCE SVC	2020-09	\$	391,153.75	\$	58,055.29	811
030329900	DC FIRE DEPT AMBULANCE SVC	2020-09	\$	462,145.35	\$	352,902.56	977
030329900	DC FIRE DEPT AMBULANCE SVC	2020-10	\$	418,506.35	\$	60,615.90	874
030329900	DC FIRE DEPT AMBULANCE SVC	2020-10	\$	-			1
030329900	DC FIRE DEPT AMBULANCE SVC	2020-10	\$	129,132.40	\$	100,826.21	273
030329900	DC FIRE DEPT AMBULANCE SVC	2020-11	\$	351,954.05	\$	49,761.89	735
030329900	DC FIRE DEPT AMBULANCE SVC	2020-11	\$	118,656.50	\$	92,497.33	249
030329900	DC FIRE DEPT AMBULANCE SVC	2020-12	\$	380,968.15	\$	53,563.25	796
030329900	DC FIRE DEPT AMBULANCE SVC	2020-12	\$	124,737.85	\$	96,205.21	262
030329900	DC FIRE DEPT AMBULANCE SVC	2021-01	\$	57,931.85	\$	17,566.54	121
030329900	DC FIRE DEPT AMBULANCE SVC	2021-01	\$	66,174.95	\$	50,594.00	140
030329900	DC FIRE DEPT AMBULANCE SVC	2021-02	\$	-			8
030329900	DC FIRE DEPT AMBULANCE SVC	2021-02	\$	4,736.15	\$	3,540.35	10
				<b>\$ 13,731,714.05</b>	<b>\$ 6,286,102.40</b>	<b>28,916</b>	

031008956	PAUL PUBLIC CHARTER SCHOOL	2019-10	\$	2,683.82	\$	2,303.87	39
031008956	PAUL PUBLIC CHARTER SCHOOL	2019-11	\$	787.93	\$	622.81	18
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-01	\$	1,310.12	\$	1,077.10	26
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-02	\$	3,082.30	\$	2,573.43	50
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-03	\$	3,088.46	\$	1,793.27	38
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-04	\$	358.05	\$	152.14	10
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-05	\$	1,316.06	\$	794.33	22
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-08	\$	29.16	\$	24.30	1
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-09	\$	1,208.84	\$	946.88	13
031008956	PAUL PUBLIC CHARTER SCHOOL	2020-10	\$	1,577.51	\$	1,251.58	19
<b>SUB TOTAL</b>				<b>\$ 15,442.25</b>	<b>\$ 11,539.71</b>	<b>236</b>	

033939300	DC DEPARTMENT OF MENTAL HEALTH	2019-10	\$	206,713.77	\$	158,314.42	1,160
033939300	DC DEPARTMENT OF MENTAL HEALTH	2019-11	\$	205,499.58	\$	155,441.76	1,073
033939300	DC DEPARTMENT OF MENTAL HEALTH	2019-12	\$	-			5
033939300	DC DEPARTMENT OF MENTAL HEALTH	2019-12	\$	195,639.87	\$	150,736.32	1,085
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-01	\$	-			5
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-01	\$	201,262.71	\$	159,412.63	1,134
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-02	\$	-			6
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-02	\$	202,075.17	\$	161,320.70	1,109
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-03	\$	-			1
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-03	\$	192,007.74	\$	151,588.68	1,031
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-04	\$	186,151.61	\$	147,885.13	1,065
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-05	\$	196,175.64	\$	155,641.73	1,144
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-06	\$	218,472.55	\$	173,911.87	1,216
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-07	\$	224,191.43	\$	179,562.11	1,231
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-08	\$	227,093.98	\$	180,171.22	1,210
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-09	\$	210,947.94	\$	167,620.77	1,132
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-10	\$	221,034.47	\$	175,160.74	1,274
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-11	\$	188,910.18	\$	150,331.90	1,078
033939300	DC DEPARTMENT OF MENTAL HEALTH	2020-12	\$	179,879.27	\$	142,961.41	930
033939300	DC DEPARTMENT OF MENTAL HEALTH	2021-01	\$	144,502.30	\$	115,368.85	755
033939300	DC DEPARTMENT OF MENTAL HEALTH	2021-02	\$	4,548.36	\$	3,581.77	30

SUB TOTAL			\$ 3,205,106.57	\$ 2,529,012.01	17,674
035180100	SEED PUBLIC CHARTER SCHOOL	2019-10	\$ 3,651.59	\$ 3,050.38	39
035180100	SEED PUBLIC CHARTER SCHOOL	2019-11	\$ 4,038.40	\$ 3,333.11	48
035180100	SEED PUBLIC CHARTER SCHOOL	2019-12	\$ -		1
035180100	SEED PUBLIC CHARTER SCHOOL	2019-12	\$ 1,156.07	\$ 947.50	12
035180100	SEED PUBLIC CHARTER SCHOOL	2020-01	\$ 5,190.90	\$ 4,233.07	36
035180100	SEED PUBLIC CHARTER SCHOOL	2020-03	\$ 2,107.68	\$ 1,662.44	37
035180100	SEED PUBLIC CHARTER SCHOOL	2020-04	\$ 872.34	\$ 696.57	10
035180100	SEED PUBLIC CHARTER SCHOOL	2020-05	\$ 2,628.15	\$ 2,051.50	19
035180100	SEED PUBLIC CHARTER SCHOOL	2020-06	\$ -		1
035180100	SEED PUBLIC CHARTER SCHOOL	2020-08	\$ 12.47	\$ 9.50	1
035180100	SEED PUBLIC CHARTER SCHOOL	2020-09	\$ 2,052.14	\$ 1,583.83	25
SUB TOTAL			\$ 21,709.74	\$ 17,567.90	229
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2019-10	\$ 701.24	\$ 561.49	5
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2019-11	\$ 489.19	\$ 402.63	6
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2019-12	\$ 87.48	\$ 82.93	1
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-01	\$ 881.17	\$ 770.10	5
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-02	\$ 263.16	\$ 210.96	4
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-03	\$ 343.57	\$ 282.19	4
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-05	\$ 1,768.16	\$ 1,534.92	7
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-08	\$ -		1
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-09	\$ 1,008.82	\$ 781.23	5
035648400	ELSIE W. STOKES COMMUNITY FREEDOM	2020-10	\$ 1,465.55	\$ 1,161.88	9
SUB TOTAL			\$ 7,008.34	\$ 5,788.33	47
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2019-10	\$ 1,727.73	\$ 1,377.51	6
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2019-11	\$ 1,224.72	\$ 982.03	6
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2019-12	\$ -		2
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2020-01	\$ 2,405.70	\$ 1,918.51	6
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2020-02	\$ 1,180.98	\$ 940.55	6
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2020-03	\$ 1,180.98	\$ 936.46	6
035756100	DC PREPARATORY ACADEMY PC SCHOOL	2020-05	\$ 1,552.77	\$ 1,256.43	5

035756100	DC PREPARATORY ACADEMY PC SCHOOL	2020-07	\$	-		3
	<b>SUB TOTAL</b>		<b>\$</b>	<b>9,272.88</b>	<b>\$ 7,411.49</b>	<b>40</b>
036263100	OPTIONS PUBLIC CHARTER SCHOOL	2021-02	\$	730.94	\$ 476.78	1
036263100	OPTIONS PUBLIC CHARTER SCHOOL	2021-06	\$	911.25	\$ 576.68	1
036263100	OPTIONS PUBLIC CHARTER SCHOOL	2024-10	\$	174.15	\$ 97.52	1
036263100	OPTIONS PUBLIC CHARTER SCHOOL	2070-09	\$	241.23	\$ 61.39	1
	<b>SUB TOTAL</b>		<b>\$</b>	<b>2,057.57</b>	<b>\$ 1,212.37</b>	<b>4</b>
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2019-10	\$	5,387.73	\$ 4,343.77	39
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2019-11	\$	2,894.04	\$ 2,288.49	34
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2019-12	\$	95.03	\$ 72.41	3
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-01	\$	6,639.69	\$ 5,210.39	45
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-02	\$	3,132.90	\$ 2,462.04	33
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-03	\$	2,522.97	\$ 1,692.50	24
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-04	\$	87.48	\$ 21.48	1
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-05	\$	2,032.99	\$ 1,048.43	9
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-07	\$	-		3
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-09	\$	2,522.27	\$ 1,934.64	22
036678800	EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2020-10	\$	4,565.24	\$ 3,497.69	28
	<b>SUB TOTAL</b>		<b>\$</b>	<b>29,880.34</b>	<b>\$ 22,571.84</b>	<b>241</b>
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2019-10	\$	3,840.07	\$ 3,055.67	28
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2019-11	\$	3,654.61	\$ 2,962.39	25
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2019-12	\$	-		2
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2019-12	\$	182.90	\$ 139.34	1
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-01	\$	6,330.81	\$ 5,094.09	30
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-02	\$	2,337.56	\$ 1,853.57	21
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-03	\$	2,945.49	\$ 2,362.63	22
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-04	\$	1,177.53	\$ 897.19	5
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-05	\$	5,353.78	\$ 4,343.84	33
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-08	\$	-		1
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-09	\$	1,517.66	\$ 1,176.39	19
036679600	TWO RIVERS PUBLIC CHARTER SCHOOL	2020-10	\$	1,366.32	\$ 1,059.73	19



<b>SUB TOTAL</b>		<b>\$</b>	<b>28,706.73</b>	<b>\$</b>	<b>22,944.84</b>	<b>206</b>
041240500	OFFICE OF THE STATE SUPERINTENDENT	2019-10	\$ 1,708,815.52	\$ 1,325,475.37		1,874
041240500	OFFICE OF THE STATE SUPERINTENDENT	2019-11	\$ 1,841,967.36	\$ 1,429,287.92		1,806
041240500	OFFICE OF THE STATE SUPERINTENDENT	2019-12	\$ 1,740,844.48	\$ 1,346,837.94		1,775
041240500	OFFICE OF THE STATE SUPERINTENDENT	2020-01	\$ 2,127,004.96	\$ 1,646,225.60		2,122
041240500	OFFICE OF THE STATE SUPERINTENDENT	2020-02	\$ 1,887,895.68	\$ 1,451,048.39		2,010
041240500	OFFICE OF THE STATE SUPERINTENDENT	2020-03	\$ 977,185.44	\$ 750,486.06		1,634
<b>SUB TOTAL</b>			<b>\$ 10,283,713.44</b>	<b>\$ 7,949,361.28</b>		<b>11,221</b>
045265500	KIPP DC	2019-10	\$ 68,907.90	\$ 54,520.54		586
045265500	KIPP DC	2019-11	\$ 55,646.07	\$ 43,962.01		617
045265500	KIPP DC	2019-12	\$ 591.63	\$ 461.67		22
045265500	KIPP DC	2020-01	\$ 75,007.58	\$ 59,233.44		615
045265500	KIPP DC	2020-02	\$ 71,118.04	\$ 56,105.10		604
045265500	KIPP DC	2020-03	\$ 67,166.87	\$ 44,448.70		597
045265500	KIPP DC	2020-04	\$ 50,618.39	\$ 39,047.81		514
045265500	KIPP DC	2020-05	\$ 76,845.38	\$ 59,411.55		702
045265500	KIPP DC	2020-06	\$ -			1
045265500	KIPP DC	2020-08	\$ 452.12	\$ 351.06		16
045265500	KIPP DC	2020-09	\$ 70,584.94	\$ 54,508.79		629
045265500	KIPP DC	2020-10	\$ 67,470.26	\$ 52,156.20		634
<b>SUB TOTAL</b>			<b>\$ 604,409.18</b>	<b>\$ 464,206.87</b>		<b>5,537</b>
045520600	DC BILINGUAL PUBLIC CHARTER SCHOOL	2020-05	\$ 1,028.03	\$ 832.18		14
045520600	DC BILINGUAL PUBLIC CHARTER SCHOOL	2020-07	\$ -			1
045520600	DC BILINGUAL PUBLIC CHARTER SCHOOL	2020-09	\$ 4,333.51	\$ 3,377.06		46
045520600	DC BILINGUAL PUBLIC CHARTER SCHOOL	2020-10	\$ 5,870.30	\$ 4,606.14		47
<b>SUB TOTAL</b>			<b>\$ 11,231.84</b>	<b>\$ 8,815.38</b>		<b>108</b>
047353700	DC CHILD FAMILY SERVICES AGENCY	2019-10	\$ -			1
047353700	DC CHILD FAMILY SERVICES AGENCY	2019-10	\$ 16,156.04	\$ 11,316.75		68
047353700	DC CHILD FAMILY SERVICES AGENCY	2019-11	\$ 10,218.00	\$ 7,553.90		40
047353700	DC CHILD FAMILY SERVICES AGENCY	2019-12	\$ 11,270.50	\$ 8,508.63		45

047353700	DC CHILD FAMILY SERVICES AGENCY	2020-01	\$	13,704.77	\$	10,119.21	62
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-02	\$	6,593.27	\$	5,002.79	30
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-03	\$	12,076.50	\$	9,020.44	50
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-04	\$	13,904.58	\$	10,205.28	60
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-05	\$	8,184.00	\$	6,172.01	33
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-06	\$	-			2
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-06	\$	15,585.27	\$	11,241.03	57
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-07	\$	7,076.00	\$	5,343.77	28
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-08	\$	12,852.00	\$	9,214.68	54
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-09	\$	7,692.00	\$	5,679.23	32
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-10	\$	11,209.50	\$	8,509.67	49
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-11	\$	10,716.00	\$	8,069.27	42
047353700	DC CHILD FAMILY SERVICES AGENCY	2020-12	\$	654.00	\$	498.36	3
<b>SUB TOTAL</b>				<b>\$ 157,892.43</b>	<b>\$ 116,455.02</b>	<b>656</b>	
047830800	CENTER CITY PUBLIC CHARTER SCHOOLS	2019-12	\$	-			1
047830800	CENTER CITY PUBLIC CHARTER SCHOOLS	2020-08	\$	-			1
<b>SUB TOTAL</b>				<b>\$ -</b>	<b>\$ -</b>	<b>2</b>	
055207400	THE CHILDREN'S GUILD, LTD.	2019-10	\$	5,797.37	\$	4,517.28	63
055207400	THE CHILDREN'S GUILD, LTD.	2019-11	\$	3,799.86	\$	2,970.69	59
055207400	THE CHILDREN'S GUILD, LTD.	2019-12	\$	178.75	\$	136.20	1
055207400	THE CHILDREN'S GUILD, LTD.	2020-01	\$	7,413.69	\$	5,776.37	66
055207400	THE CHILDREN'S GUILD, LTD.	2020-02	\$	4,765.08	\$	3,672.74	59
055207400	THE CHILDREN'S GUILD, LTD.	2020-03	\$	696.58	\$	542.00	13
055207400	THE CHILDREN'S GUILD, LTD.	2020-05	\$	657.64	\$	533.76	10
055207400	THE CHILDREN'S GUILD, LTD.	2020-07	\$	-			3
055207400	THE CHILDREN'S GUILD, LTD.	2020-09	\$	964.71	\$	752.77	19
055207400	THE CHILDREN'S GUILD, LTD.	2020-10	\$	1,273.38	\$	996.17	29
<b>SUB TOTAL</b>				<b>\$ 25,547.06</b>	<b>\$ 19,897.98</b>	<b>322</b>	
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2019-10	\$	473.98	\$	361.20	3
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2019-11	\$	1,297.19	\$	988.43	8
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2019-12	\$	672.63	\$	529.57	11

058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-01	\$	2,853.66	\$	2,207.73	24
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-02	\$	2,414.48	\$	1,859.92	30
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-03	\$	3,094.53	\$	2,361.22	22
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-04	\$	1,512.44	\$	1,184.31	9
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-05	\$	5,403.59	\$	4,117.63	32
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-07	\$	-			3
058800600	EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2020-10	\$	1,465.01	\$	1,145.98	16
<b>SUB TOTAL</b>			<b>\$</b>	<b>19,187.51</b>	<b>\$</b>	<b>14,755.99</b>	<b>158</b>

060060900	APPLE TREE EARLY LEARNING PCS	2019-10	\$	2,566.85	\$	2,011.64	10
060060900	APPLE TREE EARLY LEARNING PCS	2019-11	\$	1,624.20	\$	1,275.69	11
060060900	APPLE TREE EARLY LEARNING PCS	2020-01	\$	3,795.10	\$	2,942.09	12
060060900	APPLE TREE EARLY LEARNING PCS	2020-02	\$	1,512.07	\$	1,157.58	11
060060900	APPLE TREE EARLY LEARNING PCS	2020-03	\$	943.21	\$	724.13	11
060060900	APPLE TREE EARLY LEARNING PCS	2020-04	\$	21.94	\$	16.72	1
060060900	APPLE TREE EARLY LEARNING PCS	2020-05	\$	215.95	\$	164.56	2
060060900	APPLE TREE EARLY LEARNING PCS	2020-06	\$	-			1
060060900	APPLE TREE EARLY LEARNING PCS	2020-09	\$	416.86	\$	317.63	3
060060900	APPLE TREE EARLY LEARNING PCS	2020-10	\$	610.87	\$	465.47	4
<b>Sub Total</b>			<b>\$</b>	<b>11,707.05</b>	<b>\$</b>	<b>9,075.51</b>	<b>66</b>

061748200	OFFICE OF THE STATE SUPERINTENDENT	2019-10	\$	68,970.36	\$	49,787.68	488
061748200	OFFICE OF THE STATE SUPERINTENDENT	2019-11	\$	65,621.69	\$	48,739.08	426
061748200	OFFICE OF THE STATE SUPERINTENDENT	2019-12	\$	63,185.07	\$	48,731.63	421
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-01	\$	88,157.02	\$	68,624.55	511
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-02	\$	73,780.11	\$	57,164.80	465
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-03	\$	43,609.16	\$	33,791.34	364
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-04	\$	29,448.18	\$	21,717.25	238
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-05	\$	44,557.77	\$	33,669.94	242
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-06	\$	40,190.15	\$	30,655.23	235
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-07	\$	25,008.02	\$	19,227.52	165
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-08	\$	2,842.88	\$	2,166.34	40
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-09	\$	42,065.08	\$	32,212.53	288
061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-10	\$	45,860.01	\$	35,242.56	346

061748200	OFFICE OF THE STATE SUPERINTENDENT	2020-11	\$	38,396.66	\$	29,455.84	278
	<b>SUB TOTAL</b>		<b>\$</b>	<b>671,692.16</b>	<b>\$</b>	<b>511,186.29</b>	<b>4,507</b>
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2019-10	\$	1,729.66	\$	1,348.82	26
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2019-11	\$	1,133.03	\$	887.66	24
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2019-12	\$	-			1
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-01	\$	2,399.01	\$	1,854.95	24
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-02	\$	1,029.04	\$	793.34	20
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-03	\$	1,453.09	\$	1,122.62	21
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-04	\$	261.96	\$	207.33	5
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-05	\$	-			1
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-05	\$	1,852.27	\$	1,429.08	17
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-06	\$	-			3
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-07	\$	-			2
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-09	\$	-			1
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-10	\$	-			1
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2020-10	\$	1,998.68	\$	1,538.45	23
073813100	CESAR CHAVEZ PCS FOR PUBLIC POLICY	2021-02	\$	-			1
	<b>SUB TOTAL</b>		<b>\$</b>	<b>11,856.74</b>	<b>\$</b>	<b>9,182.25</b>	<b>170</b>
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2019-10	\$	14,207.12	\$	11,425.98	147
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2019-11	\$	18,750.11	\$	14,950.62	183
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2019-12	\$	1,418.63	\$	1,163.52	36
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-01	\$	20,970.75	\$	16,823.33	147
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-02	\$	10,133.27	\$	8,053.99	139
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-03	\$	11,433.80	\$	9,040.12	147
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-04	\$	2,045.88	\$	1,614.18	26
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-05	\$	30,929.13	\$	24,869.41	172
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-07	\$	-			3
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-09	\$	14,365.15	\$	11,123.09	167
075270300	FRIENDSHIP PUBLIC CHARTER SCHOOL	2020-10	\$	15,374.43	\$	11,932.95	179
	<b>SUB TOTAL</b>		<b>\$</b>	<b>139,628.27</b>	<b>\$</b>	<b>110,997.19</b>	<b>1,346</b>
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2019-10	\$	15,937.50	\$	12,454.96	84

080033279	BRIDGES PUBLIC CHARTER SCHOOL	2019-11	\$	13,106.04	\$	10,263.37	87
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-01	\$	10,228.32	\$	8,046.12	72
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-02	\$	8,796.62	\$	6,846.04	58
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-03	\$	5,871.73	\$	4,465.35	62
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-04	\$	998.05	\$	764.38	6
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-05	\$	4,931.34	\$	2,231.87	24
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-08	\$	-			1
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-09	\$	6,450.73	\$	5,003.11	52
080033279	BRIDGES PUBLIC CHARTER SCHOOL	2020-10	\$	6,159.55	\$	4,771.82	47
<b>SUB TOTAL</b>				<b>\$ 72,479.88</b>	<b>\$ 54,847.02</b>	<b>493</b>	

085560600	OFFICE OF THE STATE SUPERINTENDENT	2019-10	\$	16,901.56	\$	16,901.56	45
085560600	OFFICE OF THE STATE SUPERINTENDENT	2019-11	\$	10,965.00	\$	10,965.00	33
085560600	OFFICE OF THE STATE SUPERINTENDENT	2019-12	\$	15,785.52	\$	15,785.52	42
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-01	\$	17,000.00	\$	17,000.00	43
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-02	\$	15,050.00	\$	15,050.00	42
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-03	\$	5,570.00	\$	5,570.00	25
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-04	\$	2,939.64	\$	2,939.64	13
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-05	\$	140.61	\$	140.61	2
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-06	\$	1,272.52	\$	1,272.52	3
085560600	OFFICE OF THE STATE SUPERINTENDENT	2020-07	\$	6,778.06	\$	6,778.06	14
<b>SUB TOTAL</b>				<b>\$ 92,402.91</b>	<b>\$ 92,402.91</b>	<b>262</b>	

094560500	ST COLETTA SPECL ED CHARTER SCH	2020-07	\$	-			1
<b>SUB TOTAL</b>				<b>\$ -</b>	<b>\$ -</b>	<b>1</b>	

097588400	DC DEPT OF MENTAL HEALTH	2019-10	\$	27,801.10	\$	19,694.27	231
097588400	DC DEPT OF MENTAL HEALTH	2019-11	\$	19,987.11	\$	14,623.48	180
097588400	DC DEPT OF MENTAL HEALTH	2019-12	\$	13,420.06	\$	10,525.37	130
097588400	DC DEPT OF MENTAL HEALTH	2020-01	\$	16,562.18	\$	13,090.03	168
097588400	DC DEPT OF MENTAL HEALTH	2020-02	\$	14,392.79	\$	11,638.66	149
097588400	DC DEPT OF MENTAL HEALTH	2020-03	\$	10,927.79	\$	8,778.13	110
097588400	DC DEPT OF MENTAL HEALTH	2020-04	\$	11,414.04	\$	9,074.34	120
097588400	DC DEPT OF MENTAL HEALTH	2020-05	\$	14,200.07	\$	11,262.64	147

097588400	DC DEPT OF MENTAL HEALTH	2020-06	\$	12,582.74	\$	9,987.25	129
097588400	DC DEPT OF MENTAL HEALTH	2020-07	\$	10,308.77	\$	8,311.65	89
097588400	DC DEPT OF MENTAL HEALTH	2020-08	\$	9,310.77	\$	7,455.43	80
097588400	DC DEPT OF MENTAL HEALTH	2020-09	\$	7,964.44	\$	6,397.58	73
097588400	DC DEPT OF MENTAL HEALTH	2020-10	\$	4,908.10	\$	3,876.56	52
097588400	DC DEPT OF MENTAL HEALTH	2020-11	\$	3,943.85	\$	3,180.79	41
097588400	DC DEPT OF MENTAL HEALTH	2020-12	\$	6,302.39	\$	5,167.24	63
097588400	DC DEPT OF MENTAL HEALTH	2021-01	\$	4,068.47	\$	3,322.13	40
097588400	DC DEPT OF MENTAL HEALTH	2021-02	\$	278.39	\$	212.13	2
<b>SUB TOTAL</b>				<b>\$ 188,373.06</b>	<b>\$ 146,597.68</b>	<b>1,804</b>	

<b>GRAND TOTAL</b>	<b>\$ 52,053,773.02</b>	<b>\$ 33,174,286.52</b>	<b>119,086</b>
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**DEPARTMENT OF HEALTH CARE FINANCE**

**FY20 Oversight Hearing**

**Question 14: Reasons for Denial**

EXCP CODE	EXCEPTION DESC	UNDULICATED COUNT BY EXCEPTION DESCRIPTON	RANK
<b>101</b>	<b>EXACT DUPLICATE CLAIM</b>	<b>152</b>	<b>1</b>
<b>5284</b>	<b>INELIGIBLE PROGRAM CODE</b>	<b>119</b>	<b>2</b>
<b>143</b>	<b>BENFC NOT ELIGIBLE/NOT FOUND</b>	<b>55</b>	<b>3</b>
<b>221</b>	<b>BENFC NAME MISMATCH</b>	<b>53</b>	<b>4</b>
<b>5218</b>	<b>SERVICE COVERED BY MCO.</b>	<b>51</b>	<b>5</b>
<b>253</b>	<b>DIAG NOT VALID FOR DOS</b>	<b>34</b>	<b>6</b>
5318	CALC ALLOW CHRGE LES TPL IS ZER	31	
266	QMB BENFC/ BILL XOVER ONLY	30	
5237	MEDICARE ELIG/NOT XOVER	29	
367	PROC/SERV PROV TYPE CNFL	27	
5145	DC PUBLIC PROV. PAST TIMELY LT	22	
2718	BH CLAIM MUST HAVE BH DX CODE	17	
140	BENFC NOT FOUND - RECYCLE	17	
102	SUSPECT DUPLICATE CLAIM	17	
2090	NO DED/COINS ON XOVER CLM LINE	16	
6302	MHRS MED/SOMATIC & ACT CONTRA	14	
365	PROC/PLACE OF SVC CNFL	13	
437	PROC NOT VALID FOR SERV DATE	10	
596	DIAG RELATED CODE INVALID	9	
8500	NCCI P2P DENIAL	9	
721	SERVICING PROVIDER NOT ENROLL	7	
432	PROC CODE REQUIRES REVIEW	7	
424	BILL PROV NOT ENROLL ON DOS	6	
313	CAT OF SERV CANNOT BE DTRMND	6	
150	MISSING/INVAL PLACE OF SERV.	6	
117	INVALID 1ST PROC CODE MODIFIER	6	
718	NO DED/COINS ON XOVER CLM	6	
103	POSSIBLE CONFLICT CLAIM	5	
6303	MHRS COUNSELING SVCS CONTRA	5	
6313	MHRS CRISIS EMERGENCY LIMIT	4	
412	SERV PROV NOT ON FILE	4	
5410	TREATING PROVIDER MISSING	4	
6304	MHRS COMMUNITY SUPPORT CONTRA	4	
182	CV/NONCV DYS - VAL CD MISS/INV	4	
423	SERV PROV NOT IN BILLING GROUP	4	
5675	ATTEND NPI MISS/INV ELEC CLAIM	3	
586	OTHER DIAG NOT EXEMPT-POA REQ	3	
727	PRIOR AUTH # NOT ON FILE	3	
5275	SVC NOT COVERED FOR BENEFICIARY	3	
32	CLAIM TYPE CANNOT BE ASSIGNED	2	

129	MISSING/INV BENEFICIARY NUMBER	2
430	PROCEDURE NOT ON FILE	2
577	PRIN DX NOT EXEMPT - POA REQ	2
1447	TOB / PATIENT STATUS MISMATCH	2
6312	MHRS COMMUNITY SUPPORT LIMIT	2
127	LAST DOS AFTER RECEIPT DATE	2
135	CLAIM PRICED AT ZERO	2
8502	NCCI MUE LIMIT EXCEEDED	1
5128	CLAIM EXCEEDS FILING LIMIT	1
612	RETRO MEDICARE TPL RECOUPMENT	1
750	TPL-FOR BENFC-RESUB W/TPL EOB	1
1253	CLAIM DOS/BENFC DOD CONFLICT	1
5436	AUTH REQ- PA IS MISS/INV	1
142	BENFC NOT ELIG - RECYCLE	1
439	PROC NOT A BENEFIT FOR DOS	1
6308	MHRS ACT SERVICES CONTRA	1
6314	MHRS MEDICATION/SOMATIC LIMIT	1
6505	UR-NEW PATIENT EDITS/LIMITS	1



District of Columbia Department of Health Care Finance  
Monthly Enrollment Report - January 2021, Reflecting Period of December 2019-December 2020



By Program

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Program											(preliminary)	(preliminary)	(preliminary)
Total	284,709	284,538	273,270	274,801	278,133	280,557	283,309	285,943	288,275	290,468	292,537	294,230	296,063
Medicaid	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
ICP	4,080	4,107	4,206	4,128	4,146	4,166	4,174	4,006	4,031	3,990	3,994	3,990	3,971
Alliance	15,586	15,564	15,694	15,458	15,698	15,993	16,398	17,000	17,306	17,666	17,941	18,273	18,568

Medicaid By Service Delivery Type

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Service delivery type											(preliminary)	(preliminary)	(preliminary)
Total	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
FFS	72,093	72,437	72,485	72,661	73,599	72,735	72,006	71,202	69,084	68,747	51,483	51,642	51,645
MCO	192,950	192,430	180,885	182,554	184,690	187,663	190,731	193,735	197,854	200,065	219,119	220,325	221,879

Medicaid By Plan

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Plan											(preliminary)	(preliminary)	(preliminary)
Total	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
FFS	72,095	72,439	72,487	72,663	73,602	72,738	72,008	71,204	69,085	68,748	51,483	51,642	51,645
Amerigroup	41,923	41,803	38,729	39,036	39,562	40,530	41,550	42,501	43,593	44,089			
AmeriHealth	116,178	115,837	109,477	110,606	111,797	112,987	114,199	115,462	117,448	118,770	75,422	88,494	94,911
CareFirst (formerly Trusted)	29,845	29,803	27,716	27,931	28,302	29,124	29,944	30,727	31,762	32,153	69,469	63,264	61,022
HSCSN	5,002	4,985	4,961	4,979	5,026	5,019	5,036	5,043	5,050	5,052	5,064	5,055	5,046
MedStar											69,164	63,512	60,900

Medicaid By Age

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Age group											(preliminary)	(preliminary)	(preliminary)
Total	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
Child (0-20 years)	93,998	94,023	90,495	91,134	91,877	92,441	93,054	93,665	94,180	94,550	94,936	95,140	95,413
Adult (21-64 years)	146,304	145,935	137,970	139,173	141,273	142,770	144,357	145,839	147,169	148,454	149,600	150,495	151,619
Senior (65+ years)	24,741	24,909	24,905	24,908	25,139	25,187	25,326	25,433	25,589	25,808	26,066	26,332	26,492

Medicaid By Medicare Dual Status

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Medicare dual status											(preliminary)	(preliminary)	(preliminary)
Total	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
Non-dual	229,451	229,202	217,932	219,779	222,607	224,685	226,904	228,923	230,713	232,400	233,956	235,175	236,589
Dual	35,592	35,665	35,438	35,436	35,682	35,713	35,833	36,014	36,225	36,412	36,646	36,792	36,935

Medicaid By Eligibility Category

Fiscal Year YTD	FY 2020										FY 2021 to date		
Year Month Number YYYY MM	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12
Eligibility category											(preliminary)	(preliminary)	(preliminary)
Total	265,043	264,867	253,370	255,215	258,289	260,398	262,737	264,937	266,938	268,812	270,602	271,967	273,524
Medicaid ABD other	11,175	11,157	11,209	11,118	11,217	11,255	11,315	11,334	11,346	11,372	11,370	11,402	11,415
Medicaid ABD SSI	25,081	25,121	25,080	25,014	25,066	25,022	25,019	25,034	24,987	24,970	25,048	25,029	25,022
Medicaid child, CHIP	17,570	17,656	16,924	17,392	17,509	17,373	17,359	17,352	17,365	17,396	17,441	17,393	17,383
Medicaid child, non-CHIP	71,137	71,073	67,693	67,844	68,429	69,144	69,765	70,374	70,884	71,263	71,639	71,877	72,182
Medicaid childless adult 0%-133% FPL	66,906	66,582	62,777	63,165	64,441	65,524	66,536	67,541	68,521	69,424	70,254	71,053	71,981
Medicaid childless adult 134%-210% FPL	15,659	15,748	14,568	14,928	15,209	15,378	15,616	15,802	16,046	16,242	16,413	16,501	16,677
Medicaid incarcerated	775	760	756	740	697	736	770	820	846	860	901	946	994
Medicaid LTSS DD waiver	1,824	1,811	1,818	1,825	1,829	1,829	1,838	1,852	1,845	1,851	1,850	1,850	1,851
Medicaid LTSS EPD waiver	4,008	4,049	4,112	4,163	4,244	4,324	4,431	4,470	4,532	4,586	4,662	4,721	4,754
Medicaid LTSS non-waiver	3,101	3,121	3,130	3,169	3,174	3,074	3,015	2,990	2,986	2,984	2,986	2,958	2,893
Medicaid other	89	95	90	89	99	89	87	91	92	97	98	91	91
Medicaid parent/caretaker	35,947	35,867	33,377	33,949	34,447	34,698	35,019	35,291	35,495	35,744	35,911	36,045	36,174
Medicaid pregnant woman	331	329	297	292	312	320	311	311	306	308	292	275	274
Medicaid QMB only	11,440	11,498	11,539	11,527	11,616	11,632	11,656	11,675	11,687	11,715	11,737	11,826	11,833

This report provides data on enrollment in DHCF programs that include Medicaid, the DC Healthcare Alliance, and the Immigrant Children’s Program. It is based on DHCF Medicaid Management Information System data as of January 25, 2021. Medicaid counts include CHIP-funded beneficiaries, who can be identified by their eligibility category. Information provided here may differ from other reports for a variety of reasons, including the populations analyzed, the definitions used to categorize beneficiaries, and the point in time at which data was extracted from DHCF systems. The most recent months are labeled as “preliminary” and users should be aware that enrollment will be undercounted until at least three full months have elapsed.

Recent notable issues with regard to enrollment include:

- Due to a continuous coverage requirement for Medicaid as of March 18, 2020, which applies under the federal Families First Coronavirus Response Act as a condition of receiving a 6.2 percentage point increase in federal matching funds during the federal public health emergency, beneficiaries can only lose Medicaid coverage due to non-residency in the District, death, or a request to disenroll. Under District policies, continuous coverage extends similarly to Alliance and ICP beneficiaries. In addition, for the duration of the District’s public health emergency, modified eligibility and enrollment policies are in place (e.g., expanded self-attestation for all DHCF coverage and removal of the face-to-face interview requirement for Alliance coverage).
- To reconcile information across DHCF systems, routine periodic “sync” operations are undertaken that may lead to changes in enrollment. Most recently, decreases in enrollment noted for September 2019 and February 2020 were due in part to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage.

Department of Health Care Finance (HT0)				
FY20 Oversight Hearing				
Question 19: Provider Payment Spending FY20 and FY21				
Service Title	FY20 Revised Budget	FY20 Expenditures	FY21 Approved Budget	FY21 Expenditures thru 12/31
<b>5001: MEDICAID PROVIDER PAYMENT</b>				
ADULT DAY HEALTH	10,601,470	9,194,549	9,171,597.06	781,858
APRA ASARS: ADULT SUBSTANCE ABUSE	3,253,687	791,363	1,134,752.78	274,625
APRA ASTEP: CHILD SUBSTANCE ABUSE	93,868	2,392	39,487.71	720
ASTEP - CHIP	27,329	-	-	-
BEHAVIORAL HEALTH TRANSFORM.WAVIER-CHIP	-	2,085	-	440
BEHAVIORAL HEALTH TRANSFORMATION WAVIER	-	2,622,200	41,977,835.06	988,985
BH TRANS.WAVIER-GROUP 8 NEWLY ELIGIBLE	-	802,969	-	-
BH TRANS.WAVR-GROUP 8 NOT NEWLY ELIGIBLE	-	28,849	-	-
CLINIC SERVICES - MENTAL HEALTH	6,699,074	1,321,335	1,311,851.90	109,352
CLINIC SERVICES - MENTAL HEALTH CHIP	25,395	2,972	320.87	-
CLINIC SERVICES - MHRS	109,087,082	117,341,278	107,097,641.15	35,953,643
CLINIC SERVICES - MHRS CHIP	967,121	1,439,044	1,170,035.79	410,634
CLINIC SERVICES - PRIVATE	13,103,370	10,827,143	6,464,218.48	2,216,092
CLINIC SERVICES - PRIVATE CHIP	2,474	1,184	1,212.95	285
COBRA/RECIPIENT OOP	227,155	316,839	925,000.00	16,875
DENTAL SERVICES	16,160,582	11,602,224	12,281,898.86	2,152,688
DENTAL SERVICES - CHIP	104,676	90,563	86,637.59	15,177
DHCF - HEALTH HOMES I	3,206,877	1,019,808	4,072,649.61	89,660
DURABLE MED EQUIP (DME)-MEDICAID	21,449,740	24,112,282	19,358,305.61	5,486,564
DURABLE MED EQUIP (DME)-MEDICAID - CHIP	5,306	14,559	4,953.38	-
EMERGENCY HOSPITAL SERVICES	12,793,773	12,266,322	5,125,719.01	1,253,978
EMERGENCY HOSPITAL SERVICES - CHIP	105,672	166,700	48,827.00	7,057
EMERGENCY MEDICAID (NON MEDICAID POP.)	27,673,087	29,274,993	34,842,316.39	7,242,766
EPD WAIVER	126,972,910	138,323,654	164,136,959.18	38,978,284
EPSDT SCREENING SERVICES - CHIP	15,541	16,792	22,806.29	2,473
EPSDT-MEDICAID	469,078	434,043	568,191.38	77,024
FEDERALLY-QUALIFIED HEALTH CENTER	68,862,783	57,354,807	14,747,827.18	8,189,775
FEDERALLY-QUALIFIED HEALTH CENTER - CHIP	2,638,289	2,949,474	1,280,076.87	288,987
HEALTH HOMES II	4,543,833	1,657,608	2,456,333.86	1,229,762
HOME HEALTH SERVICES	17,194,430	15,317,408	13,835,971.17	4,096,721
HOME HEALTH SERVICES - CHIP	-	13,567	53,615.62	-
HOSPICE BENEFITS	6,018,342	4,289,237	3,759,473.06	819,694
HOSPITAL SURGE CAPACITY GRANTS	-	35,000,000	-	-
HSCSN	172,305,326	167,229,681	172,566,424.13	41,445,216
HSCSN - CHIP	1,816,847	4,516,596	4,557,149.95	1,049,787
ICF/MR PRIVATE	96,532,344	99,493,149	98,583,326.68	23,982,758
ICF/MR SUPPLEMENTAL PAYMENTS	1,000,000	-	2,600,000.00	-
IFS WAIVER	-	-	-	-
IMMIGRANT KIDS	12,737,655	12,728,229	11,613,741.16	3,534,004
INPATIENT - DSH PAYMENTS	119,836,310	75,439,186	76,346,491.00	18,723,428
INPATIENT - GME PAYMENTS	31,783,878	19,104,542	24,843,099.00	4,973,808
INPATIENT CHIP	520,917	958,128	168,042.89	(5,740)
INPATIENT IN STATE	234,667,743	226,313,260	98,993,211.08	35,619,616
INPATIENT IN-STATE HOSPITAL-MEDICAID	-	(618,017)	-	-
LABORATORY & RADIOLOGICAL SERVICES	16,379,662	15,802,171	6,716,884.01	1,862,539
LABORATORY & RADIOLOGICAL SERVICES -CHIP	41,365	82,225	23,185.38	3,219
MANAGED CARE ORGANIZATIONS (MCO)	499,997,884	494,369,231	524,621,864.08	127,979,258
MANAGED CARE ORGANIZATIONS (MCO) - CHIP	69,406,166	46,190,847	88,275,005.80	11,962,497
MCO - 774 CODES TRANSITION	-	-	20,335,321.29	490,193
MCO - ABD	-	-	-	75,159,911
MCO - ALL OTHER PROGRAM CODES TRANSITION	-	-	331,009,169.89	18,586
MCO- EXPANSION POPLULATION (85% FFP)	13,705,196	15,181,345	11,980,682.34	4,549,089
MCO-NEWLY ELIGIBLE	418,715,460	430,355,061	349,970,254.54	119,981,580
MEDICAID PART A	15,262,715	9,585,040	17,988,345.66	2,538,943
MEDICAID PART B	57,056,685	54,925,144	58,275,496.29	14,131,421
MEDICAID PART B - NON FFP	4,256,430	4,285,775	4,248,976.37	1,145,856
MENTAL HEALTH FACILITY - CHIP	19,881	-	-	-
MENTAL HEALTH FACILITY - CHIP	-	13,456	44,105.92	-
MENTAL HEALTH FACILITY SERVICES	2,043,366	4,394,652	1,324,450.59	539,274
MENTAL HEALTH FACILITY SERVICES - DSH	2,518,421	2,646,421	2,646,420.71	973,060
MR/DD WAIVER	275,801,878	278,858,496	299,449,524.52	77,877,655
NON-EMERGENCY MEDICAL TRANSPORT. - CHIP	123,021	154,299	171,553.91	24,565
NON-EMERGENCY MEDICAL TRANSPORTATION	34,246,460	30,104,463	32,335,760.26	6,292,021
NURSE MID-WIFE	70,226	87,029	73,072.04	5,934
NURSE PRACTITIONER SERVICES	3,055,915	2,703,997	2,059,299.78	485,288
NURSE PRACTITIONER SERVICES - CHIP	8,191	11,973	4,903.29	573
NURSING FACILITY IN STATE	296,129,397	290,802,413	294,526,522.42	59,872,885
NURSING HOME QUALITY OF CARE SERVICES	185,233	186,855	185,233.00	-
OTHER PRACTITIONERS' SERVICES	1,860,817	1,352,354	1,435,013.03	222,516
OTHER PRACTITIONERS' SERVICES CHIP	3,932	5,254	4,876.68	158
OUTPATIENT HOSPITAL CHIP	159,009	102,016	64,390.05	7,949

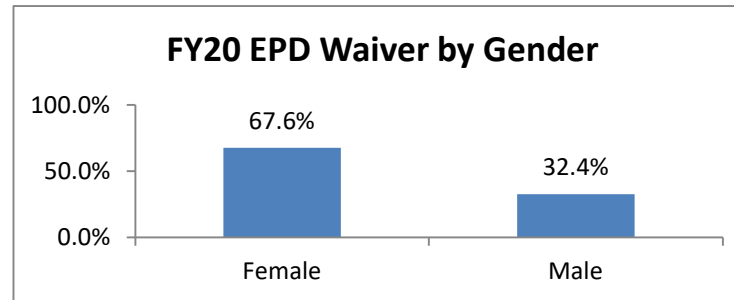
OUTPATIENT HOSPITAL IN STATE	34,530,165	27,703,634	16,660,159.30	4,279,586	
OUTPATIENT HOSPITAL OUT OF STATE	-	37,400	-	-	
OUTPATIENT HOSPITAL SUPPLEMENTAL	5,436,602	21,678,935	-	-	
PART-D CLAWBACK	19,528,383	19,088,529	22,003,036.10	4,446,997	
PERMANENT SUPPORTIVE HOUSING	-	-	-	-	
PERMANENT SUPPORTIVE HOUSING-GROUP V111	-	-	-	-	
PERSONAL CARE SERVICES	214,278,880	220,600,772	101,173,667.56	46,212,673	
PERSONAL CARE SERVICES - CHIP	-	42,252	3,674.96	699	
PHYSICAL THERAPY	322,555	93,784	91,231.14	7,373	
PHYSICAL THERAPY - CHIP	2,991	201	1,533.00	-	
PHYSICIAN SERVICES CHIP	78,811	103,667	43,391.30	9,860	
PHYSICIAN SERVICES-MEDICAID	45,804,044	43,762,448	25,208,091.30	5,192,201	
PRESCRIBED DRUGS	41,450,142	50,312,486	28,356,346.63	(4,027,548)	
PRESCRIBED DRUGS - CHIP	1,256,337	(1,464,019)	1,189,409.87	5,409	
PRIVATE DUTY NURSING	1,850,373	1,252,927	1,625,917.83	586,935	
PROGRAM OF ALL-INCLUSIVE CARE (PACE)	1,652,322	-	-	-	
PROSTHETC DVCS,DENTURES,EYEGLASSES-CHIP	3,815	2,599	3,704.39	351	
PROSTHETIC DEVICES, DENTURES, EYEGLASSES	5,564,684	4,023,912	3,653,321.46	784,241	
PSYCHIATRIC RESIDENTIAL TREATMENT - CHIP	20,000	237,810	17,427.45	129,604	
PSYCHIATRIC RESIDENTIAL TREATMENT FACIL.	2,569,844	1,925,128	1,760,502.95	292,200	
SSI PAYMENTS	5,323,324	4,831,058	5,403,324.22	1,511,027	
STERILIZATIONS	29,244	16,492	10,706.53	2,166	
MEDICAID PROVIDER PAYMENT	Total	3,214,253,788	3,160,213,529	3,191,223,760	805,565,738
5002: MEDICAID PUBLIC PROVIDER PAYMENTS					
CHILD & FAMILY SERVICES (CFSA)	487,000	1,214,269	500,000	24,599	
CHILD & FAMILY SERVICES (CFSA) - CHIP	-	207	-	-	
DC CHARTER SCHOOLS	1,500,000	5,854,367	4,000,000	3,744	
DC CHARTER SCHOOLS - CHIP	-	159,132	300,000	-	
DC PUBLIC SCHOOLS	24,361,348	23,922,244	8,000,000	8,496,641	
DC PUBLIC SCHOOLS - CHIP	-	2,340,399	2,500,000	166,858	
DDOE	10,000	-	10,000	-	
DMH - DENTAL OPTION	30,000	-	30,000	-	
DMH - REHAB OPTION	5,000,000	1,441,752	2,000,000	388,487	
DMH - REHAB OPTION - CHIP	-	11,557	-	3,522	
DOH - CLINIC	-	2,665	-	-	
DOH CLINIC - CHIP	-	8	-	-	
FIRE & EMS SVS. (AMBULANCE)	4,000,000	4,576,696	6,000,000	11,030,457	
FIRE & EMS SVS. (AMBULANCE) - CHIP	-	5,220	-	803	
OSSE-CHILDREN W/SPCL NEEDS TRNSPT	7,500,000	9,348,068	12,000,000	796,310	
OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP	-	1,211,218	2,000,000	164,207	
PUBLIC PROVIDERS-BH TRANSFORM. WAIVER	-	44,130	-	8,910	
SAINT ELIZABETHS HOSPITAL	-	1,631,426	1,300,000	75,095	
ST ELIZABETHS HSPTL DSH (M.H. FCLTY DSH)	2,729,100	2,910,390	2,729,100	863,565	
MEDICAID PUBLIC PROVIDER PAYMENTS	Total	45,617,448	54,673,748	41,369,100	22,023,197
5003: ALLIANCE PROVIDER PAYMENTS					
5003	MCO ALLIANCE	89,824,560	90,274,254	101,713,378	25,075,640
ALLIANCE PROVIDER PAYMENTS	Total	89,824,560	90,274,254	101,713,378	25,075,640
Grand Total					
		3,349,695,796	3,305,161,530	3,334,306,238	852,664,576

**This report displays enrollment data for beneficiaries with spans from Oct 1, 2019 through Sep 30, 2020.**

**THE TABLE BELOW SHOW DISTRIBUTION BY GENDER FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY20.**

Gender	EPD Waiver
Female	3,607
Male	1,732
TOTAL	5,339

Gender	EPD Waiver
Female	67.6%
Male	32.4%



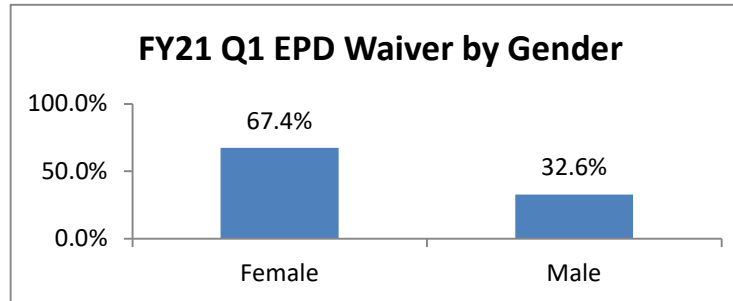
Source: DHCF Medicaid Management Information System (MMIS) data extracted February 22, 2021.

**This report displays enrollment data for beneficiaries with spans from Oct 1, 2020 through Dec 31, 2020.**

**THE TABLE BELOW SHOW DISTRIBUTION BY GENDER FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY21 Q1.**

Gender	EPD Waiver
Female	3,306
Male	1,598
TOTAL	4,904

Gender	EPD Waiver
Female	67.4%
Male	32.6%



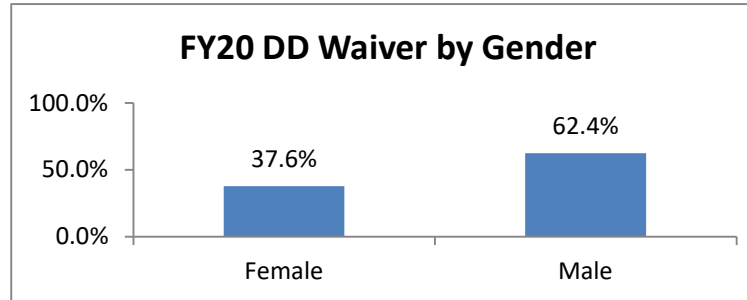
Source: DHCF Medicaid Management Information System (MMIS) data extracted February 22, 2021.

**This report displays enrollment data for beneficiaries with spans from Oct 1, 2019 through Sep 30, 2020.**

**THE TABLE BELOW SHOW DISTRIBUTION BY GENDER FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY20.**

Gender	DD Waiver
Female	722
Male	1,196
TOTAL	1,918

Gender	DD Waiver
Female	37.6%
Male	62.4%



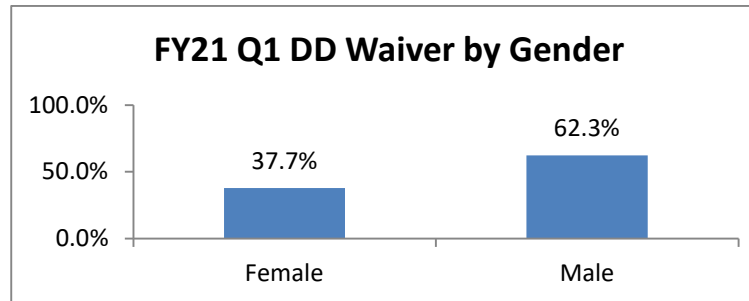
Source: DHCF Medicaid Management Information System (MMIS) data extracted February 22, 2021.

**This report displays enrollment data for beneficiaries with spans from Oct 1, 2020 through Dec 31, 2020.**

**THE TABLE BELOW SHOW DISTRIBUTION BY GENDER FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY21 Q1.**

Gender	DD Waiver
Female	700
Male	1,157
TOTAL	1,857

Gender	DD Waiver
Female	37.7%
Male	62.3%



Source: DHCF Medicaid Management Information System (MMIS) data extracted February 22, 2021.

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

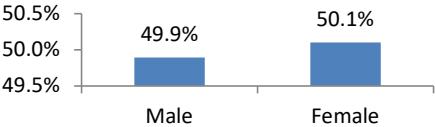
This report displays enrollment data for Medicaid beneficiaries with spans from Oct 1, 2018 through Sep 30, 2019.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY19.

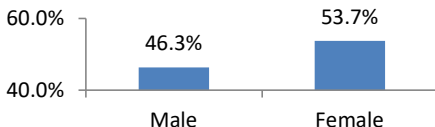
Gender	Medicaid FFS	Medicaid MCO
Male	37,830	97,340
Female	37,986	112,876
TOTAL	75,816	210,216

Gender	Medicaid FFS	Medicaid MCO
Male	49.9%	46.3%
Female	50.1%	53.7%
TOTAL	26.5%	73.5%

FY19 Medicaid FFS  
by Gender



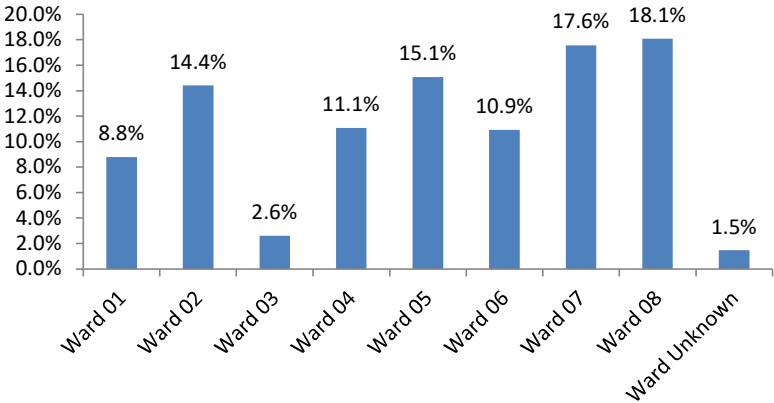
FY19 Medicaid MCO  
by Gender



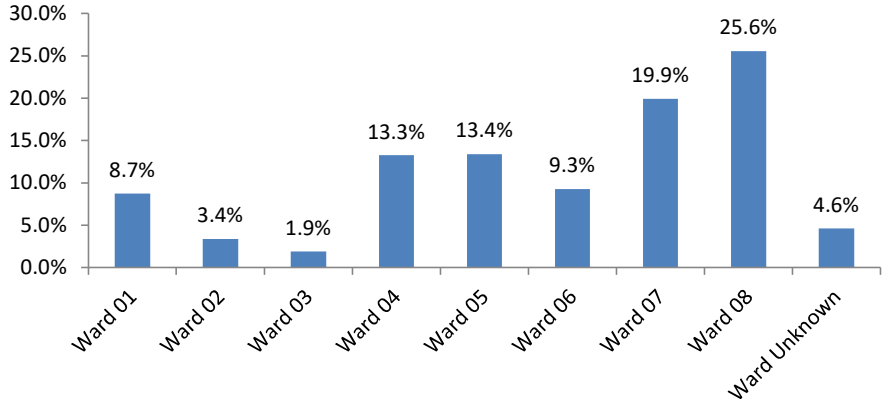
Ward	Medicaid FFS	Medicaid MCO
Ward 01	6,675	18,325
Ward 02	10,920	7,092
Ward 03	1,985	3,993
Ward 04	8,401	27,859
Ward 05	11,423	28,169
Ward 06	8,273	19,501
Ward 07	13,309	41,868
Ward 08	13,719	53,731
Ward Unknown	1,111	9,678
TOTAL	75,816	210,216

Ward	Medicaid FFS	Medicaid MCO
Ward 01	8.8%	8.7%
Ward 02	14.4%	3.4%
Ward 03	2.6%	1.9%
Ward 04	11.1%	13.3%
Ward 05	15.1%	13.4%
Ward 06	10.9%	9.3%
Ward 07	17.6%	19.9%
Ward 08	18.1%	25.6%
Ward Unknown	1.5%	4.6%

FY19 Medicaid FFS by Ward



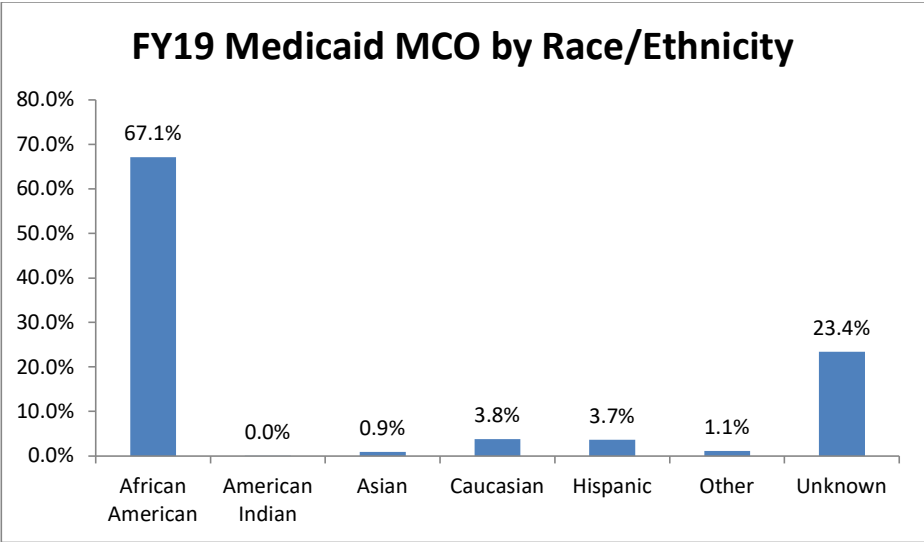
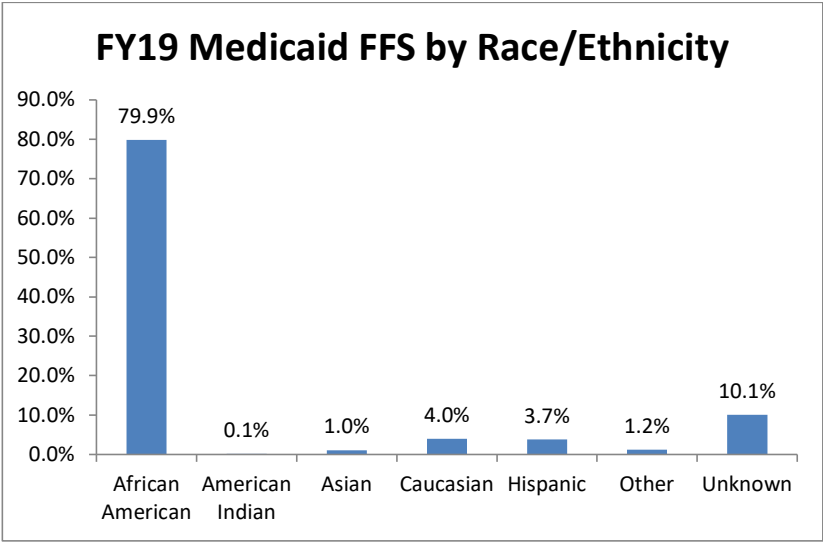
FY19 Medicaid MCO by Ward





Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	60,571	141,116
American Indian	57	51
Asian	759	1,862
Caucasian	3,033	7,926
Hispanic	2,840	7,719
Other	931	2,382
Unknown	7,625	49,160
TOTAL	75,816	210,216

Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	79.9%	67.1%
American Indian	0.1%	0.0%
Asian	1.0%	0.9%
Caucasian	4.0%	3.8%
Hispanic	3.7%	3.7%
Other	1.2%	1.1%
Unknown	10.1%	23.4%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects individuals enrolled in Medicaid; excludes the Immigrant Children's Program and Alliance.

FFS and MCO categories reflect an individual's status in their most recent month of enrollment. Data provided in previous years categorized individuals as MCO if they were ever enrolled in an MCO.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

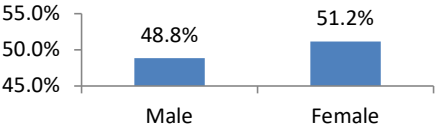
This report displays enrollment data for Medicaid beneficiaries with spans from Oct 1, 2019 through Sep 30, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY20.

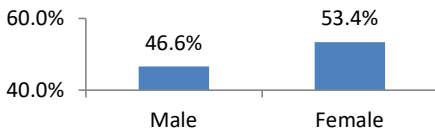
Gender	Medicaid FFS	Medicaid MCO
Male	38,569	97,510
Female	40,406	111,715
TOTAL	78,975	209,225

Gender	Medicaid FFS	Medicaid MCO
Male	48.8%	46.6%
Female	51.2%	53.4%
TOTAL	27.4%	72.6%

FY20 Medicaid FFS  
by Gender



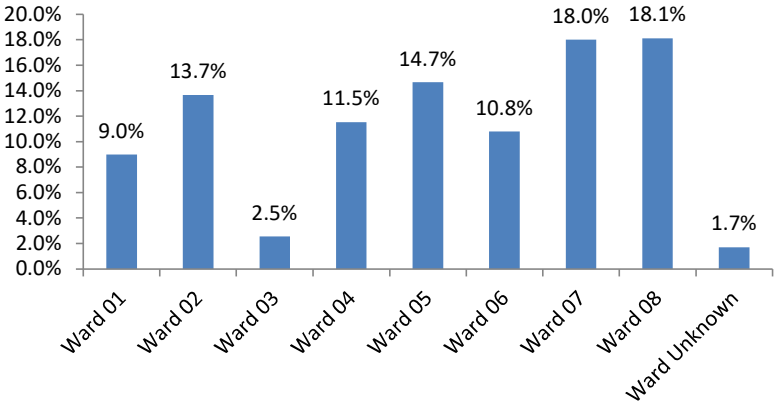
FY20 Medicaid MCO  
by Gender



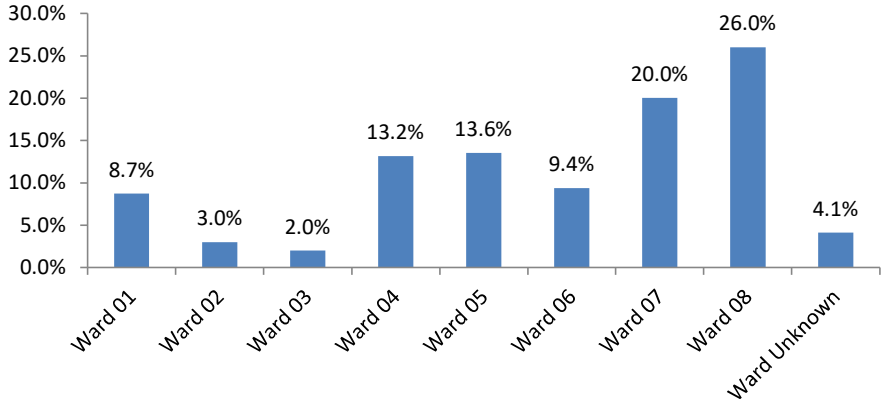
Ward	Medicaid FFS	Medicaid MCO
Ward 01	7,100	18,271
Ward 02	10,794	6,260
Ward 03	2,012	4,247
Ward 04	9,104	27,530
Ward 05	11,574	28,364
Ward 06	8,516	19,624
Ward 07	14,209	41,867
Ward 08	14,304	54,406
Ward Unknown	1,362	8,656
TOTAL	78,975	209,225

Ward	Medicaid FFS	Medicaid MCO
Ward 01	9.0%	8.7%
Ward 02	13.7%	3.0%
Ward 03	2.5%	2.0%
Ward 04	11.5%	13.2%
Ward 05	14.7%	13.6%
Ward 06	10.8%	9.4%
Ward 07	18.0%	20.0%
Ward 08	18.1%	26.0%
Ward Unknown	1.7%	4.1%

FY20 Medicaid FFS by Ward

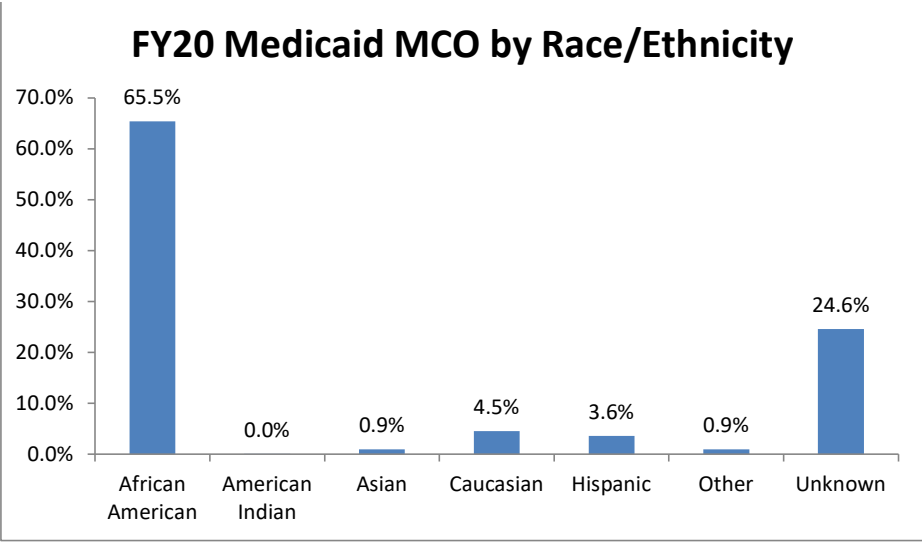
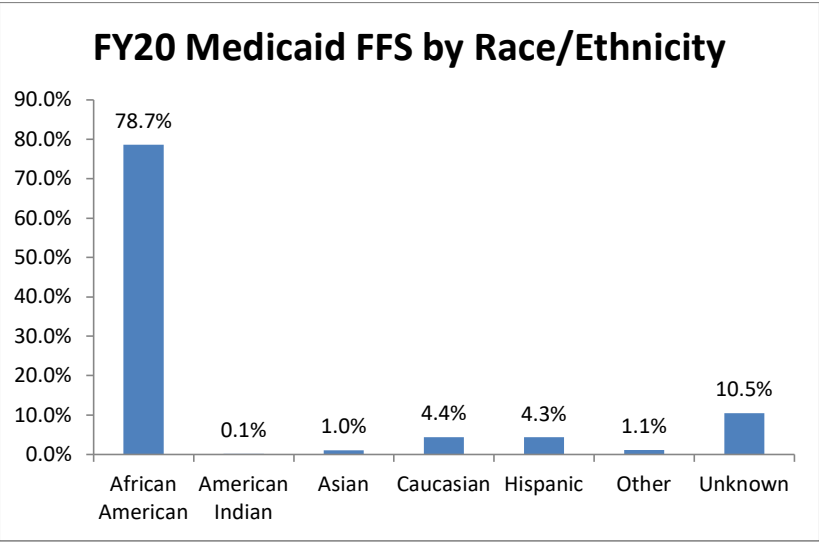


FY20 Medicaid MCO by Ward



Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	62,131	136,949
American Indian	58	46
Asian	788	1,985
Caucasian	3,448	9,405
Hispanic	3,407	7,510
Other	834	1,931
Unknown	8,309	51,399
TOTAL	78,975	209,225

Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	78.7%	65.5%
American Indian	0.1%	0.0%
Asian	1.0%	0.9%
Caucasian	4.4%	4.5%
Hispanic	4.3%	3.6%
Other	1.1%	0.9%
Unknown	10.5%	24.6%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects individuals enrolled in Medicaid; excludes the Immigrant Children's Program and Alliance.

FFS and MCO categories reflect an individual's status in their most recent month of enrollment. Data provided in previous years categorized individuals as MCO if they were ever enrolled in an MCO.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage. The number of individuals ever enrolled for March-September FY2020 is substantially higher than February 2020, but is similar to October-February FY2020 due to the higher enrollment that existed through January 2020.

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

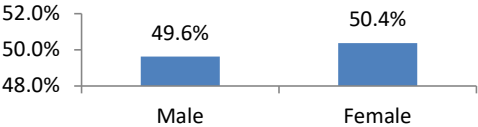
This report displays enrollment data for Medicaid beneficiaries with spans from Oct 1, 2019 through Feb 29, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING OCTOBER-FEBRUARY OF FY20 (PRE-PANDEMIC).

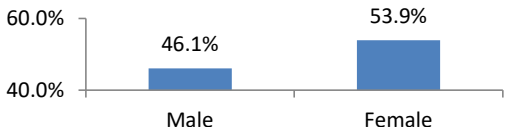
Gender	Medicaid FFS	Medicaid MCO
Male	37,112	92,146
Female	37,664	107,860
TOTAL	74,776	200,006

Gender	Medicaid FFS	Medicaid MCO
Male	49.6%	46.1%
Female	50.4%	53.9%
TOTAL	27.2%	72.8%

FY20 Oct-Feb Medicaid FFS by Gender



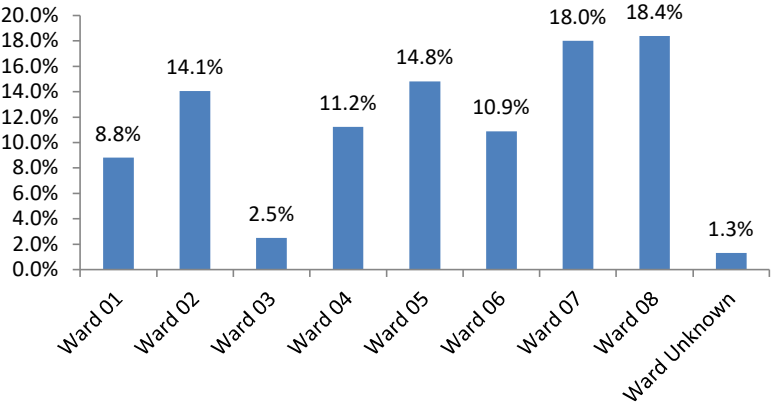
FY20 Oct-Feb Medicaid MCO by Gender



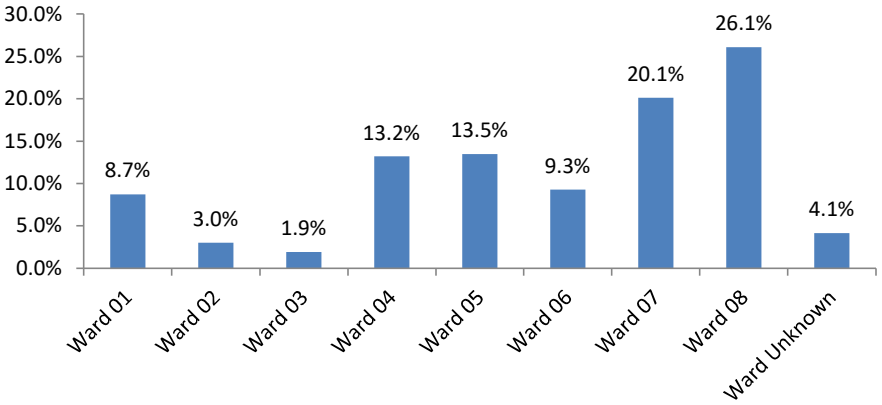
Ward	Medicaid FFS	Medicaid MCO
Ward 01	6,597	17,433
Ward 02	10,513	6,006
Ward 03	1,858	3,810
Ward 04	8,394	26,386
Ward 05	11,070	27,001
Ward 06	8,134	18,566
Ward 07	13,473	40,273
Ward 08	13,754	52,231
Ward Unknown	983	8,300
TOTAL	74,776	200,006

Ward	Medicaid FFS	Medicaid MCO
Ward 01	8.8%	8.7%
Ward 02	14.1%	3.0%
Ward 03	2.5%	1.9%
Ward 04	11.2%	13.2%
Ward 05	14.8%	13.5%
Ward 06	10.9%	9.3%
Ward 07	18.0%	20.1%
Ward 08	18.4%	26.1%
Ward Unknown	1.3%	4.1%

FY20 Oct-Feb Medicaid FFS by Ward

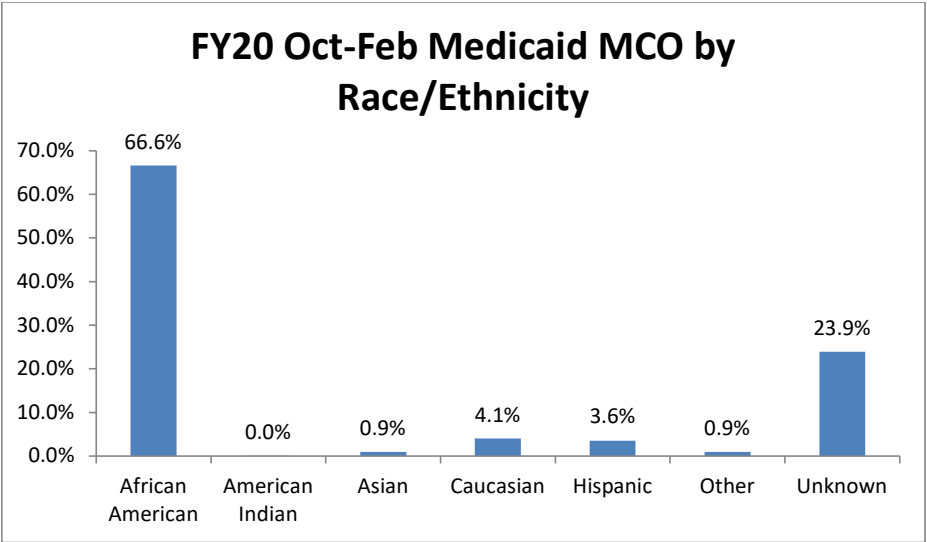
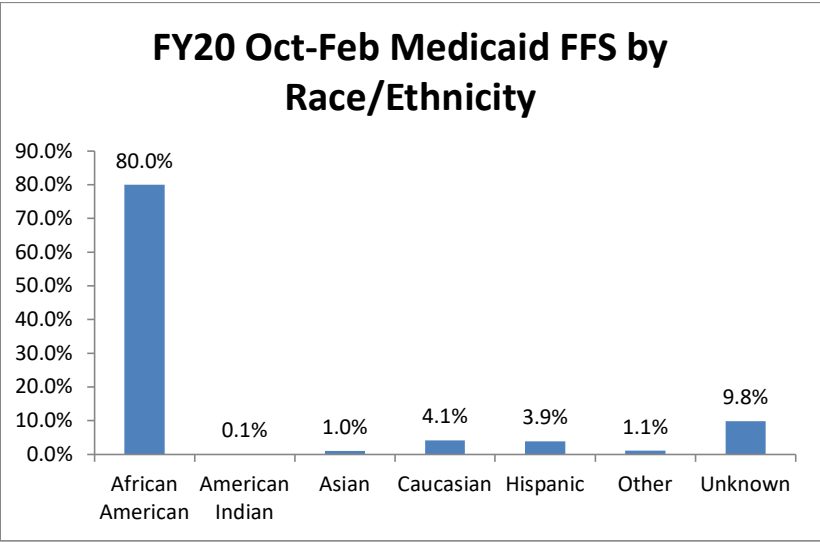


FY20 Oct-Feb Medicaid MCO by Ward



Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	59,791	133,245
American Indian	52	45
Asian	777	1,780
Caucasian	3,091	8,142
Hispanic	2,889	7,125
Other	817	1,865
Unknown	7,359	47,804
TOTAL	74,776	200,006

Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	80.0%	66.6%
American Indian	0.1%	0.0%
Asian	1.0%	0.9%
Caucasian	4.1%	4.1%
Hispanic	3.9%	3.6%
Other	1.1%	0.9%
Unknown	9.8%	23.9%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects individuals enrolled in Medicaid; excludes the Immigrant Children's Program and Alliance.

FFS and MCO categories reflect an individual's status in their most recent month of enrollment. Data provided in previous years categorized individuals as MCO if they were ever enrolled in an MCO.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage. The number of individuals ever enrolled for March-September FY2020 is substantially higher than February 2020, but is similar to October-February FY2020 due to the higher enrollment that existed through January 2020.

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

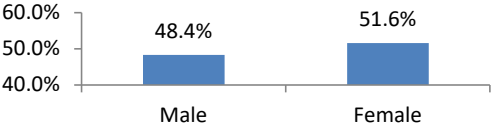
This report displays enrollment data for Medicaid beneficiaries with spans from Mar 1, 2020 through Sep 30, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING MARCH-SEPTEMBER FY20 (POST-PANDEMIC).

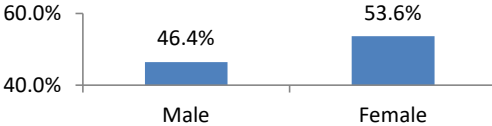
Gender	Medicaid FFS	Medicaid MCO
Male	36,555	90,290
Female	38,981	104,254
TOTAL	75,536	194,544

Gender	Medicaid FFS	Medicaid MCO
Male	48.4%	46.4%
Female	51.6%	53.6%
TOTAL	28.0%	72.0%

FY20 Mar-Sep  
Medicaid FFS by...



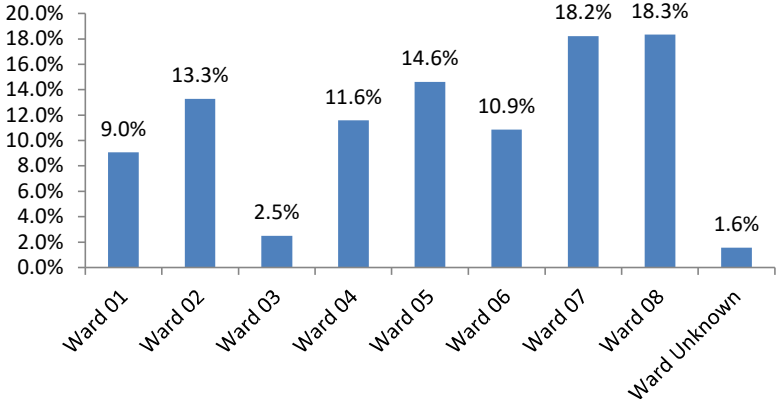
FY20 Mar-Sep Medicaid  
MCO by Gender



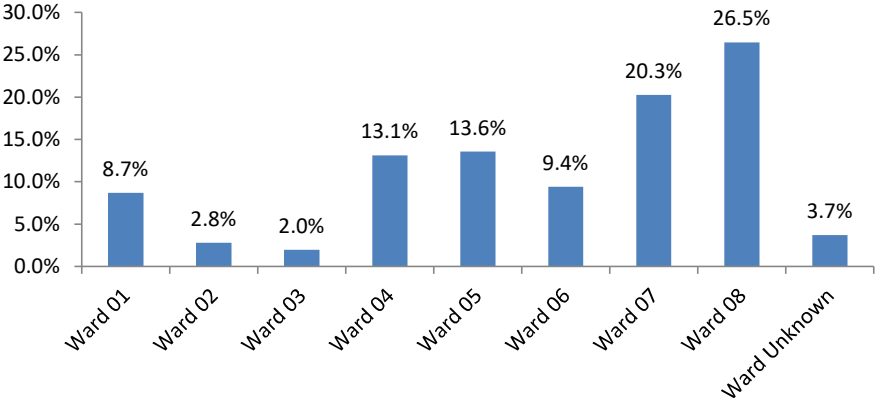
Ward	Medicaid FFS	Medicaid MCO
Ward 01	6,834	16,908
Ward 02	10,037	5,441
Ward 03	1,899	3,871
Ward 04	8,742	25,513
Ward 05	11,025	26,368
Ward 06	8,200	18,316
Ward 07	13,762	39,416
Ward 08	13,856	51,485
Ward Unknown	1,181	7,226
TOTAL	75,536	194,544

Ward	Medicaid FFS	Medicaid MCO
Ward 01	9.0%	8.7%
Ward 02	13.3%	2.8%
Ward 03	2.5%	2.0%
Ward 04	11.6%	13.1%
Ward 05	14.6%	13.6%
Ward 06	10.9%	9.4%
Ward 07	18.2%	20.3%
Ward 08	18.3%	26.5%
Ward Unknown	1.6%	3.7%

FY20 Mar-Sep Medicaid FFS by Ward

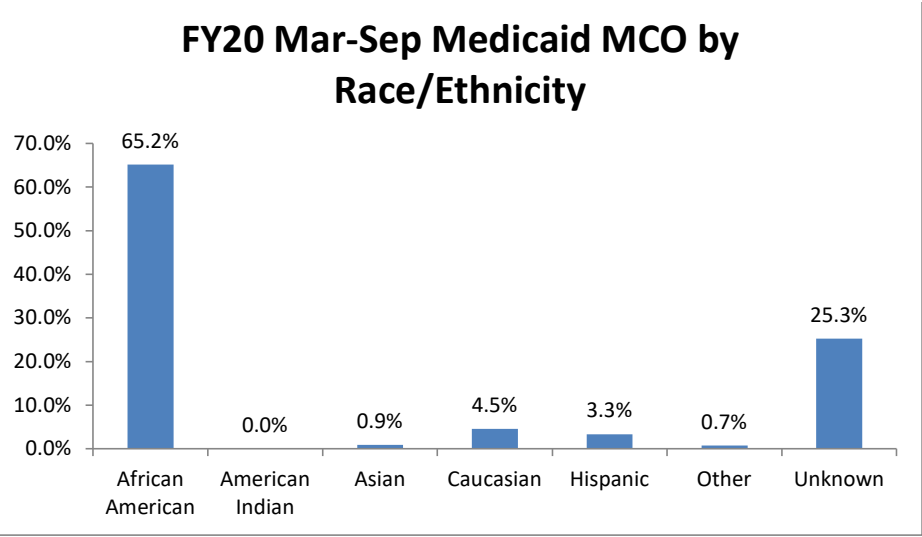
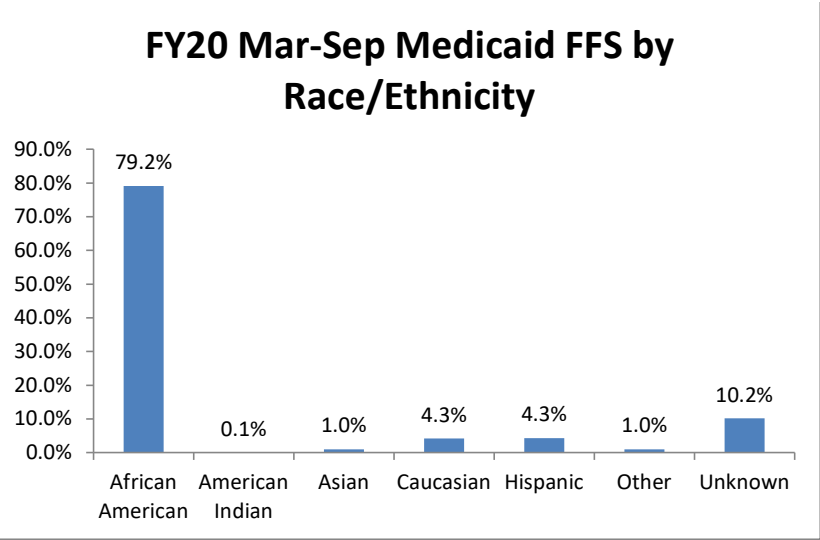


FY20 Mar-Sep Medicaid MCO by Ward



Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	59,818	126,864
American Indian	54	35
Asian	753	1,768
Caucasian	3,219	8,840
Hispanic	3,281	6,492
Other	743	1,395
Unknown	7,668	49,150
TOTAL	75,536	194,544

Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	79.2%	65.2%
American Indian	0.1%	0.0%
Asian	1.0%	0.9%
Caucasian	4.3%	4.5%
Hispanic	4.3%	3.3%
Other	1.0%	0.7%
Unknown	10.2%	25.3%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects individuals enrolled in Medicaid; excludes the Immigrant Children's Program and Alliance.

FFS and MCO categories reflect an individual's status in their most recent month of enrollment. Data provided in previous years categorized individuals as MCO if they were ever enrolled in an MCO.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

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Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

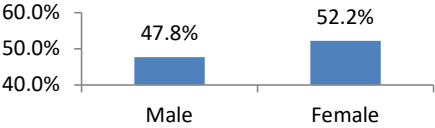
This report displays enrollment data for Medicaid beneficiaries with spans from Oct 1, 2020 through Dec 31, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY21Q1.

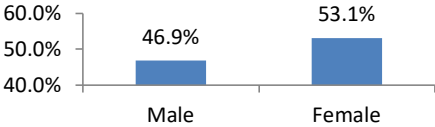
Gender	Medicaid FFS	Medicaid MCO
Male	28,801	100,713
Female	31,480	114,113
TOTAL	60,281	214,826

Gender	Medicaid FFS	Medicaid MCO
Male	47.8%	46.9%
Female	52.2%	53.1%
TOTAL	21.9%	78.1%

FY21Q1 Medicaid  
FFS by Gender



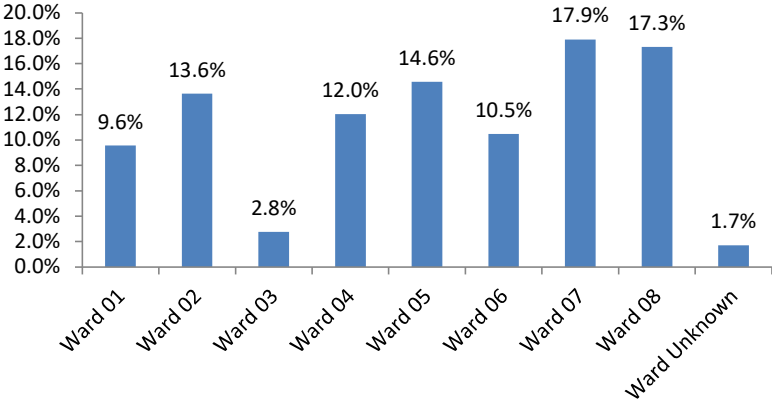
FY21Q1 Medicaid  
MCO by Gender



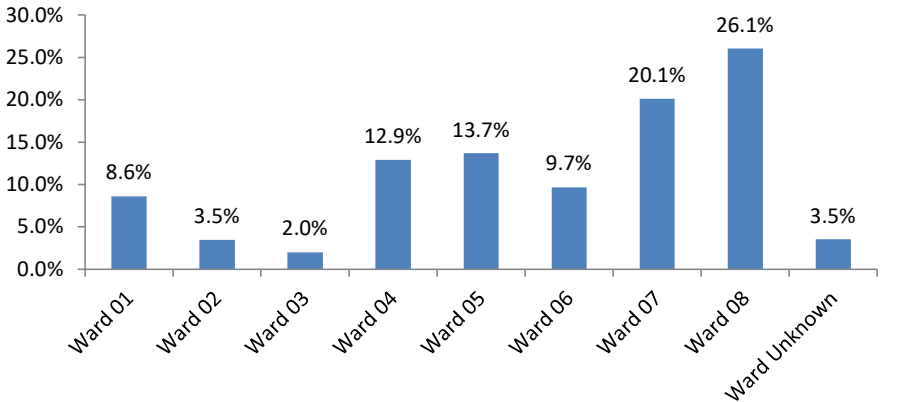
Ward	Medicaid FFS	Medicaid MCO
Ward 01	5,764	18,475
Ward 02	8,219	7,429
Ward 03	1,674	4,277
Ward 04	7,258	27,712
Ward 05	8,787	29,397
Ward 06	6,300	20,769
Ward 07	10,800	43,239
Ward 08	10,444	55,973
Ward Unknown	1,035	7,555
TOTAL	60,281	214,826

Ward	Medicaid FFS	Medicaid MCO
Ward 01	9.6%	8.6%
Ward 02	13.6%	3.5%
Ward 03	2.8%	2.0%
Ward 04	12.0%	12.9%
Ward 05	14.6%	13.7%
Ward 06	10.5%	9.7%
Ward 07	17.9%	20.1%
Ward 08	17.3%	26.1%
Ward Unknown	1.7%	3.5%

FY21Q1 Medicaid FFS by Ward



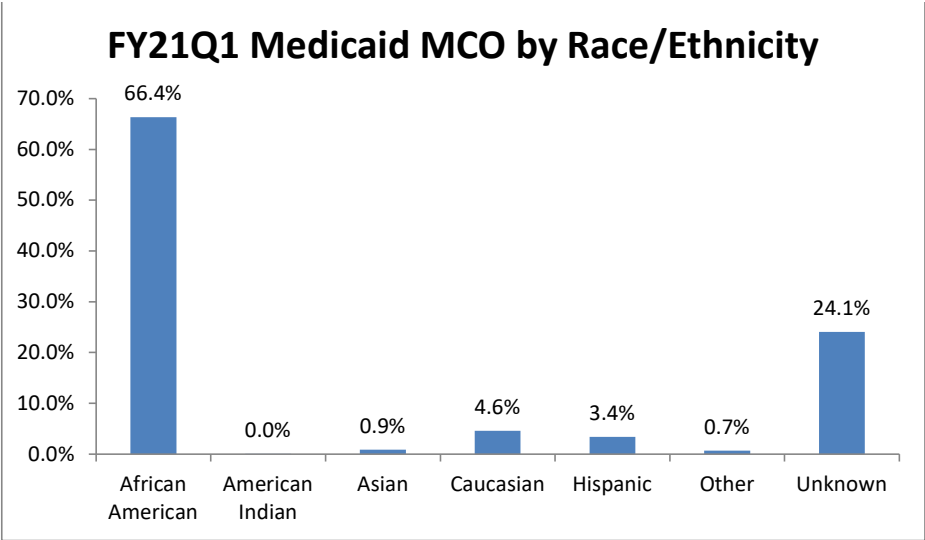
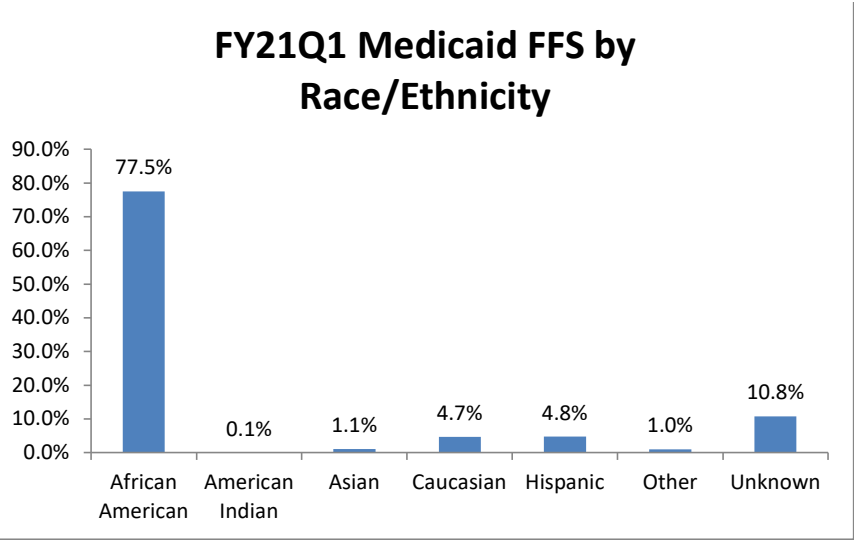
FY21Q1 Medicaid MCO by Ward





Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	46,712	142,539
American Indian	49	45
Asian	687	1,920
Caucasian	2,849	9,796
Hispanic	2,884	7,296
Other	608	1,485
Unknown	6,492	51,745
TOTAL	60,281	214,826

Race/Ethnicity	Medicaid FFS	Medicaid MCO
African American	77.5%	66.4%
American Indian	0.1%	0.0%
Asian	1.1%	0.9%
Caucasian	4.7%	4.6%
Hispanic	4.8%	3.4%
Other	1.0%	0.7%
Unknown	10.8%	24.1%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects individuals enrolled in Medicaid; excludes the Immigrant Children's Program and Alliance.

FFS and MCO categories reflect an individual's status in their most recent month of enrollment. Data provided in previous years categorized individuals as MCO if they were ever enrolled in an MCO.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

Department of Health Care Finance

FY20 Oversight Hearing

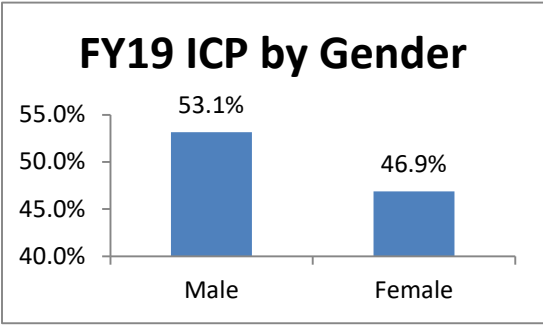
Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

This report displays enrollment data for Immigrant Children’s Program (ICP) beneficiaries with spans from Oct 1, 2018 through Sep 30, 2019.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY19.

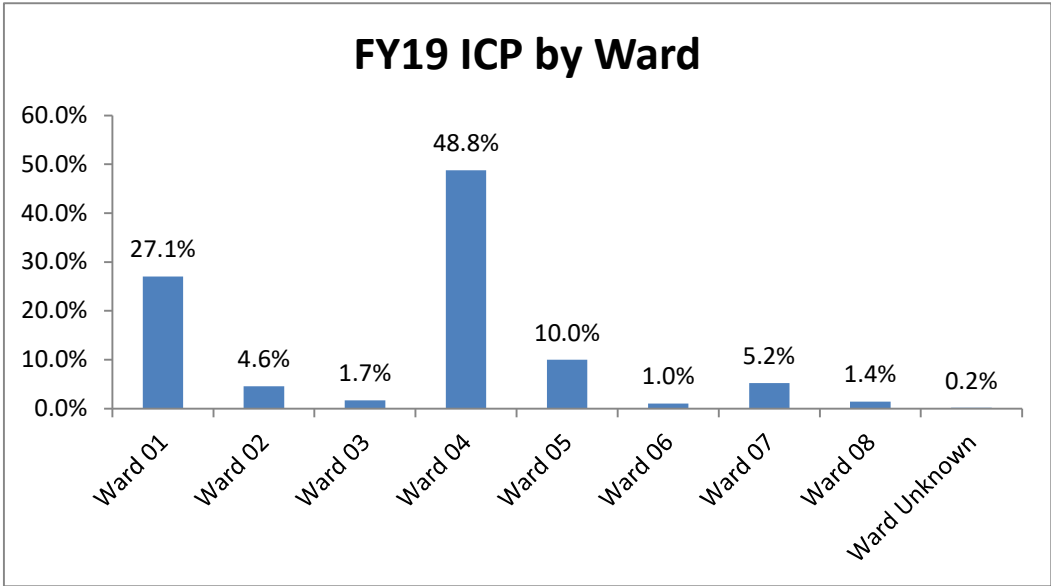
Gender	ICP
Male	2,487
Female	2,193
TOTAL	4,680

Gender	ICP
Male	53.1%
Female	46.9%



Ward	ICP
Ward 01	1,266
Ward 02	215
Ward 03	79
Ward 04	2,283
Ward 05	468
Ward 06	48
Ward 07	245
Ward 08	67
Ward Unknown	9
TOTAL	4,680

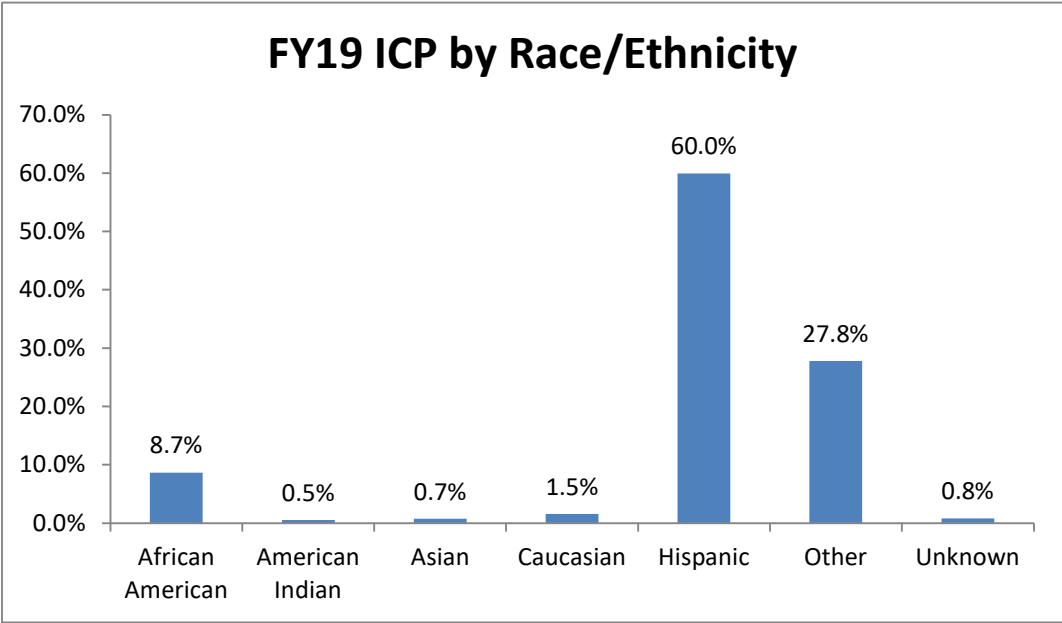
Ward	ICP
Ward 01	27.1%
Ward 02	4.6%
Ward 03	1.7%
Ward 04	48.8%
Ward 05	10.0%
Ward 06	1.0%
Ward 07	5.2%



Ward 08	1.4%
Ward Unknown	0.2%

Race/Ethnicity	ICP
African American	405
American Indian	24
Asian	35
Caucasian	72
Hispanic	2,806
Other	1,301
Unknown	37
TOTAL	4,680

Race/Ethnicity	ICP
African American	8.7%
American Indian	0.5%
Asian	0.7%
Caucasian	1.5%
Hispanic	60.0%
Other	27.8%
Unknown	0.8%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Immigrant Children's Program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

Department of Health Care Finance

FY20 Oversight Hearing

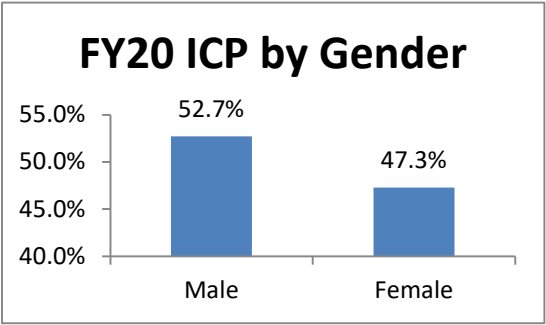
Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

This report displays enrollment data for Immigrant Children's Program (ICP) beneficiaries with spans from Oct 1, 2019 through Sep 30, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY20.

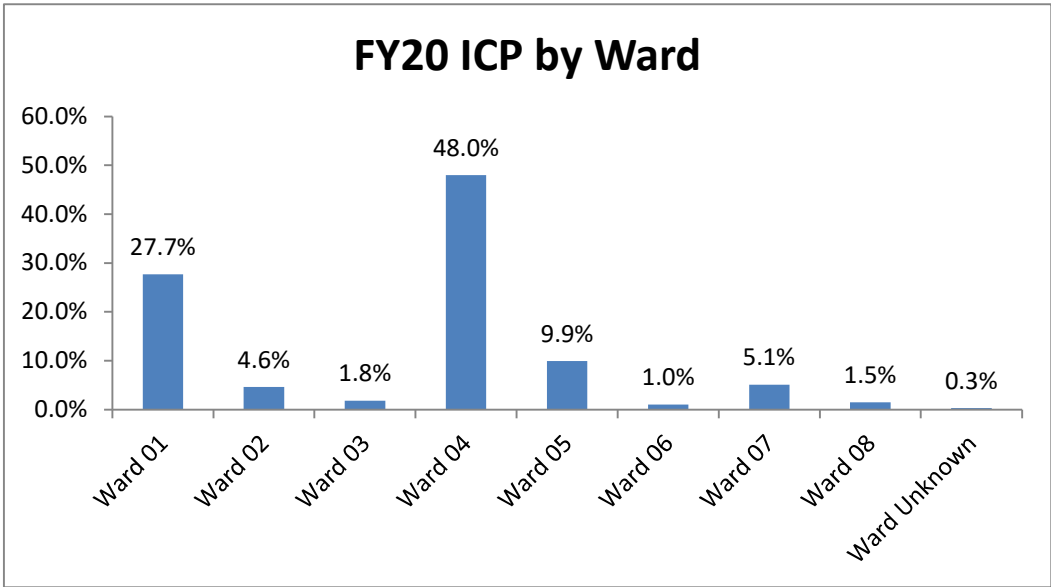
Gender	ICP
Male	2,253
Female	2,021
TOTAL	4,274

Gender	ICP
Male	52.7%
Female	47.3%



Ward	ICP
Ward 01	1,184
Ward 02	198
Ward 03	79
Ward 04	2,050
Ward 05	424
Ward 06	43
Ward 07	219
Ward 08	63
Ward Unknown	14
TOTAL	4,274

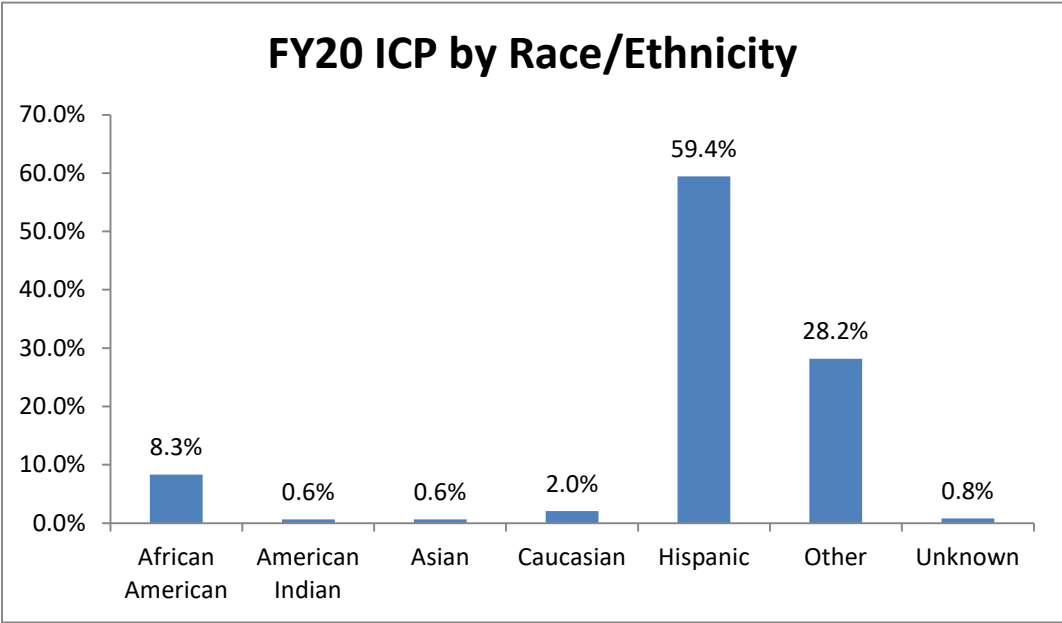
Ward	ICP
Ward 01	27.7%
Ward 02	4.6%
Ward 03	1.8%
Ward 04	48.0%
Ward 05	9.9%
Ward 06	1.0%
Ward 07	5.1%



Ward 08	1.5%
Ward Unknown	0.3%

Race/Ethnicity	ICP
African American	355
American Indian	26
Asian	27
Caucasian	87
Hispanic	2,540
Other	1,205
Unknown	34
TOTAL	4,274

Race/Ethnicity	ICP
African American	8.3%
American Indian	0.6%
Asian	0.6%
Caucasian	2.0%
Hispanic	59.4%
Other	28.2%
Unknown	0.8%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Immigrant Children's Program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

ICP enrollment decrease relative to prior year largely reflects the fact that the number of ICP beneficiaries aging out and transferring to Alliance coverage has exceeded the number of younger children newly enrolling in ICP coverage.

Department of Health Care Finance

FY20 Oversight Hearing

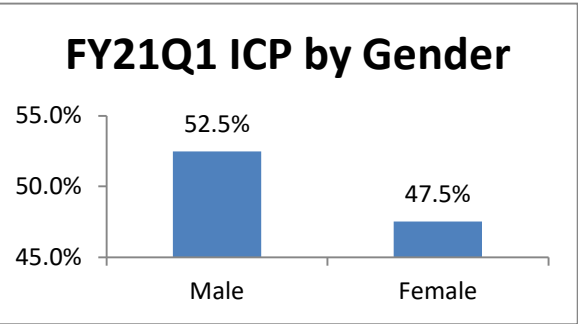
Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

This report displays enrollment data for Immigrant Children's Program (ICP) beneficiaries with spans from Oct 1, 2020 through Dec 31, 2020.

THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY21Q1.

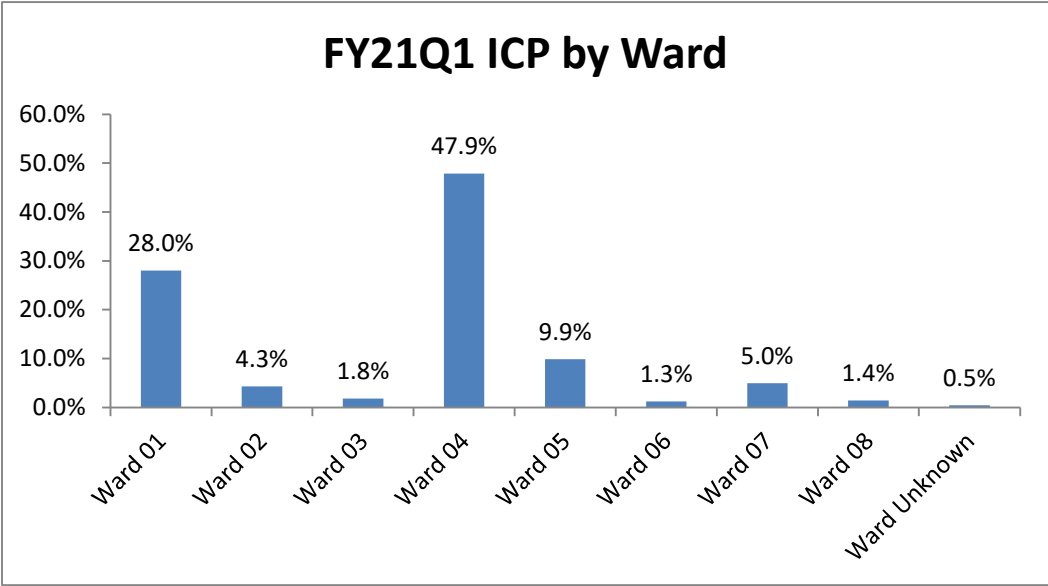
Gender	ICP
Male	2,098
Female	1,900
TOTAL	3,998

Gender	ICP
Male	52.5%
Female	47.5%



Ward	ICP
Ward 01	1,120
Ward 02	173
Ward 03	72
Ward 04	1,914
Ward 05	394
Ward 06	50
Ward 07	199
Ward 08	57
Ward Unknown	19
TOTAL	3,998

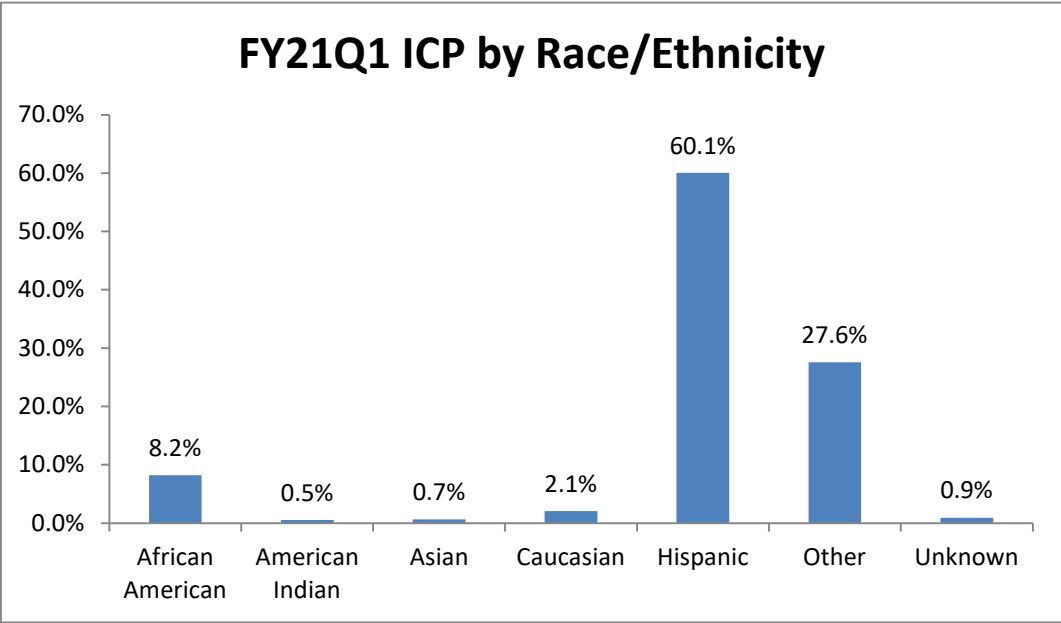
Ward	ICP
Ward 01	28.0%
Ward 02	4.3%
Ward 03	1.8%
Ward 04	47.9%
Ward 05	9.9%
Ward 06	1.3%
Ward 07	5.0%



Ward 08	1.4%
Ward Unknown	0.5%

Race/Ethnicity	ICP
African American	328
American Indian	21
Asian	26
Caucasian	82
Hispanic	2,401
Other	1,103
Unknown	37
TOTAL	3,998

Race/Ethnicity	ICP
African American	8.2%
American Indian	0.5%
Asian	0.7%
Caucasian	2.1%
Hispanic	60.1%
Other	27.6%
Unknown	0.9%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Immigrant Children's Program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

ICP enrollment decrease relative to prior year largely reflects the fact that the number of ICP beneficiaries aging out and transferring to Alliance coverage has exceeded the number of younger children newly enrolling in ICP coverage.

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

FFS Medicaid Utilization

FY2019

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	5,330	182
Ambulance, Air Transport	12	12
Ambulance, Private	3,004	1,958
Ambulance, Public	22,646	11,218
Ambulatory Surgical Centers	539	393
Audiologist	110	84
Birthing Centers	0	0
Clinic, Adlt Alc/Subst Abuse	223,604	2,466
Clinic, Dental	647	258
Clinic, Family Planning	23	18
Clinic, Fed Qualified Health	122,459	27,300
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	30,778	6,198
Clinic, Private	3,195	1,213
Clinic, Youth Alc/Subst Abuse	32	32
Crossover Claims Only 1500	1,095	341
Dentist	16,881	6,773
Dentist, Group Practice	28,540	13,410
Dentist, Waiver	1,273	573
Doctor Of Osteopathy	217	71
Durable Medical Equipment	77,823	12,706
Early Intervention	219	50
EPD Waiver	163,981	4,062
Hearing Aid Dealer	281	257
Hemodialysis, Freestanding	31,403	1,167
Hemodialysis, Hospital Based	786	40
Home Health Agency	399,743	5,763
Hospice	968	201
Hospital, General	222,266	48,965
Hospital, LTAC	357	273
Hospital, Psychiatric Private	369	293
Hospital, Psychiatric Public	112	29
ICF/IDD	14,774	309
IDD Waiver	214,951	1,853
Ind Xray And Lab	261	162
Independent Lab	80,499	24,236
Independent Social Worker	0	0



Independent Social Worker Grp	0	0
Independent X-Ray	2,221	933
Mental Health Rehab Services	901,049	22,507
Nurse Midwives	18	13
Nurse Practitioner	32,325	2,839
Nursing Facility	52,144	3,955
Office State Superinten of Ed	22,214	2,065
Optician/Optical Dispensary	2,749	1,724
Optometrist	8,776	5,498
Participant Directed	246,445	897
Pharmacy, Institutional	4	1
Pharmacy, Retail	980,201	36,932
Physician MD	73,167	14,078
Physician, Group Practice	727,973	57,995
Podiatrist	13,500	4,889
Podiatry Group	1,129	457
Professional Counselor	0	0
Professional Counselor Group	0	0
Psychologist	0	0
Psychologist Group	0	0
Rehabiliataion Center	1,008	439
Residential Treatment Center	307	28
Schools, DC Public	62,282	4,732
Schools, DC Public Charter	9,746	1,434
<b>TOTAL UNIQUE</b>	<b>4,806,436</b>	<b>93,967</b>

Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects claims by date of service.

Includes non-capitation, non-financial transaction, non-FQHC wrap claims paid by Medicaid; excludes the Immigrant Children's Program and Alliance.

Because individuals enrolled in managed care organization (MCO) coverage may have services paid on a fee-for-service (FFS) basis, data shown here includes both FFS and MCO beneficiaries.

FY2021 reflects a shift of approximately 17,000 beneficiaries from FFS to MCO coverage.

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

FFS Medicaid Utilization

FY2020

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	6,346	165
Ambulance, Air Transport	68	66
Ambulance, Private	2,932	1,997
Ambulance, Public	25,460	12,123
Ambulatory Surgical Centers	394	259
Audiologist	87	72
Birthing Centers	48	16
Clinic, Adlt Alc/Subst Abuse	198,881	2,704
Clinic, Dental	322	174
Clinic, Family Planning	41	34
Clinic, Fed Qualified Health	77,908	21,000
Clinic, Fed Qualified Health Per Member P	239,202	29,964
Clinic, Mental Health	24,368	5,055
Clinic, Private	4,618	1,376
Clinic, Youth Alc/Subst Abuse	11	11
Crossover Claims Only 1500	710	245
Dentist	11,094	4,787
Dentist, Group Practice	21,201	10,460
Dentist, Waiver	910	503
Doctor Of Osteopathy	147	43
Durable Medical Equipment	85,002	12,450
Early Intervention	262	47
EPD Waiver	180,015	4,895
Hearing Aid Dealer	197	187
Hemodialysis, Freestanding	32,051	1,059
Hemodialysis, Hospital Based	230	23
Home Health Agency	410,724	5,916
Hospice	737	143
Hospital, General	174,192	43,924
Hospital, LTAC	387	302
Hospital, Psychiatric Private	1,626	976
Hospital, Psychiatric Public	139	28
ICF/IDD	15,088	304
IDD Waiver	191,322	1,857
Ind Xray And Lab	41	35
Independent Lab	72,407	20,605
Independent Social Worker	1,171	156

Independent Social Worker Grp	137	22
Independent X-Ray	1,255	653
Mental Health Rehab Services	1,351,810	25,765
Nurse Midwives	41	22
Nurse Practitioner	31,837	2,730
Nursing Facility	54,100	3,985
Office State Superinten of Ed	15,224	1,822
Optician/Optical Dispensary	1,450	1,024
Optometrist	6,680	4,299
Participant Directed	328,609	1,167
Pharmacy, Institutional	477	14
Pharmacy, Retail	926,333	34,672
Physician MD	58,800	12,189
Physician, Group Practice	587,112	53,364
Podiatrist	10,407	4,350
Podiatry Group	750	417
Professional Counselor	142	21
Professional Counselor Group	174	33
Psychologist	8	4
Psychologist Group	52	8
Rehabilitaion Center	661	305
Residential Treatment Center	511	30
Schools, DC Public	39,299	4,116
Schools, DC Public Charter	8,356	1,275
<b>TOTAL UNIQUE</b>	<b>5,204,564</b>	<b>96,517</b>

**Department of Health Care Finance**

**FY20 Oversight Hearing**

**Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic**

**FFS Medicaid Utilization**

**FY2020 October-February (Pre-Pandemic)**

<b>Provider type description</b>	<b>Total paid claims</b>	<b>Total unique beneficiaries with at least one claim</b>
Adult Day Health 1915(i)	2,579	162
Ambulance, Air Transport	7	7
Ambulance, Private	1,235	939
Ambulance, Public	11,435	6,777
Ambulatory Surgical Centers	239	179
Audiologist	76	67
Birthing Centers	1	1
Clinic, Adlt Alc/Subst Abuse	89,913	1,935
Clinic, Dental	269	146
Clinic, Family Planning	10	10
Clinic, Fed Qualified Health	55,086	18,797
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	10,650	3,239
Clinic, Private	1,362	683
Clinic, Youth Alc/Subst Abuse	10	10
Crossover Claims Only 1500	366	190
Dentist	5,981	3,256
Dentist, Group Practice	12,118	7,277
Dentist, Waiver	487	381
Doctor Of Osteopathy	90	41
Durable Medical Equipment	34,521	8,770
Early Intervention	205	46
EPD Waiver	71,774	3,816
Hearing Aid Dealer	109	108
Hemodialysis, Freestanding	13,281	857
Hemodialysis, Hospital Based	230	23
Home Health Agency	176,950	5,066
Hospice	351	79
Hospital, General	91,735	31,282
Hospital, LTAC	169	145
Hospital, Psychiatric Private	448	363
Hospital, Psychiatric Public	64	19
ICF/IDD	6,415	299
IDD Waiver	87,006	1,811
Ind Xray And Lab	19	14
Independent Lab	34,648	14,115
Independent Social Worker	16	12

Independent Social Worker Grp	0	0
Independent X-Ray	665	386
Mental Health Rehab Services	463,149	19,731
Nurse Midwives	22	12
Nurse Practitioner	14,444	1,895
Nursing Facility	23,385	3,144
Office State Superinten of Ed	12,005	1,763
Optician/Optical Dispensary	924	659
Optometrist	3,510	2,522
Participant Directed	128,722	988
Pharmacy, Institutional	102	6
Pharmacy, Retail	395,331	26,955
Physician MD	29,647	9,044
Physician, Group Practice	308,194	42,010
Podiatrist	6,443	3,698
Podiatry Group	449	303
Professional Counselor	12	6
Professional Counselor Group	15	4
Psychologist	0	0
Psychologist Group	0	0
Rehabilitaion Center	331	165
Residential Treatment Center	212	22
Schools, DC Public	27,059	3,900
Schools, DC Public Charter	4,800	1,137
<b>TOTAL UNIQUE</b>	<b>2,129,276</b>	<b>76,111</b>

**Department of Health Care Finance**

**FY20 Oversight Hearing**

**Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic**

**FFS Medicaid Utilization**

**FY2020 March-September (Post-Pandemic)**

<b>Provider type description</b>	<b>Total paid claims</b>	<b>Total unique beneficiaries with at least one claim</b>
Adult Day Health 1915(i)	3,767	141
Ambulance, Air Transport	61	59
Ambulance, Private	1,697	1,256
Ambulance, Public	14,025	7,710
Ambulatory Surgical Centers	155	100
Audiologist	11	8
Birthing Centers	47	15
Clinic, Adlt Alc/Subst Abuse	108,968	2,200
Clinic, Dental	53	45
Clinic, Family Planning	31	26
Clinic, Fed Qualified Health	22,822	8,393
Clinic, Fed Qualified Health Per Member P	239,202	29,964
Clinic, Mental Health	13,718	3,338
Clinic, Private	3,256	967
Clinic, Youth Alc/Subst Abuse	1	1
Crossover Claims Only 1500	344	148
Dentist	5,113	2,713
Dentist, Group Practice	9,083	5,273
Dentist, Waiver	423	321
Doctor Of Osteopathy	57	8
Durable Medical Equipment	50,481	9,669
Early Intervention	57	23
EPD Waiver	108,241	4,637
Hearing Aid Dealer	88	84
Hemodialysis, Freestanding	18,770	859
Hemodialysis, Hospital Based	0	0
Home Health Agency	233,774	5,381
Hospice	386	96
Hospital, General	82,457	28,488
Hospital, LTAC	218	186
Hospital, Psychiatric Private	1,178	723
Hospital, Psychiatric Public	75	19
ICF/IDD	8,673	295
IDD Waiver	104,316	1,823
Ind Xray And Lab	22	21
Independent Lab	37,759	13,382
Independent Social Worker	1,155	156

Independent Social Worker Grp	137	22
Independent X-Ray	590	385
Mental Health Rehab Services	888,661	23,099
Nurse Midwives	19	10
Nurse Practitioner	17,393	2,135
Nursing Facility	30,715	3,376
Office State Superinten of Ed	3,219	1,332
Optician/Optical Dispensary	526	423
Optometrist	3,170	2,270
Participant Directed	199,887	1,123
Pharmacy, Institutional	375	13
Pharmacy, Retail	531,002	28,111
Physician MD	29,153	7,566
Physician, Group Practice	278,918	37,931
Podiatrist	3,964	2,306
Podiatry Group	301	219
Professional Counselor	130	21
Professional Counselor Group	159	31
Psychologist	8	4
Psychologist Group	52	8
Rehabilitaion Center	330	200
Residential Treatment Center	299	22
Schools, DC Public	12,240	3,368
Schools, DC Public Charter	3,556	1,102
<b>TOTAL UNIQUE</b>	<b>3,075,288</b>	<b>82,485</b>

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

FFS Medicaid Utilization

FY2021 Q1

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	2,976	202
Ambulance, Air Transport	7	7
Ambulance, Private	471	397
Ambulance, Public	4,222	2,919
Ambulatory Surgical Centers	69	51
Audiologist	26	20
Birthing Centers	4	2
Clinic, Adlt Alc/Subst Abuse	60,103	1,885
Clinic, Dental	36	26
Clinic, Family Planning	1	1
Clinic, Fed Qualified Health	6,068	4,438
Clinic, Fed Qualified Health Per Member P	81,942	12,591
Clinic, Mental Health	5,754	1,755
Clinic, Private	604	290
Clinic, Youth Alc/Subst Abuse	2	2
Crossover Claims Only 1500	224	116
Dentist	3,042	1,799
Dentist, Group Practice	4,818	3,039
Dentist, Waiver	407	303
Doctor Of Osteopathy	5	3
Durable Medical Equipment	25,569	6,034
Early Intervention	0	0
EPD Waiver	73,635	4,654
Hearing Aid Dealer	35	35
Hemodialysis, Freestanding	4,099	517
Hemodialysis, Hospital Based	0	0
Home Health Agency	132,403	4,281
Hospice	82	30
Hospital, General	32,571	14,264
Hospital, LTAC	73	66
Hospital, Psychiatric Private	227	167
Hospital, Psychiatric Public	31	9
ICF/IDD	5,564	277
IDD Waiver	61,623	1,732
Ind Xray And Lab	85	69
Independent Lab	10,552	4,160
Independent Social Worker	832	119



Independent Social Worker Grp	249	21
Independent X-Ray	251	184
Mental Health Rehab Services	651,074	23,546
Nurse Midwives	1	1
Nurse Practitioner	8,842	1,231
Nursing Facility	16,910	2,472
Office State Superinten of Ed	1,181	276
Optician/Optical Dispensary	273	235
Optometrist	1,528	1,151
Participant Directed	119,414	1,099
Pharmacy, Institutional	282	7
Pharmacy, Retail	130,024	14,623
Physician MD	8,932	3,235
Physician, Group Practice	95,825	19,987
Podiatrist	2,042	1,435
Podiatry Group	182	129
Professional Counselor	6	5
Professional Counselor Group	148	38
Psychologist	3	2
Psychologist Group	192	13
Rehabiliataion Center	166	108
Residential Treatment Center	97	13
Schools, DC Public	5,117	2,419
Schools, DC Public Charter	1,057	811
<b>TOTAL UNIQUE</b>	<b>1,561,958</b>	<b>63,807</b>

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

MCO Medicaid Utilization

FY2019

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	46	42
Ambulance, Air Transport	6	6
Ambulance, Private	258,622	14,637
Ambulance, Public	15,597	10,374
Ambulatory Surgical Centers	542	516
Audiologist	5,843	242
Birth Centers	27	18
Clinic, Adlt Alc/Subst Abuse	4,828	392
Clinic, Dental	2,543	1,355
Clinic, Family Planning	1,233	767
Clinic, Fed Qualified Health	294,303	75,733
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	42,551	4,617
Clinic, Private	12,291	5,382
Clinic, Youth Alc/Subst Abuse	5,325	770
Crossover Claims Only 1500	3,051	394
Day Treatment	4,015	31
Dentist	77,612	35,055
Dentist, Group Practice	117,942	55,483
Dentist, Waiver	76	38
Doctor Of Osteopathy	186	118
Durable Medical Equipment	81,841	23,396
EHR Incentive Paymnt Financial	9	9
EPD Waiver	8,795	135
General Non-Billing	26	25
Hearing Aid Dealer	671	317
Hemodialysis, Freestanding	1,371	157
Hemodialysis, Hospital Based	18	2
Home Health Agency	95,937	991
Hospice	80	30
Hospital, Emergency Access	501	352
Hospital, General	300,881	99,171
Hospital, LTAC	33	24
Hospital, Psychiatric Private	4,286	1,063
Hospital, Psychiatric Public	89	12
ICF/IDD	64	8
IDD Waiver	5,282	371
Independent Lab	176,199	70,786
Independent Social Worker	2,977	347
Independent Social Worker Grp	0	0

Independent X-Ray	732	589
Managed Care Organization	1	1
Marriage/Family Therapist	0	0
Medical Transportation Broker	9,309	932
Mental Health Rehab Services	29,291	7,379
Nurse Midwives	259	166
Nurse Practitioner	7,870	2,098
Nursing Facility	437	201
Optician/Optical Dispensary	6,425	6,296
Optometrist	19,701	17,054
Pharmacy, Institutional	0	0
Pharmacy, Retail	1,550,510	122,821
Physician MD	189,810	38,784
Physician, Group Practice	626,673	116,621
Podiatrist	3,499	1,398
Podiatry Group	3	3
Professional Counselor	0	0
Professional Counselor Group	0	0
Psychologist	0	0
Psychologist Group	0	0
Radiation Therapy Center	0	0
Rehabilitaion Center	6,699	967
Residential Treatment Center	366	25
<b>TOTAL UNIQUE</b>	<b>3,977,284</b>	<b>173,386</b>

Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects claims by date of service.

Includes claims paid by Medicaid managed care plans; excludes the Immigrant Children's Program and Alliance.

Because individuals enrolled in managed care organization (MCO) coverage may have services paid on a fee-for-service (FFS) basis, data shown here does not include all services used by MCO beneficiaries. FY2021 reflects a shift of approximately 17,000 beneficiaries from FFS to MCO coverage.

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

MCO Medicaid Utilization

FY2020

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	1	1
Ambulance, Air Transport	37	35
Ambulance, Private	139,863	11,039
Ambulance, Public	14,801	9,519
Ambulatory Surgical Centers	352	325
Audiologist	3,925	271
Birth Centers	340	171
Clinic, Adlt Alc/Subst Abuse	1,129	386
Clinic, Dental	846	468
Clinic, Family Planning	1,688	958
Clinic, Fed Qualified Health	272,086	68,917
Clinic, Fed Qualified Health Per Member P	73	66
Clinic, Mental Health	42,504	3,714
Clinic, Private	9,959	4,272
Clinic, Youth Alc/Subst Abuse	2,802	527
Crossover Claims Only 1500	1,962	324
Day Treatment	3,093	25
Dentist	53,122	26,142
Dentist, Group Practice	76,722	41,363
Dentist, Waiver	162	89
Doctor Of Osteopathy	236	101
Durable Medical Equipment	49,954	14,308
EHR Incentive Paymnt Financial	3	3
EPD Waiver	136	26
General Non-Billing	860	768
Hearing Aid Dealer	621	307
Hemodialysis, Freestanding	1,073	146
Hemodialysis, Hospital Based	2	1
Home Health Agency	91,686	874
Hospice	119	30
Hospital, Emergency Access	188	137
Hospital, General	232,794	84,614
Hospital, LTAC	43	35
Hospital, Psychiatric Private	4,510	967
Hospital, Psychiatric Public	36	14
ICF/IDD	96	8
IDD Waiver	11,574	654
Independent Lab	145,596	61,285
Independent Social Worker	2,276	167
Independent Social Worker Grp	5,128	536

Independent X-Ray	646	553
Managed Care Organization	0	0
Marriage/Family Therapist	4	4
Medical Transportation Broker	11,839	947
Mental Health Rehab Services	36,802	7,906
Nurse Midwives	360	192
Nurse Practitioner	7,428	2,034
Nursing Facility	394	198
Optician/Optical Dispensary	5,796	5,501
Optometrist	14,897	13,015
Pharmacy, Institutional	169	4
Pharmacy, Retail	1,507,395	115,850
Physician MD	114,979	22,197
Physician, Group Practice	587,096	106,893
Podiatrist	3,132	1,248
Podiatry Group	16	4
Professional Counselor	454	109
Professional Counselor Group	8,216	512
Psychologist	755	103
Psychologist Group	3,889	450
Radiation Therapy Center	10	10
Rehabilitaion Center	5,745	715
Residential Treatment Center	258	26
<b>TOTAL UNIQUE</b>	<b>3,482,678</b>	<b>165,476</b>

**Department of Health Care Finance**

**FY20 Oversight Hearing**

**Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic**

**MCO Medicaid Utilization**

**FY2020 October-February (Pre-Pandemic)**

<b>Provider type description</b>	<b>Total paid claims</b>	<b>Total unique beneficiaries with at least one claim</b>
Adult Day Health 1915(i)	0	0
Ambulance, Air Transport	1	1
Ambulance, Private	91,854	8,589
Ambulance, Public	6,724	5,025
Ambulatory Surgical Centers	174	167
Audiologist	1,873	235
Birth Centers	13	12
Clinic, Adlt Alc/Subst Abuse	458	211
Clinic, Dental	606	353
Clinic, Family Planning	653	477
Clinic, Fed Qualified Health	121,218	49,469
Clinic, Fed Qualified Health Per Member P	2	2
Clinic, Mental Health	19,106	2,603
Clinic, Private	4,880	2,782
Clinic, Youth Alc/Subst Abuse	1,410	397
Crossover Claims Only 1500	1,054	205
Day Treatment	2,005	23
Dentist	28,403	17,078
Dentist, Group Practice	46,319	30,482
Dentist, Waiver	58	27
Doctor Of Osteopathy	111	44
Durable Medical Equipment	23,359	8,841
EHR Incentive Paymnt Financial	3	3
EPD Waiver	1	1
General Non-Billing	53	52
Hearing Aid Dealer	310	188
Hemodialysis, Freestanding	568	96
Hemodialysis, Hospital Based	2	1
Home Health Agency	40,568	614
Hospice	46	18
Hospital, Emergency Access	91	71
Hospital, General	121,980	58,987
Hospital, LTAC	19	16
Hospital, Psychiatric Private	1,709	472
Hospital, Psychiatric Public	16	4
ICF/IDD	38	7
IDD Waiver	4,773	416
Independent Lab	69,046	38,473
Independent Social Worker	1,075	85
Independent Social Worker Grp	4	4

Independent X-Ray	409	365
Managed Care Organization	0	0
Marriage/Family Therapist	0	0
Medical Transportation Broker	6,959	696
Mental Health Rehab Services	13,399	4,414
Nurse Midwives	166	85
Nurse Practitioner	2,855	1,118
Nursing Facility	167	96
Optician/Optical Dispensary	3,462	3,368
Optometrist	7,952	7,111
Pharmacy, Institutional	75	4
Pharmacy, Retail	648,499	88,982
Physician MD	55,562	13,041
Physician, Group Practice	287,738	77,986
Podiatrist	1,487	789
Podiatry Group	2	2
Professional Counselor	16	13
Professional Counselor Group	1,004	171
Psychologist	0	0
Psychologist Group	183	123
Radiation Therapy Center	3	3
Rehabiliataion Center	2,246	393
Residential Treatment Center	155	20
<b>TOTAL UNIQUE</b>	<b>1,622,922</b>	<b>136,618</b>

Department of Health Care Finance
FY20 Oversight Hearing
Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

**MCO Medicaid Utilization**

**FY2020 March-September (Post-Pandemic)**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	1	1
Ambulance, Air Transport	36	34
Ambulance, Private	48,009	6,298
Ambulance, Public	8,077	5,504
Ambulatory Surgical Centers	178	169
Audiologist	2,052	121
Birth Centers	327	159
Clinic, Adlt Alc/Subst Abuse	671	269
Clinic, Dental	240	172
Clinic, Family Planning	1,035	641
Clinic, Fed Qualified Health	150,868	48,743
Clinic, Fed Qualified Health Per Member P	71	65
Clinic, Mental Health	23,398	2,606
Clinic, Private	5,079	2,440
Clinic, Youth Alc/Subst Abuse	1,392	266
Crossover Claims Only 1500	908	189
Day Treatment	1,088	24
Dentist	24,719	14,758
Dentist, Group Practice	30,403	19,941
Dentist, Waiver	104	70
Doctor Of Osteopathy	125	75
Durable Medical Equipment	26,595	7,922
EHR Incentive Paymnt Financial	0	0
EPD Waiver	135	26
General Non-Billing	807	716
Hearing Aid Dealer	311	183
Hemodialysis, Freestanding	505	108
Hemodialysis, Hospital Based	0	0
Home Health Agency	51,118	622
Hospice	73	18
Hospital, Emergency Access	97	71
Hospital, General	110,814	49,620
Hospital, LTAC	24	19
Hospital, Psychiatric Private	2,801	592
Hospital, Psychiatric Public	20	11
ICF/IDD	58	8
IDD Waiver	6,801	401
Independent Lab	76,550	39,529
Independent Social Worker	1,201	103
Independent Social Worker Grp	5,124	536



Independent X-Ray	237	206
Managed Care Organization	0	0
Marriage/Family Therapist	4	4
Medical Transportation Broker	4,880	483
Mental Health Rehab Services	23,403	5,928
Nurse Midwives	194	109
Nurse Practitioner	4,573	1,508
Nursing Facility	227	118
Optician/Optical Dispensary	2,334	2,264
Optometrist	6,945	6,344
Pharmacy, Institutional	94	4
Pharmacy, Retail	858,896	87,970
Physician MD	59,417	14,754
Physician, Group Practice	299,358	71,604
Podiatrist	1,645	785
Podiatry Group	14	3
Professional Counselor	438	109
Professional Counselor Group	7,212	498
Psychologist	755	103
Psychologist Group	3,706	427
Radiation Therapy Center	7	7
Rehabiliataion Center	3,499	464
Residential Treatment Center	103	16
<b>TOTAL UNIQUE</b>	<b>1,859,756</b>	<b>131,942</b>

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

MCO Medicaid Utilization

FY2021 Q1

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	0	0
Ambulance, Air Transport	7	6
Ambulance, Private	34,999	4,476
Ambulance, Public	4,568	3,169
Ambulatory Surgical Centers	73	66
Audiologist	878	84
Birth Centers	174	95
Clinic, Adlt Alc/Subst Abuse	429	218
Clinic, Dental	123	86
Clinic, Family Planning	584	428
Clinic, Fed Qualified Health	48,569	23,073
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	10,295	1,410
Clinic, Private	2,530	1,372
Clinic, Youth Alc/Subst Abuse	188	62
Crossover Claims Only 1500	41	26
Day Treatment	885	15
Dentist	18,570	12,372
Dentist, Group Practice	15,612	11,276
Dentist, Waiver	85	57
Doctor Of Osteopathy	131	92
Durable Medical Equipment	12,116	4,659
EHR Incentive Paymnt Financial	0	0
EPD Waiver	163	22
General Non-Billing	0	0
Hearing Aid Dealer	193	134
Hemodialysis, Freestanding	375	142
Hemodialysis, Hospital Based	0	0
Home Health Agency	19,881	618
Hospice	21	6
Hospital, Emergency Access	7	5
Hospital, General	59,699	29,837
Hospital, LTAC	16	12
Hospital, Psychiatric Private	1,235	451
Hospital, Psychiatric Public	13	11
ICF/IDD	377	6
IDD Waiver	2,840	188
Independent Lab	26,427	18,705
Independent Social Worker	928	65
Independent Social Worker Grp	2,739	351

Independent X-Ray	26	25
Managed Care Organization	0	0
Marriage/Family Therapist	19	9
Medical Transportation Broker	0	0
Mental Health Rehab Services	9,308	3,082
Nurse Midwives	81	47
Nurse Practitioner	2,208	922
Nursing Facility	139	82
Optician/Optical Dispensary	1,306	1,277
Optometrist	3,910	3,690
Pharmacy, Institutional	27	2
Pharmacy, Retail	322,618	52,816
Physician MD	42,816	20,896
Physician, Group Practice	145,475	43,597
Podiatrist	955	599
Podiatry Group	2	1
Professional Counselor	1,013	91
Professional Counselor Group	4,793	393
Psychologist	440	54
Psychologist Group	3,765	338
Radiation Therapy Center	1	1
Rehabiliataion Center	1,531	221
Residential Treatment Center	73	7
<b>TOTAL UNIQUE</b>	<b>806,277</b>	<b>94,322</b>

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

Immigrant Children's Program (ICP) Utilization

FY2019

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	2	1
Ambulance, Private	319	35
Ambulance, Public	72	62
Ambulatory Surgical Centers	17	16
Audiologist	20	3
Clinic, Dental	77	37
Clinic, Family Planning	1	1
Clinic, Fed Qualified Health	14,258	3,051
Clinic, Mental Health	774	35
Clinic, Private	89	52
Clinic, Youth Alc/Subst Abuse	35	5
Dentist	2,168	964
Dentist, Group Practice	2,213	954
Dentist, Waiver	1	1
Doctor Of Osteopathy	1	1
Durable Medical Equipment	729	357
General Non-Billing	0	0
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	12	1
Home Health Agency	641	9
Hospice	0	0
Hospital, Emergency Access	1	1
Hospital, General	3,391	1,254
Hospital, Psychiatric Private	12	4
IDD Waiver	9	2
Independent Lab	2,678	1,587
Independent Social Worker	13	4
Independent Social Worker Grp	0	0
Medical Transportation Broker	15	2
Mental Health Rehab Services	97	32
Nurse Midwives	0	0
Nurse Practitioner	25	16
Optician/Optical Dispensary	129	127
Optometrist	289	242
Pharmacy, Retail	8,402	1,702
Physician MD	1,433	282
Physician, Group Practice	5,405	1,330
Podiatrist	3	3
Psychologist	0	0
Psychologist Group	0	0
Rehabilitaion Center	37	7

<b>TOTAL UNIQUE</b>	<b>43,369</b>	<b>3,725</b>
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Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects claims by date of service.

Includes non-capitation, non-FQHC wrap claims paid by managed care plans and DHCF for ICP beneficiaries.

Department of Health Care Finance

FY20 Oversight Hearing

Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic

Immigrant Children's Program (ICP) Utilization

FY2020

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	0	0
Ambulance, Private	176	19
Ambulance, Public	69	63
Ambulatory Surgical Centers	11	11
Audiologist	0	0
Clinic, Dental	24	11
Clinic, Family Planning	9	3
Clinic, Fed Qualified Health	12,795	2,798
Clinic, Mental Health	668	25
Clinic, Private	29	23
Clinic, Youth Alc/Subst Abuse	43	16
Dentist	1,553	707
Dentist, Group Practice	1,765	847
Dentist, Waiver	8	4
Doctor Of Osteopathy	2	1
Durable Medical Equipment	307	161
General Non-Billing	46	40
Hearing Aid Dealer	3	3
Hemodialysis, Freestanding	1	1
Home Health Agency	80	2
Hospice	0	0
Hospital, Emergency Access	0	0
Hospital, General	2,794	1,129
Hospital, Psychiatric Private	48	2
IDD Waiver	0	0
Independent Lab	2,427	1,376
Independent Social Worker	7	4
Independent Social Worker Grp	47	11
Medical Transportation Broker	31	4
Mental Health Rehab Services	136	44
Nurse Midwives	1	1
Nurse Practitioner	9	6
Optician/Optical Dispensary	83	72
Optometrist	212	188
Pharmacy, Retail	7,895	1,555
Physician MD	1,335	241
Physician, Group Practice	4,563	1,241
Podiatrist	3	3
Psychologist	70	6
Psychologist Group	205	15
Rehabilitaion Center	16	6

TOTAL UNIQUE	37,471	3,507
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<b>Department of Health Care Finance</b>
<b>FY20 Oversight Hearing</b>
<b>Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic</b>
<b>Immigrant Children's Program (ICP) Utilization</b>
<b>FY2020 October-February (Pre-Pandemic)</b>

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	0	0
Ambulance, Private	89	13
Ambulance, Public	49	45
Ambulatory Surgical Centers	6	6
Audiologist	0	0
Clinic, Dental	16	11
Clinic, Family Planning	6	2
Clinic, Fed Qualified Health	6,385	2,175
Clinic, Mental Health	287	17
Clinic, Private	25	19
Clinic, Youth Alc/Subst Abuse	7	4
Dentist	905	507
Dentist, Group Practice	1,148	667
Dentist, Waiver	7	4
Doctor Of Osteopathy	0	0
Durable Medical Equipment	162	103
General Non-Billing	0	0
Hearing Aid Dealer	3	3
Hemodialysis, Freestanding	1	1
Home Health Agency	79	2
Hospice	0	0
Hospital, Emergency Access	0	0
Hospital, General	1,489	796
Hospital, Psychiatric Private	4	1
IDD Waiver	0	0
Independent Lab	1,179	780
Independent Social Worker	5	3
Independent Social Worker Grp	0	0
Medical Transportation Broker	27	2
Mental Health Rehab Services	38	15
Nurse Midwives	0	0
Nurse Practitioner	1	1
Optician/Optical Dispensary	43	43
Optometrist	125	116
Pharmacy, Retail	3,850	1,134
Physician MD	489	104
Physician, Group Practice	2,370	881
Podiatrist	2	2
Psychologist	0	0
Psychologist Group	0	0
Rehabilitaion Center	2	2



TOTAL UNIQUE	18,799	2,950
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<b>Department of Health Care Finance</b>
<b>FY20 Oversight Hearing</b>
<b>Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic</b>
<b>Immigrant Children's Program (ICP) Utilization</b>
<b>FY2020 March-September (Post-Pandemic)</b>

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	0	0
Ambulance, Private	87	16
Ambulance, Public	20	19
Ambulatory Surgical Centers	5	5
Audiologist	0	0
Clinic, Dental	8	4
Clinic, Family Planning	3	2
Clinic, Fed Qualified Health	6,410	1,870
Clinic, Mental Health	381	18
Clinic, Private	4	4
Clinic, Youth Alc/Subst Abuse	36	12
Dentist	648	389
Dentist, Group Practice	617	403
Dentist, Waiver	1	1
Doctor Of Osteopathy	2	1
Durable Medical Equipment	145	73
General Non-Billing	46	40
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	0	0
Home Health Agency	1	1
Hospice	0	0
Hospital, Emergency Access	0	0
Hospital, General	1,305	576
Hospital, Psychiatric Private	44	2
IDD Waiver	0	0
Independent Lab	1,248	802
Independent Social Worker	2	1
Independent Social Worker Grp	47	11
Medical Transportation Broker	4	2
Mental Health Rehab Services	98	35
Nurse Midwives	1	1
Nurse Practitioner	8	5
Optician/Optical Dispensary	40	40
Optometrist	87	81
Pharmacy, Retail	4,045	897
Physician MD	846	181
Physician, Group Practice	2,193	665
Podiatrist	1	1
Psychologist	70	6
Psychologist Group	205	15
Rehabilitaion Center	14	5

TOTAL UNIQUE	18,672	2,564
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<b>Department of Health Care Finance</b>
<b>FY20 Oversight Hearing</b>
<b>Question 25: Medicaid Enrollment and Utilization, COVID-19 Pandemic vs. Pre-Pandemic</b>
<b>Immigrant Children's Program (ICP) Utilization</b>
<b>FY2021 Q1</b>

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Health 1915(i)	0	0
Ambulance, Private	28	8
Ambulance, Public	4	4
Ambulatory Surgical Centers	0	0
Audiologist	8	6
Clinic, Dental	6	4
Clinic, Family Planning	0	0
Clinic, Fed Qualified Health	2,141	1,041
Clinic, Mental Health	107	12
Clinic, Private	1	1
Clinic, Youth Alc/Subst Abuse	39	8
Dentist	634	440
Dentist, Group Practice	402	289
Dentist, Waiver	1	1
Doctor Of Osteopathy	1	1
Durable Medical Equipment	53	36
General Non-Billing	0	0
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	0	0
Home Health Agency	0	0
Hospice	14	8
Hospital, Emergency Access	0	0
Hospital, General	588	338
Hospital, Psychiatric Private	0	0
IDD Waiver	0	0
Independent Lab	424	348
Independent Social Worker	0	0
Independent Social Worker Grp	18	7
Medical Transportation Broker	0	0
Mental Health Rehab Services	291	44
Nurse Midwives	0	0
Nurse Practitioner	0	0
Optician/Optical Dispensary	35	35
Optometrist	84	82
Pharmacy, Retail	1,271	478
Physician MD	336	268
Physician, Group Practice	703	356
Podiatrist	7	4
Psychologist	0	0
Psychologist Group	536	22
Rehabilitaion Center	13	3

TOTAL UNIQUE	7,747	2,014
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## Department of Health Care Finance

### FY20 Oversight Hearing

#### Question 42: Alliance Program Enrollment and Utilization

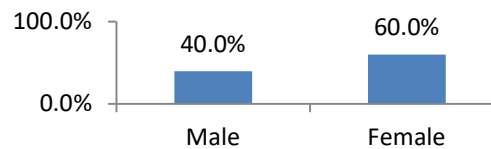
This report displays enrollment data for Alliance beneficiaries with spans from Oct 1, 2018 through Sep 30, 2019.

**THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY19.**

Gender	Alliance
Male	8,350
Female	12,513
TOTAL	20,863

Gender	Alliance
Male	40.0%
Female	60.0%

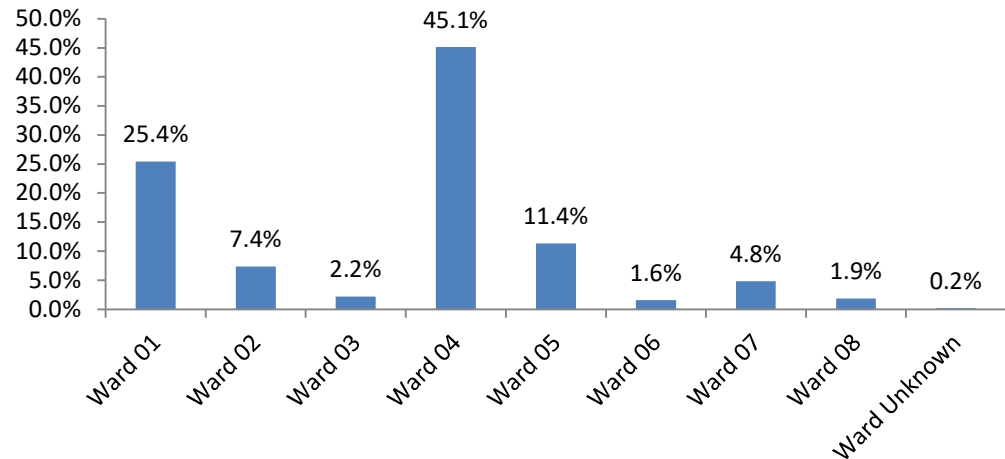
#### FY19 Alliance by Gender



Ward	Alliance
Ward 01	5,304
Ward 02	1,544
Ward 03	462
Ward 04	9,416
Ward 05	2,371
Ward 06	331
Ward 07	1,002
Ward 08	393
Ward Unknown	40
TOTAL	20,863

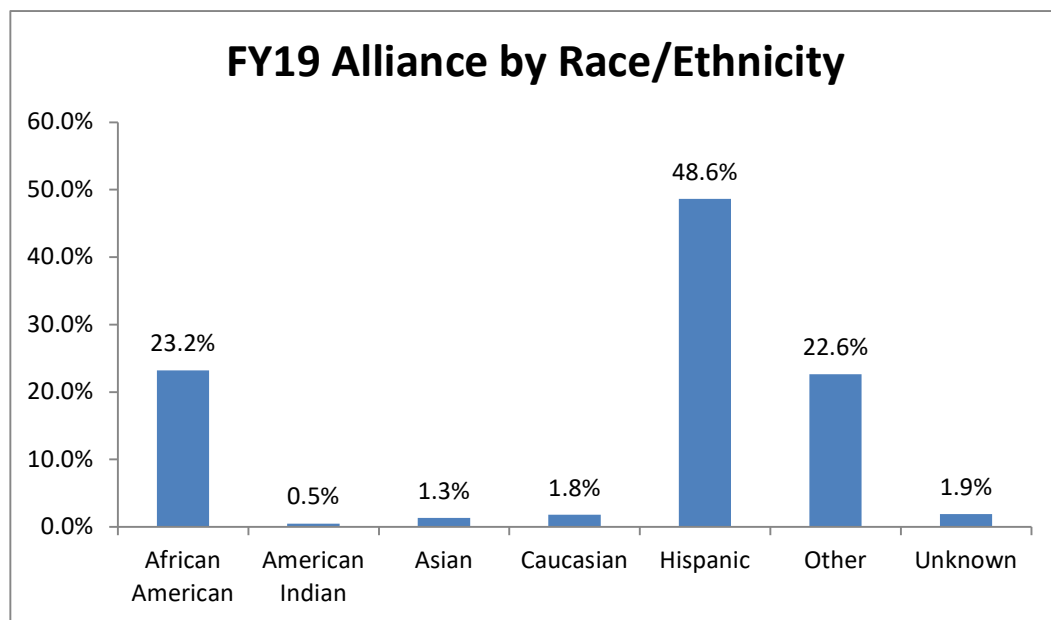
Ward	Alliance
Ward 01	25.4%
Ward 02	7.4%
Ward 03	2.2%
Ward 04	45.1%
Ward 05	11.4%
Ward 06	1.6%
Ward 07	4.8%
Ward 08	1.9%
Ward Unknown	0.2%

#### FY19 Alliance by Ward



Race/Ethnicity	Alliance
African American	4,842
American Indian	103
Asian	276
Caucasian	378
Hispanic	10,144
Other	4,725
Unknown	395
TOTAL	20,863

Race/Ethnicity	Alliance
African American	23.2%
American Indian	0.5%
Asian	1.3%
Caucasian	1.8%
Hispanic	48.6%
Other	22.6%
Unknown	1.9%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Alliance program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

## Department of Health Care Finance

### FY20 Oversight Hearing

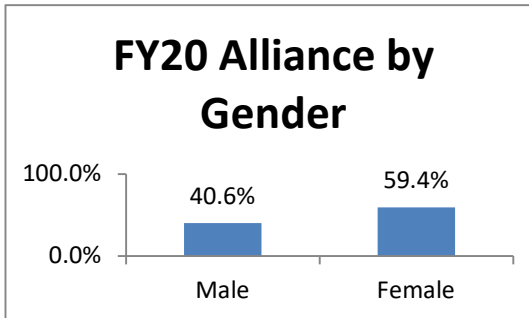
#### Question 42: Alliance Program Enrollment and Utilization

This report displays enrollment data for Alliance beneficiaries with spans from Oct 1, 2019 through Sep 30, 2020.

**THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY20.**

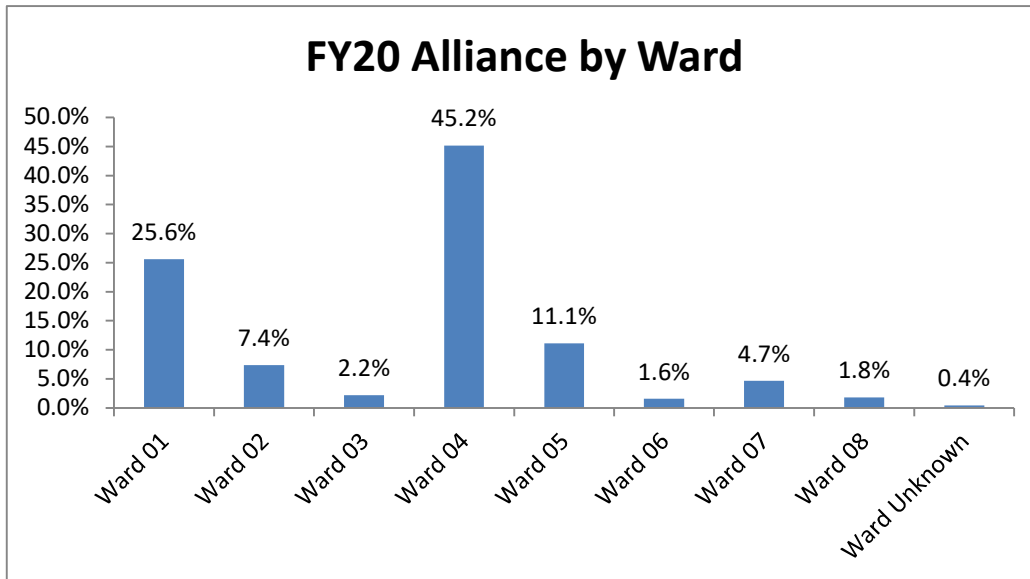
Gender	Alliance
Male	8,168
Female	11,948
TOTAL	20,116

Gender	Alliance
Male	40.6%
Female	59.4%



Ward	Alliance
Ward 01	5,148
Ward 02	1,486
Ward 03	444
Ward 04	9,086
Ward 05	2,229
Ward 06	325
Ward 07	941
Ward 08	372
Ward Unknown	85
TOTAL	20,116

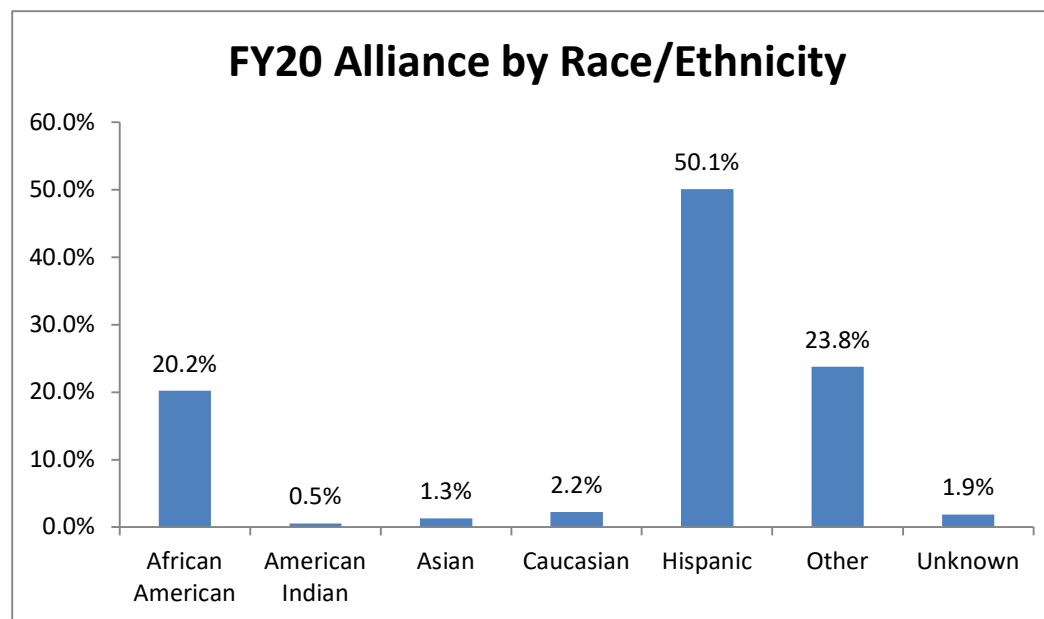
Ward	Alliance
Ward 01	25.6%
Ward 02	7.4%
Ward 03	2.2%
Ward 04	45.2%
Ward 05	11.1%
Ward 06	1.6%
Ward 07	4.7%
Ward 08	1.8%
Ward Unknown	0.4%





Race/Ethnicity	Alliance
African American	4,066
American Indian	107
Asian	258
Caucasian	445
Hispanic	10,081
Other	4,782
Unknown	377
TOTAL	20,116

Race/Ethnicity	Alliance
African American	20.2%
American Indian	0.5%
Asian	1.3%
Caucasian	2.2%
Hispanic	50.1%
Other	23.8%
Unknown	1.9%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Alliance program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

## Department of Health Care Finance

### FY20 Oversight Hearing

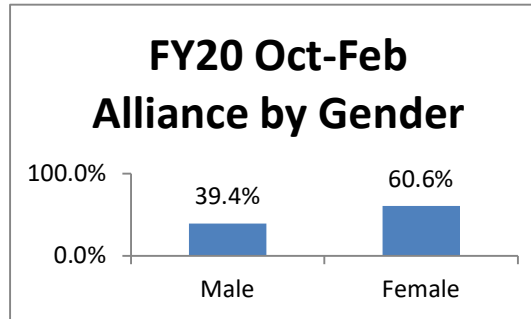
#### Question 42: Alliance Program Enrollment and Utilization

This report displays enrollment data for Alliance beneficiaries with spans from Oct 1, 2019 through Feb 29, 2020.

**THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING OCTOBER-FEBRUARY OF FY20 (PRE-PANDEMIC).**

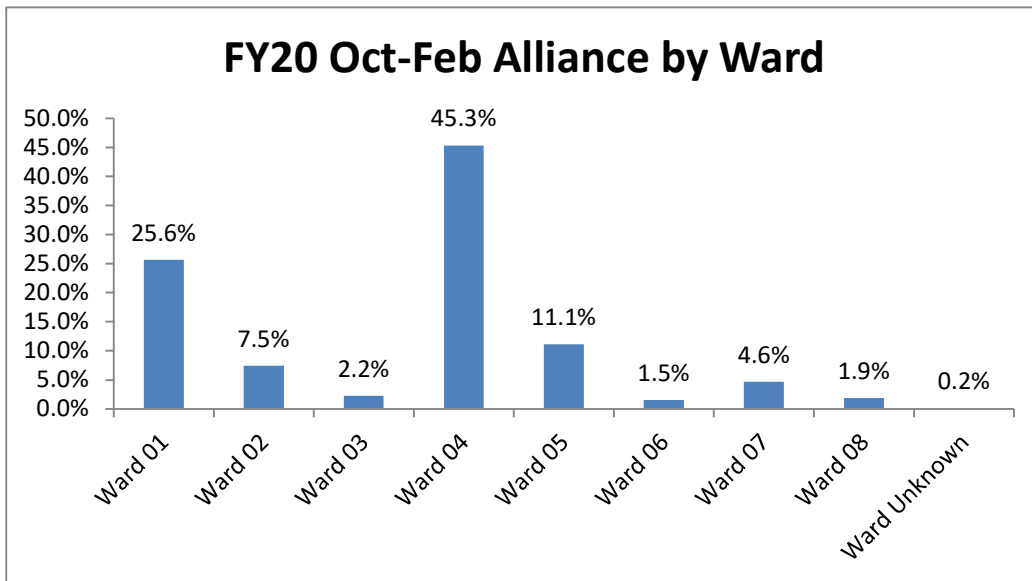
Gender	Alliance
Male	7,049
Female	10,855
TOTAL	17,904

Gender	Alliance
Male	39.4%
Female	60.6%



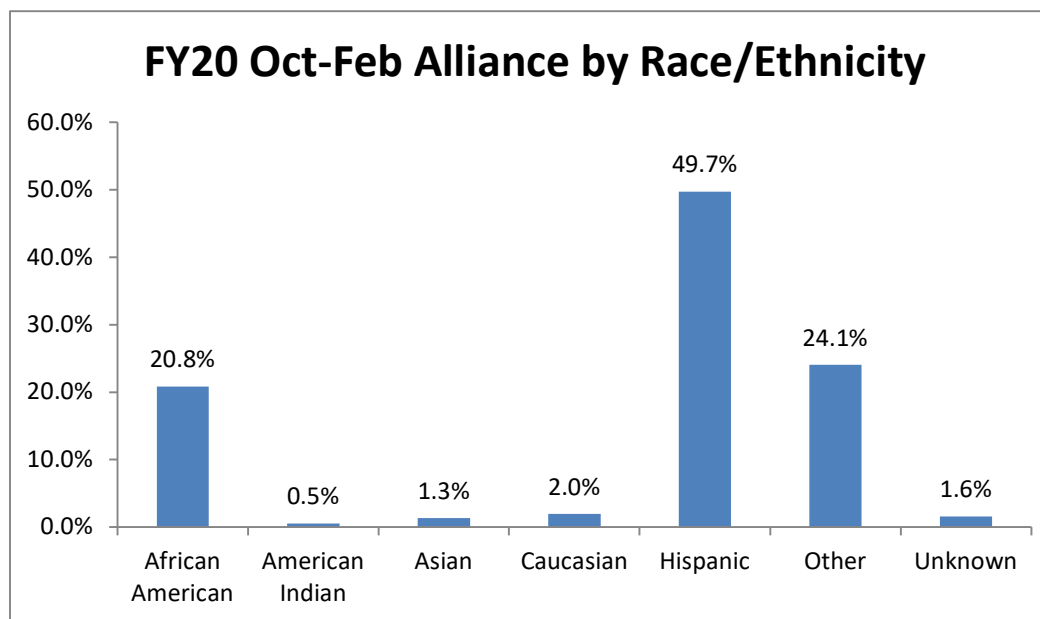
Ward	Alliance
Ward 01	4,591
Ward 02	1,335
Ward 03	400
Ward 04	8,114
Ward 05	1,992
Ward 06	275
Ward 07	832
Ward 08	334
Ward Unknown	31
TOTAL	17,904

Ward	Alliance
Ward 01	25.6%
Ward 02	7.5%
Ward 03	2.2%
Ward 04	45.3%
Ward 05	11.1%
Ward 06	1.5%
Ward 07	4.6%
Ward 08	1.9%
Ward Unknown	0.2%



Race/Ethnicity	Alliance
African American	3,730
American Indian	93
Asian	241
Caucasian	352
Hispanic	8,899
Other	4,307
Unknown	282
TOTAL	17,904

Race/Ethnicity	Alliance
African American	20.8%
American Indian	0.5%
Asian	1.3%
Caucasian	2.0%
Hispanic	49.7%
Other	24.1%
Unknown	1.6%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Alliance program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

## Department of Health Care Finance

### FY20 Oversight Hearing

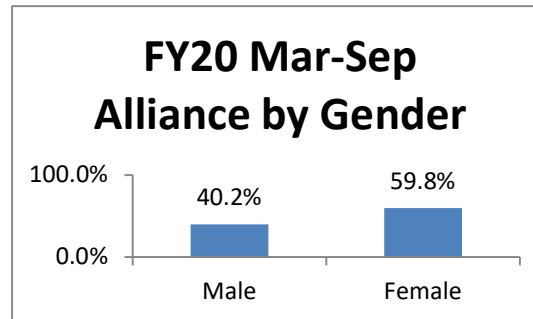
#### Question 42: Alliance Program Enrollment and Utilization

This report displays enrollment data for Alliance beneficiaries with spans from Mar 1, 2020 through Sep 30, 2020.

**THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING MARCH-SEPTEMBER FY20 (POST-PANDEMIC).**

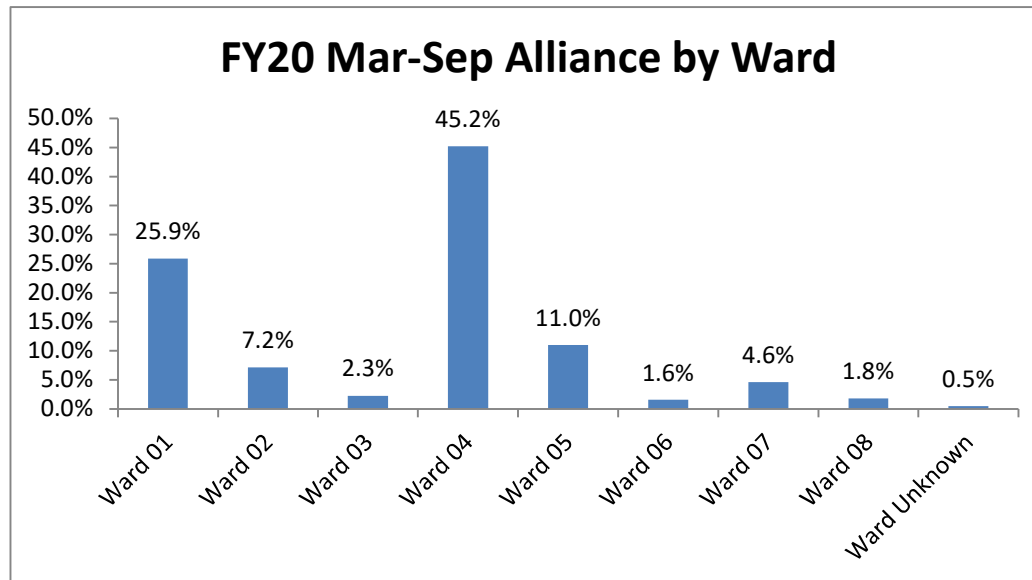
Gender	Alliance
Male	7,124
Female	10,588
TOTAL	17,712

Gender	Alliance
Male	40.2%
Female	59.8%



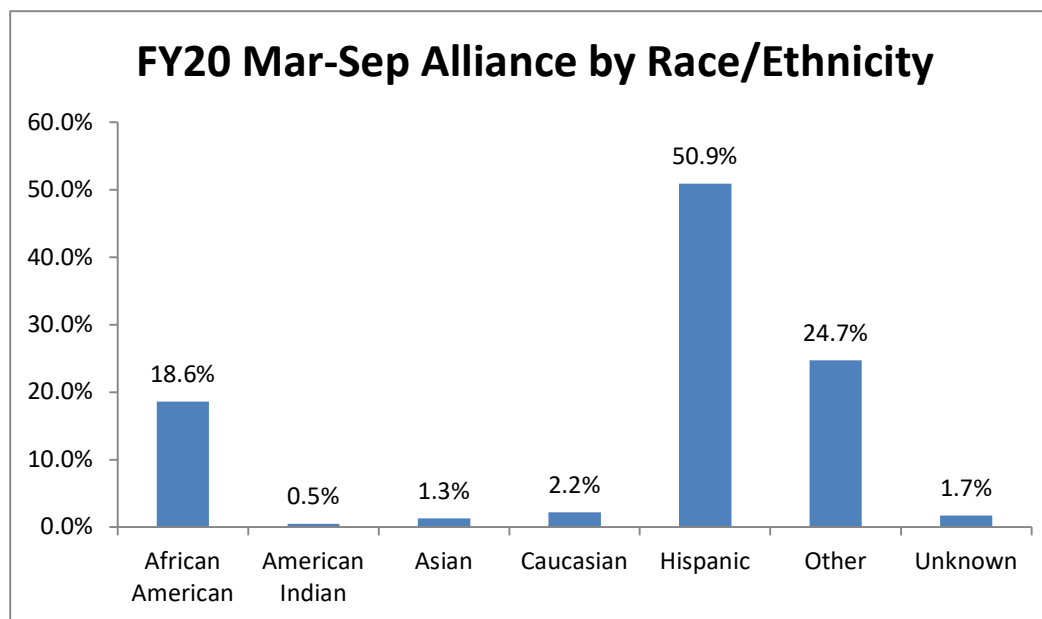
Ward	Alliance
Ward 01	4,580
Ward 02	1,274
Ward 03	405
Ward 04	8,004
Ward 05	1,947
Ward 06	283
Ward 07	814
Ward 08	322
Ward Unknown	83
TOTAL	17,712

Ward	Alliance
Ward 01	25.9%
Ward 02	7.2%
Ward 03	2.3%
Ward 04	45.2%
Ward 05	11.0%
Ward 06	1.6%
Ward 07	4.6%
Ward 08	1.8%
Ward Unknown	0.5%



Race/Ethnicity	Alliance
African American	3,302
American Indian	90
Asian	232
Caucasian	388
Hispanic	9,017
Other	4,376
Unknown	307
TOTAL	17,712

Race/Ethnicity	Alliance
African American	18.6%
American Indian	0.5%
Asian	1.3%
Caucasian	2.2%
Hispanic	50.9%
Other	24.7%
Unknown	1.7%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Alliance program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format).

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

## Department of Health Care Finance

### FY20 Oversight Hearing

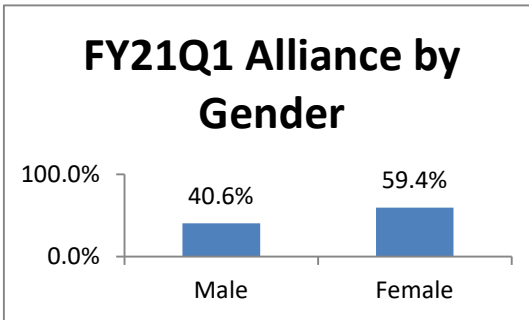
#### Question 42: Alliance Program Enrollment and Utilization

This report displays enrollment data for Alliance beneficiaries with spans from Oct 1, 2020 through Dec 31, 2020.

**THE TABLES BELOW SHOW DISTRIBUTION BY GENDER, WARD, AND RACE/ETHNICITY FOR UNDUPLICATED INDIVIDUALS EVER-ENROLLED DURING FY21Q1.**

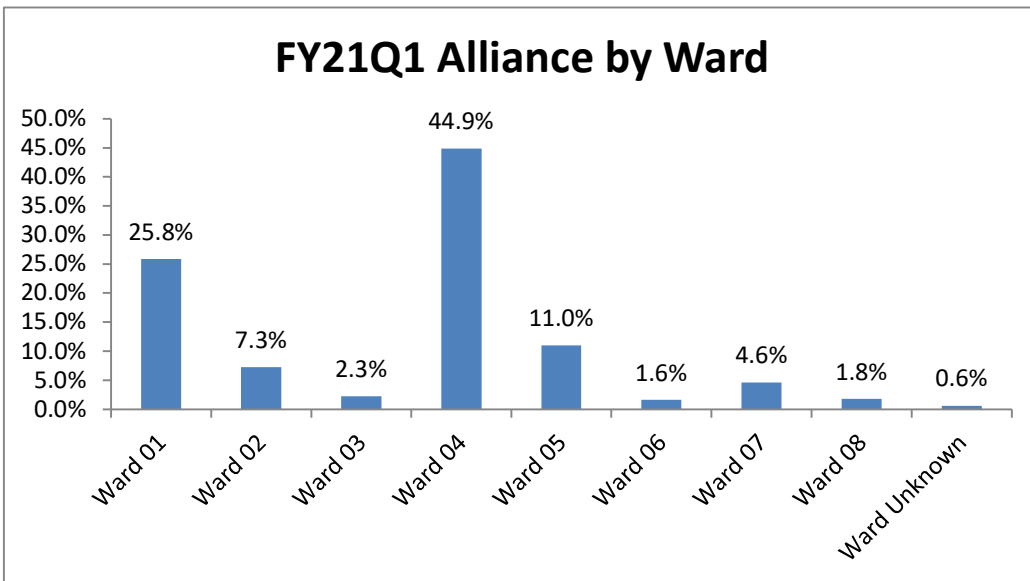
Gender	Alliance
Male	7,613
Female	11,129
TOTAL	18,742

Gender	Alliance
Male	40.6%
Female	59.4%



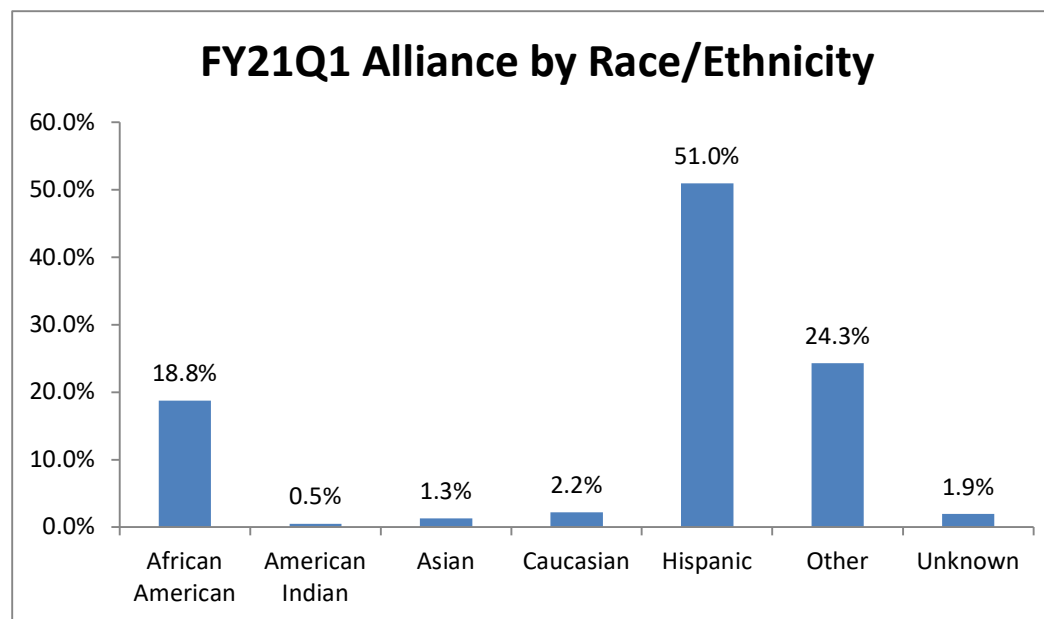
Ward	Alliance
Ward 01	4,843
Ward 02	1,360
Ward 03	428
Ward 04	8,415
Ward 05	2,061
Ward 06	308
Ward 07	864
Ward 08	344
Ward Unknown	119
TOTAL	18,742

Ward	Alliance
Ward 01	25.8%
Ward 02	7.3%
Ward 03	2.3%
Ward 04	44.9%
Ward 05	11.0%
Ward 06	1.6%
Ward 07	4.6%
Ward 08	1.8%
Ward Unknown	0.6%



Race/Ethnicity	Alliance
African American	3,518
American Indian	96
Asian	240
Caucasian	409
Hispanic	9,558
Other	4,558
Unknown	363
TOTAL	18,742

Race/Ethnicity	Alliance
African American	18.8%
American Indian	0.5%
Asian	1.3%
Caucasian	2.2%
Hispanic	51.0%
Other	24.3%
Unknown	1.9%



Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Note: Reflects individuals enrolled in the Alliance program.

Unknown values for ward include cases where a mapping of the beneficiary's address is not readily available (e.g., due to a non-standard address format

Unknown values for race/ethnicity include cases where the beneficiary does not self-report on their application.

Department of Health Care Finance

FY20 Oversight Hearing

Question 42: Alliance Program Enrollment and Utilization

Alliance Utilization

FY2019

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Ambulance, Air Transport	0	0
Ambulance, Private	4,888	233
Ambulance, Public	742	513
Ambulatory Surgical Centers	17	16
Audiologist	5	4
Birth Centers	0	0
Clinic, Dental	235	117
Clinic, Family Planning	5	5
Clinic, Fed Qualified Health	74,567	13,874
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	10	3
Clinic, Private	775	415
Clinic, Youth Alc/Subst Abuse	1	1
Crossover Claims Only 1500	101	12
Dentist	8,107	3,797
Dentist, Group Practice	4,791	2,363
Dentist, Waiver	3	2
Doctor Of Osteopathy	53	23
Durable Medical Equipment	8,135	2,486
EHR Incentive Paymnt Financial	0	0
EPD Waiver	4	1
General Non-Billing	1	1
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	1,907	130
Hemodialysis, Hospital Based	127	1
Home Health Agency	245	84
Hospice	19	13
Hospital, Emergency Access	5	3
Hospital, General	27,997	8,650
Hospital, LTAC	4	4
Hospital, Psychiatric Private	2	1
IDD Waiver	63	5
Independent Lab	32,225	11,683
Independent X-Ray	55	41
Medical Transportation Broker	8	4
Mental Health Rehab Services	208	105
Nurse Midwives	20	18
Nurse Practitioner	668	296
Nursing Facility	25	16
Optician/Optical Dispensary	0	0



Optometrist	43	42
Pharmacy, Retail	206,814	12,989
Physician MD	15,678	4,626
Physician, Group Practice	58,881	9,574
Podiatrist	201	98
Psychologist Group	0	0
Rehabilitaion Center	140	27
<b>TOTAL UNIQUE COUNT</b>	<b>447,775</b>	<b>17,250</b>

Source: DHCF Medicaid Management Information System (MMIS) data extracted March 5, 2021.

Notes: Reflects claims by date of service.

Includes non-capitation, non-FQHC wrap claims paid by managed care plans and DHCF for Alliance beneficiaries.

Department of Health Care Finance
FY20 Oversight Hearing
Question 42: Alliance Program Enrollment and Utilization

**Alliance Utilization**  
**FY2020**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Ambulance, Air Transport	3	3
Ambulance, Private	4,057	190
Ambulance, Public	888	573
Ambulatory Surgical Centers	11	11
Audiologist	37	34
Birthing Centers	1	1
Clinic, Dental	89	47
Clinic, Family Planning	20	17
Clinic, Fed Qualified Health	62,336	12,367
Clinic, Fed Qualified Health Per Member P	7	7
Clinic, Mental Health	13	4
Clinic, Private	299	127
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	65	12
Dentist	4,951	2,573
Dentist, Group Practice	3,075	1,738
Dentist, Waiver	8	3
Doctor Of Osteopathy	50	13
Durable Medical Equipment	4,160	1,702
EHR Incentive Paymnt Financial	0	0
EPD Waiver	0	0
General Non-Billing	119	102
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	1,574	132
Hemodialysis, Hospital Based	0	0
Home Health Agency	206	70
Hospice	25	13
Hospital, Emergency Access	2	2
Hospital, General	21,390	7,232
Hospital, LTAC	2	2
Hospital, Psychiatric Private	4	1
IDD Waiver	75	6
Independent Lab	26,861	9,960
Independent X-Ray	35	31
Medical Transportation Broker	196	21
Mental Health Rehab Services	107	46
Nurse Midwives	24	18
Nurse Practitioner	338	102
Nursing Facility	31	18
Optician/Optical Dispensary	1	1

Optometrist	64	47
Pharmacy, Retail	198,629	11,989
Physician MD	5,614	2,149
Physician, Group Practice	57,933	8,584
Podiatrist	127	54
Psychologist Group	14	2
Rehabilitaion Center	213	33
<b>TOTAL UNIQUE COUNT</b>	<b>393,655</b>	<b>15,780</b>

Department of Health Care Finance
FY20 Oversight Hearing
Question 42: Alliance Program Enrollment and Utilization

**Alliance Utilization**

**FY2020 October-February (Pre-Pandemic)**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Ambulance, Air Transport	0	0
Ambulance, Private	2,316	127
Ambulance, Public	374	271
Ambulatory Surgical Centers	6	6
Audiologist	37	34
Birth Centers		
Clinic, Dental	77	42
Clinic, Family Planning	6	5
Clinic, Fed Qualified Health	28,444	9,582
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	2	2
Clinic, Private	116	78
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	32	5
Dentist	3,091	1,896
Dentist, Group Practice	2,006	1,257
Dentist, Waiver	1	1
Doctor Of Osteopathy	24	7
Durable Medical Equipment	1,699	790
EHR Incentive Paymnt Financial	0	0
EPD Waiver	0	0
General Non-Billing	1	1
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	840	117
Hemodialysis, Hospital Based	0	0
Home Health Agency	99	42
Hospice	19	9
Hospital, Emergency Access	1	1
Hospital, General	11,167	4,861
Hospital, LTAC	1	1
Hospital, Psychiatric Private	0	0
IDD Waiver	22	5
Independent Lab	13,138	6,665
Independent X-Ray	21	21
Medical Transportation Broker	83	8
Mental Health Rehab Services	41	22
Nurse Midwives	9	6
Nurse Practitioner	144	67
Nursing Facility	16	9
Optician/Optical Dispensary	1	1

Optometrist	13	13
Pharmacy, Retail	85,500	9,285
Physician MD	2,185	926
Physician, Group Practice	28,455	6,216
Podiatrist	77	33
Psychologist Group	0	0
Rehabilitaion Center	67	12
<b>TOTAL UNIQUE COUNT</b>	<b>180,131</b>	<b>13,078</b>

Department of Health Care Finance
FY20 Oversight Hearing
Question 42: Alliance Program Enrollment and Utilization

**Alliance Utilization**

**FY2020 March-September (Post-Pandemic)**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Ambulance, Air Transport	3	3
Ambulance, Private	1,741	117
Ambulance, Public	514	346
Ambulatory Surgical Centers	5	5
Audiologist	0	0
Birth Centers	1	1
Clinic, Dental	12	9
Clinic, Family Planning	14	12
Clinic, Fed Qualified Health	33,892	9,069
Clinic, Fed Qualified Health Per Member P	7	7
Clinic, Mental Health	11	3
Clinic, Private	183	73
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	33	10
Dentist	1,860	1,199
Dentist, Group Practice	1,069	721
Dentist, Waiver	7	2
Doctor Of Osteopathy	26	10
Durable Medical Equipment	2,461	1,121
EHR Incentive Paymnt Financial	0	0
EPD Waiver	0	0
General Non-Billing	118	101
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	734	117
Hemodialysis, Hospital Based	0	0
Home Health Agency	107	41
Hospice	6	5
Hospital, Emergency Access	1	1
Hospital, General	10,223	4,263
Hospital, LTAC	1	1
Hospital, Psychiatric Private	4	1
IDD Waiver	53	3
Independent Lab	13,723	6,441
Independent X-Ray	14	12
Medical Transportation Broker	113	16
Mental Health Rehab Services	66	30
Nurse Midwives	15	12
Nurse Practitioner	194	64
Nursing Facility	15	12
Optician/Optical Dispensary	0	0

Optometrist	51	35
Pharmacy, Retail	113,129	9,257
Physician MD	3,429	1,531
Physician, Group Practice	29,478	5,604
Podiatrist	50	31
Psychologist Group	14	2
Rehabilitaion Center	146	24
<b>TOTAL UNIQUE COUNT</b>	<b>213,524</b>	<b>12,505</b>

Department of Health Care Finance
FY20 Oversight Hearing
Question 42: Alliance Program Enrollment and Utilization

**Alliance Utilization**  
**FY2021 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Ambulance, Air Transport	0	0
Ambulance, Private	957	59
Ambulance, Public	184	139
Ambulatory Surgical Centers	3	3
Audiologist	298	162
Birthing Centers	5	2
Clinic, Dental	0	0
Clinic, Family Planning	7	7
Clinic, Fed Qualified Health	14,767	6,489
Clinic, Fed Qualified Health Per Member P	0	0
Clinic, Mental Health	0	0
Clinic, Private	48	37
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	7	4
Dentist	2,346	1,603
Dentist, Group Practice	723	528
Dentist, Waiver	3	3
Doctor Of Osteopathy	18	10
Durable Medical Equipment	1,116	656
EHR Incentive Paymnt Financial	1	1
EPD Waiver	0	0
General Non-Billing	0	0
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	332	106
Hemodialysis, Hospital Based	0	0
Home Health Agency	49	20
Hospice	408	231
Hospital, Emergency Access	4	3
Hospital, General	6,749	3,094
Hospital, LTAC	1	1
Hospital, Psychiatric Private	9	1
IDD Waiver	6	2
Independent Lab	4,981	3,395
Independent X-Ray	2	2
Medical Transportation Broker	0	0
Mental Health Rehab Services	8	8
Nurse Midwives	3	2
Nurse Practitioner	89	44
Nursing Facility	1	1
Optician/Optical Dispensary	0	0



Optometrist	34	31
Pharmacy, Retail	38,991	6,771
Physician MD	3,686	2,253
Physician, Group Practice	13,534	3,846
Podiatrist	33	14
Psychologist Group	0	0
Rehabilitaion Center	132	15
<b>TOTAL UNIQUE COUNT</b>	<b>89,536</b>	<b>11,434</b>

Department of Health Care Finance (HT0)									
FY20 Oversight Hearing									
Question 82: Expenditures for Childrens Behavioral Health Services in FY19, FY20, and FY21Q1									
	2019			2020			2021Q1		
Service and Program	Total Paid	Federal Share	Local Share	Total Paid	Federal Share	Local Share	Total Paid	Federal Share	Local Share
Federally Qualified Health Center (FQHC) Behavioral Health - CHIP	\$ 26,907.59	\$ 26,907.59		\$ 20,057.41	\$ 18,802.87	\$ 1,254.54			
FQHC Federally Qualified Health Center (FQHC) Behavioral Health - Medicaid	\$ 280,055.68	\$ 196,038.98	\$ 84,016.70	\$ 230,166.78	\$ 168,501.74	\$ 61,665.04	\$ 2,540.18	\$ 1,935.62	\$ 604.56
Free Standing Mental Health Clinic - CHIP	\$ 17,084.98	\$ 17,084.98		\$ 13,207.44	\$ 12,380.05	\$ 827.39	\$ 3,521.64	\$ 2,933.53	\$ 588.11
Free Standing Mental Health Clinic - Medicaid	\$ 332,479.23	\$ 232,735.46	\$ 99,743.77	\$ 307,248.65	\$ 229,506.69	\$ 77,741.96	\$ 72,045.10	\$ 54,898.37	\$ 17,146.73
MyHealth GPS - CHIP	\$ 12,920.99	\$ 12,920.99		\$ 20,270.09	\$ 18,887.09	\$ 1,383.00	\$ 9,761.22	\$ 8,131.10	\$ 1,630.12
MyHealth GPS - Medicaid	\$ 60,350.20	\$ 42,245.14	\$ 18,105.06	\$ 76,716.35	\$ 56,567.52	\$ 20,148.83	\$ 29,563.10	\$ 22,527.08	\$ 7,036.02
Mental Health Rehabilitation Services - CHIP	\$ 1,166,319.19	\$ 1,166,319.19		\$ 1,570,093.64	\$ 1,473,550.17	\$ 96,543.47	\$ 493,015.12	\$ 410,681.59	\$ 82,333.53
Mental Health Rehabilitation Services - Medicaid	\$ 10,894,468.65	\$ 7,626,128.06	\$ 3,268,340.60	\$ 14,642,172.35	\$ 10,960,002.43	\$ 3,682,169.92	\$ 4,519,888.85	\$ 3,444,155.30	\$ 1,075,733.55
Psychiatric Residential Treatment Facility (PRTF) - CHIP	\$ 25,670.00	\$ 25,670.00		\$ 237,810.00	\$ 224,251.58	\$ 13,558.42	\$ 129,604.00	\$ 107,960.13	\$ 21,643.87
Psychiatric Residential Treatment Facility (PRTF)	\$ 1,467,278.00	\$ 1,027,094.60	\$ 440,183.40	\$ 1,925,127.93	\$ 1,447,917.20	\$ 477,210.73	\$ 292,200.00	\$ 222,656.40	\$ 69,543.60
Adolescent Substance Abuse Treatment Expansion Center (ASTEP)	\$ 4,404.00	\$ 3,082.80	\$ 1,321.20	\$ 2,392.00	\$ 1,822.70	\$ 569.30	\$ 720.00	\$ 548.64	\$ 171.36
Early and Periodic Screening Diagnostic and Treatment (EPSDT) - CHIP	\$ 19,900.00	\$ 19,900.00		\$ 16,792.34	\$ 15,698.88	\$ 1,093.46	\$ 2,473.00	\$ 2,060.01	\$ 412.99
Early and Periodic Screening Diagnostic and Treatment (EPSDT)	\$ 502,297.00	\$ 351,607.90	\$ 150,689.10	\$ 434,043.16	\$ 323,971.67	\$ 110,071.49	\$ 77,024.00	\$ 58,692.29	\$ 18,331.71

**Source:** DC Medicaid Management Information System (MMIS) claims data extracted March 11, 2021 reflecting claims paid through March 5, 2021.