

- **How many beneficiaries are enrolled in MCOs who have not had a data claim in the last 3 years? 2 years? 1 year?**
- **How many Alliance beneficiaries have not had a data claim in the 3 years? 2 years? 1 year?**

The table below provides claims history information for Medicaid, Alliance, and Immigrant Children's Program (ICP) beneficiaries enrolled in managed care plans as of September 2024 (i.e., the end of FY 2024):

- Among Medicaid managed care beneficiaries, 91% had a claim for service use in the past three years. This includes 81% with their most recent claim in the past year; 7% with their most recent claim in the past 13-24 months; and 3% with their most recent claim in the past 25-36 months.
- Among Alliance managed care beneficiaries, 83% had a claim for service use in the past three years. This includes 74% with their most recent claim in the past year; 7% with their most recent claim in the past 13-24 months; and 2% with their most recent claim in the past 25-36 months.
- Among ICP managed care beneficiaries, 77% had a claim for service use in the past three years. This includes 70% with their most recent claim in the past year; 6% with their most recent claim in the past 13-24 months; and 1% with their most recent claim in the past 25-36 months.

When evaluating these figures, key points to keep in mind include:

- Any point-in-time population, including the September 2024 group shown in the table, will reflect a range of enrollment histories. Some individuals have had DHCF coverage for many years; others have gained coverage only recently. As a result, the length of time available to observe a claims history varies for each beneficiary and individuals who are newly enrolled with DHCF may not have accessed services yet.
- Individuals enrolled in managed care in September 2024 may have had fee-for-service (FFS) coverage in the past. In addition, some services are carved out of managed care contracts and paid by DHCF as FFS claims (e.g., most behavioral health care). The table below reflects all claims for a beneficiary's service use through September 2024, including those that are paid by managed care plans (often referred to as encounters) and by DHCF under FFS.
- Historical and projected service utilization is accounted for when setting managed care capitation rates. If a population has a substantial share of beneficiaries without recent service use, the capitation rate would be adjusted accordingly.

DHCF Beneficiaries Enrolled in Managed Care as of September 2024, by Length of Time Since Most Recent Claim for Service Use

Length of time since most recent claim for service use*	Medicaid		Alliance		ICP	
	Number	Percent	Number	Percent	Number	Percent
Most recent claim was in past 12 months	189,785	81%	18,860	74%	3,990	70%

Length of time since most recent claim for service use*	Medicaid		Alliance		ICP	
	Number	Percent	Number	Percent	Number	Percent
Most recent claim was in past 13-24 months	15,840	7%	1,678	7%	370	6%
Most recent claim was in past 25-36 months	7,503	3%	611	2%	83	1%
Most recent claim was more than 36 months ago	13,199	6%	543	2%	41	1%
No claim in history**	8,126	3%	3,922	15%	1,249	22%
Total	234,453	100%	25,614	100%	5,733	100%

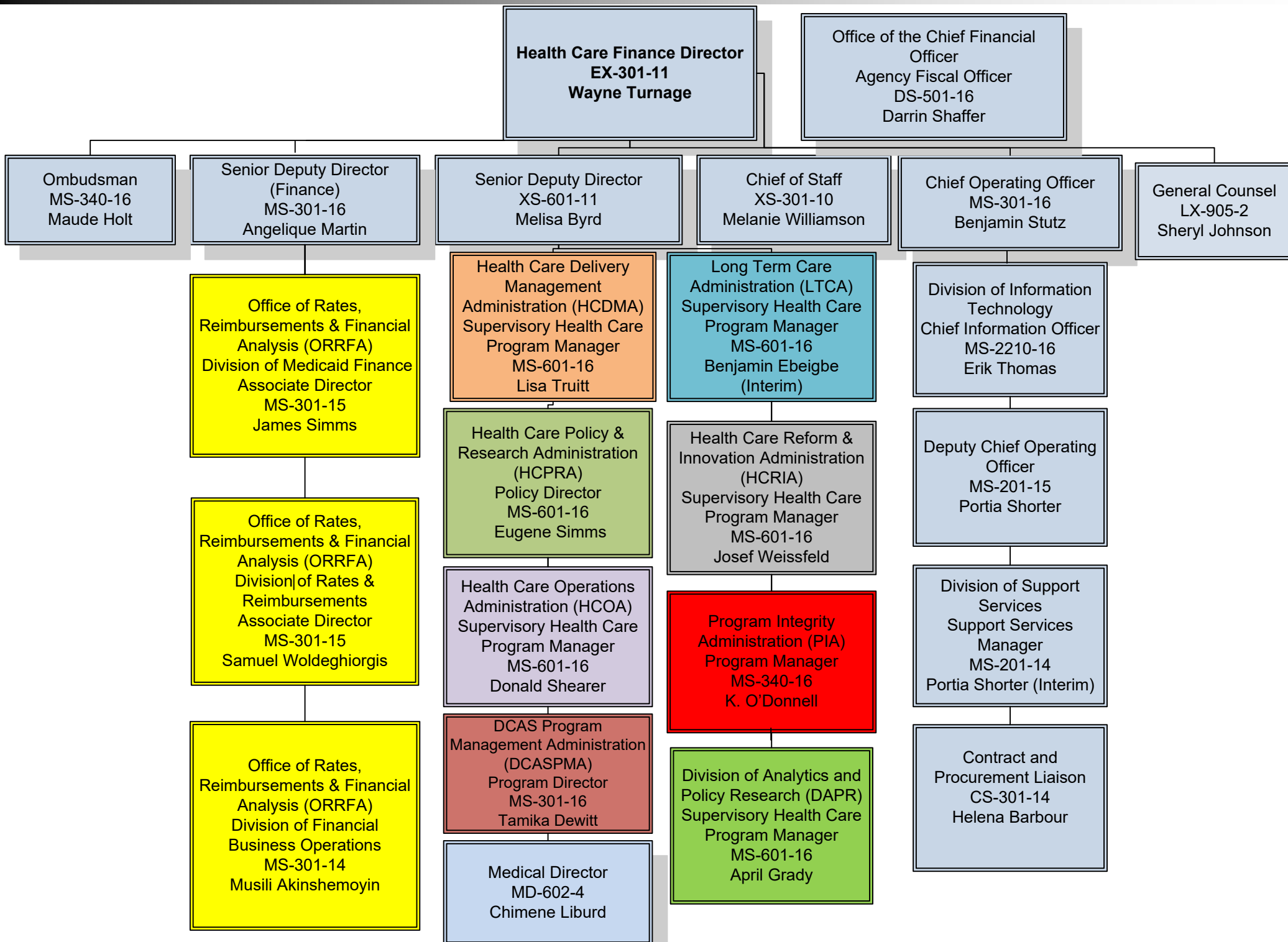
Source: DHCF Medicaid Managed Care Information System (MMIS) data extracted February 5, 2025.

Note: Reflects beneficiaries enrolled in managed care plans ([DCHFP](#), [CASSIP](#), and [D-SNP](#)) as of September 2024. Claims for service use are managed care encounters and fee-for-service claims paid to providers for direct delivery of care (e.g., office visits, hospital stays, prescription fills, etc.) with dates of service through September 2024. Excludes capitation claims paid to managed care plans and financial transactions not tied to service use by individual beneficiaries. Reflects only the claims paid under a beneficiary's current enrollment ID; if the beneficiary had a different ID in the past, their historical claims may not be reflected.

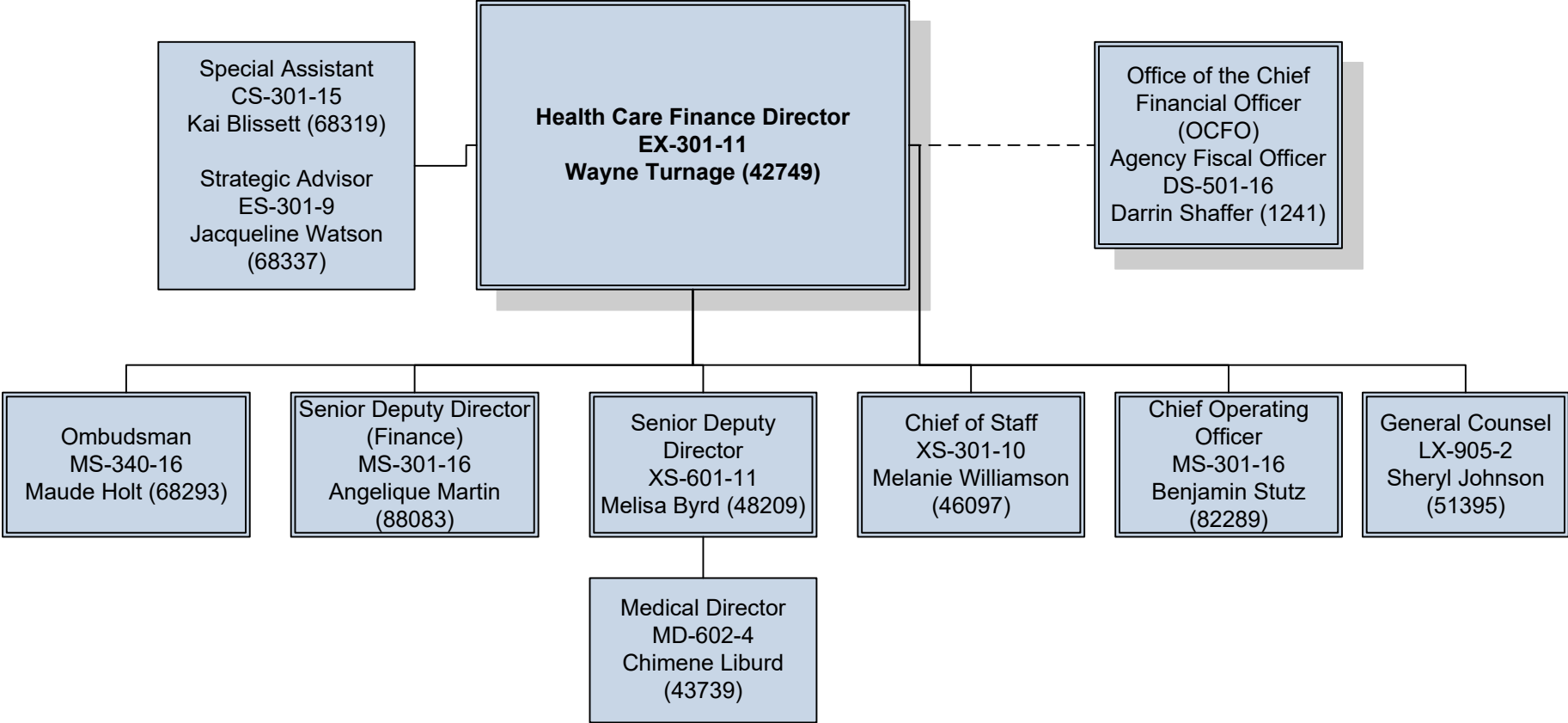
* Some service use is not currently reflected due to lagged submission and payment of claims. As a result, the number of beneficiaries with a recent claim for service use would be higher when data is extracted in the future.

** This figure includes, for example, recent enrollees who have not yet used services or have claims for services that are not yet submitted or paid.

DHCF Organizational Chart – Agency Structure



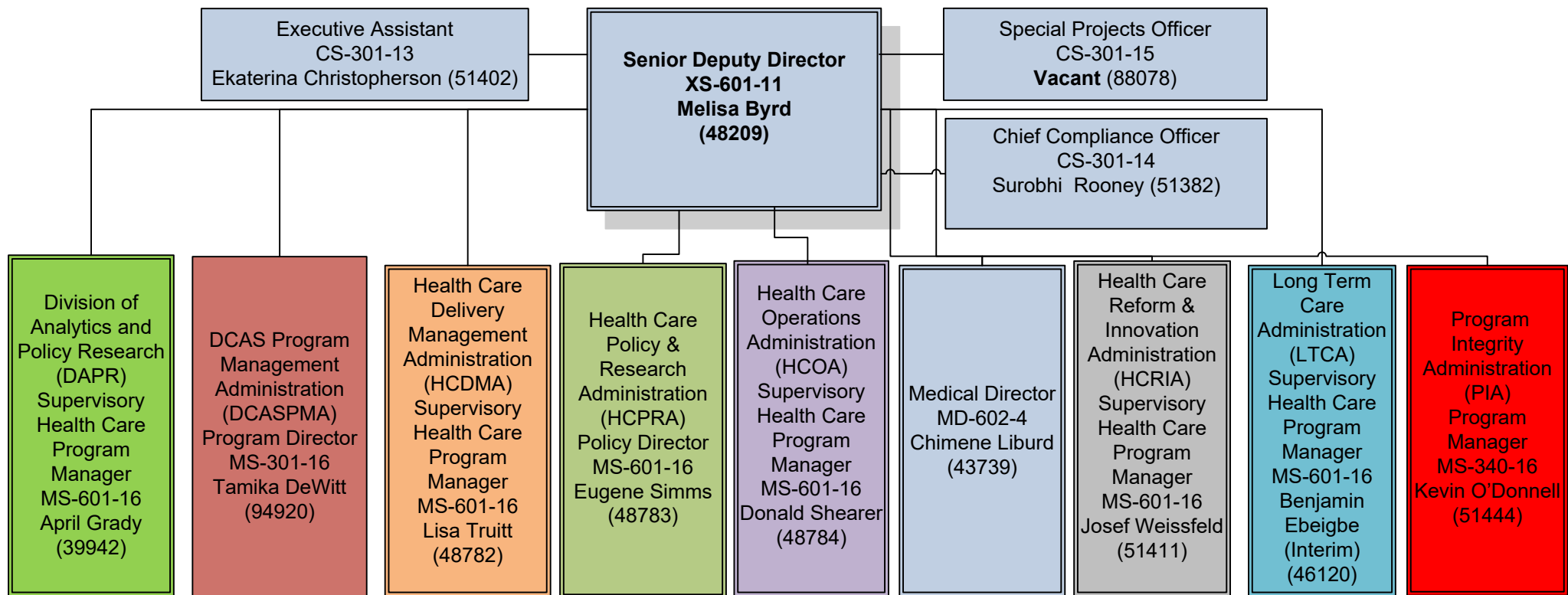
DHCF Organizational Chart – Executive Management Team



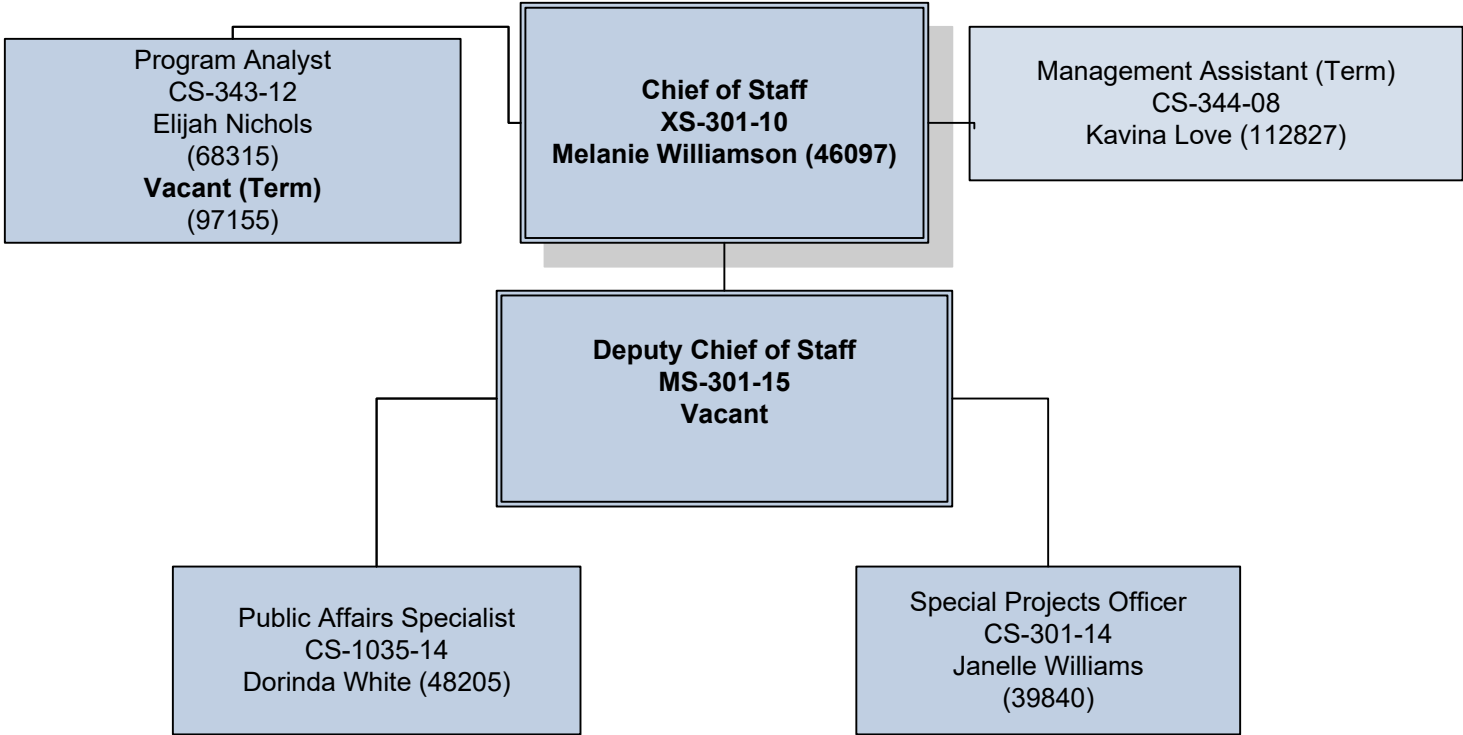
Color Key Code

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

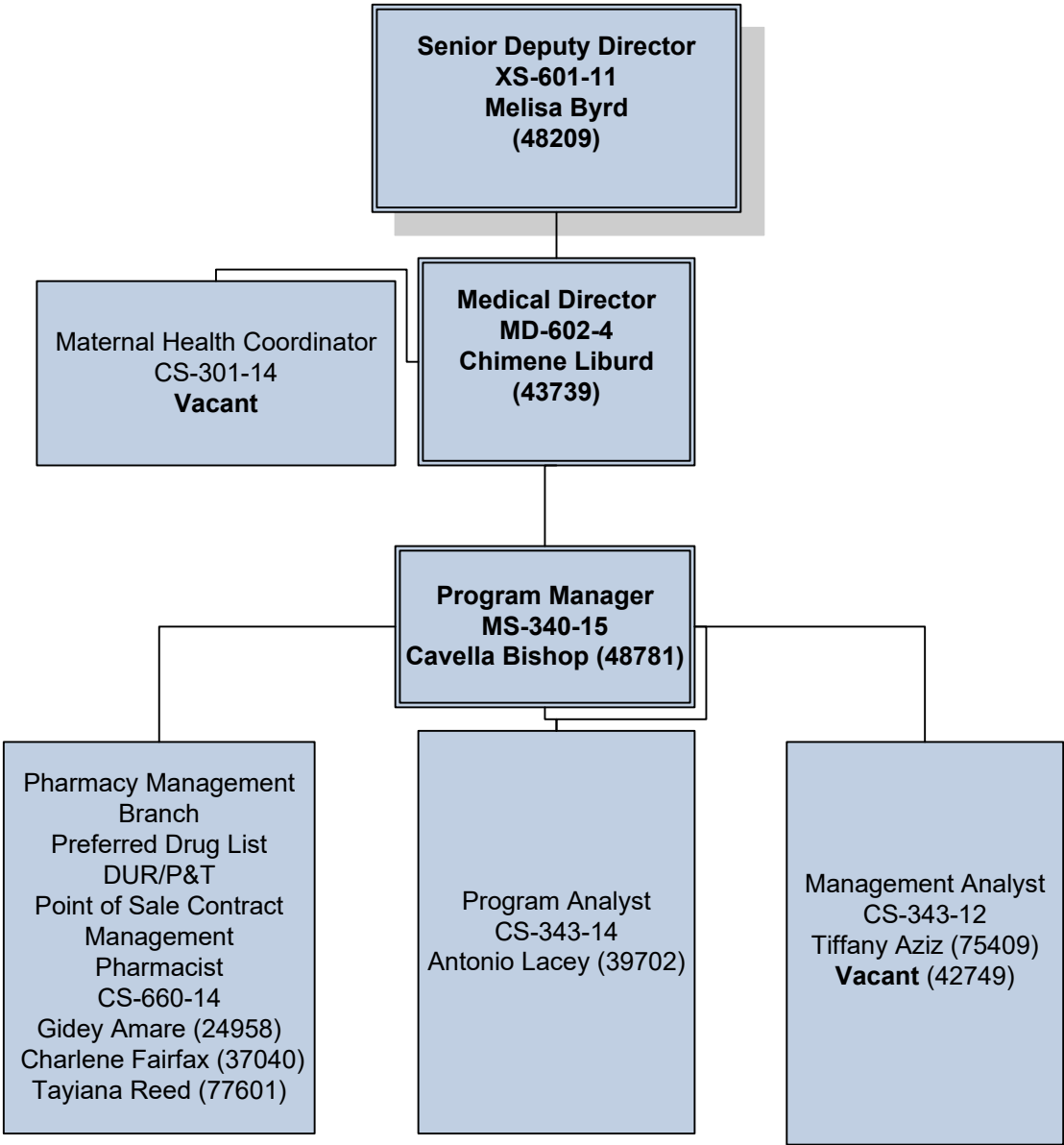
DHCF Organizational Chart – Office of the Senior Deputy Director



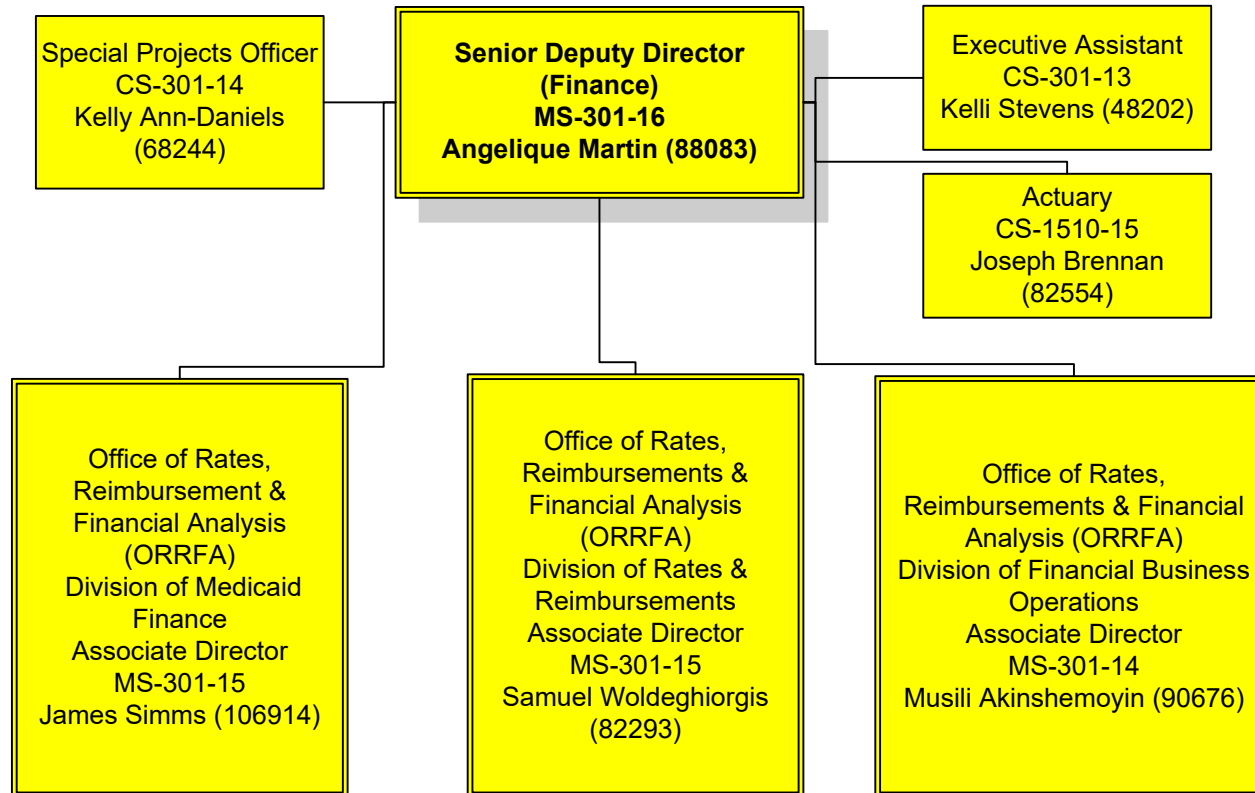
DHCF Organizational Chart – Office of the Chief of Staff



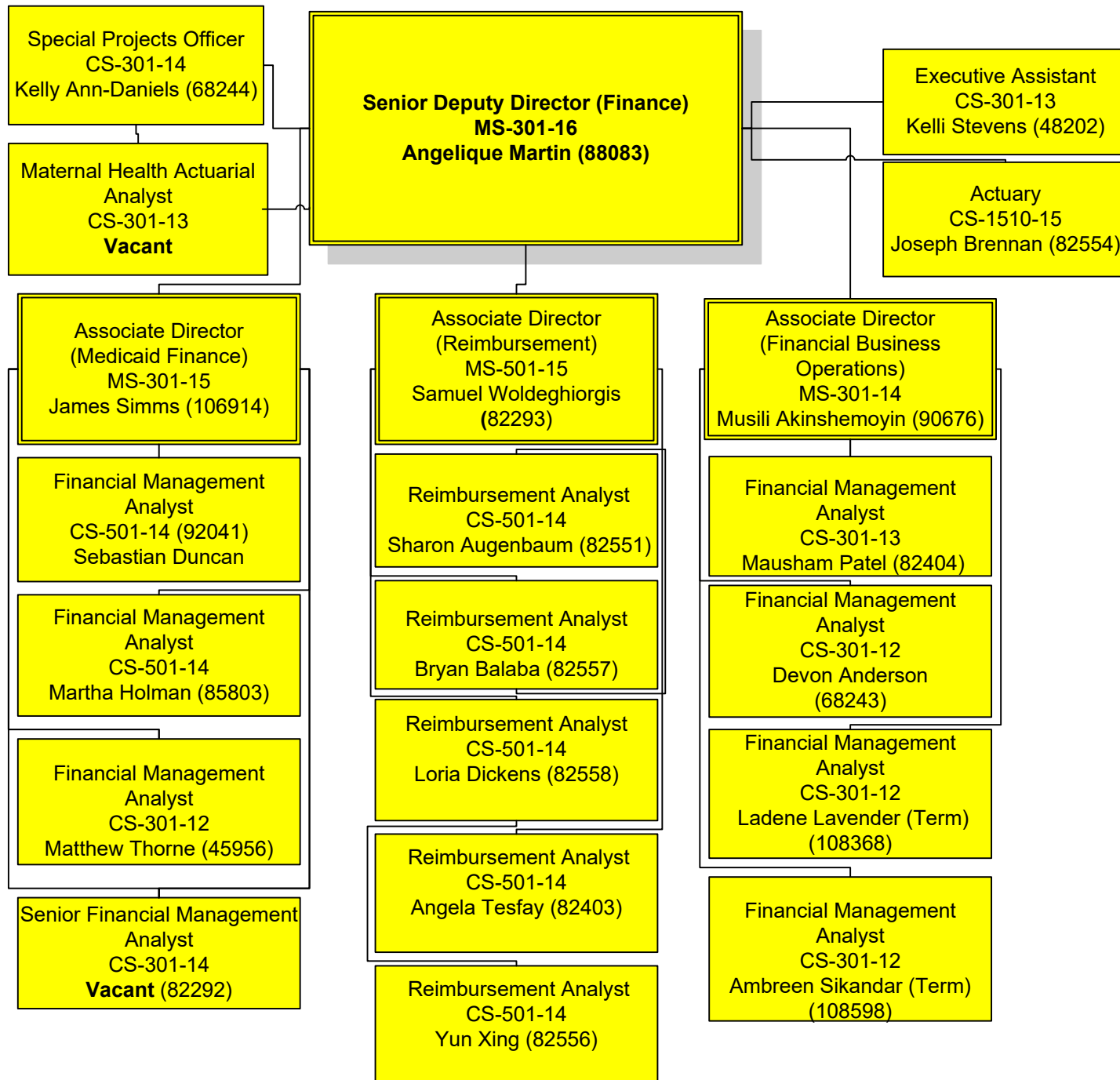
DHCF Organizational Chart – Office of the Medical Director

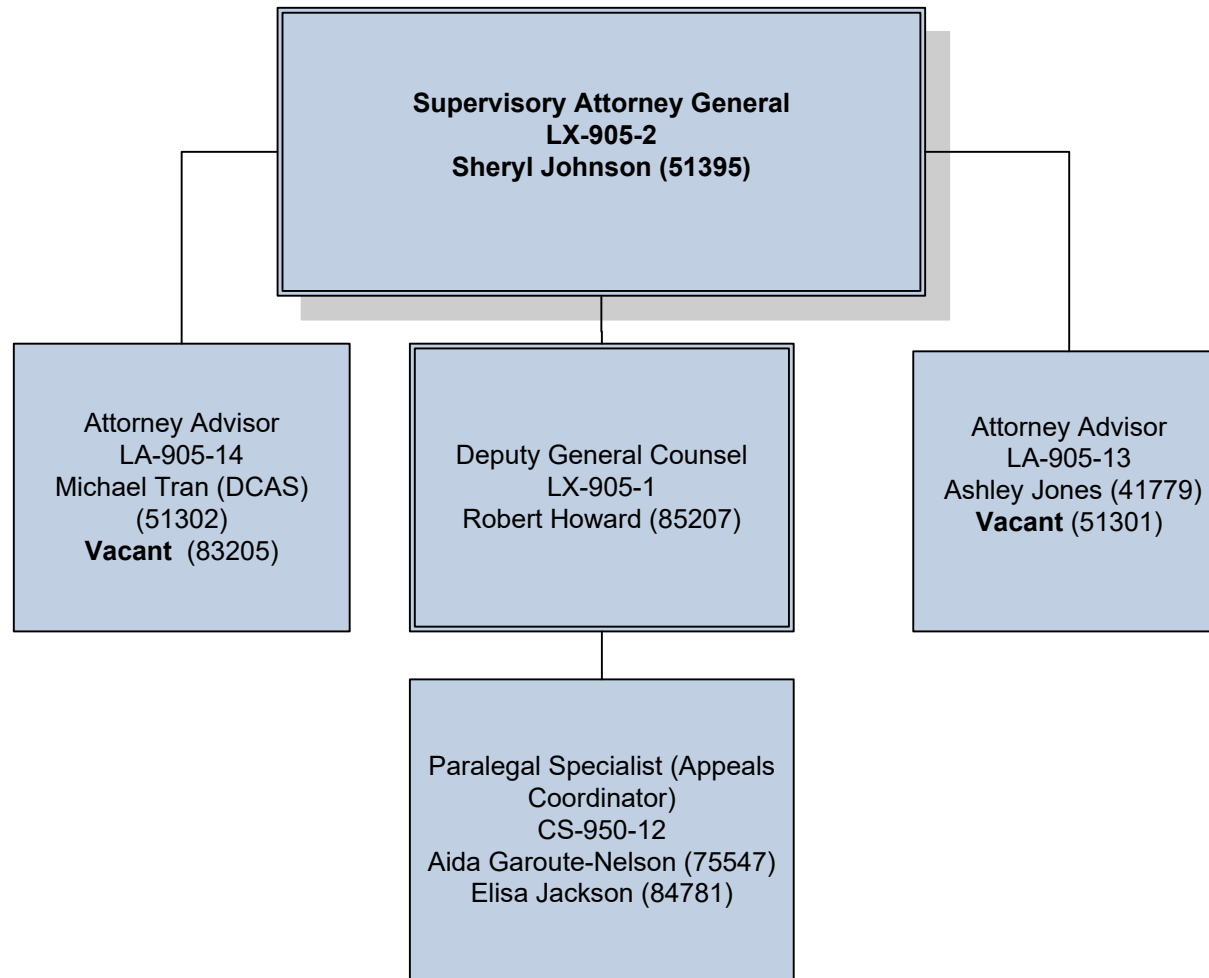


DHCF Organizational Chart – Office of the Senior Deputy Director (Finance)

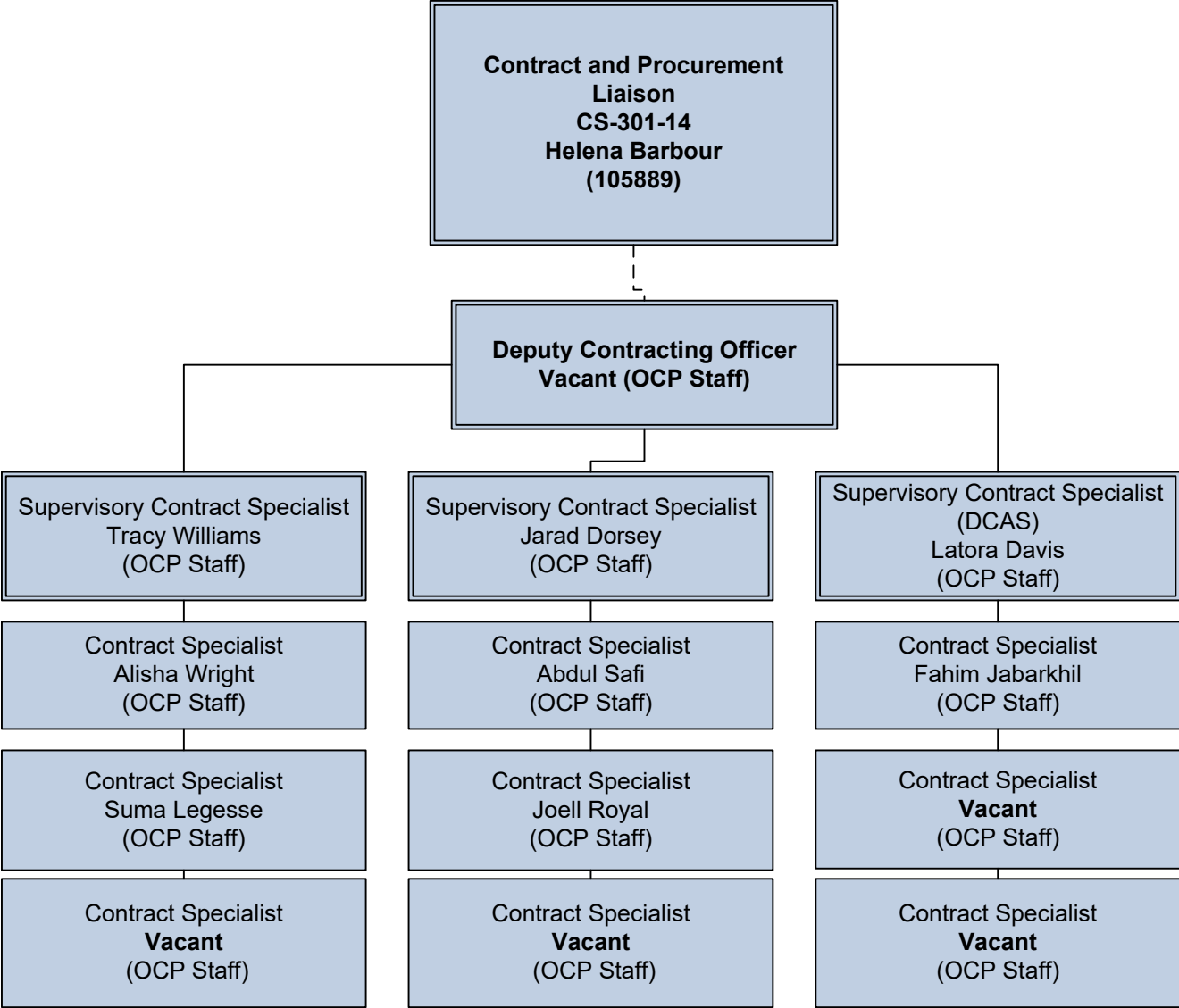


DHCF Organizational Chart – Office of Rates, Reimbursements and Financial Analysis

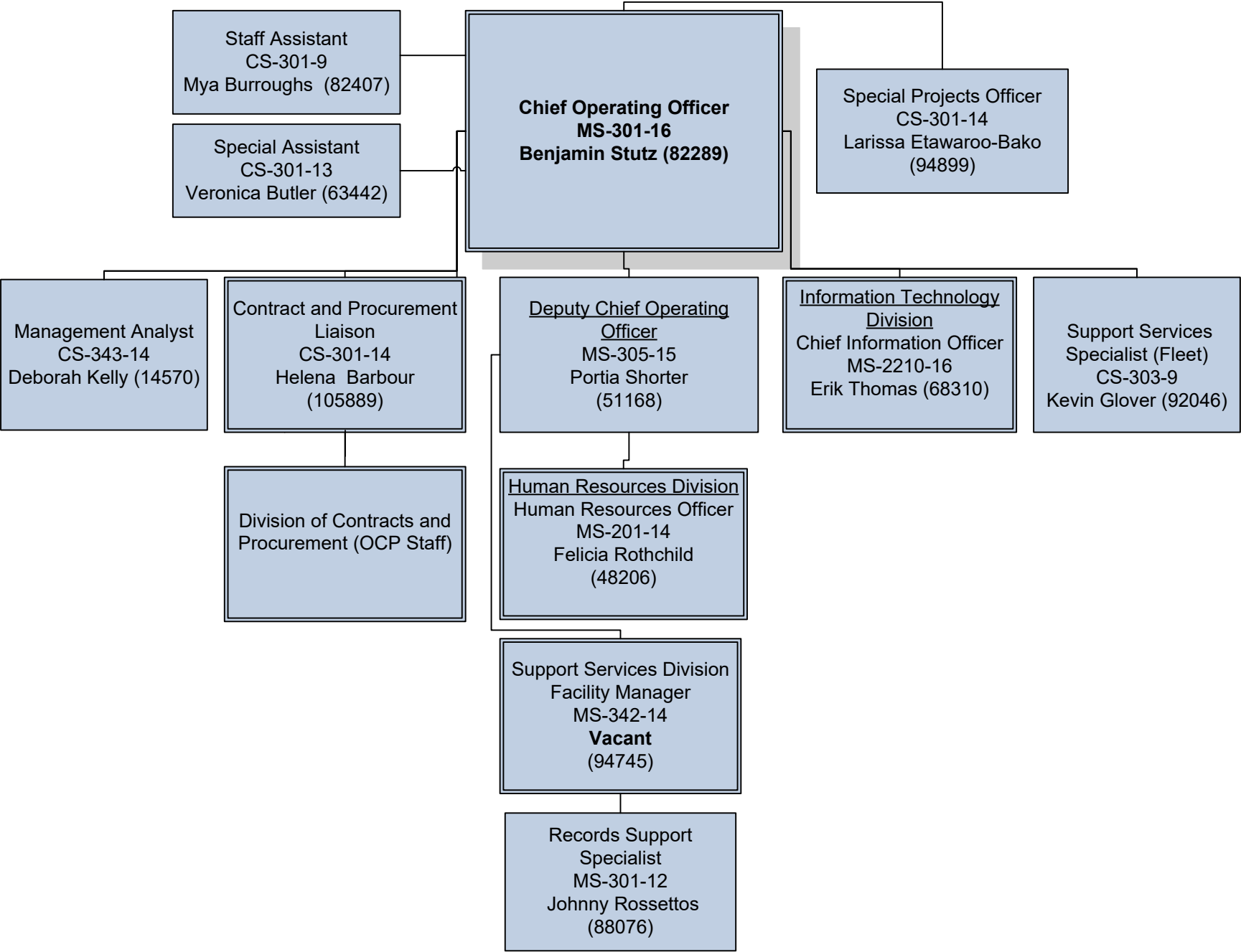




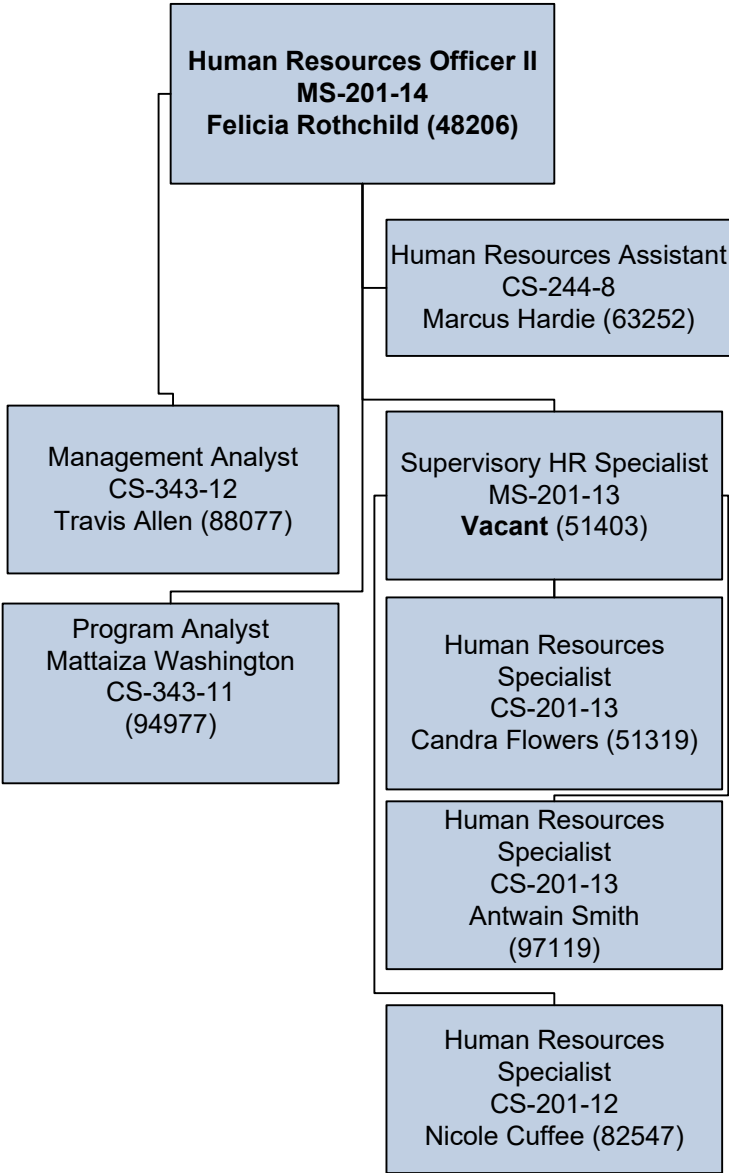
DHCF Organizational Chart – Office of the Chief Operating Officer- Contracts and Procurement Division



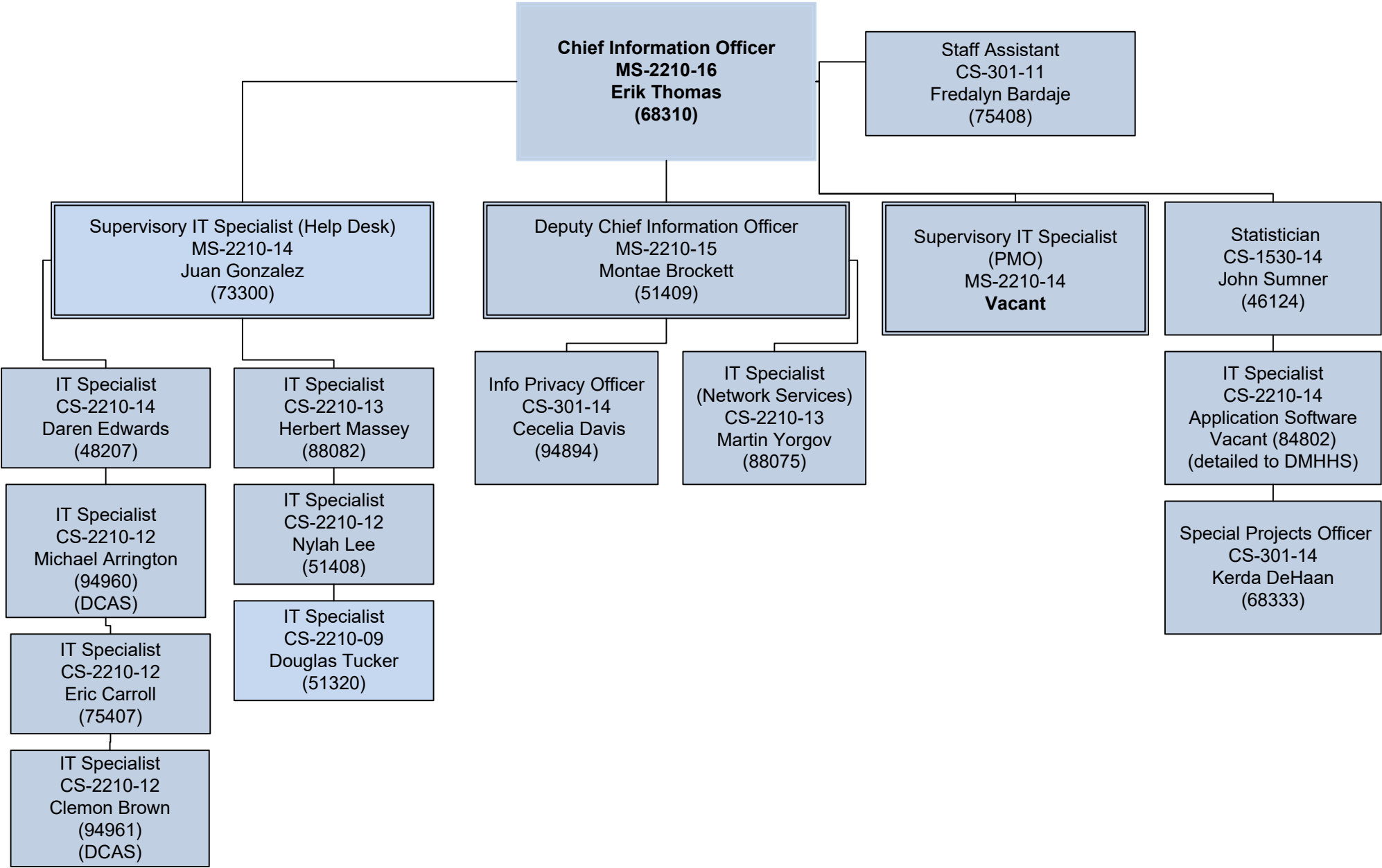
DHCF Organizational Chart – Office of the Chief Operating Officer



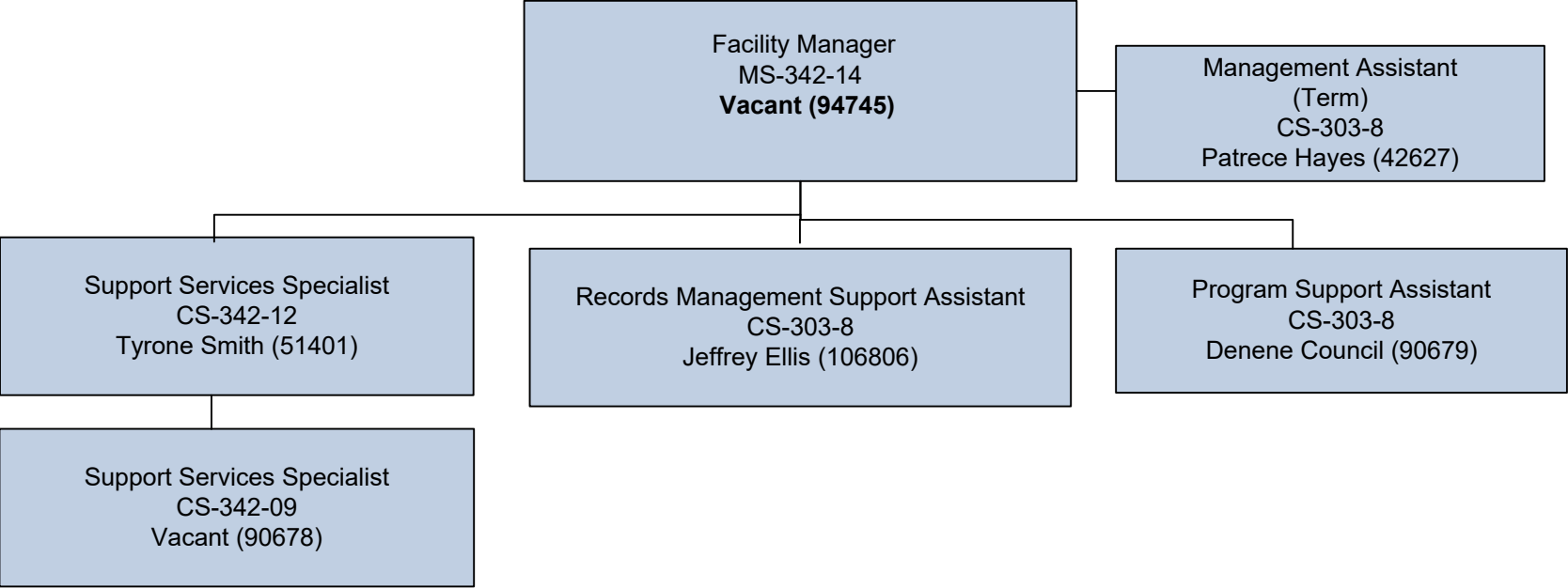
DHCF Organizational Chart – Office of the Chief Operating Officer- Human Resources Division



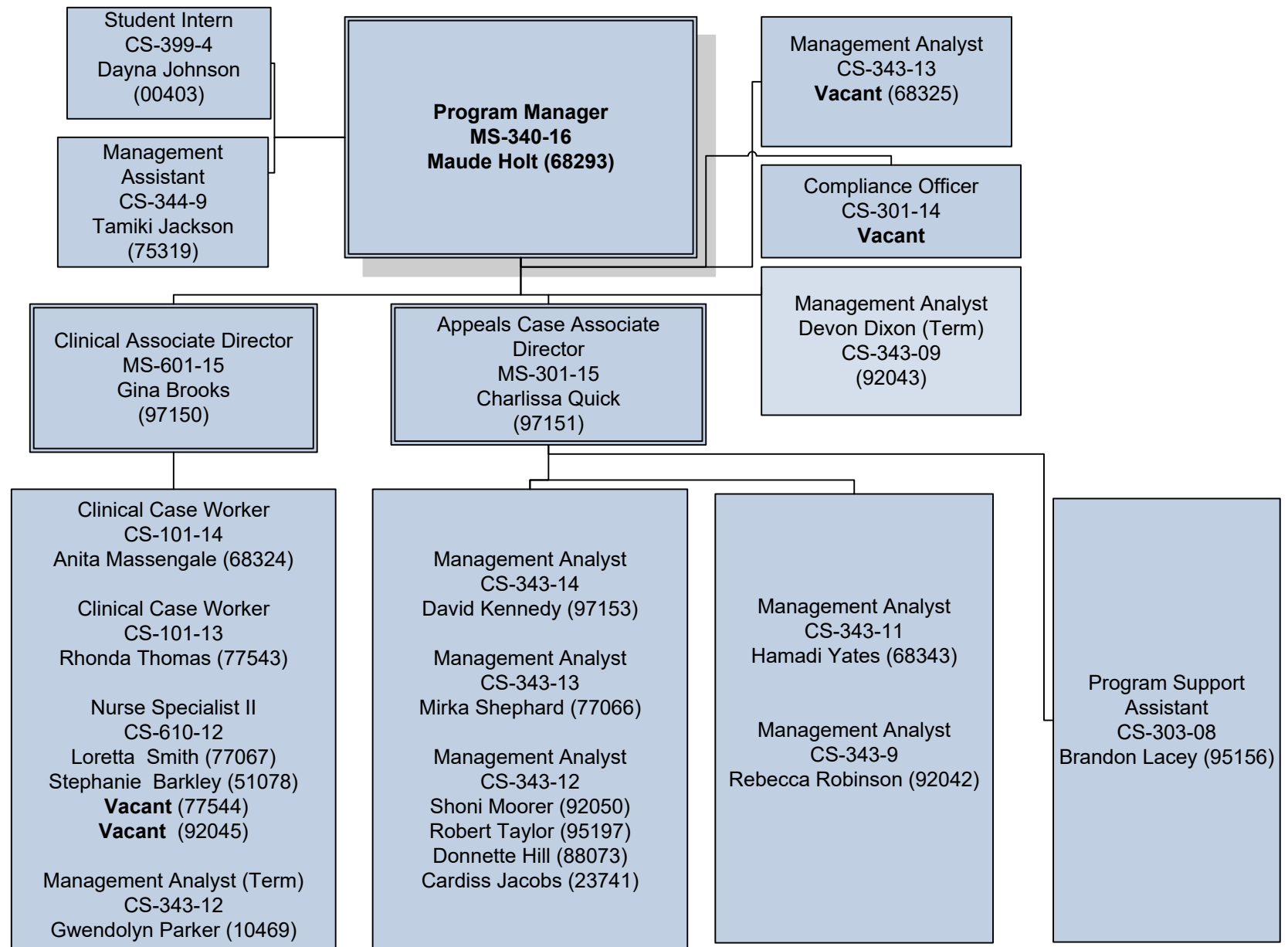
DHCF Organizational Chart – Office of the Chief Operating Officer- Information Technology Division

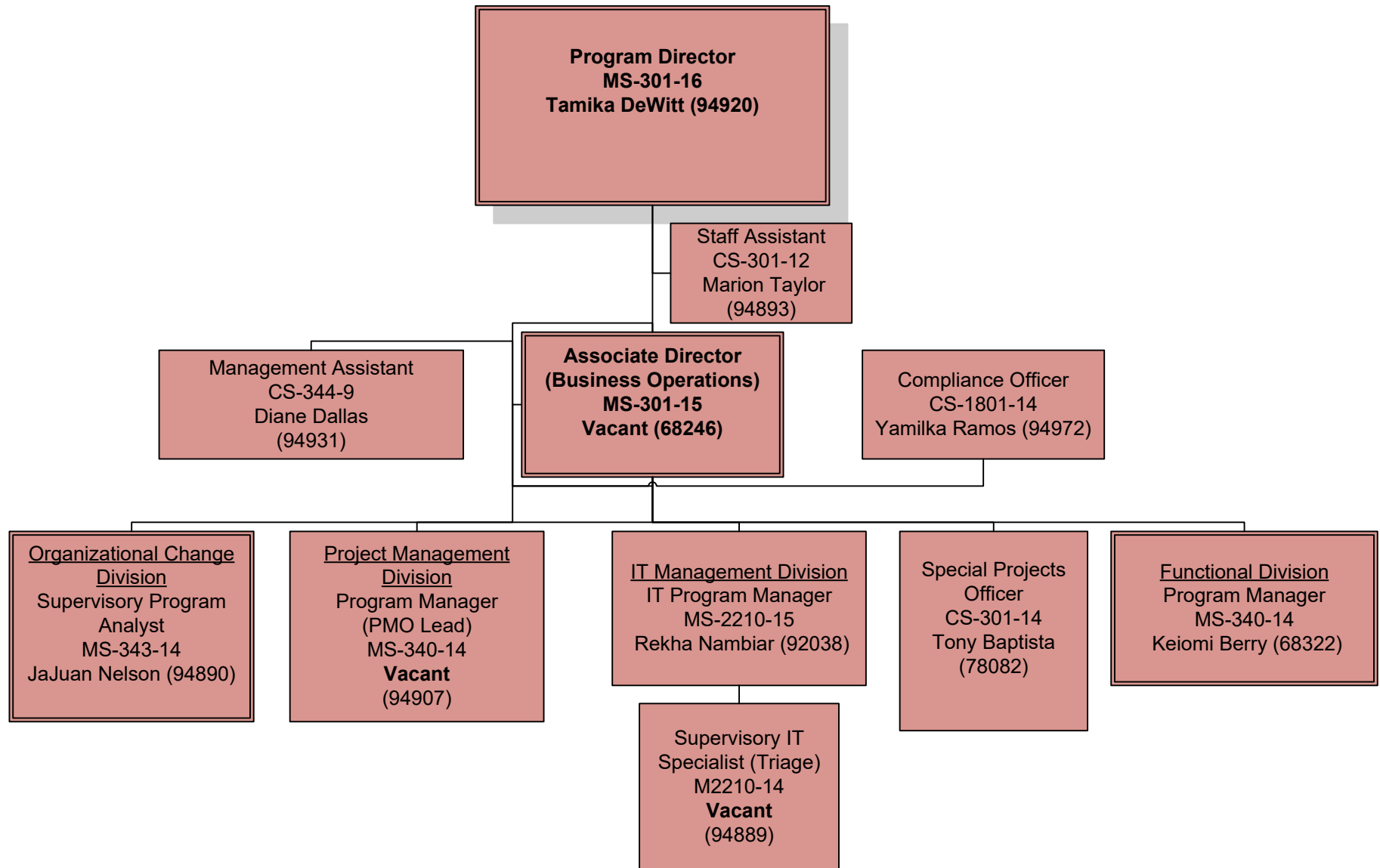


DHCF Organizational Chart – Office of the Chief Operating Officer- Support Services Division

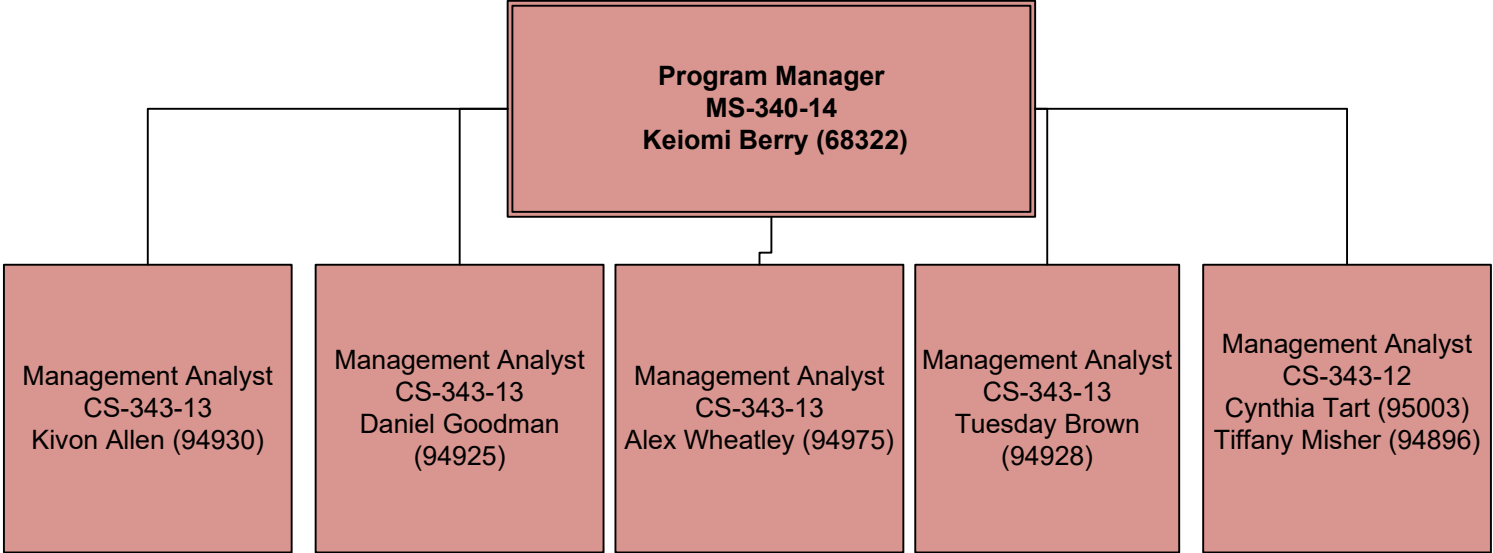


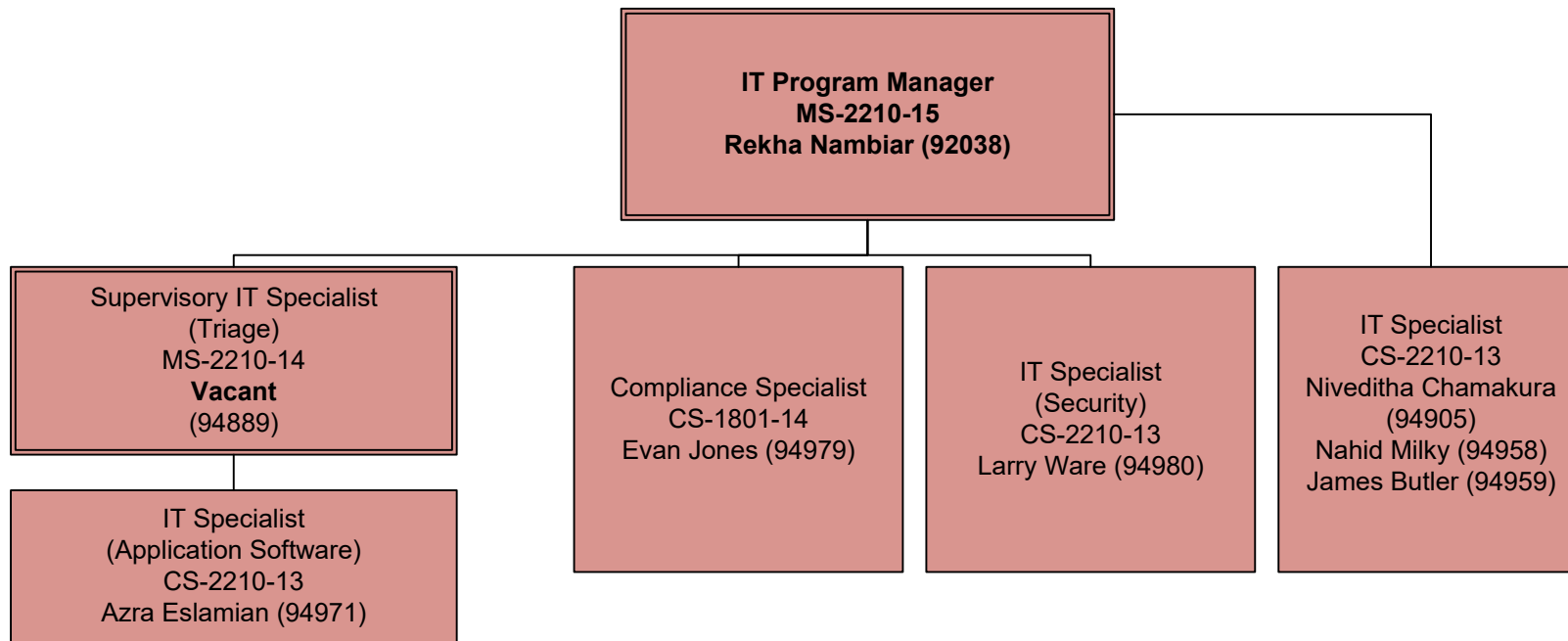
DHCF Organizational Chart – Ombudsman & Health Care Bill of Rights

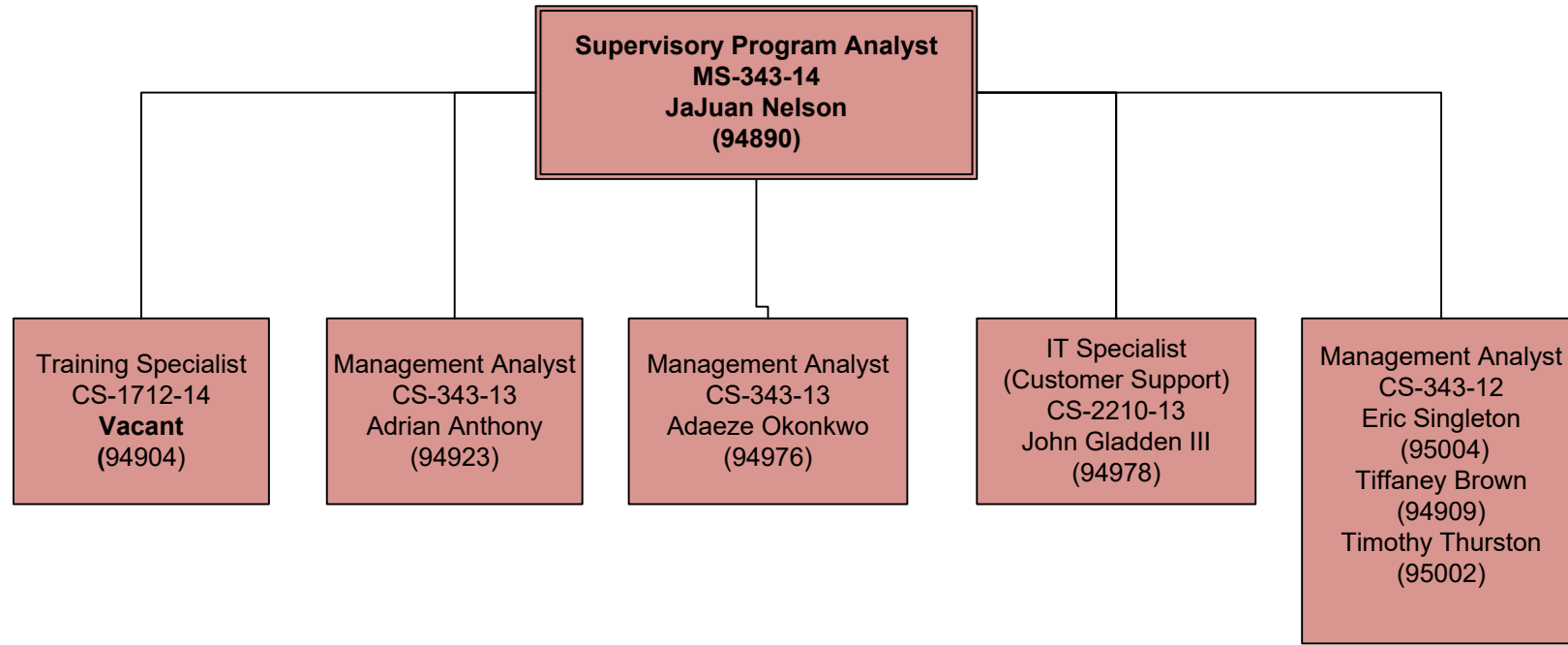




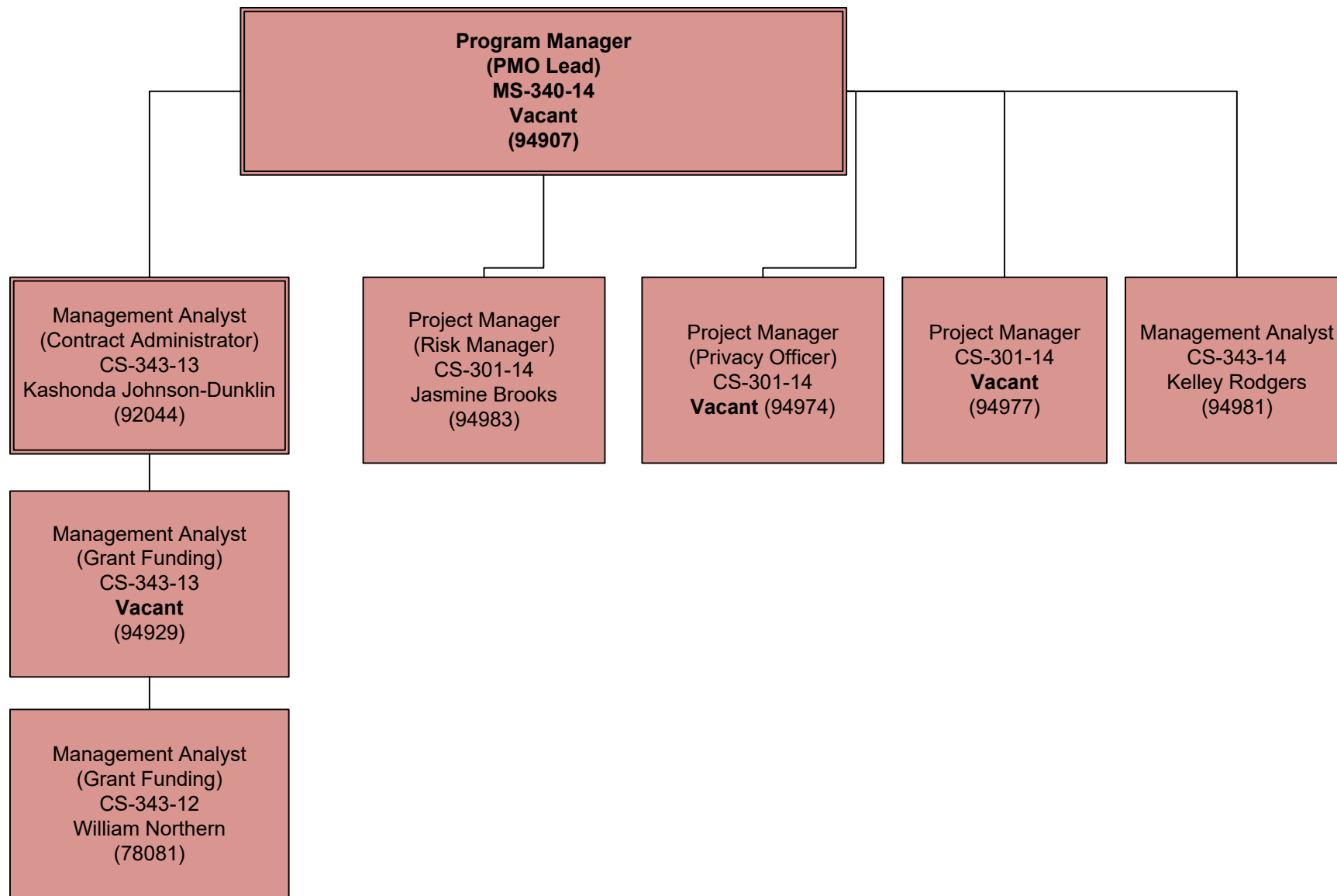
DHCF Organizational Chart – DCAS Functional Division



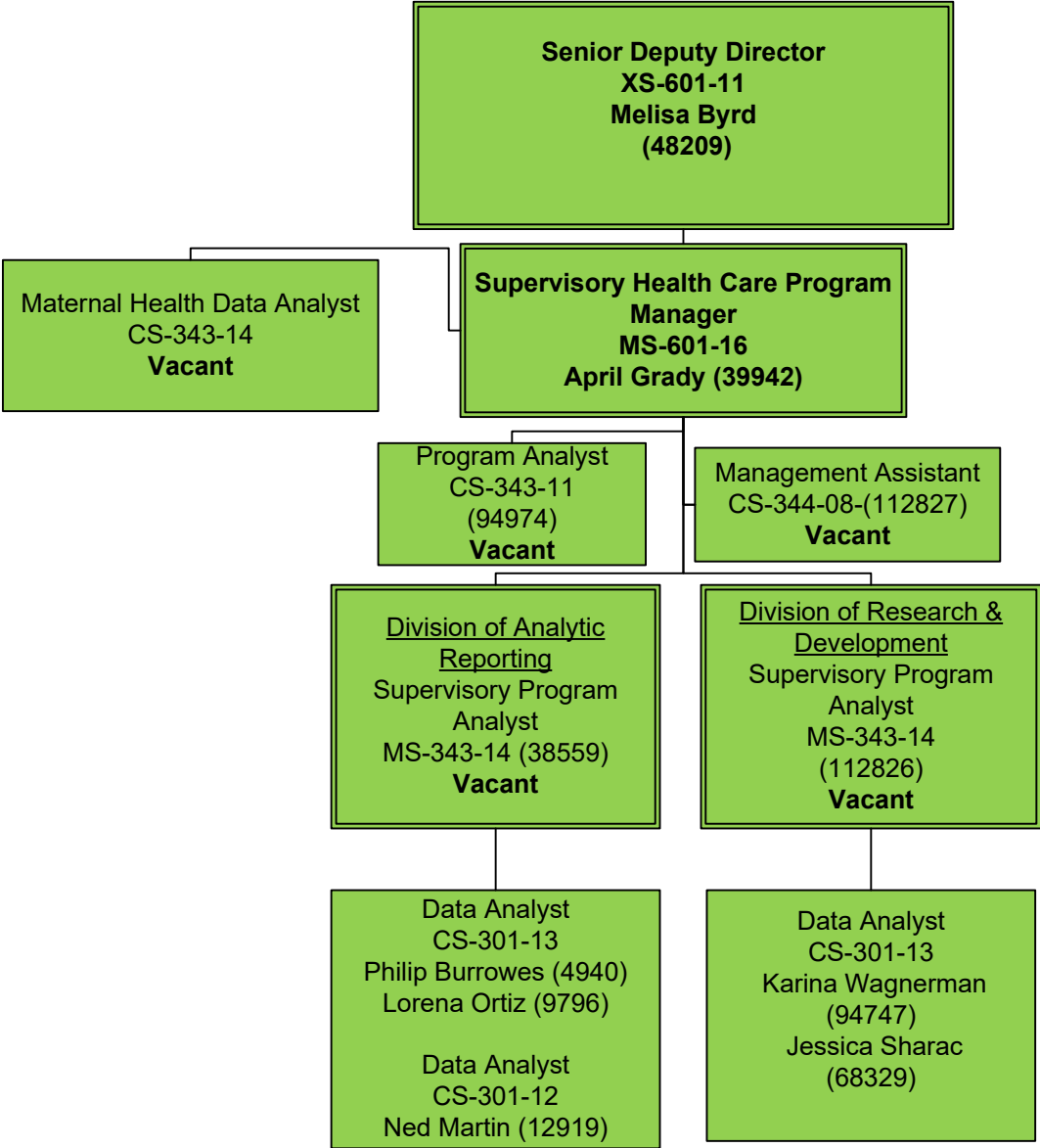




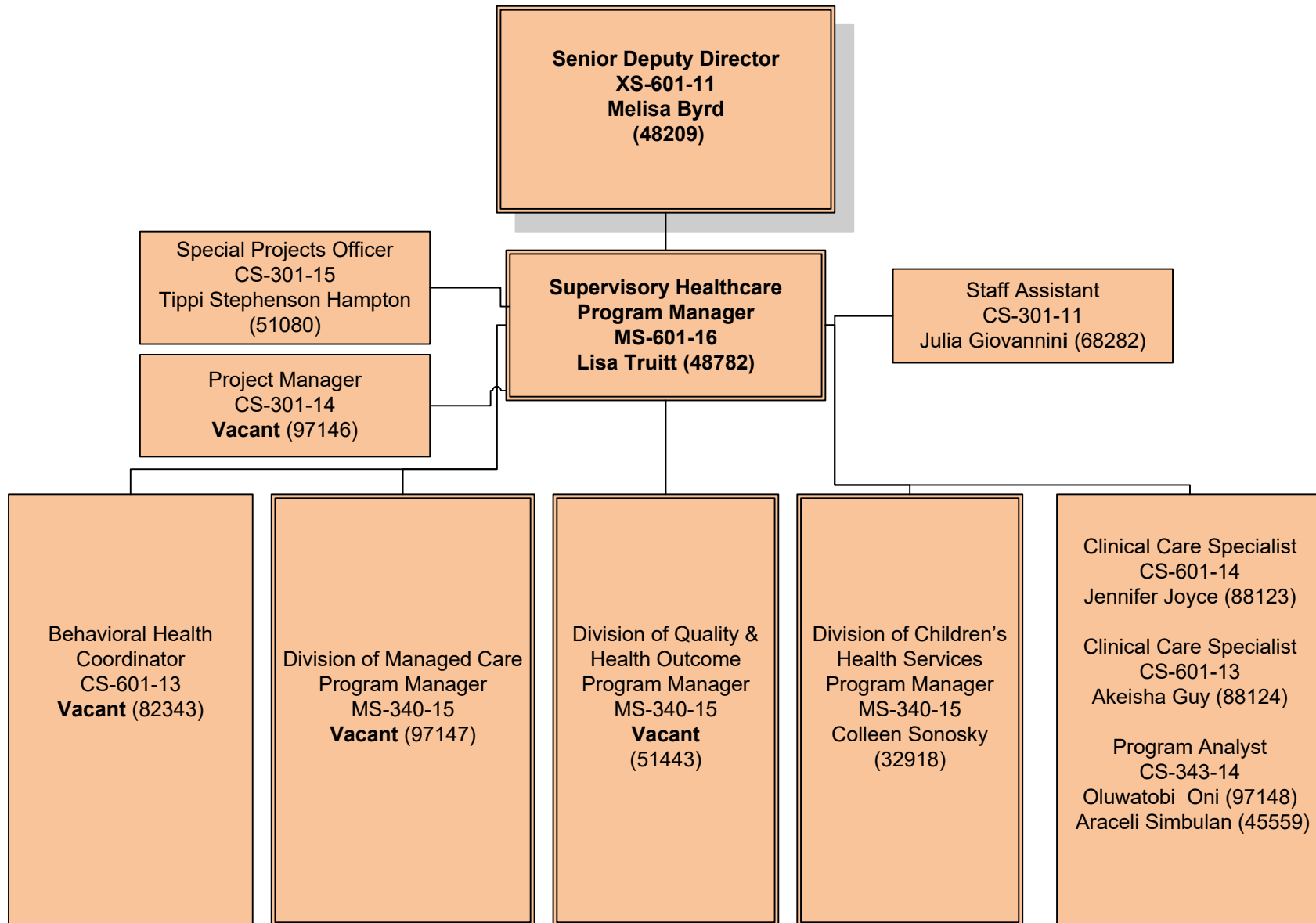
DHCF Organizational Chart – DCAS Project Management Division

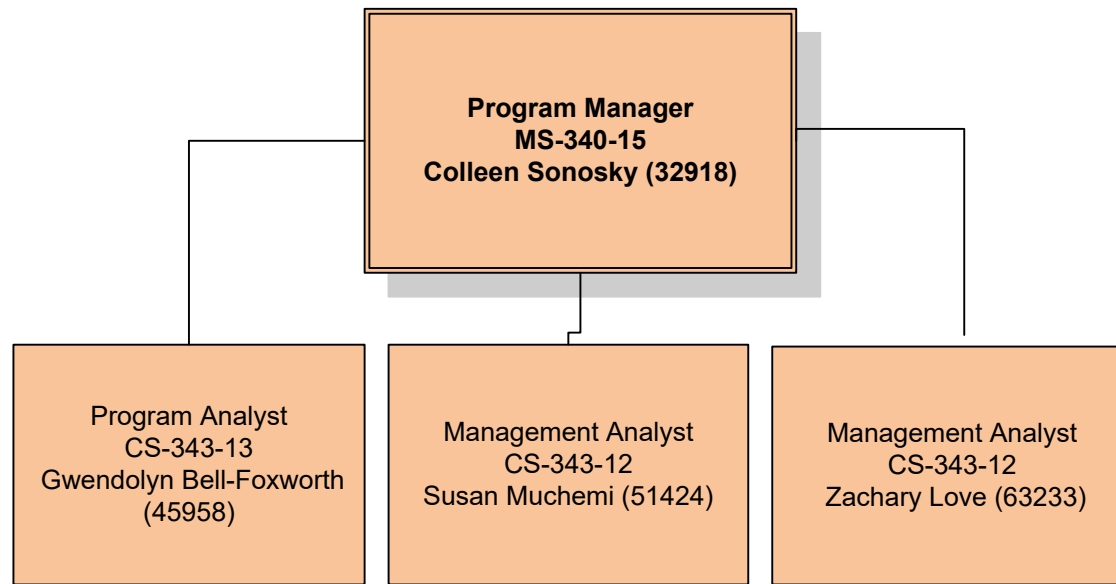


DHCF Organizational Chart – Division of Analytics and Policy Research (DAPR)

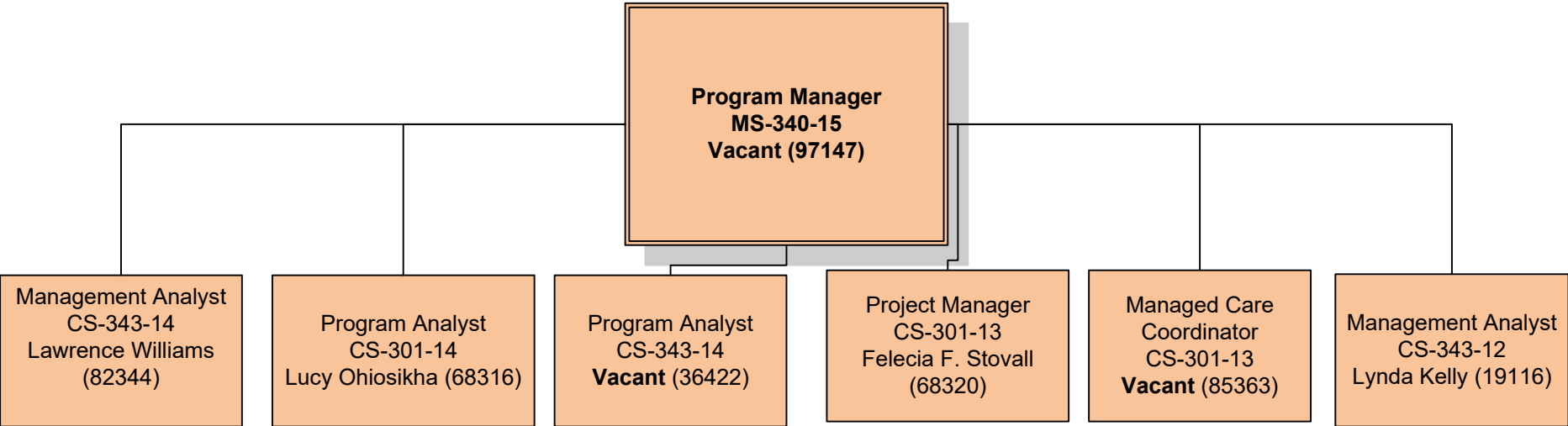


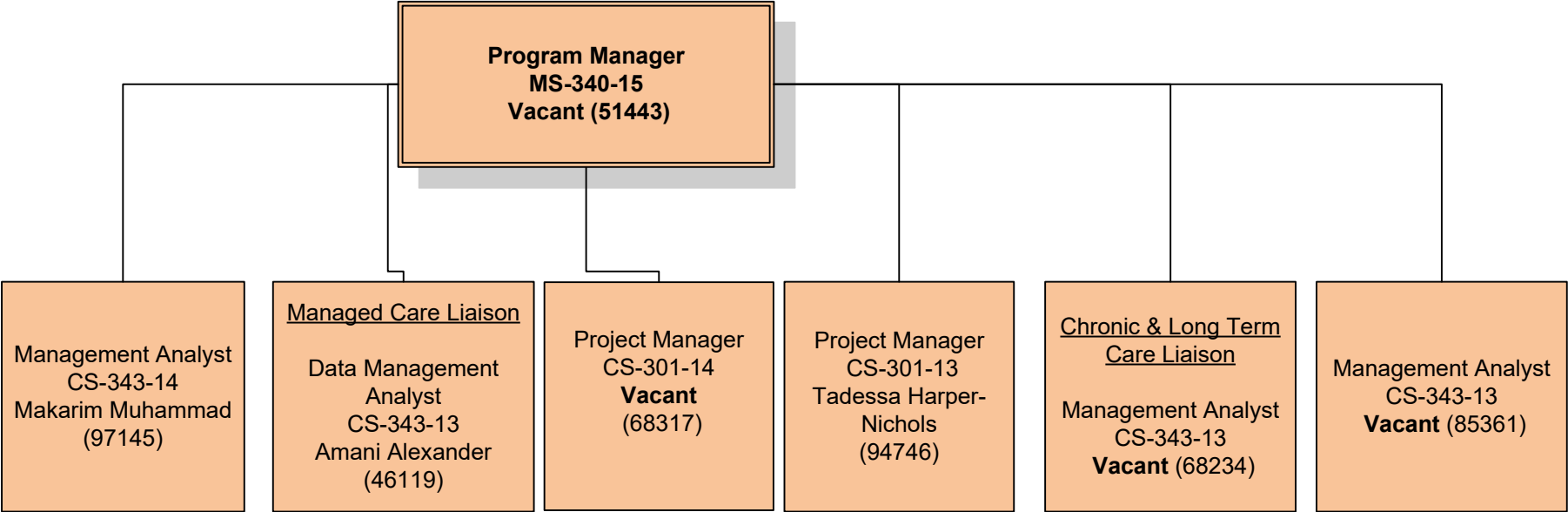
DHCF Organizational Chart – Health Care Delivery Management Administration (HCDMA)

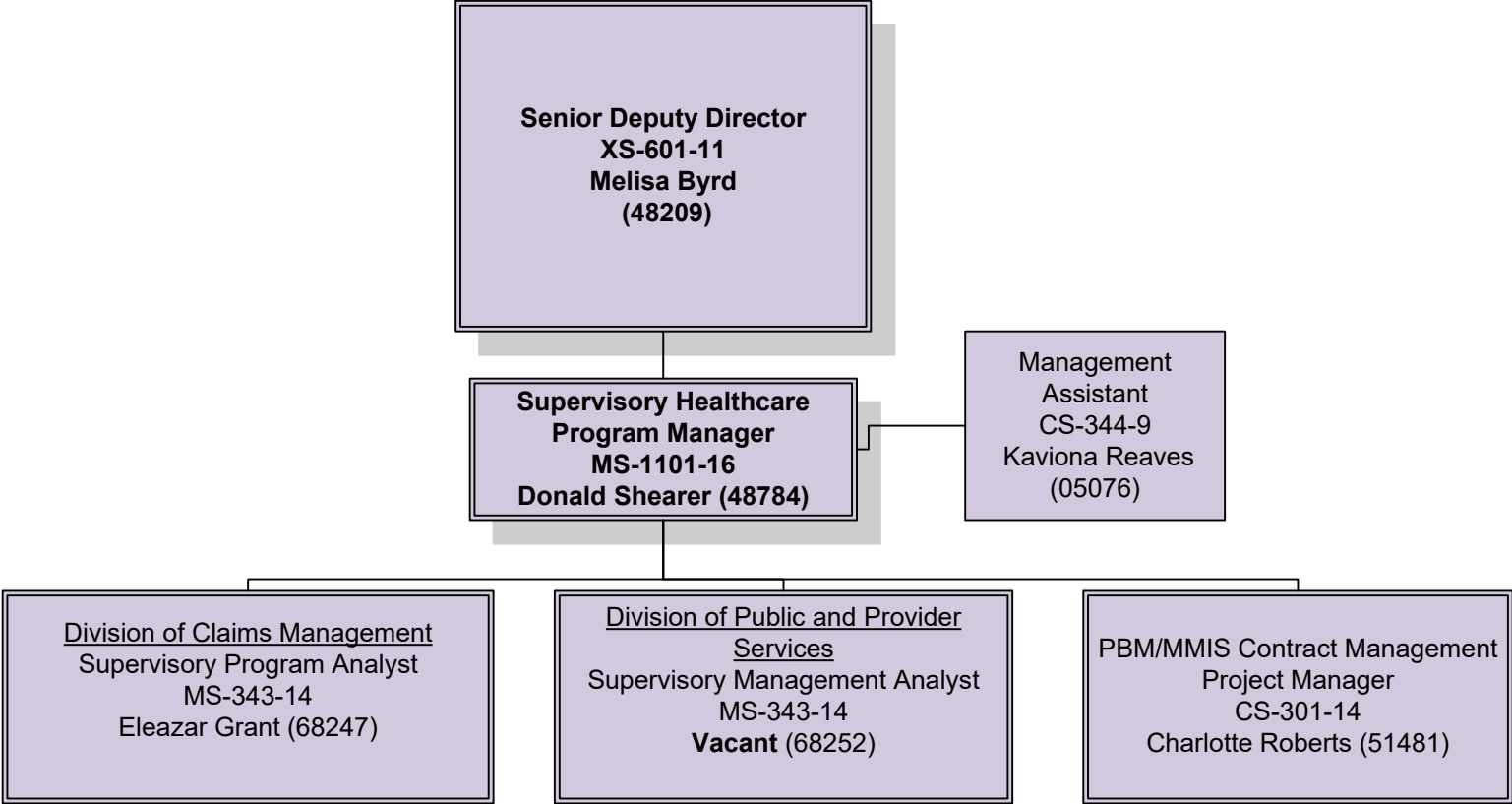


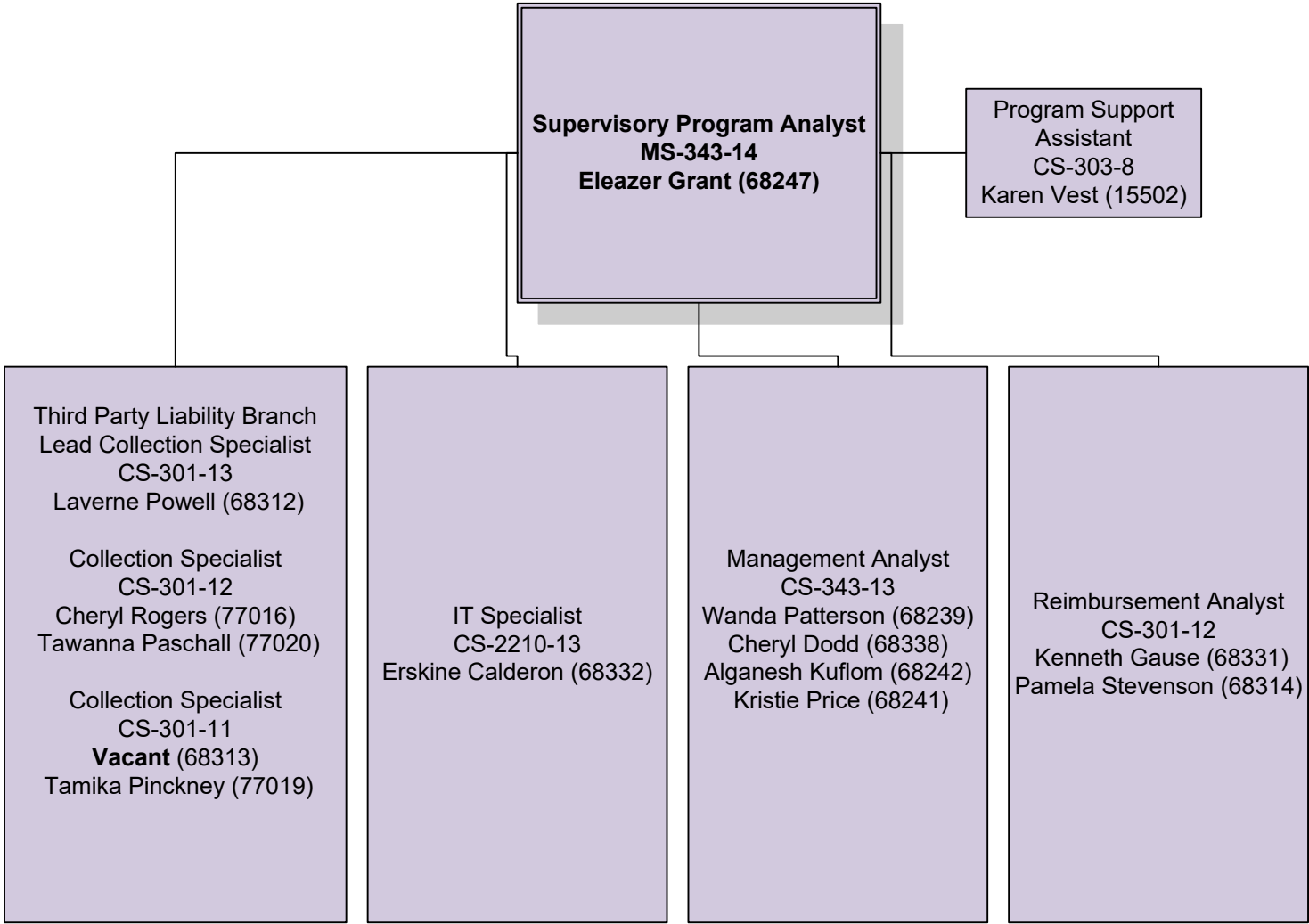


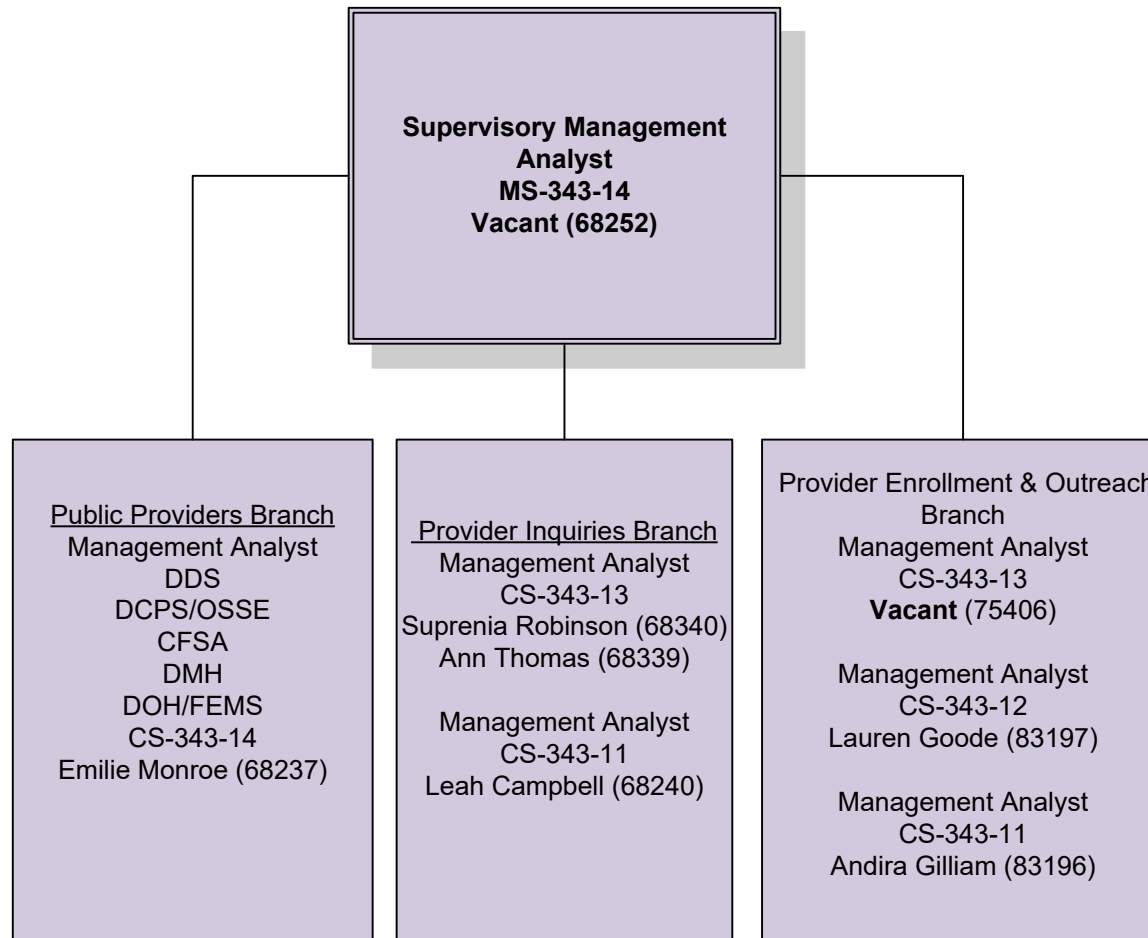
DHCF Organizational Chart – HCDMA - Division of Managed Care



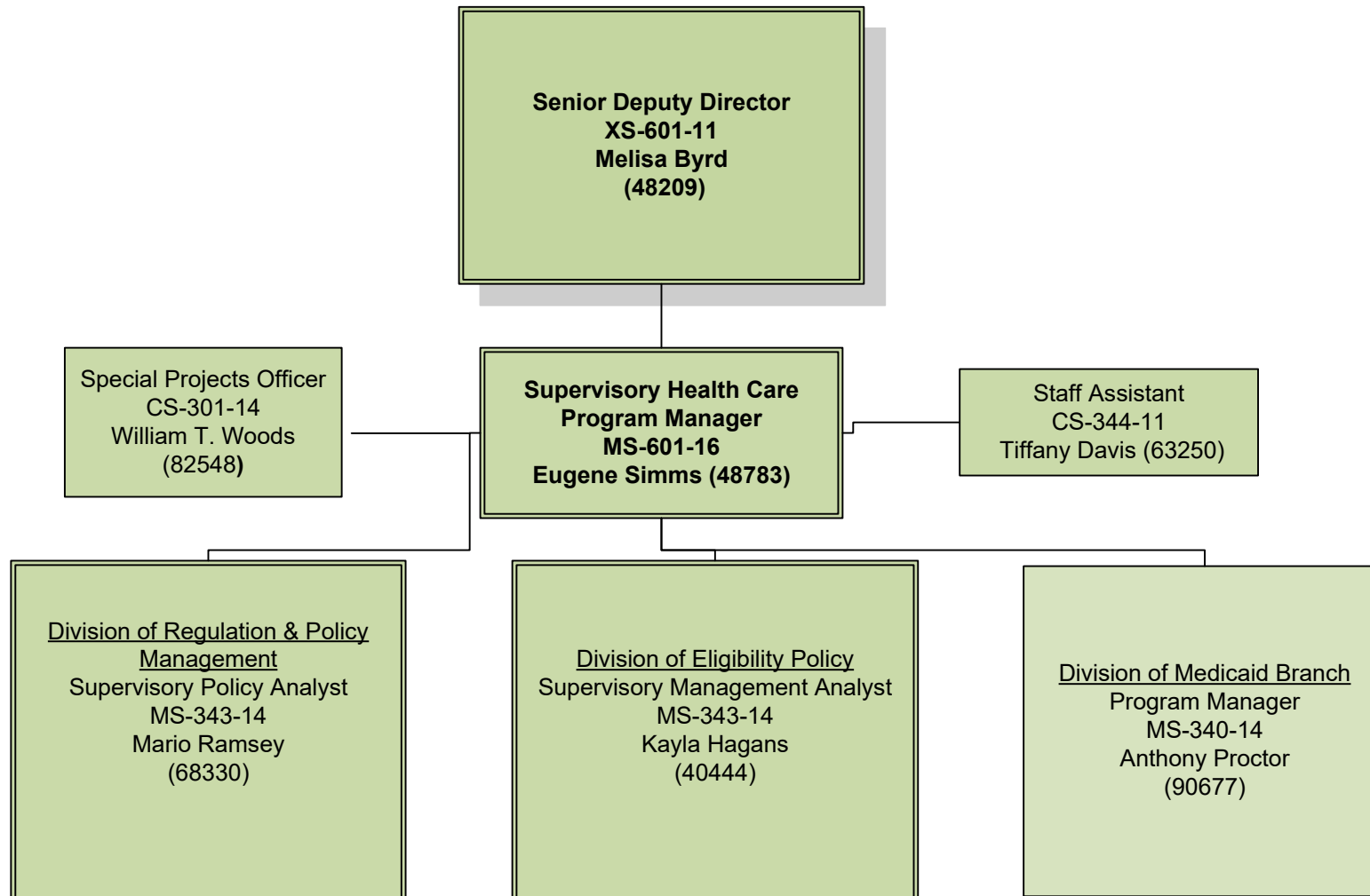


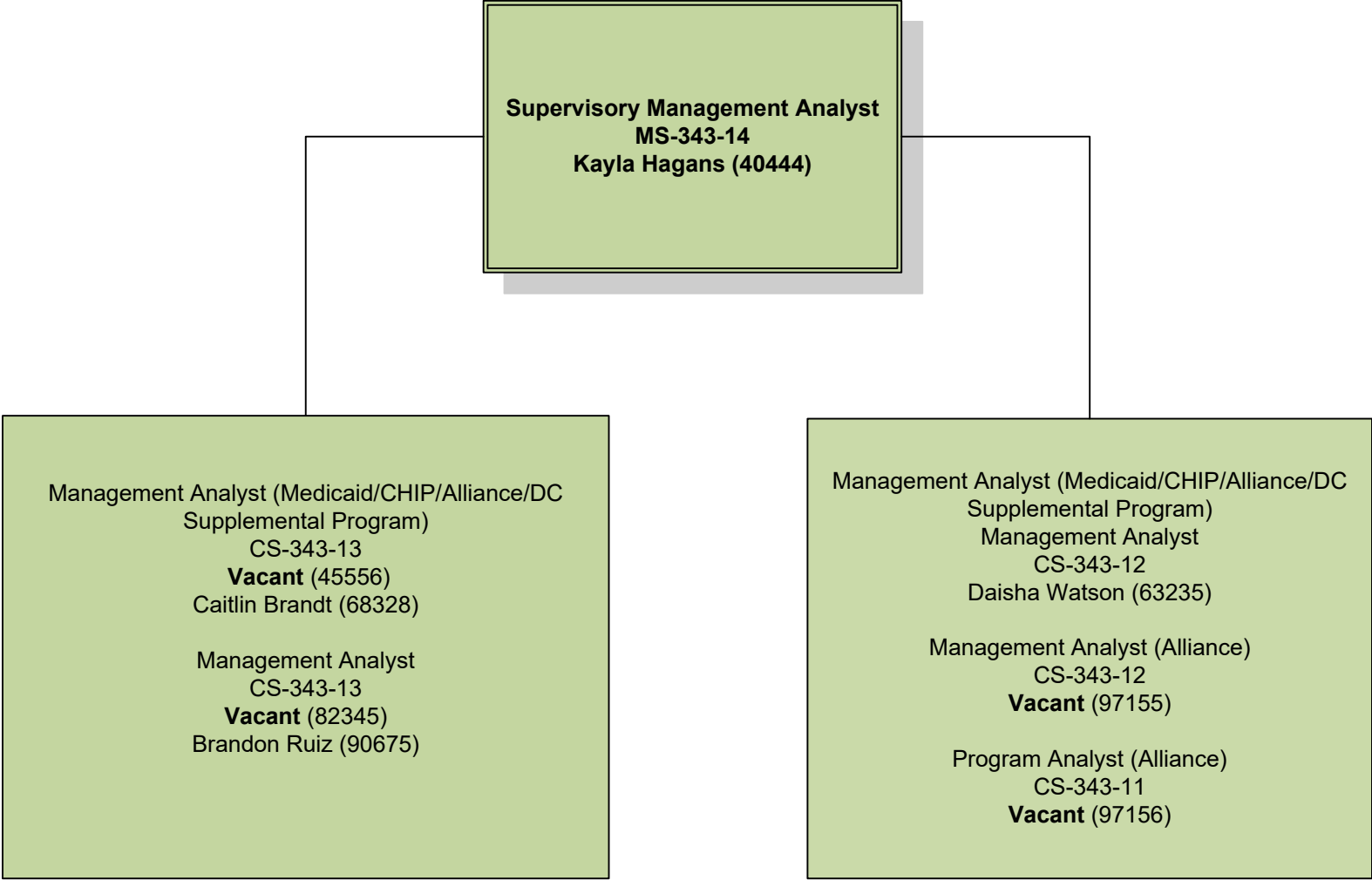


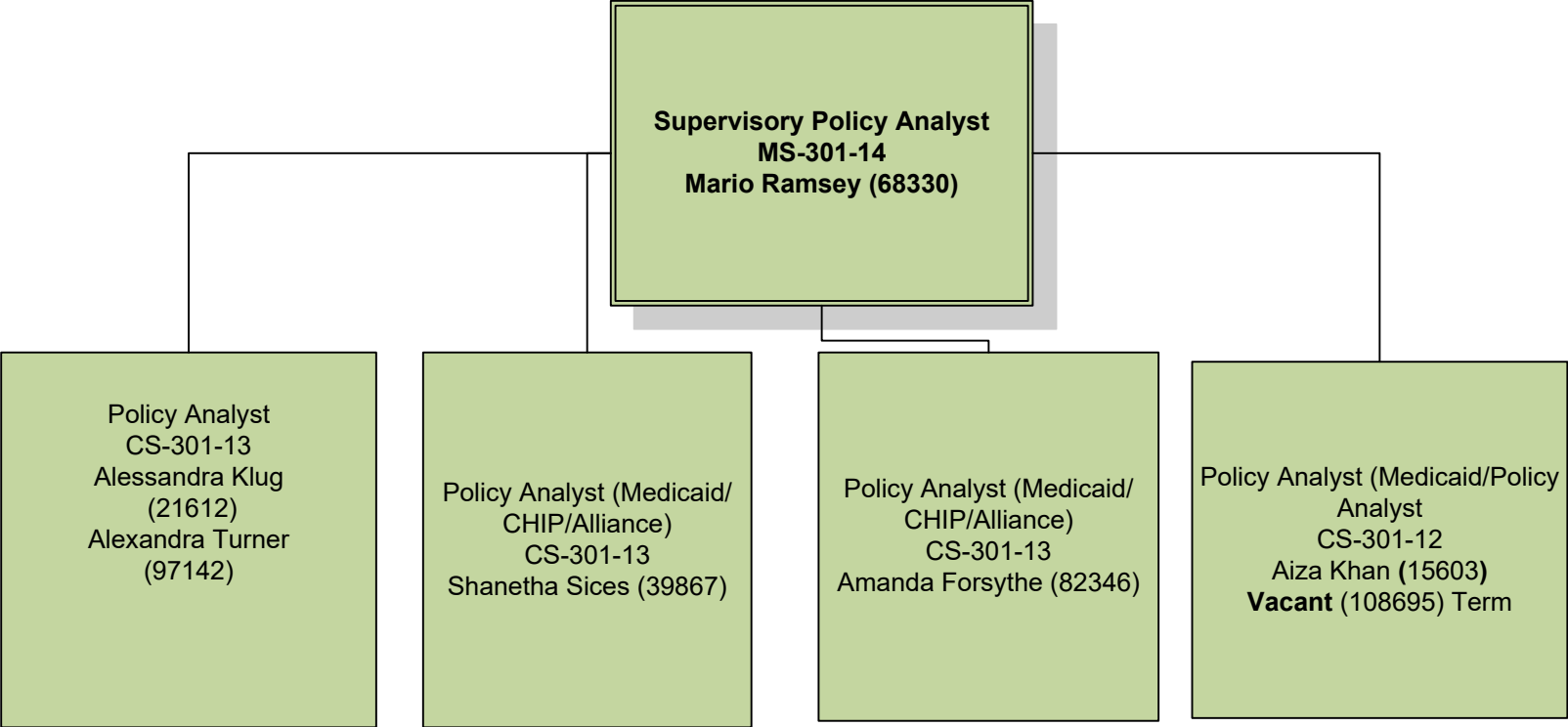




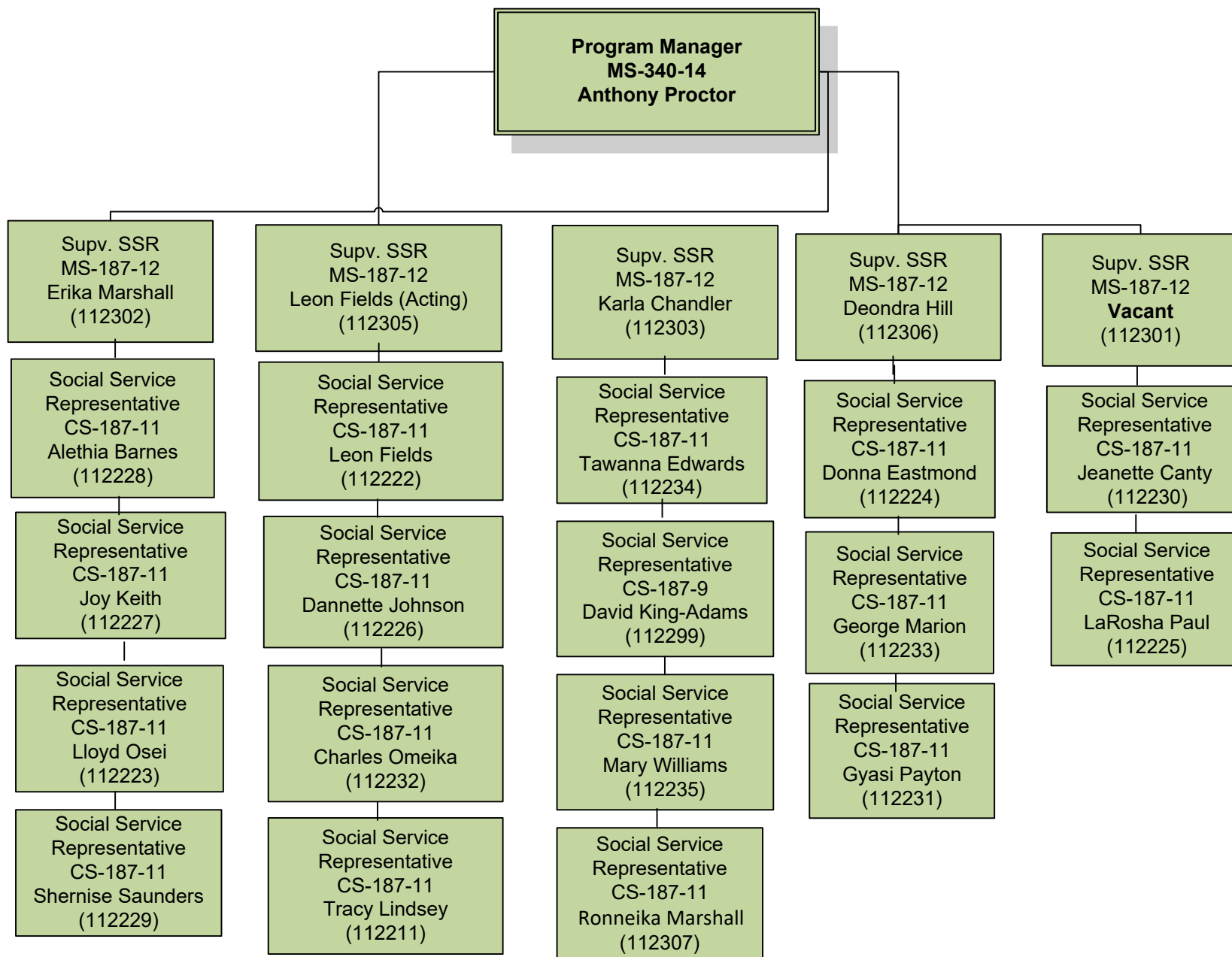
DHCF Organizational Chart – Health Care Policy & Research Administration (HCPRA)



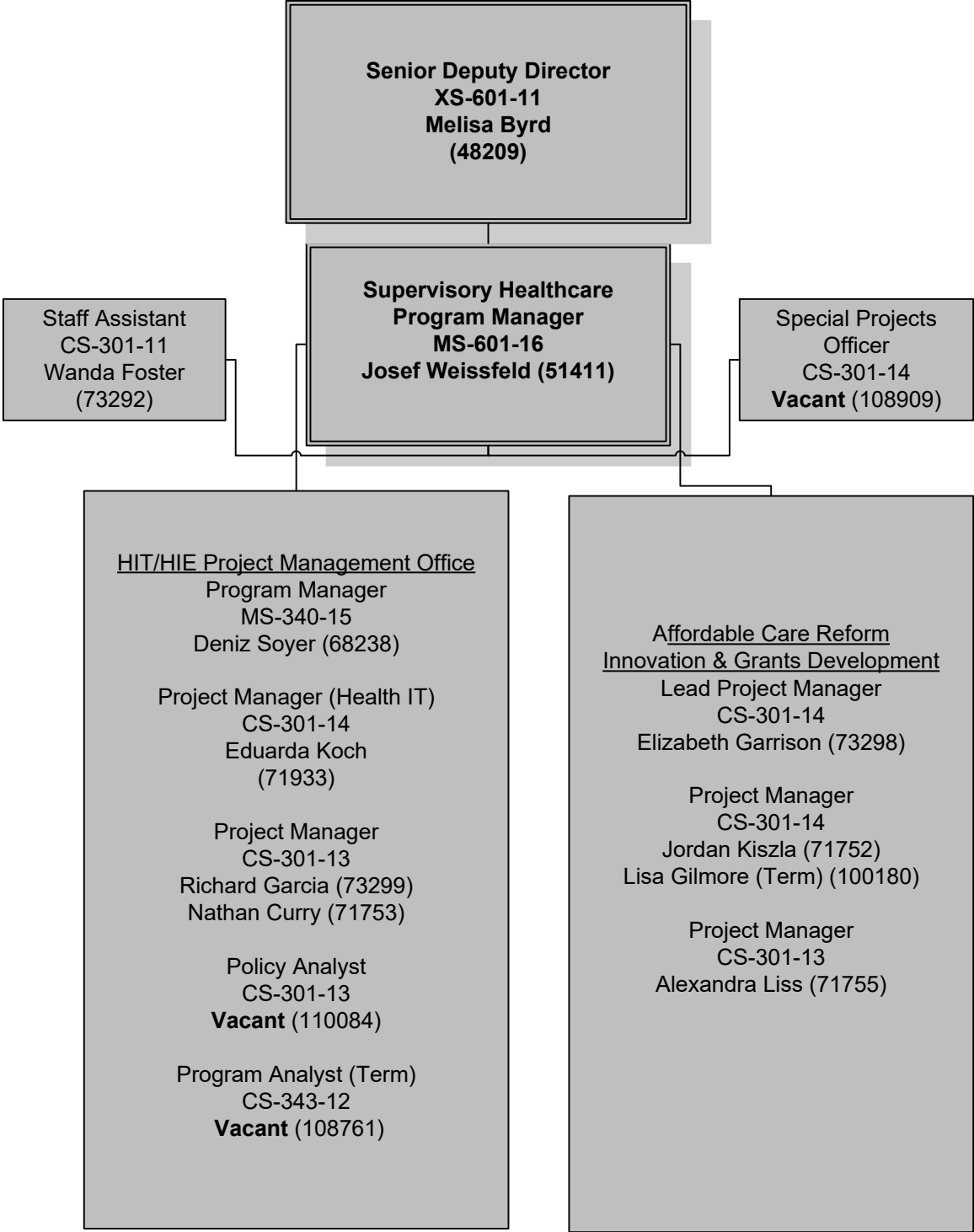




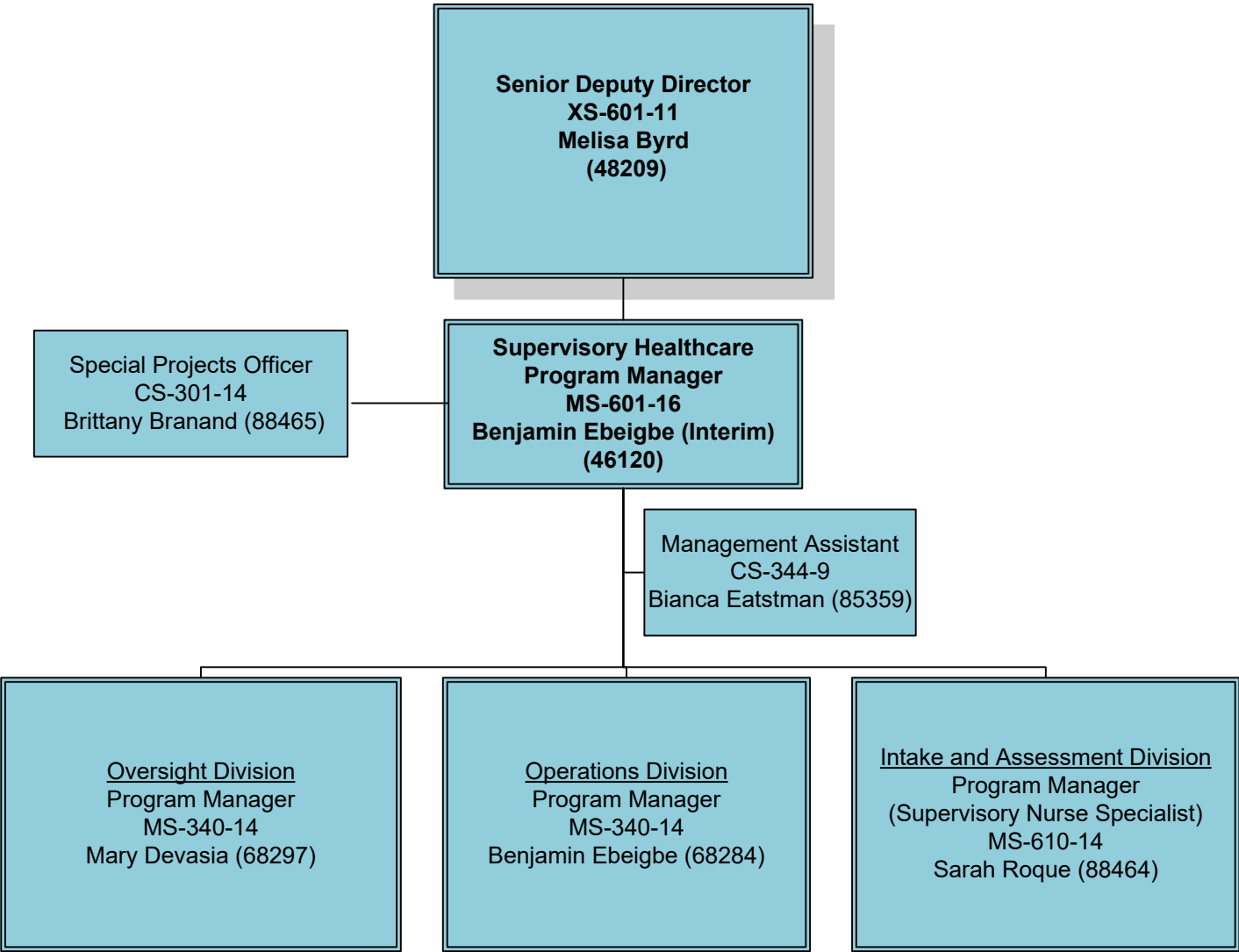
DHCF Organizational Chart – HCPRA – Division of Medicaid Branch



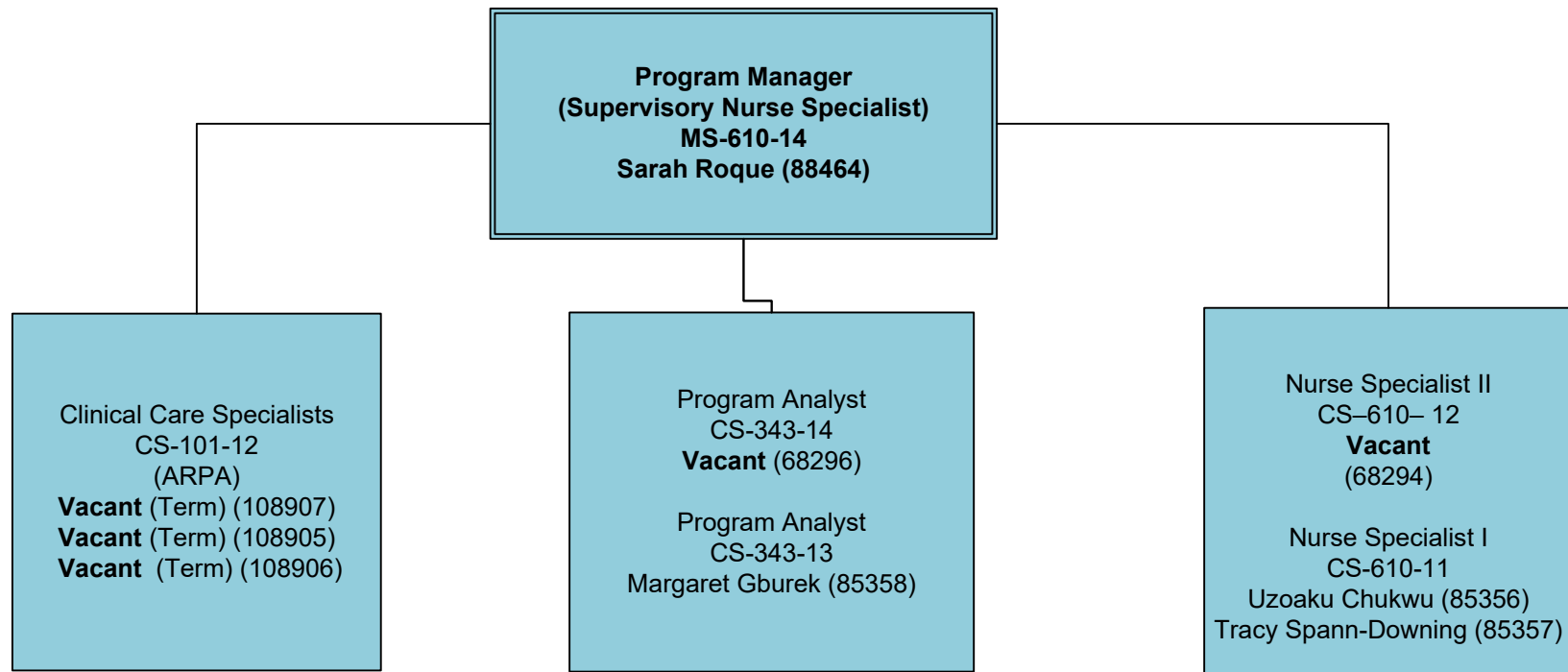
DHCF Organizational Chart – Health Care Reform & Innovation Administration (HCRIA)

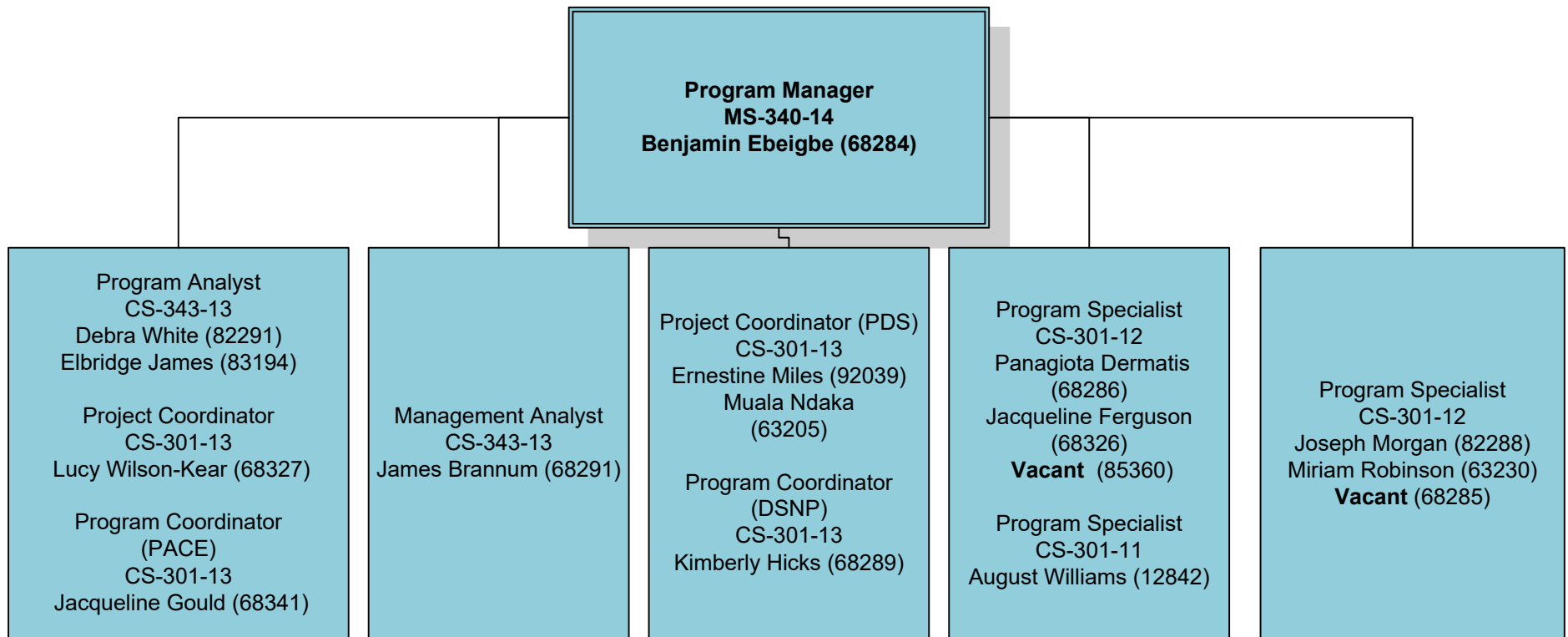


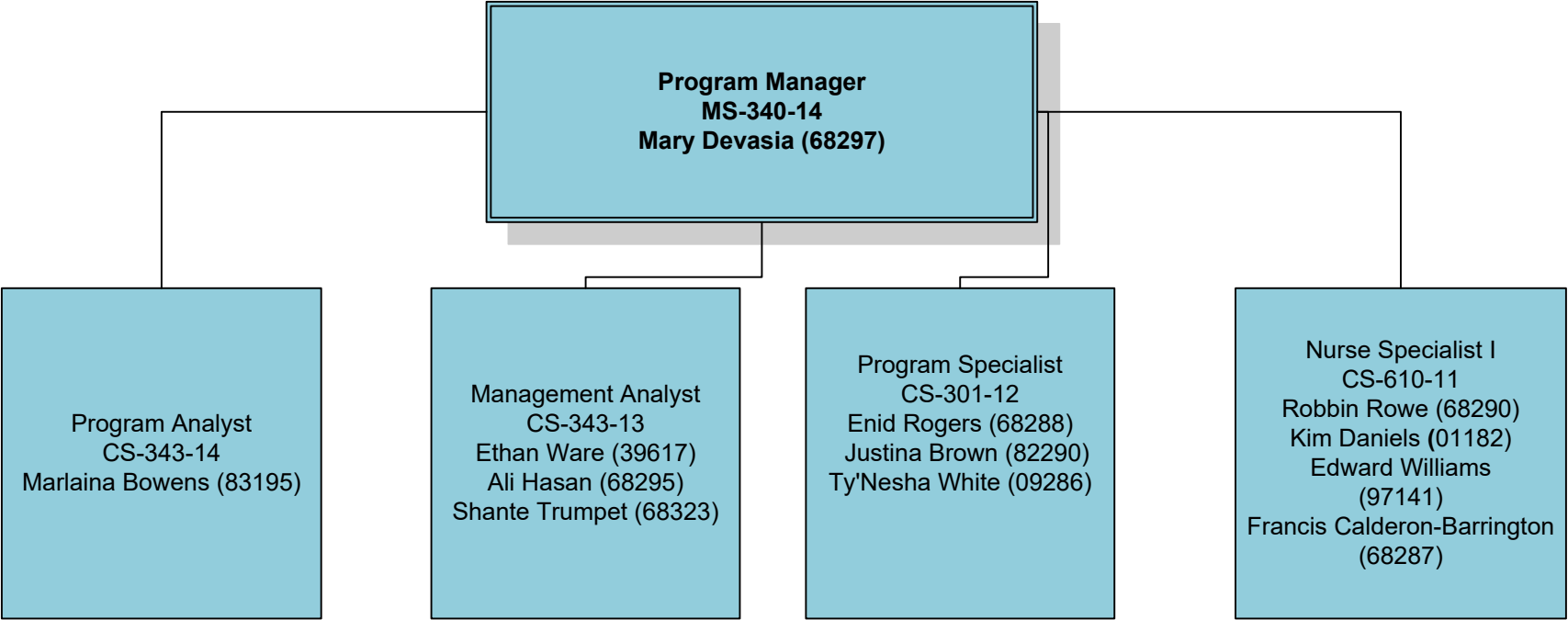
DHCF Organizational Chart – Long Term Care Administration (LTCA)



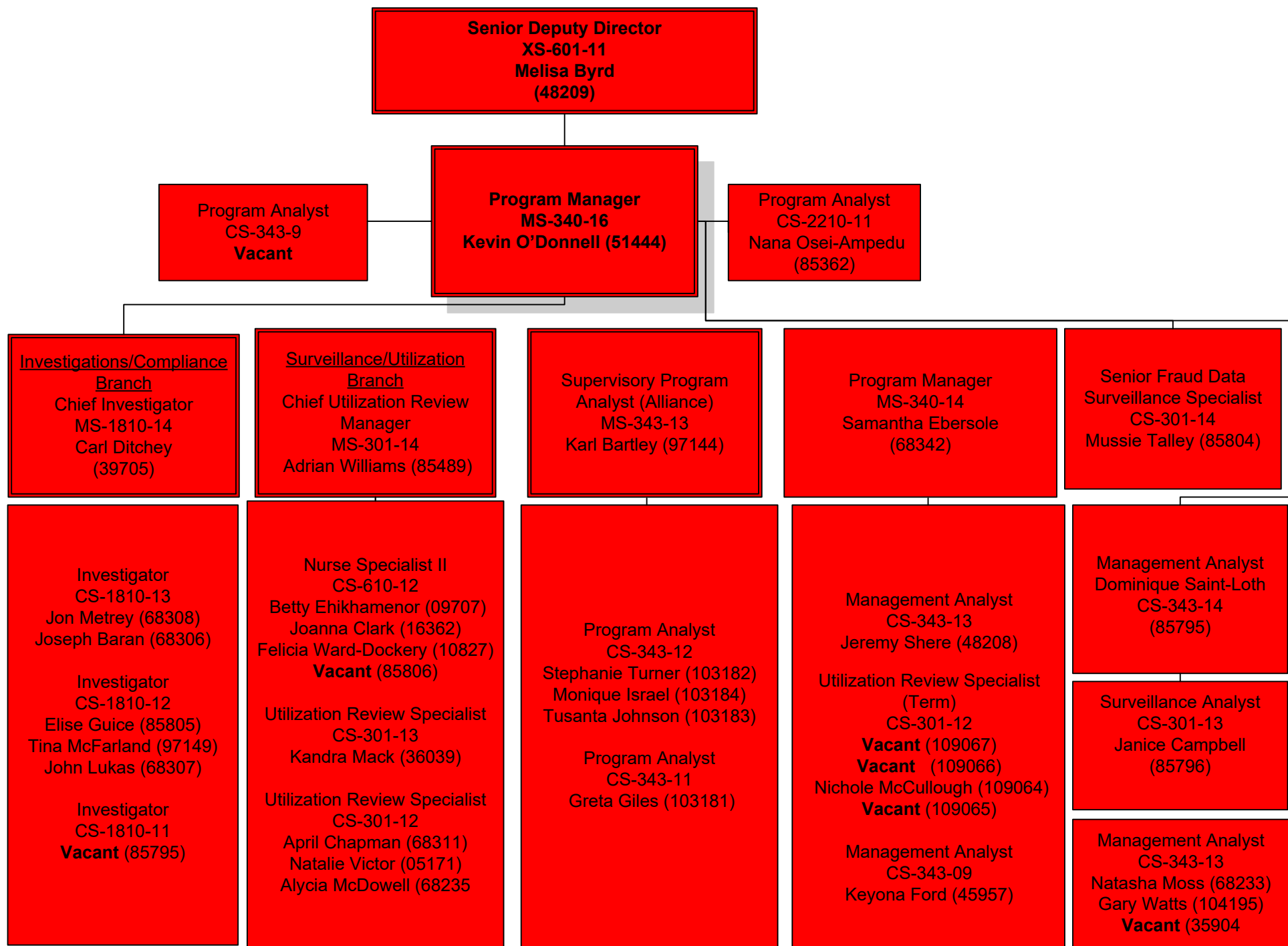
DHCF Organizational Chart – LTCA – Intake and Assessment Division



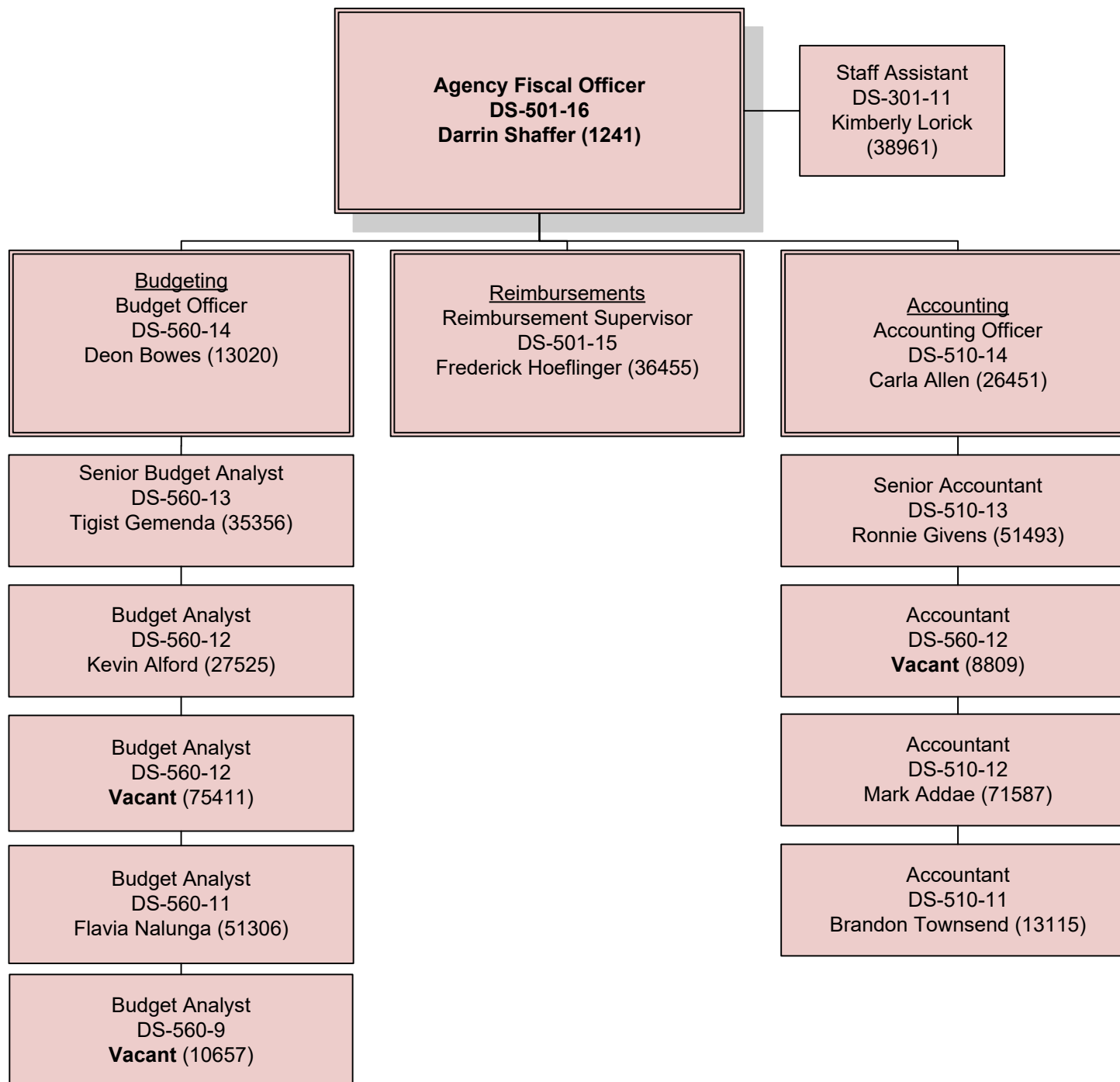




DHCF Organizational Chart - Program Integrity Administration (PIA)



DHCF Organizational Chart – Office of the Chief Financial Officer



	A	B	C	D	E	F
1	Department of Health Care Finance (HT0) FY25 FTEs By Program and Division					
2						
3						
4	Sum of FTE x Dist %					
5	Program Name	Program (Serv	Program (Service) Name	CostCenter (Office #)	CostCenter (Office #) Name	Total
6	AGENCY MANAGEMENT PROGRAM	100180	SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70528	OFFICE OF CHIEF MEDICAL OFFICER	9
7				70530	SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	6
8			SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR Total			15
9		100181	SENIOR DEPUTY DIRECTOR/FINANCE	70538	SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	5
10				70539	OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	15
11			SENIOR DEPUTY DIRECTOR/FINANCE Total			20
12		100026	CONTRACTS REPORTING	70281	CONTRACTS DIVISION	1
13			CONTRACTS REPORTING Total			1
14		100058	HUMAN RESOURCE SERVICES - GENERAL	70279	HUMAN RESOURCES DIVISION - HT0	8
15			HUMAN RESOURCE SERVICES - GENERAL Total			8
16		100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	70280	INFORMATION TECHNOLOGY DIVISION - HT0	4.55
17			INFORMATION TECHNOLOGY SERVICES - GENERAL Total			4.55
18		100072	INTERNAL SUPPORT	70280	INFORMATION TECHNOLOGY DIVISION - HT0	8
19			INTERNAL SUPPORT Total			8
20		100076	IT SECURITY	70280	INFORMATION TECHNOLOGY DIVISION - HT0	3
21			IT SECURITY Total			3
22		100092	LEGAL SERVICES - GENERAL	70282	OFFICE OF THE GENERAL COUNSEL - HT0	8
23			LEGAL SERVICES - GENERAL Total			8
24		100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278	SUPPORT SERVICES DIVISION - HT0	7
25			PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL Total			7
26		100151	EXECUTIVE ADMINISTRATION	70275	OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	9
27			EXECUTIVE ADMINISTRATION Total			9
28		100182	CHIEF OPERATING OFFICE	70489	CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	7
29			CHIEF OPERATING OFFICE Total			7
30	AGENCY MANAGEMENT PROGRAM Total					90.55
31	AGENCY MGMT-DAPR	100183	DATA ANALYTICS AND RESEARCH ADMINISTRATION	70536	ANALYTIC REPORTING DIVISION	5
32				70537	RESEARCH AND DEVELOPMENT DIVISION	7
33			DATA ANALYTICS AND RESEARCH ADMINISTRATION Total			12
34	AGENCY MGMT-DAPR Total					12
35	AGENCY MGMT-OMBUDSMAN	100185	HEALTH CARE OMBUDSMAN	70274	OFFICE OF THE OMBUDSMAN - HT0	24
36			HEALTH CARE OMBUDSMAN Total			24
37	AGENCY MGMT-OMBUDSMAN Total					24
38	AGENCY MGMT-PI	100184	PROGRAM INTEGRITY	70156	INVESTIGATION AND COMPLIANCE DIVISION	8
39				70157	SURVEILLANCE AND UTILIZATION DIVISION	15
40				70158	PROGRAM INTEGRITY SUPPORT DIVISION	13
41			PROGRAM INTEGRITY Total			36
42	AGENCY MGMT-PI Total					36
43	DCAS	100198	DCAS PROGRAM MANAGEMENT	70152	DCAS - PROGRAM MANAGEMENT DIVISION	4.33
44			DCAS PROGRAM MANAGEMENT Total			4.33
45		100199	DCAS PROJECT MANAGEMENT	70153	PROJECT MANAGEMENT DIVISION	5.196
46			DCAS PROJECT MANAGEMENT Total			5.196
47		100200	DCAS HHS FUNCTIONAL	70535	DCAS HHS FUNCTIONAL DIVISION	6.062
48			DCAS HHS FUNCTIONAL Total			6.062
49		100201	DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154	ORGANIZATIONAL CHANGE DIVISION	6.928

	A	B	C	D	E	F
49	DCAS	100201	DCAS ORGANIZATIONAL CHANGE MANAGEMENT Total			6.928
50		100202	DCAS INFORMATION TECHNOLOGY	70155	DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	6.928
51			DCAS INFORMATION TECHNOLOGY Total			6.928
52	DCAS Total					29.444
53	DCAS- AGENCY MANAGEMENT PROGRAM	100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	70280	INFORMATION TECHNOLOGY DIVISION - HT0	0.45
54				70321	(blank)	4.86
55			INFORMATION TECHNOLOGY SERVICES - GENERAL Total			5.31
56	DCAS- AGENCY MANAGEMENT PROGRAM Total					5.31
57	HCDMA	100186	HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159	HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	10
58			HEALTH CARE DELIVERY MGT SUPPORT SVCS Total			10
59		100187	MANAGED CARE MGT	70160	DIVISION OF MANAGED CARE	6
60			MANAGED CARE MGT Total			6
61		100188	CHILDREN'S HEALTH SERVICES	70163	DIVISION OF CHILDREN'S HEALTH SERVICES	4
62			CHILDREN'S HEALTH SERVICES Total			4
63		100189	HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162	DIVISION OF QUALITY AND HEALTH OUTCOMES	7
64			HEALTH CARE QUALITY AND HEALTH OUTCOMES Total			7
65	HCDMA Total					27
66	HCOA	100203	CLAIMS MANAGEMENT	70261	DIVISION OF CLAIMS MANAGEMENT	14
67			CLAIMS MANAGEMENT Total			14
68		100204	HCOA SUPPORT SERVICES	70260	HEALTH CARE OPERATIONS SUPPORT OFFICE	3
69			HCOA SUPPORT SERVICES Total			3
70		100205	PUBLIC AND PRIVATE PROVIDER SERVICES	70262	DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	8
71			PUBLIC AND PRIVATE PROVIDER SERVICES Total			8
72	HCOA Total					25
73	HCPRA	100195	HEALTH CARE POLICY	70264	DIVISION OF REGULATIONS & POLICY MANAGEMENT	7
74			HEALTH CARE POLICY Total			7
75		100196	HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70275	HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	1
76			HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES Total			1
77		100196	HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70263	HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	3
78			HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES Total			3
79		100197	ELIGIBILITY POLICY & OVERSIGHT	70266	DIVISION OF ELIGIBILITY POLICY	7
80				70534	ELIGIBILITY DETERMINATION	22
81			ELIGIBILITY POLICY & OVERSIGHT Total			29
82	HCPRA Total					40
83	HCRIA	100206	HC REFORM AND INNOVATIVE SUPPORT SVS	70269	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	3
84			HC REFORM AND INNOVATIVE SUPPORT SVS Total			3
85		100207	GRANTS ADMINISTRATION FUNCTION	70267	AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	4
86			GRANTS ADMINISTRATION FUNCTION Total			4
87		100208	HIE: HEALTH INFORMATION EXCHANGE	70268	HIT/HIE PROJECT MANAGEMENT DIVISION	6
88			HIE: HEALTH INFORMATION EXCHANGE Total			6
89	HCRIA Total					13
90	LTCA	100191	LONG TERM CARE SUPPORT SERVICES	70270	LONG TERM CARE SUPPORT SERVICES DIVISION	6
91			LONG TERM CARE SUPPORT SERVICES Total			6
92		100192	OVERSIGHT	70271	LONG TERM CARE OVERSIGHT DIVISION	12
93			OVERSIGHT Total			12
94		100193	OPERATIONS	70272	LONG TERM CARE OPERATIONS DIVISION	16
95			OPERATIONS Total			16
96		100194	INTAKE AND ASSESSMENT	70273	INTAKE AND ASSESSMENT DIVISION	7
97			INTAKE AND ASSESSMENT Total			7

	A	B	C	D	E	F
98	LTCA Total					41
99	OCFO	150001	AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION	10003	ACFO DIVISION	2
100			AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES Total			2
101		150002	AGENCY ACCOUNTING SERVICES	10002	ACCOUNTING DIVISION	9
102			AGENCY ACCOUNTING SERVICES Total			9
103		150003	AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVI	10001	BUDGET DIVISION	6
104			AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES Total			6
105	OCFO Total					17
106	Grand Total					360.304

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1	Manager
2	
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4	
5	Chimene Liburd
6	Melisa Byrd
7	
8	Angelique Martin
9	Angelique Martin
10	
11	Benjamin Stutz
12	
13	Felicia Rothchild
14	
15	Erik Thomas
16	
17	Erik Thomas
18	
19	Erik Thomas
20	
21	Sheryl Johnson
22	
23	Portia Shorter
24	
25	Wayne Turnage
26	
27	Benjamin Stutz
28	
29	
30	April Grady
31	April Grady
32	
33	
34	Maude Holt
35	
36	
37	Carl Ditchey
38	Adrian Williams
39	Kevin O'Donnell
40	
41	
42	Tamika Dewitt
43	
44	Tamika Dewitt
45	
46	Keiomi Berry
47	
48	Jajuan Nelson

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49	
50	Rekha Nambiar
51	
52	
53	Erik Thomas
54	Erik Thomas
55	
56	
57	Lisa Truitt
58	
59	Lisa Truitt
60	
61	Colleen Sonosky
62	
63	Acting Araceli Simbulan
64	
65	
66	Eleazar Grant
67	
68	Donald Shearer
69	
70	Donald Shearer
71	
72	
73	Mario Ramsey
74	
75	Eugene Simms
76	
77	Eugene Simms
78	
79	Kayla Hagans
80	Anthony Proctor
81	
82	
83	Josef Weissfeld
84	
85	Josef Weissfeld
86	
87	Deniz Soyer
88	
89	
90	Acting Benjamin Ebeigbe
91	
92	Mary Devasia
93	
94	Benjamin Ebeigbe
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96	Sarah Roque
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98	
99	Darrin Shaffer
100	
101	Carla Allen
102	
103	Deon Bowes
104	
105	
106	

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AGENCY MGMT-OMBUDSMAN	100185
AGENCY MGMT-OMBUDSMAN	100185
AGENCY MGMT-OMBUDSMAN	100185
AGENCY MANAGEMENT PROGRAM	100092
HCPRA	100197
HCPRA	100197
HCPRA	100197
HCPRA	100197
HCPRA	100197
HCPRA	100197
HCPRA	100197
AGENCY MANAGEMENT PROGRAM	100151
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AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
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AGENCY MGMT-PI	100184
AGENCY MANAGEMENT PROGRAM	100022
AGENCY MANAGEMENT PROGRAM	100022
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AGENCY MANAGEMENT PROGRAM	100181
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AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
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AGENCY MGMT-PI	100184
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AGENCY MGMT-OMBUDSMAN	100185
AGENCY MGMT-OMBUDSMAN	100185
AGENCY MGMT-OMBUDSMAN	100185
AGENCY MGMT-OMBUDSMAN	100185
HCPRA	100195
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AGENCY MGMT-DAPR	100183
DCAS	100198
HCDMA	100186
HCOA	100204
HCPRA	100196
HCRIA	100206
HCRIA	100206
LTCA	100191
AGENCY MANAGEMENT PROGRAM	100180
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MGMT-PI	100184
AGENCY MGMT-DAPR	100183
AGENCY MANAGEMENT PROGRAM	100180
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LTCA	100194
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AGENCY MANAGEMENT PROGRAM	100113
AGENCY MANAGEMENT PROGRAM	100058
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AGENCY MANAGEMENT PROGRAM	100058
AGENCY MANAGEMENT PROGRAM	100058
AGENCY MGMT-OMBUDSMAN	100185
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OCFO	150003
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HCOA	100204
HCOA	100204
AGENCY MGMT-DAPR	100183
AGENCY MANAGEMENT PROGRAM	100058
AGENCY MANAGEMENT PROGRAM	100113
AGENCY MANAGEMENT PROGRAM	100113
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AGENCY MANAGEMENT PROGRAM	100113
HCPRA	100197
HCPRA	100197
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HCPRA	100196
HCPRA	100196
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
HCPRA	100197
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HCDMA	100188
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AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100026
AGENCY MANAGEMENT PROGRAM	100058
AGENCY MANAGEMENT PROGRAM	100071
AGENCY MANAGEMENT PROGRAM	100071
	700079
OCFO	150002
AGENCY MANAGEMENT PROGRAM	100076
AGENCY MANAGEMENT PROGRAM	100071
AGENCY MANAGEMENT PROGRAM	100071
AGENCY MANAGEMENT PROGRAM	100071
AGENCY MANAGEMENT PROGRAM	100072
HCDMA	100188
HCDMA	100187
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HCDMA	100186
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AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100022
HCDMA	100189
HCDMA	100189
HCDMA	100189
AGENCY MGMT-DAPR	100183
	700094

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HCRIA	100208
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
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AGENCY MGMT-PI	100184
AGENCY MGMT-PI	100184
AGENCY MANAGEMENT PROGRAM	100022
AGENCY MANAGEMENT PROGRAM	100022
AGENCY MANAGEMENT PROGRAM	100022
AGENCY MANAGEMENT PROGRAM	100182
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MANAGEMENT PROGRAM	100151
AGENCY MANAGEMENT PROGRAM	100092
AGENCY MGMT-OMBUDSMAN	100185
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100180
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100181
AGENCY MANAGEMENT PROGRAM	100180
AGENCY MGMT-PI	100184

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HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
LEGAL SERVICES - GENERAL	70282
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
EXECUTIVE ADMINISTRATION	70275
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
INTAKE AND ASSESSMENT	70273
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
OVERSIGHT	70271
DCAS PROGRAM MANAGEMENT	70152
DCAS PROGRAM MANAGEMENT	70152
DCAS PROGRAM MANAGEMENT	70152
DCAS PROGRAM MANAGEMENT	70152
DCAS HHS FUNCTIONAL	70535
DCAS INFORMATION TECHNOLOGY	70155
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS PROJECT MANAGEMENT	70153
DCAS PROJECT MANAGEMENT	70153
DCAS PROJECT MANAGEMENT	70153
DCAS PROJECT MANAGEMENT	70153
DCAS PROJECT MANAGEMENT	70153
DCAS PROJECT MANAGEMENT	70153
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70156

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CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
ELIGIBILITY POLICY & OVERSIGHT	70266
ELIGIBILITY POLICY & OVERSIGHT	70266
ELIGIBILITY POLICY & OVERSIGHT	70266
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
	70270
	70270
	70270
	70270
	70270
AGENCY ACCOUNTING SERVICES	10002
HUMAN RESOURCE SERVICES - GENERAL	70279
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
ELIGIBILITY POLICY & OVERSIGHT	70534
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
LEGAL SERVICES - GENERAL	70282
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70528
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70528
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70528
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70538
SENIOR DEPUTY DIRECTOR/FINANCE	70538
SENIOR DEPUTY DIRECTOR/FINANCE	70538

SENIOR DEPUTY DIRECTOR/FINANCE	70538
AGENCY ACCOUNTING SERVICES	10002
AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES	10003
DCAS INFORMATION TECHNOLOGY	70155
DCAS INFORMATION TECHNOLOGY	70155
DCAS INFORMATION TECHNOLOGY	70155
DCAS INFORMATION TECHNOLOGY	70155
DCAS INFORMATION TECHNOLOGY	70155
DCAS INFORMATION TECHNOLOGY	70155
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
DCAS ORGANIZATIONAL CHANGE MANAGEMENT	70154
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70156
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70158
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
	70163
	70163
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	70163
	70163
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE OMBUDSMAN	70274
HEALTH CARE POLICY	70264
HEALTH CARE POLICY	70264
HEALTH CARE POLICY	70264

HEALTH CARE POLICY	70264
HEALTH CARE POLICY	70264
HEALTH CARE POLICY	70264
DATA ANALYTICS AND RESEARCH ADMINISTRATION	70536
DCAS PROGRAM MANAGEMENT	70152
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HCOA SUPPORT SERVICES	70260
HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70263
HC REFORM AND INNOVATIVE SUPPORT SVS	70269
HC REFORM AND INNOVATIVE SUPPORT SVS	70269
LONG TERM CARE SUPPORT SERVICES	70270
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70528
EXECUTIVE ADMINISTRATION	70275
PROGRAM INTEGRITY	70158
DATA ANALYTICS AND RESEARCH ADMINISTRATION	70537
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70530
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70530
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70530
INTAKE AND ASSESSMENT	70273
INTAKE AND ASSESSMENT	70273
INTAKE AND ASSESSMENT	70273
INTAKE AND ASSESSMENT	70273
INTAKE AND ASSESSMENT	70273
LONG TERM CARE SUPPORT SERVICES	70270
LONG TERM CARE SUPPORT SERVICES	70270
LONG TERM CARE SUPPORT SERVICES	70270
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
HUMAN RESOURCE SERVICES - GENERAL	70279
HUMAN RESOURCE SERVICES - GENERAL	70279
HUMAN RESOURCE SERVICES - GENERAL	70279
HUMAN RESOURCE SERVICES - GENERAL	70279
HUMAN RESOURCE SERVICES - GENERAL	70279
HEALTH CARE OMBUDSMAN	70274
AGENCY ACCOUNTING SERVICES	10002
AGENCY ACCOUNTING SERVICES	10002
AGENCY /CLUSTER FINANCIAL EXECUTIVE ADMINISTRATION SERVICES	10003
AGENCY BUDGETING AND FINANCIAL MANAGEMENT SERVICES	10001
CLAIMS MANAGEMENT	70261
CLAIMS MANAGEMENT	70261
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262

PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
PUBLIC AND PRIVATE PROVIDER SERVICES	70262
HCOA SUPPORT SERVICES	70260
HCOA SUPPORT SERVICES	70260
DATA ANALYTICS AND RESEARCH ADMINISTRATION	70537
HUMAN RESOURCE SERVICES - GENERAL	70279
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278
ELIGIBILITY POLICY & OVERSIGHT	70266
ELIGIBILITY POLICY & OVERSIGHT	70266
ELIGIBILITY POLICY & OVERSIGHT	70266
ELIGIBILITY POLICY & OVERSIGHT	70266
HEALTH CARE POLICY	70264
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70275
HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70263
HEALTH CARE POLICY AND RESEARCH SUPPORT SERVICES	70263
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
ELIGIBILITY POLICY & OVERSIGHT	70534
CHILDREN'S HEALTH SERVICES	70163
CHILDREN'S HEALTH SERVICES	70163
CHILDREN'S HEALTH SERVICES	70163
HIE: HEALTH INFORMATION EXCHANGE	70268
HIE: HEALTH INFORMATION EXCHANGE	70268
HIE: HEALTH INFORMATION EXCHANGE	70268

HIE: HEALTH INFORMATION EXCHANGE	70268
HIE: HEALTH INFORMATION EXCHANGE	70268
CHIEF OPERATING OFFICE	70489
CHIEF OPERATING OFFICE	70489
CHIEF OPERATING OFFICE	70489
CHIEF OPERATING OFFICE	70489
CHIEF OPERATING OFFICE	70489
CONTRACTS REPORTING	70281
HUMAN RESOURCE SERVICES - GENERAL	70279
INFORMATION TECHNOLOGY SERVICES - GENERAL	70280
INFORMATION TECHNOLOGY SERVICES - GENERAL	70280
	70280
AGENCY ACCOUNTING SERVICES	10002
IT SECURITY	70280
INFORMATION TECHNOLOGY SERVICES - GENERAL	70280
INFORMATION TECHNOLOGY SERVICES - GENERAL	70280
INFORMATION TECHNOLOGY SERVICES - GENERAL	70280
INTERNAL SUPPORT	70280
CHILDREN'S HEALTH SERVICES	70163
MANAGED CARE MGT	70160
MANAGED CARE MGT	70160
MANAGED CARE MGT	70160
MANAGED CARE MGT	70160
MANAGED CARE MGT	70160
MANAGED CARE MGT	70160
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
HEALTH CARE DELIVERY MGT SUPPORT SVCS	70159
CHIEF OPERATING OFFICE	70489
CONTRACTING AND PROCUREMENT - GENERAL	70281
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
HEALTH CARE QUALITY AND HEALTH OUTCOMES	70162
DATA ANALYTICS AND RESEARCH ADMINISTRATION	70537
	70163

GRANTS ADMINISTRATION FUNCTION	70267
GRANTS ADMINISTRATION FUNCTION	70267
GRANTS ADMINISTRATION FUNCTION	70267
GRANTS ADMINISTRATION FUNCTION	70267
HC REFORM AND INNOVATIVE SUPPORT SVS	70269
HIE: HEALTH INFORMATION EXCHANGE	70268
EXECUTIVE ADMINISTRATION	70275
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
PROGRAM INTEGRITY	70157
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
CONTRACTING AND PROCUREMENT - GENERAL	70281
CHIEF OPERATING OFFICE	70489
EXECUTIVE ADMINISTRATION	70275
EXECUTIVE ADMINISTRATION	70275
EXECUTIVE ADMINISTRATION	70275
EXECUTIVE ADMINISTRATION	70275
EXECUTIVE ADMINISTRATION	70275
LEGAL SERVICES - GENERAL	70282
HEALTH CARE OMBUDSMAN	70274
SENIOR DEPUTY DIRECTOR/FINANCE	70538
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70530
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/FINANCE	70539
SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR	70530
PROGRAM INTEGRITY	70157

CostCenter (Office #) Name	Position Nun
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00068243
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082404
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00108368
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00108598
ACCOUNTING DIVISION	00008809
ACCOUNTING DIVISION	00013115
ACCOUNTING DIVISION	00071587
ACCOUNTING DIVISION	00051493
DIVISON OF QUALITY AND HEALTH OUTCOMES	00090674
PROGRAM INTEGRITY SUPPORT DIVISION	00103181
PROGRAM INTEGRITY SUPPORT DIVISION	00103182
PROGRAM INTEGRITY SUPPORT DIVISION	00103183
PROGRAM INTEGRITY SUPPORT DIVISION	00103184
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	00097155
DCAS HHS FUNCTIONAL DIVISION	00094896
DCAS HHS FUNCTIONAL DIVISION	00094925
DCAS HHS FUNCTIONAL DIVISION	00094928
DCAS HHS FUNCTIONAL DIVISION	00094930
DCAS HHS FUNCTIONAL DIVISION	00094975
DCAS HHS FUNCTIONAL DIVISION	00095003
OFFICE OF CHIEF MEDICAL OFFICER	00075409
OFFICE OF CHIEF MEDICAL OFFICER	00024958
OFFICE OF CHIEF MEDICAL OFFICER	00037040
OFFICE OF CHIEF MEDICAL OFFICER	00077601
OFFICE OF CHIEF MEDICAL OFFICER	00039702
RESEARCH AND DEVELOPMENT DIVISION	00042749
BUDGET DIVISION	00010657
BUDGET DIVISION	00027525
BUDGET DIVISION	00051306
BUDGET DIVISION	00075411
BUDGET DIVISION	00035356
INFORMATION TECHNOLOGY DIVISION - HT0	00094894
INFORMATION TECHNOLOGY DIVISION - HT0	00088075
OFFICE OF THE OMBUDSMAN - HT0	00068324
OFFICE OF THE OMBUDSMAN - HT0	00077543
OFFICE OF THE OMBUDSMAN - HT0	00077066
OFFICE OF THE OMBUDSMAN - HT0	00088073
OFFICE OF THE OMBUDSMAN - HT0	00092042
OFFICE OF THE OMBUDSMAN - HT0	00092050
OFFICE OF THE OMBUDSMAN - HT0	00095197
OFFICE OF THE OMBUDSMAN - HT0	00051078
OFFICE OF THE OMBUDSMAN - HT0	00077067
OFFICE OF THE OMBUDSMAN - HT0	00077544

OFFICE OF THE OMBUDSMAN - HT0	00092045
OFFICE OF THE OMBUDSMAN - HT0	00095196
OFFICE OF THE OMBUDSMAN - HT0	00000403
OFFICE OF THE GENERAL COUNSEL - HT0	00000489
ELIGIBILITY DETERMINATION	00112224
ELIGIBILITY DETERMINATION	00112231
ELIGIBILITY DETERMINATION	00112233
ELIGIBILITY DETERMINATION	00112234
ELIGIBILITY DETERMINATION	00112235
ELIGIBILITY DETERMINATION	00112299
ELIGIBILITY DETERMINATION	00112307
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00022430
CONTRACTS DIVISION	00051169
CONTRACTS DIVISION	00083259
CONTRACTS DIVISION	00095259
INTAKE AND ASSESSMENT DIVISION	00068323
LONG TERM CARE OVERSIGHT DIVISION	00039617
LONG TERM CARE OVERSIGHT DIVISION	00068295
LONG TERM CARE OVERSIGHT DIVISION	00001182
LONG TERM CARE OVERSIGHT DIVISION	00068287
LONG TERM CARE OVERSIGHT DIVISION	00068290
LONG TERM CARE OVERSIGHT DIVISION	00097141
LONG TERM CARE OVERSIGHT DIVISION	00068292
LONG TERM CARE OVERSIGHT DIVISION	00083195
LONG TERM CARE OVERSIGHT DIVISION	00009286
LONG TERM CARE OVERSIGHT DIVISION	00068288
LONG TERM CARE OVERSIGHT DIVISION	00082290
DCAS - PROGRAM MANAGEMENT DIVISION	00094972
DCAS - PROGRAM MANAGEMENT DIVISION	00094931
DCAS - PROGRAM MANAGEMENT DIVISION	00078082
DCAS - PROGRAM MANAGEMENT DIVISION	00094893
DCAS HHS FUNCTIONAL DIVISION	00068322
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00092038
ORGANIZATIONAL CHANGE DIVISION	00094890
PROJECT MANAGEMENT DIVISION	00078081
PROJECT MANAGEMENT DIVISION	00092044
PROJECT MANAGEMENT DIVISION	00094929
PROJECT MANAGEMENT DIVISION	00094981
PROJECT MANAGEMENT DIVISION	00094907
PROJECT MANAGEMENT DIVISION	00094983
INVESTIGATION AND COMPLIANCE DIVISION	00068306
INVESTIGATION AND COMPLIANCE DIVISION	00068307
INVESTIGATION AND COMPLIANCE DIVISION	00068308
INVESTIGATION AND COMPLIANCE DIVISION	00085805

INVESTIGATION AND COMPLIANCE DIVISION	00097149
CONTRACTS DIVISION	00048203
CONTRACTS DIVISION	00083268
INTAKE AND ASSESSMENT DIVISION	00088464
LONG TERM CARE OPERATIONS DIVISION	00068291
LONG TERM CARE OPERATIONS DIVISION	00082291
LONG TERM CARE OPERATIONS DIVISION	00083194
LONG TERM CARE OPERATIONS DIVISION	00068289
LONG TERM CARE OPERATIONS DIVISION	00068341
LONG TERM CARE OPERATIONS DIVISION	00068284
LONG TERM CARE OPERATIONS DIVISION	00012842
LONG TERM CARE OPERATIONS DIVISION	00063230
LONG TERM CARE OPERATIONS DIVISION	00068285
LONG TERM CARE OPERATIONS DIVISION	00068286
LONG TERM CARE OPERATIONS DIVISION	00068326
LONG TERM CARE OPERATIONS DIVISION	00082288
LONG TERM CARE OPERATIONS DIVISION	00085360
LONG TERM CARE OPERATIONS DIVISION	00063205
LONG TERM CARE OPERATIONS DIVISION	00068327
LONG TERM CARE OPERATIONS DIVISION	00092039
LONG TERM CARE OVERSIGHT DIVISION	00068297
LONG TERM CARE SUPPORT SERVICES DIVISION	00085359
LONG TERM CARE SUPPORT SERVICES DIVISION	00088465
	00071512
INFORMATION TECHNOLOGY DIVISION - HT0	00048207
INFORMATION TECHNOLOGY DIVISION - HT0	00051408
INFORMATION TECHNOLOGY DIVISION - HT0	00075407
INFORMATION TECHNOLOGY DIVISION - HT0	00094960
INFORMATION TECHNOLOGY DIVISION - HT0	00094961
INFORMATION TECHNOLOGY DIVISION - HT0	00088082
INFORMATION TECHNOLOGY DIVISION - HT0	00051320
ANALYTIC REPORTING DIVISION	00004940
ANALYTIC REPORTING DIVISION	00009796
ANALYTIC REPORTING DIVISION	00012919
ANALYTIC REPORTING DIVISION	00068329
RESEARCH AND DEVELOPMENT DIVISION	00094747
RESEARCH AND DEVELOPMENT DIVISION	00094974
RESEARCH AND DEVELOPMENT DIVISION	00112826
DIVISION OF CLAIMS MANAGEMENT	00068313
DIVISION OF CLAIMS MANAGEMENT	00077016
DIVISION OF CLAIMS MANAGEMENT	00077019
DIVISION OF CLAIMS MANAGEMENT	00077020
DIVISION OF CLAIMS MANAGEMENT	00068332
DIVISION OF CLAIMS MANAGEMENT	00068312

DIVISION OF CLAIMS MANAGEMENT	00068239
DIVISION OF CLAIMS MANAGEMENT	00068241
DIVISION OF CLAIMS MANAGEMENT	00068242
DIVISION OF CLAIMS MANAGEMENT	00015502
DIVISION OF CLAIMS MANAGEMENT	00068314
DIVISION OF CLAIMS MANAGEMENT	00068331
DIVISION OF ELIGIBILITY POLICY	00063235
DIVISION OF ELIGIBILITY POLICY	00068328
DIVISION OF ELIGIBILITY POLICY	00090675
CONTRACTS DIVISION	00045560
CONTRACTS DIVISION	00083251
CONTRACTS DIVISION	00095258
CONTRACTS DIVISION	00098982
	00082774
	00073093
	00110167
	00110168
	00110169
ACCOUNTING DIVISION	00037305
HUMAN RESOURCES DIVISION - HT0	00094977
OFFICE OF THE OMBUDSMAN - HT0	00097151
OFFICE OF THE OMBUDSMAN - HT0	00097150
OFFICE OF THE OMBUDSMAN - HT0	00068325
OFFICE OF THE OMBUDSMAN - HT0	00092043
OFFICE OF THE OMBUDSMAN - HT0	00075319
OFFICE OF THE GENERAL COUNSEL - HT0	00075547
OFFICE OF THE GENERAL COUNSEL - HT0	00084781
ELIGIBILITY DETERMINATION	00112230
OFFICE OF THE GENERAL COUNSEL - HT0	00099872
OFFICE OF THE GENERAL COUNSEL - HT0	00041779
OFFICE OF THE GENERAL COUNSEL - HT0	00051301
OFFICE OF THE GENERAL COUNSEL - HT0	00051302
OFFICE OF THE GENERAL COUNSEL - HT0	00083205
OFFICE OF THE GENERAL COUNSEL - HT0	00085207
OFFICE OF THE GENERAL COUNSEL - HT0	00104511
OFFICE OF CHIEF MEDICAL OFFICER	00048781
OFFICE OF CHIEF MEDICAL OFFICER	00068337
OFFICE OF CHIEF MEDICAL OFFICER	00082292
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00090676
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00106914
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082293
SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	00082554
SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	00048202
SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	00068244

SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	00110947
ACCOUNTING DIVISION	00036458
ACFO DIVISION	00001241
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094979
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094971
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094905
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094958
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094959
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094980
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	00094889
ORGANIZATIONAL CHANGE DIVISION	00094978
ORGANIZATIONAL CHANGE DIVISION	00094909
ORGANIZATIONAL CHANGE DIVISION	00094923
ORGANIZATIONAL CHANGE DIVISION	00094976
ORGANIZATIONAL CHANGE DIVISION	00095002
ORGANIZATIONAL CHANGE DIVISION	00095004
ORGANIZATIONAL CHANGE DIVISION	00094904
INVESTIGATION AND COMPLIANCE DIVISION	00039705
INVESTIGATION AND COMPLIANCE DIVISION	00085795
INVESTIGATION AND COMPLIANCE DIVISION	00068342
PROGRAM INTEGRITY SUPPORT DIVISION	00035904
PROGRAM INTEGRITY SUPPORT DIVISION	00068233
PROGRAM INTEGRITY SUPPORT DIVISION	00104195
PROGRAM INTEGRITY SUPPORT DIVISION	00085362
PROGRAM INTEGRITY SUPPORT DIVISION	00045957
PROGRAM INTEGRITY SUPPORT DIVISION	00085804
PROGRAM INTEGRITY SUPPORT DIVISION	00097144
PROGRAM INTEGRITY SUPPORT DIVISION	00085796
SURVEILLANCE AND UTILIZATION DIVISION	00085489
SURVEILLANCE AND UTILIZATION DIVISION	00048208
	00088454
	00088455
	00090750
	00110011
	00090761
	00088108
	00113972
OFFICE OF THE OMBUDSMAN - HT0	00010469
OFFICE OF THE OMBUDSMAN - HT0	00023741
OFFICE OF THE OMBUDSMAN - HT0	00068343
OFFICE OF THE OMBUDSMAN - HT0	00097153
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00015603
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00021612
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00039867

DIVISION OF REGULATIONS & POLICY MANAGEMENT	00082346
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00097142
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00108695
ANALYTIC REPORTING DIVISION	00038559
DCAS - PROGRAM MANAGEMENT DIVISION	00094920
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00048782
HEALTH CARE OPERATIONS SUPPORT OFFICE	00048784
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	00048783
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	00109092
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	00051411
LONG TERM CARE SUPPORT SERVICES DIVISION	00046120
OFFICE OF CHIEF MEDICAL OFFICER	00043739
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00046097
PROGRAM INTEGRITY SUPPORT DIVISION	00051444
RESEARCH AND DEVELOPMENT DIVISION	00039942
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	00051382
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	00051402
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	00088078
INTAKE AND ASSESSMENT DIVISION	00085356
INTAKE AND ASSESSMENT DIVISION	00085357
INTAKE AND ASSESSMENT DIVISION	00068294
INTAKE AND ASSESSMENT DIVISION	00068296
INTAKE AND ASSESSMENT DIVISION	00085358
LONG TERM CARE SUPPORT SERVICES DIVISION	00108905
LONG TERM CARE SUPPORT SERVICES DIVISION	00108906
LONG TERM CARE SUPPORT SERVICES DIVISION	00108907
SUPPORT SERVICES DIVISION - HT0	00106806
HUMAN RESOURCES DIVISION - HT0	00063252
HUMAN RESOURCES DIVISION - HT0	00051319
HUMAN RESOURCES DIVISION - HT0	00082547
HUMAN RESOURCES DIVISION - HT0	00097119
HUMAN RESOURCES DIVISION - HT0	00088077
OFFICE OF THE OMBUDSMAN - HT0	00088084
ACCOUNTING DIVISION	00026451
ACCOUNTING DIVISION	00036455
ACFO DIVISION	00038961
BUDGET DIVISION	00013020
DIVISION OF CLAIMS MANAGEMENT	00068338
DIVISION OF CLAIMS MANAGEMENT	00068247
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00068237
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00068240
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00068339
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00068340
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00075406

DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00083196
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00083197
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	00068252
HEALTH CARE OPERATIONS SUPPORT OFFICE	00005076
HEALTH CARE OPERATIONS SUPPORT OFFICE	00051481
RESEARCH AND DEVELOPMENT DIVISION	00088081
HUMAN RESOURCES DIVISION - HT0	00051403
SUPPORT SERVICES DIVISION - HT0	00094745
SUPPORT SERVICES DIVISION - HT0	00042627
SUPPORT SERVICES DIVISION - HT0	00090679
SUPPORT SERVICES DIVISION - HT0	00088076
SUPPORT SERVICES DIVISION - HT0	00051401
SUPPORT SERVICES DIVISION - HT0	00090678
DIVISION OF ELIGIBILITY POLICY	00045556
DIVISION OF ELIGIBILITY POLICY	00082345
DIVISION OF ELIGIBILITY POLICY	00090677
DIVISION OF ELIGIBILITY POLICY	00040444
DIVISION OF REGULATIONS & POLICY MANAGEMENT	00068330
ELIGIBILITY DETERMINATION	00112301
ELIGIBILITY DETERMINATION	00112302
ELIGIBILITY DETERMINATION	00112303
ELIGIBILITY DETERMINATION	00112305
ELIGIBILITY DETERMINATION	00112306
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	00097156
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	00082548
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	00063250
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00045956
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00085803
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00092041
ELIGIBILITY DETERMINATION	00112221
ELIGIBILITY DETERMINATION	00112222
ELIGIBILITY DETERMINATION	00112223
ELIGIBILITY DETERMINATION	00112225
ELIGIBILITY DETERMINATION	00112226
ELIGIBILITY DETERMINATION	00112227
ELIGIBILITY DETERMINATION	00112228
ELIGIBILITY DETERMINATION	00112229
ELIGIBILITY DETERMINATION	00112232
DIVISION OF CHILDREN'S HEALTH SERVICES	00051424
DIVISION OF CHILDREN'S HEALTH SERVICES	00063233
DIVISION OF CHILDREN'S HEALTH SERVICES	00045958
HIT/HIE PROJECT MANAGEMENT DIVISION	00110084
HIT/HIE PROJECT MANAGEMENT DIVISION	00108761
HIT/HIE PROJECT MANAGEMENT DIVISION	00071753

HIT/HIE PROJECT MANAGEMENT DIVISION	00071933
HIT/HIE PROJECT MANAGEMENT DIVISION	00073299
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00051168
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00014570
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00063442
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00082407
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00092046
CONTRACTS DIVISION	00105889
HUMAN RESOURCES DIVISION - HT0	00048206
INFORMATION TECHNOLOGY DIVISION - HT0	00068310
INFORMATION TECHNOLOGY DIVISION - HT0	00088079
	00088596
ACCOUNTING DIVISION	00018406
INFORMATION TECHNOLOGY DIVISION - HT0	00051409
INFORMATION TECHNOLOGY DIVISION - HT0	00068333
INFORMATION TECHNOLOGY DIVISION - HT0	00075408
INFORMATION TECHNOLOGY DIVISION - HT0	00046124
INFORMATION TECHNOLOGY DIVISION - HT0	00073300
DIVISION OF CHILDREN'S HEALTH SERVICES	00032918
DIVISION OF MANAGED CARE	00085363
DIVISION OF MANAGED CARE	00019116
DIVISION OF MANAGED CARE	00082344
DIVISION OF MANAGED CARE	00036422
DIVISION OF MANAGED CARE	00068316
DIVISION OF MANAGED CARE	00068320
DIVISON OF QUALITY AND HEALTH OUTCOMES	00097145
DIVISON OF QUALITY AND HEALTH OUTCOMES	00051443
DIVISON OF QUALITY AND HEALTH OUTCOMES	00097147
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00082343
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00088123
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00088124
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00045559
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00097148
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00094746
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00097146
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00051080
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	00068282
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00094899
CONTRACTS DIVISION	00083275
DIVISON OF QUALITY AND HEALTH OUTCOMES	00046119
DIVISON OF QUALITY AND HEALTH OUTCOMES	00068234
DIVISON OF QUALITY AND HEALTH OUTCOMES	00085361
RESEARCH AND DEVELOPMENT DIVISION	00097143
	00109757

AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	00071752
AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	00071755
AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	00073298
AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	00100180
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	00073292
HIT/HIE PROJECT MANAGEMENT DIVISION	00068238
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00088074
SURVEILLANCE AND UTILIZATION DIVISION	00009707
SURVEILLANCE AND UTILIZATION DIVISION	00010827
SURVEILLANCE AND UTILIZATION DIVISION	00016362
SURVEILLANCE AND UTILIZATION DIVISION	00085806
SURVEILLANCE AND UTILIZATION DIVISION	00005171
SURVEILLANCE AND UTILIZATION DIVISION	00036039
SURVEILLANCE AND UTILIZATION DIVISION	00068235
SURVEILLANCE AND UTILIZATION DIVISION	00068311
SURVEILLANCE AND UTILIZATION DIVISION	00109064
SURVEILLANCE AND UTILIZATION DIVISION	00109065
SURVEILLANCE AND UTILIZATION DIVISION	00109066
SURVEILLANCE AND UTILIZATION DIVISION	00109067
CONTRACTS DIVISION	00024262
CONTRACTS DIVISION	00051017
CONTRACTS DIVISION	00098981
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	00082289
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00112827
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00068315
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00048205
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00068319
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00088080
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	00039840
OFFICE OF THE GENERAL COUNSEL - HTO	00051395
OFFICE OF THE OMBUDSMAN - HTO	00068293
SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS	00088083
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	00048209
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082403
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082551
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082556
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082557
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	00082558
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMISTRATIVE FUNCTIONS	Replaced
SURVEILLANCE AND UTILIZATION DIVISION	New

Title	FTE x Dist % Reports to Name	Count
Financial Management Analyst	0.55 Akinshemoyin Musili T	1
Financial Management Analyst	0.55 Akinshemoyin Musili T	1
Financial Management Analyst	0.55 Akinshemoyin Musili T	1
Financial Management Analyst	0.55 Akinshemoyin Musili T	1
Accountant	0.55 Allen Carla	1
Accountant	0.55 Allen Carla	1
Accountant	0.55 Allen Carla	1
Senior Accountant	0.55 Allen Carla	1
Program Analyst	0.55 Bartley Karl M	1
Program Analyst	0.55 Bartley Karl M	1
Program Analyst	0.55 Bartley Karl M	1
Program Analyst	0.55 Bartley Karl M	1
Program Analyst	0.55 Bartley Karl M	1
Management Analyst	0.55 Bartley Karl M	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.135 Berry Keiomi N	1
Management Analyst	0.55 Bishop Cavella Denise	1
PHARMACIST	0.25 Bishop Cavella Denise	1
PHARMACIST	0.25 Bishop Cavella Denise	1
PHARMACIST	0.25 Bishop Cavella Denise	1
Program Analyst	0.25 Bishop Cavella Denise	1
Staff Assistant	0.55 Bishop Cavella Denise	1
Budget Analyst	0.55 Bowes Deon	1
Budget Analyst	0.55 Bowes Deon	1
Budget Analyst	0.55 Bowes Deon	1
Budget Analyst	0.55 Bowes Deon	1
Senior Budget Analyst	0.55 Bowes Deon	1
Information & Privacy Officer	0.55 Brockett Montae G.	1
IT Specialist (Network Svcs.)	0.55 Brockett Montae G.	1
Clinical Case Worker	0.55 Brooks Gina	1
Clinical Case Worker	0.55 Brooks Gina	1
Management Analyst	0.55 Brooks Gina	1
Management Analyst	0.55 Brooks Gina	1
Management Analyst	0.55 Brooks Gina	1
Management Analyst	0.55 Brooks Gina	1
Management Analyst	0.55 Brooks Gina	1
Nurse Specialist II	0.25 Brooks Gina	1
Nurse Specialist II	0.25 Brooks Gina	1
Nurse Specialist II	0.25 Brooks Gina	1

Nurse Specialist II	0.25 Brooks Gina	1
Program Support Assistant	0.55 Brooks Gina	1
Student Intern	0.55 Brooks Gina	1
Attorney Advisor	0.144 Browder Megan D	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Social Service Representative	0.55 Chandler Karla C	1
Policy Analyst	0.55 Creighton Ciana G	1
Contract Specialist	0.55 Davis Latora M	1
Contract Specialist	0.55 Davis Latora M	1
Contract Specialist	0.55 Davis Latora M	1
MANAGEMENT ANALYST	0.55 Devasia Mary	1
MANAGEMENT ANALYST	0.55 Devasia Mary	1
MANAGEMENT ANALYST	0.55 Devasia Mary	1
Nurse Specialist I	0.25 Devasia Mary	1
Nurse Specialist I	0.25 Devasia Mary	1
Nurse Specialist I	0.25 Devasia Mary	1
Nurse Specialist I	0.25 Devasia Mary	1
Program Analyst	0.55 Devasia Mary	1
Program Analyst	0.55 Devasia Mary	1
Program Specialist	0.55 Devasia Mary	1
Program Specialist	0.55 Devasia Mary	1
Program Specialist	0.55 Devasia Mary	1
Compliance Officer	0.135 DeWitt Tamika	1
Management Assistant	0.135 DeWitt Tamika	1
Special Projects Officer	0.135 DeWitt Tamika	1
Staff Assistant	0.135 DeWitt Tamika	1
Program Manager	0.135 DeWitt Tamika	1
Supervisory IT Program Manager	0.135 DeWitt Tamika	1
Supervisory Program Analyst	0.135 DeWitt Tamika	1
Management Analyst	0.135 DeWitt Tamika	1
Management Analyst	0.135 DeWitt Tamika	1
Management Analyst	0.135 DeWitt Tamika	1
Management Analyst	0.135 DeWitt Tamika	1
Program Manager	0.135 DeWitt Tamika	1
Project Manager	0.135 DeWitt Tamika	1
INVESTIGATOR	0.55 Ditchey Carl J	1
Investigator	0.55 Ditchey Carl J	1
INVESTIGATOR	0.55 Ditchey Carl J	1
Investigator	0.55 Ditchey Carl J	1

Investigator	0.55 Ditchey Carl J	1
Contract Specialist	0.55 Dorsey Jarad	1
Contract Specialist	0.55 Dorsey Jarad	1
Supervisory Nurse Specialist	0.55 Ebeigbe Benjamin	1
MANAGEMENT ANALYST	0.55 Ebeigbe Benjamin	1
Program Analyst	0.55 Ebeigbe Benjamin	1
Program Analyst	0.55 Ebeigbe Benjamin	1
Program Coordinator	0.55 Ebeigbe Benjamin	1
Program Coordinator	0.55 Ebeigbe Benjamin	1
Program Manager	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Program Specialist	0.55 Ebeigbe Benjamin	1
Project Coordinator	0.55 Ebeigbe Benjamin	1
Project Coordinator	0.55 Ebeigbe Benjamin	1
Project Coordinator	0.55 Ebeigbe Benjamin	1
Program Manager	0.55 Ebeigbe Benjamin	1
Management Assistant	0.55 Ebeigbe Benjamin	1
Special Projects Officer	0.55 Ebeigbe Benjamin	1
Information Technology Spec.	0.55 Fisher Mark Randall	1
Information Technology Spec.	0.55 Gonzalez Juan O	1
Information Technology Spec.	0.55 Gonzalez Juan O	1
Information Technology Spec.	0.55 Gonzalez Juan O	1
Information Technology Spec.	0.55 Gonzalez Juan O	1
Information Technology Spec.	0.55 Gonzalez Juan O	1
Information Technology Special	0.55 Gonzalez Juan O	1
IT Specialist (CUSTSPT)	0.55 Gonzalez Juan O	1
Data Analyst	0.55 Grady April	1
Data Analyst	0.55 Grady April	1
Data Analyst	0.55 Grady April	1
Data Analyst	0.55 Grady April	1
Data Analyst	0.55 Grady April	1
Program Analyst	0 Grady April	1
Supervisory Program Analyst	0.55 Grady April	1
Collection Specialist	0.55 Grant Eleazar	1
Collection Specialist	0.55 Grant Eleazar	1
Collection Specialist	0.55 Grant Eleazar	1
Collection Specialist	0.55 Grant Eleazar	1
INFORMATION TECHNOLOGY SPEC.	0.25 Grant Eleazar	1
Lead Collection Specialist	0.55 Grant Eleazar	1

MANAGEMENT ANALYST	0.55 Grant Eleazar	1
MANAGEMENT ANALYST	0.55 Grant Eleazar	1
MANAGEMENT ANALYST	0.55 Grant Eleazar	1
Program Support Asst (OA)	0.55 Grant Eleazar	1
Reimbursement Analyst	0.55 Grant Eleazar	1
Reimbursement Analyst	0.55 Grant Eleazar	1
Management Analyst	0.55 Hagans Kayla	1
MANAGEMENT ANALYST	0.55 Hagans Kayla	1
MANAGEMENT ANALYST	0.55 Hagans Kayla	1
Supvy Contract Specialist	0.55 Hale Dorothy L.	1
Supvy Contract Specialist	0.55 Hale Dorothy L.	1
Supvy Contract Specialist	0.55 Hale Dorothy L.	1
Supvy Contract Specialist	0.55 Hale Dorothy L.	1
Community Outreach Coordinator	1 Hicks-Edwards Vanessa L	1
Special Assistant	1 Hicks-Edwards Vanessa L	1
Transition Care Specialist	1 Hicks-Edwards Vanessa L	1
Transition Care Specialist	1 Hicks-Edwards Vanessa L	1
Transition Care Specialist	1 Hicks-Edwards Vanessa L	1
Reimbursement Specialist	0.55 Hoeflinger Frederick	1
Program Analyst	0 Holt Maude R	1
Appeals Case Associate Directo	0.55 Holt Maude R	1
Clinical Associate Director	0.55 Holt Maude R	1
MANAGEMENT ANALYST	0.55 Holt Maude R	1
Management Analyst	0.55 Holt Maude R	1
Management Assistant	0.55 Holt Maude R	1
Paralegal Specialist	0.55 Howard Robert	1
Paralegal Specialist	0.55 Howard Robert	1
Social Service Representative	0.55 Jelks Jacob A	1
Trial Attorney	0.44 Johnson Kimberly Matthews	1
Attorney Advisor	0.55 Johnson Sheryl C	1
Attorney Advisor	0.55 Johnson Sheryl C	1
Attorney Advisor	0.55 Johnson Sheryl C	1
Attorney Advisor	0.55 Johnson Sheryl C	1
Deputy General Counsel	0.55 Johnson Sheryl C	1
Trial Attorney	0.27 Lake James Graham	1
Program Manager	0.55 Liburd Chimene	1
Strategic Advisor	0.55 Liburd Chimene	1
Staff Assistant	0.55 Martin Angelique Monique	1
Associate Director (Medicaid B	0.55 Martin Angelique Monique	1
Associate Director (Medicaid F	0.55 Martin Angelique Monique	1
Associate Director (Reimburseme	0.55 Martin Angelique Monique	1
Actuary	0.55 Martin Angelique Monique	1
Executive Assistant	0.55 Martin Angelique Monique	1
Special Projects Officer	0.55 Martin Angelique Monique	1

Student Intern	0.55 Martin Angelique Monique	1
Chief Management Operations	0.55 Moore Delicia V	1
Agency Fiscal Officer	0.55 Moore Delicia V	1
Compliance Specialist	0.135 Nambiar Rekha	1
Info. Tech. Specialist (APPSW)	0.135 Nambiar Rekha	1
Information Technology Special	0.135 Nambiar Rekha	1
Information Technology Special	0.135 Nambiar Rekha	1
Information Technology Special	0.135 Nambiar Rekha	1
IT Specialist (Security)	0.135 Nambiar Rekha	1
Supervisory IT Specialist	0.135 Nambiar Rekha	1
IT Specialist (Customer Suppor	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Management Analyst	0.135 Nelson JaJuan M	1
Training Specialist	0.135 Nelson JaJuan M	1
Chief Investigator	0.55 O'Donnell Kevin H.	1
Management Analyst	0.55 O'Donnell Kevin H.	1
Program Manager	0.55 O'Donnell Kevin H.	1
Management Analyst	0.55 O'Donnell Kevin H.	1
Management Analyst	0.55 O'Donnell Kevin H.	1
Management Analyst	0.55 O'Donnell Kevin H.	1
Program Analyst	0.55 O'Donnell Kevin H.	1
Program Analyst	0.55 O'Donnell Kevin H.	1
Senior Fraud Data Surveillance	0.55 O'Donnell Kevin H.	1
Supervisory Program Analyst	0.55 O'Donnell Kevin H.	1
Surveillance Analyst	0.55 O'Donnell Kevin H.	1
Chief Surveillance Utilization	0.55 O'Donnell Kevin H.	1
Management Analyst	0.55 O'Donnell Kevin H.	1
Program Coordinator	0.45 Peterson Ericka	1
Program Coordinator	0.45 Peterson Ericka	1
Program Coordinator	0.45 Peterson Ericka	1
PROGRAM COORDINATOR	0.45 Peterson Ericka	1
Program Manager	0.45 Peterson Ericka	1
Public Health Analyst	0.45 Peterson Ericka	1
PUBLIC HEALTH ANALYST	0.45 Peterson Ericka	1
MANAGEMENT ANALYST	0.55 Quick Charlissa Q	1
Management Analyst	0.55 Quick Charlissa Q	1
Management Analyst	0.55 Quick Charlissa Q	1
Management Analyst	0.55 Quick Charlissa Q	1
Policy Analyst	0.55 Ramsey Mario DeJuan	1
Policy Analyst	0.55 Ramsey Mario DeJuan	1
Policy Analyst	0.55 Ramsey Mario DeJuan	1

Policy Analyst	0.55 Ramsey Mario DeJuan	1
Policy Analyst	0.55 Ramsey Mario DeJuan	1
Policy Analyst	0.55 Ramsey Mario DeJuan	1
Supervisory Program Analyst	0.55 Rapp Melisa S.	1
Program Director	0.135 Rapp Melisa S.	1
Healthcare Program Mgr	0.55 Rapp Melisa S.	1
Supvy. Healthcare Program Mgr	0.55 Rapp Melisa S.	1
Supvy. Healthcare Program Mgr	0.55 Rapp Melisa S.	1
Grants Management Specialist	0.55 Rapp Melisa S.	1
Healthcare Program Manager	0.55 Rapp Melisa S.	1
Healthcare Program Manager	0.55 Rapp Melisa S.	1
Medical Director	0.25 Rapp Melisa S.	1
Chief of Staff	0.55 Rapp Melisa S.	1
Program Manager	0.55 Rapp Melisa S.	1
Healthcare Program Manager	0.55 Rapp Melisa S.	1
COMPLIANCE MONITOR	0.55 Rapp Melisa S.	1
Executive Assistant	0.55 Rapp Melisa S.	1
Program Support Assistant	0.55 Rapp Melisa S.	1
Nurse Specialist I	0.25 Roque Sarah	1
Nurse Specialist I	0.25 Roque Sarah	1
Nurse Specialist II	0.25 Roque Sarah	1
Program Analyst	0.55 Roque Sarah	1
Program Analyst	0.55 Roque Sarah	1
Clinical Services Specialist	0.55 Roque Sarah	1
Clinical Services Specialist	0.55 Roque Sarah	1
Clinical Services Specialist	0.55 Roque Sarah	1
Records Management Support Ass	0.55 Rossettos Johnny	1
Human Resources Assistant	0.55 Rothchild Felicia	1
Human Resources Specialist	0.55 Rothchild Felicia	1
Human Resources Specialist	0.55 Rothchild Felicia	1
Human Resources Specialist	0.55 Rothchild Felicia	1
Management Analyst	0.55 Rothchild Felicia	1
Compliance Officer	0.55 Rothchild Felicia	1
Accounting Officer	0.55 Shaffer Darrin A	1
Reimbursement Supervisor	0.55 Shaffer Darrin A	1
Staff Assistant	0.55 Shaffer Darrin A	1
Budget Officer	0.55 Shaffer Darrin A	1
MANAGEMENT ANALYST	0.55 Shearer Donald	1
Supervisory Program Analyst	0.25 Shearer Donald	1
Management Analyst	0.55 Shearer Donald	1
Management Analyst	0.55 Shearer Donald	1
MANAGEMENT ANALYST	0.55 Shearer Donald	1
MANAGEMENT ANALYST	0.55 Shearer Donald	1
MANAGEMENT ANALYST	0.55 Shearer Donald	1

Management Analyst	0.55 Shearer Donald	1
Management Analyst	0.55 Shearer Donald	1
Supervisory Management Analyst	0.55 Shearer Donald	1
Management Assistant	0.55 Shearer Donald	1
PROJECT MANAGER	0.55 Shearer Donald	1
MANAGEMENT ANALYST	0.55 Shearer Donald	1
Supervisory Human Resources Sp	0.55 Shorter Portia	1
Facility Manager	0.55 Shorter Portia	1
Management Assistant	0.55 Shorter Portia	1
Program Support Assistant	0.55 Shorter Portia	1
Supervisory Records Management	0.55 Shorter Portia	1
Support Services Specialist	0.55 Shorter Portia	1
Support Services Specialist	0.55 Shorter Portia	1
Management Analyst	0.55 Simms Eugene	1
MANAGEMENT ANALYST	0.55 Simms Eugene	1
Program Manager	0.55 Simms Eugene	1
Supervisory Management Analyst	0.55 Simms Eugene	1
Supervisory Policy Analyst	0.55 Simms Eugene	1
Supvy Social Services Represen	0.55 Simms Eugene	1
Supvy Social Services Represen	0.55 Simms Eugene	1
Supvy Social Services Represen	0.55 Simms Eugene	1
Supvy Social Services Represen	0.55 Simms Eugene	1
Supvy Social Services Represen	0.55 Simms Eugene	1
Program Analyst	0.55 Simms Eugene	1
Special Projects Officer	0.55 Simms Eugene	1
Staff Assistant	0.55 Simms Eugene	1
Financial Management Analyst	0.55 Simms James	1
Financial Management Analyst	0.55 Simms James	1
Financial Management Analyst	0.55 Simms James	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Social Service Representative	0.55 Simpson Catrice L	1
Management Analyst	0.55 Sonosky Colleen A	1
Management Analyst	0.55 Sonosky Colleen A	1
Program Analyst	0.55 Sonosky Colleen A	1
Policy Analyst	0.25 Soyer Deniz	1
Program Analyst	0.1 Soyer Deniz	1
Project Manager	0.25 Soyer Deniz	1

Project Manager	0.25	Soyer Deniz	1
Project Manager	0.1	Soyer Deniz	1
Deputy Chief Oper. Officer	0.55	Stutz Benjamin J	1
Management Analyst	0.55	Stutz Benjamin J	1
Special Assistant	0.55	Stutz Benjamin J	1
Staff Assistant	0.55	Stutz Benjamin J	1
Support Services Specialist	0.55	Stutz Benjamin J	1
Contract & Procurement Liaison	0.55	Stutz Benjamin J	1
Human Resources Officer II	0.55	Stutz Benjamin J	1
Chief Information Officer	0.55	Stutz Benjamin J	1
Management Analyst	0.55	Stutz Benjamin J	1
Information Technology Spec.	0.52	Taylor Melissa	1
Accounts Payable Technician	0.55	Taylor Veronica	1
Deputy Chief Information Ofcr.	0.55	Thomas Erik	1
Special Projects Officer	0.55	Thomas Erik	1
Staff Assistant	0.55	Thomas Erik	1
Statistician	0.55	Thomas Erik	1
Supervisory IT Specialist	0.55	Thomas Erik	1
Program Manager	0.55	Truitt Lisa Ann	1
Managed Care Coordinator	0.55	Truitt Lisa Ann	1
Management Analyst	0.55	Truitt Lisa Ann	1
Management Analyst	0.55	Truitt Lisa Ann	1
Program Analyst	0.55	Truitt Lisa Ann	1
Program Analyst	0.55	Truitt Lisa Ann	1
Project Manager	0.55	Truitt Lisa Ann	1
Management Analyst	0.55	Truitt Lisa Ann	1
Program Manager	0.55	Truitt Lisa Ann	1
Program Manager	0.55	Truitt Lisa Ann	1
Behavioral Health Coordinator	0.55	Truitt Lisa Ann	1
Clinical Care Specialist	0.55	Truitt Lisa Ann	1
Clinical Care Specialist	0.55	Truitt Lisa Ann	1
Program Analyst	0.55	Truitt Lisa Ann	1
Program Analyst	0.55	Truitt Lisa Ann	1
Project Manager	0.55	Truitt Lisa Ann	1
Project Manager	0.55	Truitt Lisa Ann	1
Special Projects Officer	0.55	Truitt Lisa Ann	1
Staff Assistant	0.55	Truitt Lisa Ann	1
Special Projects Officer	0.55	VACANT	1
Contract Specialist	0.55	VACANT	1
Management Analyst	0.55	VACANT	1
MANAGEMENT ANALYST	0.55	VACANT	1
MANAGEMENT ANALYST	0.55	VACANT	1
Data Analyst	0.55	VACANT	1
Program Coordinator	0.45	VACANT	1

Project Manager	0.55 Weissfeld Josef H	1
Project Manager	0.55 Weissfeld Josef H	1
Project Manager	0.55 Weissfeld Josef H	1
PROJECT MANAGER	0.55 Weissfeld Josef H	1
Staff Assistant	0.55 Weissfeld Josef H	1
Program Manager	0.55 Weissfeld Josef H	1
Program Analyst (Encampment Re	0.55 Weldon Jamal R	1
Nurse Specialist II	0.25 Williams Adrian L	1
Nurse Specialist II	0.25 Williams Adrian L	1
Nurse Specialist II	0.25 Williams Adrian L	1
Nurse Specialist II	0.25 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Utilization Review Specialist	0.55 Williams Adrian L	1
Contract Specialist	0.55 Williams Tracy	1
Contract Specialist	0.55 Williams Tracy	1
Contract Specialist	0.55 Williams Tracy	1
Chief Operating Officer	0.55 Williamson Melanie J.	1
Management Assistant	0.55 Williamson Melanie J.	1
Program Analyst	0.55 Williamson Melanie J.	1
Public Affairs Specialist	0.55 Williamson Melanie J.	1
Special Assistant	0.55 Williamson Melanie J.	1
Special Assistant	0.55 Williamson Melanie J.	1
Special Projects Officer	0.55 Williamson Melanie J.	1
SUPERVISORY ATTORNEY ADVISOR	0.55 Williamson Melanie J.	1
Program Manager	0.55 Williamson Melanie J.	1
Senior Deputy Director	0.55 Williamson Melanie J.	1
Senior Deputy Director	0.55 Williamson Melanie J.	1
Reimbursement Analyst	0.55 Woldeghiorgis Samuel G.	1
Reimbursement Analyst	0.55 Woldeghiorgis Samuel G.	1
Reimbursement Analyst	0.55 Woldeghiorgis Samuel G.	1
Reimbursement Analyst	0.55 Woldeghiorgis Samuel G.	1
Reimbursement Analyst	0.55 Woldeghiorgis Samuel G.	1
Special Projects Officer	0.55	1
Management Analyst	0.55	1
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Department of Health Care Finance (HT0)
Performance Oversight Hearing Question 5
FY24 Budget vs Expenditure By Fund

Appropriated Fund Description	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY 2024 Approved Budget	FY 2024 Expenditures	FY 2024 Variance	Explanation
LOCAL FUND	701100C	CONTINUING FULL TIME	17,058,712.62	15,437,205.51	1,621,507.11	While Provider Payments (94% of DHCF's budget) are reported separately, DHCF's actual local surplus is \$1.1m, which is equivalent to less than 1% of the local budget. DHCF had a spending pressure in FY24 in Provider Payments as a result of increase in utilization and enrollment. In order to offset the deficit, DHCF delayed spending to offset the impact of the deficit. DHCF experienced delays in two DCAS contracts due to protest resulting in the inability to execute contracts accordingly.
	701200C	CONTINUING FULL TIME - OTHERS	397,584.08	354,588.97	42,995.11	
	701300C	ADDITIONAL GROSS PAY	-	162,824.78	(162,824.78)	
	701400C	FRINGE BENEFITS - CURR PERSONNEL	3,557,246.80	3,799,762.72	(242,515.92)	
	701500C	OVERTIME PAY	-	64,729.62	(64,729.62)	
	711100C	SUPPLIES & MATERIALS	140,519.64	52,236.90	88,282.74	
	712100C	ENERGY COMM & BLDG RENTALS	1,286,468.79	1,196,689.38	89,779.29	
	713100C	OTHER SERVICES & CHARGES	2,359,454.99	1,645,827.02	713,628.00	
	713101C	SECURITY SERVICES	73,147.47	23,664.18	49,483.29	
	713200C	CONTRACTUAL SERVICES - OTHER	65,777,578.68	60,014,081.83	5,763,496.56	
	714100C	GOVERNMENT SUBSIDIES & GRANTS	3,007,743.80	2,397,550.43	610,193.37	
	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	4,643.88	(4,643.88)	
	717100C	PURCHASES EQUIPMENT & MACHINERY	5,498,917.61	4,906,947.19	591,970.41	
LOCAL FUND Total			99,157,374.48	90,060,752.41	9,096,621.68	
DEDICATED TAXES	701100C	CONTINUING FULL TIME	660,836.99	558,880.03	101,956.96	N/A
	701200C	CONTINUING FULL TIME - OTHERS	17,292.57	73,240.81	(55,948.24)	
	701300C	ADDITIONAL GROSS PAY	-	565.73	(565.73)	
	701400C	FRINGE BENEFITS - CURR PERSONNEL	129,623.87	139,898.62	(10,274.75)	
	701500C	OVERTIME PAY	-	3,208.04	(3,208.04)	
	711100C	SUPPLIES & MATERIALS	1,540.00	-	1,540.00	
	713100C	OTHER SERVICES & CHARGES	6,501.38	5,874.27	627.11	
	713200C	CONTRACTUAL SERVICES - OTHER	417,267.40	206,645.88	210,621.52	
	717100C	PURCHASES EQUIPMENT & MACHINERY	1,379.46	-	1,379.46	
DEDICATED TAXES Total			1,234,441.67	988,313.38	246,128.29	
SPECIAL PURPOSE REVENUE FUNDS	701100C	CONTINUING FULL TIME	1,124,560.33	1,086,978.43	37,581.90	N/A
	701200C	CONTINUING FULL TIME - OTHERS	126,174.83	36,291.62	89,883.21	
	701300C	ADDITIONAL GROSS PAY	-	1,834.12	(1,834.12)	
	701400C	FRINGE BENEFITS - CURR PERSONNEL	129,669.10	256,525.08	(126,855.98)	
	711100C	SUPPLIES & MATERIALS	2,475.00	1,486.81	988.19	
	713100C	OTHER SERVICES & CHARGES	1,224.99	-	1,224.99	
	713200C	CONTRACTUAL SERVICES - OTHER	546,629.27	546,629.14	(0.08)	
	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-	
	717100C	PURCHASES EQUIPMENT & MACHINERY	-	-	-	
SPECIAL PURPOSE REVENUE FUNDS Total			1,930,733.52	1,929,745.20	988.11	

Appropriated Fund Description	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY 2024 Approved Budget	FY 2024 Expenditures	FY 2024 Variance	Explanation
FEDERAL GRANT FUND - FPR	701100C	CONTINUING FULL TIME	152,086.09	64,316.56	87,769.53	N/A
	701200C	CONTINUING FULL TIME - OTHERS	-	219,777.42	(219,777.42)	
	701300C	ADDITIONAL GROSS PAY	-	4,505.26	(4,505.26)	
	701400C	FRINGE BENEFITS - CURR PERSONNEL	99,661.77	53,699.59	45,962.18	
	713100C	OTHER SERVICES & CHARGES	840.00	840.00	-	
	713200C	CONTRACTUAL SERVICES - OTHER	205,102.00	2,760.85	202,341.15	
	714100C	GOVERNMENT SUBSIDIES & GRANTS	1,760,051.84	1,871,842.02	(111,790.19)	
FEDERAL GRANT FUND - FPR Total			2,217,741.70	2,217,741.70	(0.01)	
FEDERAL MEDICAID PAYMENTS	701100C	CONTINUING FULL TIME	18,463,238.48	17,171,718.15	1,291,520.33	
	701200C	CONTINUING FULL TIME - OTHERS	519,344.31	574,326.66	(54,982.35)	
	701300C	ADDITIONAL GROSS PAY	-	146,662.31	(146,662.31)	
	701400C	FRINGE BENEFITS - CURR PERSONNEL	4,265,895.94	3,779,568.89	486,327.05	
	701500C	OVERTIME PAY	-	56,382.56	(56,382.56)	
	711100C	SUPPLIES & MATERIALS	134,166.83	49,508.11	84,658.72	
	712100C	ENERGY COMM & BLDG RENTALS	1,105,197.61	1,105,629.15	(431.50)	
	713100C	OTHER SERVICES & CHARGES	2,207,030.13	1,546,565.95	660,464.14	
	713101C	SECURITY SERVICES	19,361.61	19,361.61	-	
	713200C	CONTRACTUAL SERVICES - OTHER	78,532,575.12	82,817,372.36	(4,284,797.02)	
	714100C	GOVERNMENT SUBSIDIES & GRANTS	4,078,259.70	4,181,846.59	(103,586.90)	
	717100C	PURCHASES EQUIPMENT & MACHINERY	6,836,552.26	4,836,910.71	1,999,641.42	
FEDERAL MEDICAID PAYMENTS Total			116,161,621.99	116,285,853.05	(124,230.98)	
Grand Total			220,701,913.36	211,482,405.74	9,219,507.09	

PLEASE NOTE:

FY24/25 Operating Budget

Provider Services is included in detail under

Q24

Department of Health Care Finance (HT0)
Performance Oversight Hearing Question 5
FY25 Budget vs Expenditure By Fund

Appropriated Fund Description	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY 2025 Approved Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
LOCAL FUND	701100C	CONTINUING FULL TIME	18,288,106.71	-	-	4,061,555.04	14,226,551.67
	701200C	CONTINUING FULL TIME - OTHERS	684,008.24	-	-	173,034.96	510,973.28
	701300C	ADDITIONAL GROSS PAY	-	-	-	15,152.21	(15,152.21)
	701400C	FRINGE BENEFITS - CURR PERSONNEL	4,206,478.89	-	-	971,676.79	3,234,802.10
	701500C	OVERTIME PAY	-	-	-	24,932.90	(24,932.90)
	711100C	SUPPLIES & MATERIALS	53,271.59	-	25,753.97	210.06	27,307.56
	712100C	ENERGY COMM & BLDG RENTALS	1,360,336.14	-	281,000.00	435,399.52	643,936.62
	713100C	OTHER SERVICES & CHARGES	2,054,193.83	-	1,009,690.13	157,549.53	886,954.17
	713101C	SECURITY SERVICES	67,451.66	27,713.45	-	-	39,738.21
	713200C	CONTRACTUAL SERVICES - OTHER	72,372,335.71	4,882,483.17	28,935,688.08	4,077,056.36	34,477,108.10
	714100C	GOVERNMENT SUBSIDIES & GRANTS	4,997,366.30	-	1,747,909.43	148,030.59	3,101,426.28
	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-	389.39	(389.39)
	717100C	PURCHASES EQUIPMENT & MACHINERY	6,738,885.53	690,573.23	1,015,640.13	364,610.08	4,668,062.09
LOCAL FUND Total			110,822,434.60	5,600,769.85	33,015,681.74	10,429,597.43	61,776,385.58
DEDICATED TAXES	701100C	CONTINUING FULL TIME	773,658.73	-	-	151,984.00	621,674.73
	701200C	CONTINUING FULL TIME - OTHERS	74,063.55	-	-	18,719.39	55,344.16
	701300C	ADDITIONAL GROSS PAY	-	-	-	1,027.83	(1,027.83)
	701400C	FRINGE BENEFITS - CURR PERSONNEL	188,194.35	-	-	33,328.17	154,866.18
	701500C	OVERTIME PAY	-	-	-	551.58	(551.58)
	711100C	SUPPLIES & MATERIALS	2,090.00	-	-	-	2,090.00
	713100C	OTHER SERVICES & CHARGES	9,185.55	-	-	886.61	8,298.94
	713200C	CONTRACTUAL SERVICES - OTHER	482,588.70	246,712.18	-	-	235,876.52
	717100C	PURCHASES EQUIPMENT & MACHINERY	2,479.46	-	-	-	2,479.46
DEDICATED TAXES Total			1,532,260.34	246,712.18	-	206,497.58	1,079,050.58
SPECIAL PURPOSE REVENUE FUNDS	701100C	CONTINUING FULL TIME	1,551,970.01	-	-	332,064.41	1,219,905.60
	701200C	CONTINUING FULL TIME - OTHERS	55,745.25	-	-	21,394.62	34,350.63
	701300C	ADDITIONAL GROSS PAY	-	-	-	1,173.75	(1,173.75)
	701400C	FRINGE BENEFITS - CURR PERSONNEL	356,912.76	-	-	74,885.40	282,027.36
	711100C	SUPPLIES & MATERIALS	16,225.00	-	-	1,690.54	14,534.46
	713100C	OTHER SERVICES & CHARGES	46,667.24	-	-	-	46,667.24
	713200C	CONTRACTUAL SERVICES - OTHER	3,877,992.02	125,317.98	1,409,302.64	19,142.86	2,324,228.54
SPECIAL PURPOSE REVENUE FUNDS Total			5,905,512.28	125,317.98	1,409,302.64	450,351.58	3,920,540.08

Appropriated Fund Description	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY 2025 Approved Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
FEDERAL GRANT FUND - FPR	701100C	CONTINUING FULL TIME	247,362.00	-	-	-	247,362.00
	701200C	CONTINUING FULL TIME - OTHERS	181,575.68	-	-	114,480.71	67,094.97
	701400C	FRINGE BENEFITS - CURR PERSONNEL	102,087.16	-	-	19,277.29	82,809.87
	713200C	CONTRACTUAL SERVICES - OTHER	774,416.30	-	76,541.67	-	697,874.63
	714100C	GOVERNMENT SUBSIDIES & GRANTS	3,830,690.00	-	67,834.47	(15,270.97)	3,778,126.50
FEDERAL GRANT FUND - FPR Total			5,136,131.14	-	144,376.14	118,487.03	4,873,267.97
FEDERAL MEDICAID PAYMEN	701100C	CONTINUING FULL TIME	19,003,024.88	-	-	4,261,969.57	14,741,055.31
	701200C	CONTINUING FULL TIME - OTHERS	851,464.45	-	-	238,940.54	612,523.91
	701300C	ADDITIONAL GROSS PAY	-	-	-	16,485.23	(16,485.23)
	701400C	FRINGE BENEFITS - CURR PERSONNEL	4,572,695.43	-	-	1,015,318.68	3,557,376.75
	701500C	OVERTIME PAY	-	-	-	21,331.32	(21,331.32)
	711100C	SUPPLIES & MATERIALS	104,378.67	-	21,071.44	1,603.17	81,704.06
	712100C	ENERGY COMM & BLDG RENTALS	1,217,503.81	-	168,656.19	175,194.16	873,653.46
	713100C	OTHER SERVICES & CHARGES	2,271,259.54	-	1,064,027.63	182,892.06	1,024,339.85
	713101C	SECURITY SERVICES	55,187.72	1,547.80	46,413.72	-	7,226.20
	713200C	CONTRACTUAL SERVICES - OTHER	107,208,151.32	6,932,418.81	42,694,031.57	10,700,281.73	46,881,419.21
	714100C	GOVERNMENT SUBSIDIES & GRANTS	8,814,208.70	-	3,732,492.47	752,939.53	4,328,776.70
	715200C	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-	834.28	(834.28)
	717100C	PURCHASES EQUIPMENT & MACHINERY	6,902,300.11	721,063.75	527,139.49	324,635.31	5,329,461.56
FEDERAL MEDICAID PAYMENTS Total			151,000,174.63	7,655,030.36	48,253,832.51	17,692,425.58	77,398,886.18
Grand Total			274,396,512.99	13,627,830.37	82,823,193.03	28,897,359.20	149,048,130.39

Department of Health Care Finance (HT0)
Performance Oversight Hearing Question 5
FY24 Budget vs Expenditure By Program and Fund

Program 1000: Agency Management
Program

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70489	1010	CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	LOCAL FUND	ADDITIONAL GROSS PAY	-	7,112.48	(7,112.48)
				CONTINUING FULL TIME	488,870.97	446,471.07	42,399.90
				CONTRACTUAL SERVICES - OTHER	121,500.85	(23,717.17)	145,218.02
				FRINGE BENEFITS - CURR PERSONNEL	107,062.74	85,304.43	21,758.31
				PURCHASES EQUIPMENT & MACHINERY	57,794.38	-	57,794.39
			LOCAL FUND Total		775,228.94	515,170.81	260,058.14
		CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS Total			775,228.94	515,170.81	260,058.14
	4025	CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	5,819.30	(5,819.30)
				CONTINUING FULL TIME	399,985.35	365,294.98	34,690.37
				CONTRACTUAL SERVICES - OTHER	99,409.79	15,653.48	83,756.31
				FRINGE BENEFITS - CURR PERSONNEL	87,596.78	69,582.04	18,014.74
				PURCHASES EQUIPMENT & MACHINERY	47,217.27	-	47,217.27
			FEDERAL MEDICAID PAYMENTS Total		634,209.19	456,349.80	177,859.39
		CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS Total			634,209.19	456,349.80	177,859.39
70488	1010	ANALYTICS AND RESEARCH	LOCAL FUND	CONTINUING FULL TIME	447,236.34	398,685.60	48,550.74
				CONTINUING FULL TIME - OTHERS	-	12,795.35	(12,795.35)
				CONTRACTUAL SERVICES - OTHER	407,262.20	200,904.34	206,357.86
				FRINGE BENEFITS - CURR PERSONNEL	98,153.86	91,421.23	6,732.63
				OTHER SERVICES & CHARGES	3,575.60	-	3,575.60
				SUPPLIES & MATERIALS	893.75	-	893.75
			LOCAL FUND Total		957,121.75	703,806.52	253,315.23
		ANALYTICS AND RESEARCH Total			957,121.75	703,806.52	253,315.23
	1060	ANALYTICS AND RESEARCH	SPECIAL PURPOSE REVENUE FUNDS	CONTINUING FULL TIME - OTHERS	107,593.08	-	107,593.08
				FRINGE BENEFITS - CURR PERSONNEL	23,562.88	-	23,562.88
			SPECIAL PURPOSE REVENUE FUNDS Total		131,155.96	-	131,155.96
		ANALYTICS AND RESEARCH Total			131,155.96	-	131,155.96
	4025	ANALYTICS AND RESEARCH	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	365,921.55	390,840.07	(24,918.52)
				CONTINUING FULL TIME - OTHERS	88,030.70	10,469.02	77,561.68
				CONTRACTUAL SERVICES - OTHER	333,214.53	189,572.39	143,642.14
				FRINGE BENEFITS - CURR PERSONNEL	99,586.43	74,447.12	25,139.31
				OTHER SERVICES & CHARGES	1,350.00	-	1,350.00
				SUPPLIES & MATERIALS	731.25	-	731.25
			FEDERAL MEDICAID PAYMENTS Total		888,834.46	665,328.60	223,505.86
		ANALYTICS AND RESEARCH Total			888,834.46	665,328.60	223,505.86
70321	4020	DCAS UNIT	FEDERAL GRANT FUND - FPR	OTHER SERVICES & CHARGES	-	-	-
			FEDERAL GRANT FUND - FPR Total		-	-	-
		DCAS UNIT Total			-	-	-

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70283	1010	OFFICE OF THE DEPUTY DIRECTOR, FINANCE	LOCAL FUND	ADDITIONAL GROSS PAY	-	3,543.16	(3,543.16)
				CONTINUING FULL TIME	1,015,828.43	913,725.35	102,103.08
				CONTINUING FULL TIME - OTHERS	44,431.20	50,031.78	(5,600.58)
				CONTRACTUAL SERVICES - OTHER	813,926.56	300,371.43	513,555.13
				FRINGE BENEFITS - CURR PERSONNEL	231,213.27	280,049.28	(48,836.01)
				GOVERNMENT SUBSIDIES & GRANTS	500,000.00	450,000.00	50,000.00
				OTHER SERVICES & CHARGES	55,000.00	-	55,000.00
				LOCAL FUND Total	2,660,399.46	1,997,721.00	662,678.46
				OFFICE OF THE DEPUTY DIRECTOR, FINANCE Total	2,660,399.46	1,997,721.00	662,678.46
	1011	OFFICE OF THE DEPUTY DIRECTOR, FINANCE	DEDICATED TAXES	CONTINUING FULL TIME	147,109.69	108,305.06	38,804.63
				FRINGE BENEFITS - CURR PERSONNEL	25,021.73	28,319.59	(3,297.86)
				DEDICATED TAXES Total	172,131.42	136,624.65	35,506.77
				OFFICE OF THE DEPUTY DIRECTOR, FINANCE Total	172,131.42	136,624.65	35,506.77
	4025	OFFICE OF THE DEPUTY DIRECTOR, FINANCE	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	2,898.94	(2,898.94)
				CONTINUING FULL TIME	989,642.60	1,013,311.42	(23,668.82)
				CONTINUING FULL TIME - OTHERS	36,352.80	40,934.97	(4,582.17)
				CONTRACTUAL SERVICES - OTHER	993,212.64	783,407.74	209,804.94
				FRINGE BENEFITS - CURR PERSONNEL	223,888.22	250,054.55	(26,166.33)
				OTHER SERVICES & CHARGES	45,000.00	-	45,000.00
				FEDERAL MEDICAID PAYMENTS Total	2,288,096.26	2,090,607.62	197,488.68
				OFFICE OF THE DEPUTY DIRECTOR, FINANCE Total	2,288,096.26	2,090,607.62	197,488.68
70282	1010	OFFICE OF THE GENERAL COUNSEL - HT0	LOCAL FUND	ADDITIONAL GROSS PAY	-	299.78	(299.78)
				CONTINUING FULL TIME	546,435.82	474,673.95	71,761.87
				CONTRACTUAL SERVICES - OTHER	47,564.00	15,185.76	32,378.19
				FRINGE BENEFITS - CURR PERSONNEL	119,669.44	100,744.59	18,924.85
				LOCAL FUND Total	713,669.26	590,904.08	122,765.13
				OFFICE OF THE GENERAL COUNSEL - HT0 Total	713,669.26	590,904.08	122,765.13
	4025	OFFICE OF THE GENERAL COUNSEL - HT0	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	933.56	(933.56)
				CONTINUING FULL TIME	558,843.00	447,669.61	111,173.39
				CONTINUING FULL TIME - OTHERS	-	71,046.09	(71,046.09)
				CONTRACTUAL SERVICES - OTHER	188,916.00	12,424.80	176,491.25
				FRINGE BENEFITS - CURR PERSONNEL	129,346.25	98,493.75	30,852.50
				OTHER SERVICES & CHARGES	3,645.00	-	3,645.00
				SUPPLIES & MATERIALS	675.00	-	675.00
				FEDERAL MEDICAID PAYMENTS Total	881,425.25	630,567.81	250,857.49
				OFFICE OF THE GENERAL COUNSEL - HT0 Total	881,425.25	630,567.81	250,857.49
70281	1010	CONTRACTS DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	15,813.67	(15,813.67)
				CONTINUING FULL TIME	877,788.69	672,142.54	205,646.15
				CONTRACTUAL SERVICES - OTHER	5,500.00	-	5,500.00
				FRINGE BENEFITS - CURR PERSONNEL	192,296.26	151,658.29	40,637.97
				OTHER SERVICES & CHARGES	5,000.00	9,389.20	(4,389.20)
				SUPPLIES & MATERIALS	21,810.79	21,810.79	-
				LOCAL FUND Total	1,102,395.74	870,814.49	231,581.25
				CONTRACTS DIVISION Total	1,102,395.74	870,814.49	231,581.25

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70280	4025	CONTRACTS DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	12,938.45	(12,938.45)
				CONTINUING FULL TIME	534,117.19	549,934.52	(15,817.33)
				CONTRACTUAL SERVICES - OTHER	4,500.00	-	4,500.00
				FRINGE BENEFITS - CURR PERSONNEL	157,333.31	124,087.57	33,245.74
				OTHER SERVICES & CHARGES	4,410.10	-	4,410.10
				SUPPLIES & MATERIALS	17,814.03	17,814.03	-
				FEDERAL MEDICAID PAYMENTS Total	718,174.63	704,774.57	13,400.06
				CONTRACTS DIVISION Total	718,174.63	704,774.57	13,400.06
	1010	INFORMATION TECHNOLOGY DIVISION - HT0	LOCAL FUND	ADDITIONAL GROSS PAY	-	5,998.85	(5,998.85)
				CONTINUING FULL TIME	77,236.08	916,010.79	(838,774.71)
				CONTINUING FULL TIME - OTHERS	-	10,554.98	(10,554.98)
				CONTRACTUAL SERVICES - OTHER	2,887.50	(14,330.35)	17,217.84
				FRINGE BENEFITS - CURR PERSONNEL	17,455.35	226,187.02	(208,731.67)
				OTHER SERVICES & CHARGES	132,074.45	131,145.63	928.82
				OVERTIME PAY	-	180.33	(180.33)
				PURCHASES EQUIPMENT & MACHINERY	-	-	(0.01)
				LOCAL FUND Total	229,653.38	1,275,747.25	(1,046,093.89)
				INFORMATION TECHNOLOGY DIVISION - HT0 Total	229,653.38	1,275,747.25	(1,046,093.89)
70279	4025	INFORMATION TECHNOLOGY DIVISION - HT0	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	4,908.18	(4,908.18)
				CONTINUING FULL TIME	837,062.43	749,096.08	87,966.35
				CONTINUING FULL TIME - OTHERS	21,873.05	8,635.93	13,237.12
				CONTRACTUAL SERVICES - OTHER	9,930,431.20	4,109,811.04	5,820,620.26
				FRINGE BENEFITS - CURR PERSONNEL	187,744.45	183,896.84	3,847.61
				OTHER SERVICES & CHARGES	179,195.81	119,538.81	59,657.00
				OVERTIME PAY	-	147.53	(147.53)
				PURCHASES EQUIPMENT & MACHINERY	648,405.54	432,582.34	215,823.20
				SUPPLIES & MATERIALS	88,931.25	11,331.93	77,599.32
				FEDERAL MEDICAID PAYMENTS Total	11,893,643.73	5,619,948.68	6,273,695.15
				INFORMATION TECHNOLOGY DIVISION - HT0 Total	11,893,643.73	5,619,948.68	6,273,695.15
	1010	HUMAN RESOURCES DIVISION - HT0	LOCAL FUND	ADDITIONAL GROSS PAY	-	10,463.83	(10,463.83)
				CONTINUING FULL TIME	512,888.77	360,563.24	152,325.53
				CONTINUING FULL TIME - OTHERS	31,494.49	31,669.70	(175.21)
				CONTRACTUAL SERVICES - OTHER	287,650.00	2,369.43	285,280.57
				FRINGE BENEFITS - CURR PERSONNEL	116,507.12	88,557.26	27,949.86
				OTHER SERVICES & CHARGES	121,304.29	44,676.01	76,628.28
				PURCHASES EQUIPMENT & MACHINERY	29,452.50	1,530.76	27,921.74
				SUPPLIES & MATERIALS	3,583.96	2,232.53	1,351.43
				LOCAL FUND Total	1,102,881.13	542,062.76	560,818.37
				HUMAN RESOURCES DIVISION - HT0 Total	1,102,881.13	542,062.76	560,818.37

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
	4025	HUMAN RESOURCES DIVISION - HT0	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	8,561.31	(8,561.31)
				CONTINUING FULL TIME	380,696.42	295,006.21	85,690.21
				CONTINUING FULL TIME - OTHERS	25,768.22	25,911.54	(143.32)
				CONTRACTUAL SERVICES - OTHER	234,993.63	1,938.63	233,055.00
				FRINGE BENEFITS - CURR PERSONNEL	89,015.74	72,075.48	16,940.26
				OTHER SERVICES & CHARGES	118,434.91	35,351.74	83,083.17
				PURCHASES EQUIPMENT & MACHINERY	13,763.15	1,453.04	12,310.11
				SUPPLIES & MATERIALS	2,932.33	1,826.60	1,105.73
			FEDERAL MEDICAID PAYMENTS Total		865,604.40	442,124.55	423,479.85
		HUMAN RESOURCES DIVISION - HT0 Total			865,604.40	442,124.55	423,479.85
70278	1010	SUPPORT SERVICES DIVISION - HT0	LOCAL FUND	ADDITIONAL GROSS PAY	-	14,086.95	(14,086.95)
				CONTINUING FULL TIME	1,321,814.91	804,010.35	517,804.56
				CONTINUING FULL TIME - OTHERS	53,467.44	38,934.38	14,533.06
				CONTRACTUAL SERVICES - OTHER	3,489,265.26	3,245,358.82	243,906.22
				ENERGY COMM & BLDG RENTALS	654,453.13	577,285.04	77,168.04
				FRINGE BENEFITS - CURR PERSONNEL	191,534.09	165,157.30	26,376.79
				GOVERNMENT SUBSIDIES & GRANTS	-	-	-
				OTHER SERVICES & CHARGES	213,980.17	139,967.88	74,012.29
				OVERTIME PAY	-	283.46	(283.46)
				PURCHASES EQUIPMENT & MACHINERY	768,780.55	527,974.48	240,806.06
				SECURITY SERVICES	73,147.47	23,664.18	49,483.29
				SUPPLIES & MATERIALS	106,928.50	24,918.80	82,009.70
			LOCAL FUND Total		6,873,371.52	5,561,641.64	1,311,729.60
		SUPPORT SERVICES DIVISION - HT0 Total			6,873,371.52	5,561,641.64	1,311,729.60
	4025	SUPPORT SERVICES DIVISION - HT0	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	11,525.65	(11,525.65)
				CONTINUING FULL TIME	836,623.53	741,512.08	95,111.45
				CONTINUING FULL TIME - OTHERS	21,873.05	31,855.44	(9,982.39)
				CONTRACTUAL SERVICES - OTHER	1,505,358.08	542,229.48	963,128.71
				ENERGY COMM & BLDG RENTALS	504,159.73	504,654.68	(494.87)
				FRINGE BENEFITS - CURR PERSONNEL	184,976.74	148,059.93	36,916.81
				GOVERNMENT SUBSIDIES & GRANTS	-	-	-
				OTHER SERVICES & CHARGES	142,378.61	110,819.52	31,559.08
				OVERTIME PAY	-	231.92	(231.92)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SECURITY SERVICES	19,361.61	19,361.61	-
				SUPPLIES & MATERIALS	2,250.00	4,969.37	(2,719.37)
			FEDERAL MEDICAID PAYMENTS Total		3,216,981.35	2,115,219.68	1,101,761.85
		SUPPORT SERVICES DIVISION - HT0 Total			3,216,981.35	2,115,219.68	1,101,761.85

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget	
70277	1010	COMPLIANCE DIVISION - HT0	LOCAL FUND	CONTRACTUAL SERVICES - OTHER	19,800.00	-	19,800.00	
		COMPLIANCE DIVISION - HT0 Total			19,800.00	-	19,800.00	
					19,800.00	-	19,800.00	
	1060	COMPLIANCE DIVISION - HT0	SPECIAL PURPOSE REVENUE FUNDS	CONTRACTUAL SERVICES - OTHER	163,706.95	163,706.95	(0.01)	
		COMPLIANCE DIVISION - HT0 Total			163,706.95	163,706.95	(0.01)	
	4025	COMPLIANCE DIVISION - HT0	FEDERAL MEDICAID PAYMENTS	CONTRACTUAL SERVICES - OTHER	16,200.00	-	16,200.00	
		COMPLIANCE DIVISION - HT0 Total			16,200.00	-	16,200.00	
	70275	1010	OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	LOCAL FUND	ADDITIONAL GROSS PAY	-	(390.82)	390.82
					CONTINUING FULL TIME	161,778.10	139,511.45	22,266.65
					CONTINUING FULL TIME - OTHERS	153,856.02	118,773.25	35,082.77
				CONTRACTUAL SERVICES - OTHER	285,995.23	55,424.91	230,570.30	
				FRINGE BENEFITS - CURR PERSONNEL	69,123.87	45,857.91	23,265.96	
				OTHER SERVICES & CHARGES	-	-	-	
				OVERTIME PAY	-	58.33	(58.33)	
LOCAL FUND Total					670,753.22	359,235.03	311,518.17	
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE Total					670,753.22	359,235.03	311,518.17	
4025				OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	(319.75)
			CONTINUING FULL TIME		132,363.90	114,145.93	18,217.97	
			CONTINUING FULL TIME - OTHERS		125,882.20	97,178.08	28,704.12	
			CONTRACTUAL SERVICES - OTHER		233,996.09	45,347.66	188,648.43	
			FRINGE BENEFITS - CURR PERSONNEL		56,555.89	37,330.52	19,225.37	
			OTHER SERVICES & CHARGES		2,250.00	-	2,250.00	
			OVERTIME PAY		-	47.72	(47.72)	
		FEDERAL MEDICAID PAYMENTS Total				551,048.08	293,730.16	257,317.92
		OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE Total				551,048.08	293,730.16	257,317.92
		70274	1060		OFFICE OF THE OMBUDSMAN - HT0	SPECIAL PURPOSE REVENUE FUNDS	ADDITIONAL GROSS PAY	-
				CONTINUING FULL TIME		857,715.06	857,715.06	-
	CONTINUING FULL TIME - OTHERS			18,581.75		36,291.62	(17,709.87)	
	CONTRACTUAL SERVICES - OTHER			231,457.36		231,457.36	(0.07)	
	FRINGE BENEFITS - CURR PERSONNEL			94,486.80		207,555.43	(113,068.63)	
	OTHER SERVICES & CHARGES			1,224.99		-	1,224.99	
	PURCHASES EQUIPMENT & MACHINERY			-		-	-	
	SUPPLIES & MATERIALS			2,475.00		1,486.81	988.19	
SPECIAL PURPOSE REVENUE FUNDS Total						1,205,940.96	1,336,108.73	(130,167.84)
OFFICE OF THE OMBUDSMAN - HT0 Total						1,205,940.96	1,336,108.73	(130,167.84)
4025	OFFICE OF THE OMBUDSMAN - HT0			FEDERAL MEDICAID PAYMENTS		ADDITIONAL GROSS PAY	-	2,129.25
				CONTINUING FULL TIME	1,196,501.94	963,032.61	233,469.33	
				CONTINUING FULL TIME - OTHERS	15,203.25	29,693.35	(14,490.10)	
				CONTRACTUAL SERVICES - OTHER	758,405.70	312,070.50	446,335.31	
				FRINGE BENEFITS - CURR PERSONNEL	265,363.42	199,870.07	65,493.35	
				OTHER SERVICES & CHARGES	6,168.59	-	6,168.59	
				PURCHASES EQUIPMENT & MACHINERY	873.18	-	873.18	
				SUPPLIES & MATERIALS	2,025.00	3,013.19	(988.19)	
			FEDERAL MEDICAID PAYMENTS Total			2,244,541.08	1,509,808.97	734,732.22
			OFFICE OF THE OMBUDSMAN - HT0 Total			2,244,541.08	1,509,808.97	734,732.22

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70272	4025	LONG TERM CARE OPERATIONS DIVISION	FEDERAL MEDICAID PAYMENTS	ENERGY COMM & BLDG RENTALS	-	-	-
			FEDERAL MEDICAID PAYMENTS Total		-	-	-
		LONG TERM CARE OPERATIONS DIVISION Total			-	-	-
70269	1010	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	LOCAL FUND	OTHER SERVICES & CHARGES	-	-	-
			LOCAL FUND Total		-	-	-
		HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION Total			-	-	-
70249	1010	OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP	LOCAL FUND	OTHER SERVICES & CHARGES	-	-	-
			LOCAL FUND Total		-	-	-
		OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP Total			-	-	-
70158	1010	PROGRAM INTEGRITY SUPPORT DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	12,284.73	(12,284.73)
				CONTINUING FULL TIME	1,571,332.89	1,716,048.05	(144,715.16)
				CONTRACTUAL SERVICES - OTHER	77,907.50	26,140.93	51,766.60
				FRINGE BENEFITS - CURR PERSONNEL	343,138.29	379,414.99	(36,276.70)
				OTHER SERVICES & CHARGES	13,509.26	9,610.47	3,898.79
				OVERTIME PAY	-	392.15	(392.15)
				PURCHASES EQUIPMENT & MACHINERY	2,062.50	-	2,062.50
				SUPPLIES & MATERIALS	1,335.37	-	1,335.37
			LOCAL FUND Total		2,009,285.81	2,143,891.32	(134,605.48)
		PROGRAM INTEGRITY SUPPORT DIVISION Total			2,009,285.81	2,143,891.32	(134,605.48)
	4025	PROGRAM INTEGRITY SUPPORT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	13,323.81	(13,323.81)
				CONTINUING FULL TIME	1,559,144.34	1,599,409.14	(40,264.80)
				CONTRACTUAL SERVICES - OTHER	63,742.50	51,724.05	12,018.42
				FRINGE BENEFITS - CURR PERSONNEL	340,647.82	336,269.25	4,378.57
				OTHER SERVICES & CHARGES	360.00	9,797.52	(9,437.52)
				OVERTIME PAY	-	320.86	(320.86)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	-	-	-
			FEDERAL MEDICAID PAYMENTS Total		1,963,894.66	2,010,844.63	(46,950.00)
		PROGRAM INTEGRITY SUPPORT DIVISION Total			1,963,894.66	2,010,844.63	(46,950.00)
1000 Total					44,950,148.59	32,736,740.30	12,213,408.33
Program 2000: Health Care Delivery Management							
70163	1010	DIVISION OF CHILDREN'S HEALTH SERVICES	LOCAL FUND	CONTINUING FULL TIME	266,310.69	197,109.19	69,201.50
				CONTRACTUAL SERVICES - OTHER	191,626.78	90,740.75	100,886.06
				FRINGE BENEFITS - CURR PERSONNEL	58,322.05	48,403.90	9,918.15
				OTHER SERVICES & CHARGES	-	1,023.91	(1,023.91)
			LOCAL FUND Total		516,259.52	337,277.75	178,981.80
		DIVISION OF CHILDREN'S HEALTH SERVICES Total			516,259.52	337,277.75	178,981.80
	4025	DIVISION OF CHILDREN'S HEALTH SERVICES	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	252,969.01	229,404.64	23,564.37
				CONTINUING FULL TIME - OTHERS	-	120,897.17	(120,897.17)
				CONTRACTUAL SERVICES - OTHER	436,498.70	130,064.17	306,434.50
				FRINGE BENEFITS - CURR PERSONNEL	104,520.24	72,748.84	31,771.40
				OTHER SERVICES & CHARGES	25,000.00	9,080.31	15,919.69
				OVERTIME PAY	-	796.87	(796.87)
				SUPPLIES & MATERIALS	10,000.00	7,670.14	2,329.86
			FEDERAL MEDICAID PAYMENTS Total		828,987.95	570,662.14	258,325.78
		DIVISION OF CHILDREN'S HEALTH SERVICES Total			828,987.95	570,662.14	258,325.78

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70162	1010	DIVISON OF QUALITY AND HEALTH OUTCOMES	LOCAL FUND	ADDITIONAL GROSS PAY	-	3,365.98	(3,365.98)
				CONTINUING FULL TIME	317,493.42	230,552.32	86,941.10
				CONTRACTUAL SERVICES - OTHER	493,105.14	458,520.45	34,584.68
				FRINGE BENEFITS - CURR PERSONNEL	41,298.93	44,085.23	(2,786.30)
				LOCAL FUND Total	851,897.49	736,523.98	115,373.50
	DIVISON OF QUALITY AND HEALTH OUTCOMES Total				851,897.49	736,523.98	115,373.50
	4025	DIVISON OF QUALITY AND HEALTH OUTCOMES	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	2,754.02	(2,754.02)
				CONTINUING FULL TIME	334,647.35	235,701.98	98,945.37
				CONTRACTUAL SERVICES - OTHER	1,767,086.02	1,375,560.26	391,525.63
				FRINGE BENEFITS - CURR PERSONNEL	73,287.78	35,894.49	37,393.29
				FEDERAL MEDICAID PAYMENTS Total	2,175,021.15	1,649,910.75	525,110.27
DIVISON OF QUALITY AND HEALTH OUTCOMES Total				2,175,021.15	1,649,910.75	525,110.27	
70161	1010	DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES	LOCAL FUND	CONTINUING FULL TIME	363,342.32	347,679.33	15,662.99
				CONTINUING FULL TIME - OTHERS	-	(750.42)	750.42
				CONTRACTUAL SERVICES - OTHER	2,163,122.05	2,194,446.96	(31,324.82)
				FRINGE BENEFITS - CURR PERSONNEL	79,571.98	86,608.67	(7,036.69)
				LOCAL FUND Total	2,606,036.35	2,627,984.54	(21,948.10)
	DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES Total				2,606,036.35	2,627,984.54	(21,948.10)
	4025	DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	631,606.62	662,528.71	(30,922.09)
				CONTINUING FULL TIME - OTHERS	-	(613.98)	613.98
				CONTRACTUAL SERVICES - OTHER	6,180,609.87	5,398,354.10	782,255.67
				FRINGE BENEFITS - CURR PERSONNEL	138,321.84	145,243.72	(6,921.88)
				FEDERAL MEDICAID PAYMENTS Total	6,950,538.33	6,205,512.55	745,025.68
DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES Total				6,950,538.33	6,205,512.55	745,025.68	
70160	1010	DIVISION OF MANAGED CARE	LOCAL FUND	ADDITIONAL GROSS PAY	-	14,423.19	(14,423.19)
				CONTINUING FULL TIME	446,510.24	427,482.28	19,027.96
				CONTINUING FULL TIME - OTHERS	-	-	-
				CONTRACTUAL SERVICES - OTHER	4,540,704.20	4,234,493.73	306,210.54
				FRINGE BENEFITS - CURR PERSONNEL	93,240.89	106,805.75	(13,564.86)
				LOCAL FUND Total	5,080,455.33	4,783,204.95	297,250.45
	DIVISION OF MANAGED CARE Total				5,080,455.33	4,783,204.95	297,250.45
	4025	DIVISION OF MANAGED CARE	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	11,800.80	(11,800.80)
				CONTINUING FULL TIME	365,326.57	419,008.32	(53,681.75)
				CONTINUING FULL TIME - OTHERS	-	-	-
				CONTRACTUAL SERVICES - OTHER	5,896,939.80	3,754,906.92	2,142,032.80
FRINGE BENEFITS - CURR PERSONNEL				76,287.99	86,972.98	(10,684.99)	
DIVISION OF MANAGED CARE Total				6,338,554.36	4,272,689.02	2,065,865.26	
70159	1010	HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	866.97	(866.97)
				CONTINUING FULL TIME	462,330.86	358,022.68	104,308.18
				FRINGE BENEFITS - CURR PERSONNEL	65,601.51	89,085.69	(23,484.18)
				OTHER SERVICES & CHARGES	9,881.28	4,606.44	5,274.84
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	202.58	-	202.58
				LOCAL FUND Total	538,016.23	452,581.78	85,434.45
	HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION Total				538,016.23	452,581.78	85,434.45

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
	1060	HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	SPECIAL PURPOSE REVENUE FUNDS	CONTINUING FULL TIME - OTHERS	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-
			SPECIAL PURPOSE REVENUE FUNDS Total		-	-	-
		HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION Total			-	-	-
	4025	HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	709.33	(709.33)
				CONTINUING FULL TIME	514,978.25	351,399.51	163,578.74
				CONTINUING FULL TIME - OTHERS	24,382.35	-	24,382.35
				FRINGE BENEFITS - CURR PERSONNEL	118,119.96	72,555.63	45,564.33
				OTHER SERVICES & CHARGES	3,876.55	4,160.33	(283.78)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	165.75	-	165.75
			FEDERAL MEDICAID PAYMENTS Total		661,522.86	428,824.80	232,698.06
		HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION Total			661,522.86	428,824.80	232,698.06
2000 Total					26,547,289.57	22,065,172.26	4,482,117.15
Program 3000: Health Care Policy and Research							
70266	1010	DIVISION OF ELIGIBILITY POLICY	LOCAL FUND	CONTINUING FULL TIME	433,038.17	319,851.83	113,186.34
				FRINGE BENEFITS - CURR PERSONNEL	58,002.46	95,563.47	(37,561.01)
				OVERTIME PAY	-	402.69	(402.69)
			LOCAL FUND Total		491,040.63	415,817.99	75,222.64
		DIVISION OF ELIGIBILITY POLICY Total			491,040.63	415,817.99	75,222.64
	4025	DIVISION OF ELIGIBILITY POLICY	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	481,123.78	318,444.96	162,678.82
				FRINGE BENEFITS - CURR PERSONNEL	104,690.01	77,705.44	26,984.57
				OVERTIME PAY	-	329.49	(329.49)
			FEDERAL MEDICAID PAYMENTS Total		585,813.79	396,479.89	189,333.90
		DIVISION OF ELIGIBILITY POLICY Total			585,813.79	396,479.89	189,333.90
70265	1010	DIVISION OF ANALYTICS AND POLICY RESEARCH	LOCAL FUND	CONTRACTUAL SERVICES - OTHER	-	-	-
			LOCAL FUND Total		-	-	-
		DIVISION OF ANALYTICS AND POLICY RESEARCH Total			-	-	-
	4025	DIVISION OF ANALYTICS AND POLICY RESEARCH	FEDERAL MEDICAID PAYMENTS	CONTRACTUAL SERVICES - OTHER	96,795.00	-	96,795.00
			FEDERAL MEDICAID PAYMENTS Total		96,795.00	-	96,795.00
		DIVISION OF ANALYTICS AND POLICY RESEARCH Total			96,795.00	-	96,795.00
70264	1010	DIVISION OF REGULATIONS & POLICY MANAGEMENT	LOCAL FUND	ADDITIONAL GROSS PAY	-	937.42	(937.42)
				CONTINUING FULL TIME	334,363.14	279,887.23	54,475.91
				CONTINUING FULL TIME - OTHERS	71,319.05	43,189.62	28,129.43
				FRINGE BENEFITS - CURR PERSONNEL	88,844.40	95,784.18	(6,939.78)
				OVERTIME PAY	-	387.04	(387.04)
			LOCAL FUND Total		494,526.59	420,185.49	74,341.10
		DIVISION OF REGULATIONS & POLICY MANAGEMENT Total			494,526.59	420,185.49	74,341.10
	4025	DIVISION OF REGULATIONS & POLICY MANAGEMENT	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	766.98	(766.98)
				CONTINUING FULL TIME	273,569.82	287,096.58	(13,526.76)
				CONTINUING FULL TIME - OTHERS	58,351.95	35,336.95	23,015.00
				FRINGE BENEFITS - CURR PERSONNEL	72,690.88	73,553.56	(862.68)
				OVERTIME PAY	-	316.69	(316.69)
			FEDERAL MEDICAID PAYMENTS Total		404,612.65	397,070.76	7,541.89
		DIVISION OF REGULATIONS & POLICY MANAGEMENT Total			404,612.65	397,070.76	7,541.89

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70263	1010	HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	9,486.00	(9,486.00)
				CONTINUING FULL TIME	1,106,073.88	941,840.91	164,232.97
				CONTINUING FULL TIME - OTHERS	-	32,735.48	(32,735.48)
				CONTRACTUAL SERVICES - OTHER	826,716.72	512,563.06	314,153.64
				FRINGE BENEFITS - CURR PERSONNEL	206,484.90	251,413.07	(44,928.17)
				OTHER SERVICES & CHARGES	18,298.61	17,927.17	371.42
				OVERTIME PAY	-	60,109.56	(60,109.56)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	-	-	-
			LOCAL FUND Total		2,157,574.11	1,826,075.25	331,498.82
		HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION Total			2,157,574.11	1,826,075.25	331,498.82
	4025	HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	7,761.27	(7,761.27)
				CONTINUING FULL TIME	994,554.74	802,853.87	191,700.87
				CONTINUING FULL TIME - OTHERS	-	26,783.64	(26,783.64)
				CONTRACTUAL SERVICES - OTHER	728,437.05	895,297.17	(166,860.17)
				FRINGE BENEFITS - CURR PERSONNEL	248,433.48	204,646.38	43,787.10
				OTHER SERVICES & CHARGES	14,180.17	16,908.44	(2,728.26)
				OVERTIME PAY	-	49,180.64	(49,180.64)
				PURCHASES EQUIPMENT & MACHINERY	2,362.78	-	2,362.78
				SUPPLIES & MATERIALS	468.00	-	468.00
			FEDERAL MEDICAID PAYMENTS Total		1,988,436.22	2,003,431.41	(14,995.23)
		HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION Total			1,988,436.22	2,003,431.41	(14,995.23)
3000 Total					6,218,798.99	5,459,060.79	759,738.12
Program 6000: Health Care Operations Adminsitration							
70262	1010	DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	LOCAL FUND	ADDITIONAL GROSS PAY	-	9,063.31	(9,063.31)
				CONTINUING FULL TIME	565,242.92	455,419.81	109,823.11
				CONTRACTUAL SERVICES - OTHER	1,082,915.90	1,004,345.34	78,570.55
				FRINGE BENEFITS - CURR PERSONNEL	123,788.19	117,662.63	6,125.56
			LOCAL FUND Total		1,771,947.01	1,586,491.09	185,455.91
		DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES Total			1,771,947.01	1,586,491.09	185,455.91
	4025	DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	7,415.44	(7,415.44)
				CONTINUING FULL TIME	462,471.46	452,084.90	10,386.56
				CONTRACTUAL SERVICES - OTHER	886,022.10	964,592.64	(78,570.55)
				FRINGE BENEFITS - CURR PERSONNEL	101,281.26	95,807.41	5,473.85
			FEDERAL MEDICAID PAYMENTS Total		1,449,774.82	1,519,900.39	(70,125.58)
		DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES Total			1,449,774.82	1,519,900.39	(70,125.58)
70261	1010	DIVISION OF CLAIMS MANAGEMENT	LOCAL FUND	ADDITIONAL GROSS PAY	-	562.43	(562.43)
				CONTINUING FULL TIME	443,130.44	421,890.98	21,239.46
				CONTRACTUAL SERVICES - OTHER	10,533,050.63	13,989,643.24	(3,456,592.52)
				FRINGE BENEFITS - CURR PERSONNEL	94,979.73	121,116.25	(26,136.52)
			LOCAL FUND Total		11,071,160.80	14,533,212.90	(3,462,052.01)
		DIVISION OF CLAIMS MANAGEMENT Total			11,071,160.80	14,533,212.90	(3,462,052.01)
	1060	DIVISION OF CLAIMS MANAGEMENT	SPECIAL PURPOSE REVENUE FUNDS	ADDITIONAL GROSS PAY	-	231.67	(231.67)
				CONTINUING FULL TIME	266,845.27	229,263.37	37,581.90
				CONTRACTUAL SERVICES - OTHER	151,464.96	151,464.83	-
				FRINGE BENEFITS - CURR PERSONNEL	11,619.42	48,969.65	(37,350.23)
			SPECIAL PURPOSE REVENUE FUNDS Total		429,929.65	429,929.52	-
		DIVISION OF CLAIMS MANAGEMENT Total			429,929.65	429,929.52	-

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70260	4025	DIVISION OF CLAIMS MANAGEMENT	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	649.71	(649.71)
				CONTINUING FULL TIME	721,009.07	751,394.15	(30,385.08)
				CONTRACTUAL SERVICES - OTHER	9,721,955.47	30,742,029.62	(21,020,074.18)
				FRINGE BENEFITS - CURR PERSONNEL	156,210.75	160,716.46	(4,505.71)
				FEDERAL MEDICAID PAYMENTS Total			
	DIVISION OF CLAIMS MANAGEMENT Total				10,599,175.29	31,654,789.94	(21,055,614.68)
	1010	HEALTH CARE OPERATIONS SUPPORT OFFICE	LOCAL FUND	CONTINUING FULL TIME	197,219.04	175,346.88	21,872.16
				FRINGE BENEFITS - CURR PERSONNEL	43,190.98	30,267.11	12,923.87
				OTHER SERVICES & CHARGES	1,610.07	1,610.07	-
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	-	-	-
	LOCAL FUND Total				242,020.09	207,224.06	34,796.03
	HEALTH CARE OPERATIONS SUPPORT OFFICE Total				242,020.09	207,224.06	34,796.03
	4025	HEALTH CARE OPERATIONS SUPPORT OFFICE	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	161,361.04	169,921.95	(8,560.91)
				FRINGE BENEFITS - CURR PERSONNEL	35,338.06	24,678.47	10,659.59
				OTHER SERVICES & CHARGES	630.00	1,317.30	(687.30)
				PURCHASES EQUIPMENT & MACHINERY	450.00	-	450.00
				SUPPLIES & MATERIALS	-	-	-
	FEDERAL MEDICAID PAYMENTS Total				197,779.10	195,917.72	1,861.38
	HEALTH CARE OPERATIONS SUPPORT OFFICE Total				197,779.10	195,917.72	1,861.38
6000 Total					25,761,786.76	50,127,465.62	(24,365,678.95)
Program 8000: Health Care Reform and Innovation Admsitration							
70269	1010	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	LOCAL FUND	CONTINUING FULL TIME	43,884.63	70,305.62	(26,420.99)
				CONTRACTUAL SERVICES - OTHER	925,394.80	794,487.23	130,907.53
				FRINGE BENEFITS - CURR PERSONNEL	6,511.97	5,799.44	712.53
				GOVERNMENT SUBSIDIES & GRANTS	907,743.80	715,565.78	192,178.01
				LOCAL FUND Total			
	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION Total				1,883,535.20	1,586,158.07	297,377.08
	1011	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	DEDICATED TAXES	CONTINUING FULL TIME	44,895.75	44,935.66	(39.91)
				FRINGE BENEFITS - CURR PERSONNEL	2,571.49	6,078.15	(3,506.66)
				OTHER SERVICES & CHARGES	6,501.38	5,874.27	627.11
				PURCHASES EQUIPMENT & MACHINERY	1,379.46	-	1,379.46
				SUPPLIES & MATERIALS	1,540.00	-	1,540.00
	DEDICATED TAXES Total				56,888.08	56,888.08	-
	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION Total				56,888.08	56,888.08	-
	4025	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	1,697.18	(1,697.18)
				CONTINUING FULL TIME	195,184.86	257,757.72	(62,572.86)
				CONTRACTUAL SERVICES - OTHER	885,037.20	682,053.87	202,983.38
				FRINGE BENEFITS - CURR PERSONNEL	40,210.14	36,146.04	4,064.10
				GOVERNMENT SUBSIDIES & GRANTS	4,078,259.70	4,181,846.59	(103,586.90)
	OTHER SERVICES & CHARGES				1,077.84	4,806.23	(3,728.39)
	PURCHASES EQUIPMENT & MACHINERY				1,128.65	-	1,128.65
SUPPLIES & MATERIALS				3,844.56	-	3,844.56	
FEDERAL MEDICAID PAYMENTS Total				5,204,742.95	5,164,307.63	40,435.36	
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION Total				5,204,742.95	5,164,307.63	40,435.36	

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70268	1010	HIT/HIE PROJECT MANAGEMENT DIVISION	LOCAL FUND	CONTINUING FULL TIME	13,616.26	21,877.10	(8,260.84)
				CONTRACTUAL SERVICES - OTHER	57,964.00	25,608.00	32,356.01
				FRINGE BENEFITS - CURR PERSONNEL	2,981.96	3,034.59	(52.63)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
				SUPPLIES & MATERIALS	-	-	-
				LOCAL FUND Total	74,562.22	50,519.69	24,042.54
				HIT/HIE PROJECT MANAGEMENT DIVISION Total	74,562.22	50,519.69	24,042.54
	1011	HIT/HIE PROJECT MANAGEMENT DIVISION	DEDICATED TAXES	ADDITIONAL GROSS PAY	-	565.73	(565.73)
				CONTINUING FULL TIME	271,272.61	208,080.37	63,192.24
				CONTINUING FULL TIME - OTHERS	-	73,240.81	(73,240.81)
				FRINGE BENEFITS - CURR PERSONNEL	70,342.31	59,728.01	10,614.30
				OVERTIME PAY	-	-	-
				DEDICATED TAXES Total	341,614.92	341,614.92	(0.00)
				HIT/HIE PROJECT MANAGEMENT DIVISION Total	341,614.92	341,614.92	(0.00)
	4025	HIT/HIE PROJECT MANAGEMENT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-
				CONTINUING FULL TIME	262,798.20	176,542.38	86,255.82
				CONTINUING FULL TIME - OTHERS	-	59,924.42	(59,924.42)
				CONTRACTUAL SERVICES - OTHER	131,250.00	76,824.00	54,426.01
				FRINGE BENEFITS - CURR PERSONNEL	57,552.82	53,702.45	3,850.37
				OVERTIME PAY	-	-	-
				PURCHASES EQUIPMENT & MACHINERY	(7,036.36)	-	(7,036.36)
				SUPPLIES & MATERIALS	-	-	-
				FEDERAL MEDICAID PAYMENTS Total	444,564.66	366,993.25	77,571.42
				HIT/HIE PROJECT MANAGEMENT DIVISION Total	444,564.66	366,993.25	77,571.42
70267	1010	AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	LOCAL FUND	CONTRACTUAL SERVICES - OTHER	-	-	-
				GOVERNMENT SUBSIDIES & GRANTS	1,225,000.00	1,210,221.61	14,778.39
				LOCAL FUND Total	1,225,000.00	1,210,221.61	14,778.39
				AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION Total	1,225,000.00	1,210,221.61	14,778.39
	1011	AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	DEDICATED TAXES	CONTINUING FULL TIME	197,558.94	197,558.94	-
				CONTINUING FULL TIME - OTHERS	17,292.57	-	17,292.57
				FRINGE BENEFITS - CURR PERSONNEL	31,688.34	45,772.87	(14,084.53)
				OVERTIME PAY	-	3,208.04	(3,208.04)
				DEDICATED TAXES Total	246,539.85	246,539.85	0.00
				AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION Total	246,539.85	246,539.85	0.00
	4025	AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	173,911.64	195,349.99	(21,438.35)
				CONTINUING FULL TIME - OTHERS	59,594.08	-	59,594.08
				FRINGE BENEFITS - CURR PERSONNEL	51,137.74	37,321.44	13,816.30
				OVERTIME PAY	-	2,624.90	(2,624.90)
				FEDERAL MEDICAID PAYMENTS Total	284,643.46	235,296.33	49,347.13
				AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION Total	284,643.46	235,296.33	49,347.13
8000 Total					9,762,091.34	9,258,539.43	503,551.92

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
Program 100F: Agency CFO							
10086	1010	P-CARD CLEARING	LOCAL FUND	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	4,643.88	(4,643.88)
		P-CARD CLEARING Total	LOCAL FUND Total		-	4,643.88	(4,643.88)
	1060	P-CARD CLEARING	SPECIAL PURPOSE REVENUE FUNDS	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-
		P-CARD CLEARING Total	SPECIAL PURPOSE REVENUE FUNDS Total		-	-	-
10072	1010	ACFO DIVISION - HSSC	LOCAL FUND	PURCHASES EQUIPMENT & MACHINERY	825.00	-	825.00
		ACFO DIVISION - HSSC Total	LOCAL FUND Total		825.00	-	825.00
	4025	ACFO DIVISION - HSSC	FEDERAL MEDICAID PAYMENTS	PURCHASES EQUIPMENT & MACHINERY	-	-	-
		ACFO DIVISION - HSSC Total	FEDERAL MEDICAID PAYMENTS Total		-	-	-
10071	1010	ACCOUNTING DIVISION - HSSC	LOCAL FUND	OTHER SERVICES & CHARGES	11,791.08	214.53	11,576.55
				SUPPLIES & MATERIALS	2,665.39	949.23	1,716.16
		ACCOUNTING DIVISION - HSSC Total	LOCAL FUND Total		14,456.47	1,163.76	13,292.71
	4025	ACCOUNTING DIVISION - HSSC	FEDERAL MEDICAID PAYMENTS	OTHER SERVICES & CHARGES	1,485.00	175.53	1,309.47
				SUPPLIES & MATERIALS	-	776.64	(776.64)
		ACCOUNTING DIVISION - HSSC Total	FEDERAL MEDICAID PAYMENTS Total		1,485.00	952.17	532.83
10070	1010	BUDGET DIVISION - HSSC	LOCAL FUND	PURCHASES EQUIPMENT & MACHINERY	825.00	-	825.00
		BUDGET DIVISION - HSSC Total	LOCAL FUND Total		825.00	-	825.00
	4025	BUDGET DIVISION - HSSC	FEDERAL MEDICAID PAYMENTS	PURCHASES EQUIPMENT & MACHINERY	-	-	-
		BUDGET DIVISION - HSSC Total	FEDERAL MEDICAID PAYMENTS Total		-	-	-
10003	1010	ACFO DIVISION	LOCAL FUND	CONTINUING FULL TIME	160,120.95	165,396.08	(5,275.13)
				FRINGE BENEFITS - CURR PERSONNEL	35,066.48	29,144.62	5,921.86
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
		ACFO DIVISION Total	LOCAL FUND Total		195,187.43	194,540.70	646.73
	4025	ACFO DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	131,008.05	135,324.37	(4,316.32)
				FRINGE BENEFITS - CURR PERSONNEL	28,690.76	23,746.09	4,944.67
				PURCHASES EQUIPMENT & MACHINERY	(675.00)	-	(675.00)
		ACFO DIVISION Total	FEDERAL MEDICAID PAYMENTS Total		159,023.81	159,070.46	(46.65)
10002	1010	ACCOUNTING DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	7,504.91	(7,504.91)
				CONTINUING FULL TIME	601,246.25	513,474.71	87,771.54
				CONTRACTUAL SERVICES - OTHER	2,470,726.71	1,192,872.77	1,277,853.90
				FRINGE BENEFITS - CURR PERSONNEL	131,672.91	112,261.24	19,411.67
				OTHER SERVICES & CHARGES	222,620.89	126,382.72	96,238.17
				SUPPLIES & MATERIALS	-	-	-
		ACCOUNTING DIVISION Total	LOCAL FUND Total		3,426,266.76	1,952,496.35	1,473,770.37
					3,426,266.76	1,952,496.35	1,473,770.37

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
10001	1011	ACCOUNTING DIVISION	DEDICATED TAXES	CONTRACTUAL SERVICES - OTHER	417,267.40	206,645.88	210,621.52
			DEDICATED TAXES Total		417,267.40	206,645.88	210,621.52
		ACCOUNTING DIVISION Total			417,267.40	206,645.88	210,621.52
	4025	ACCOUNTING DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	6,140.39	(6,140.39)
				CONTINUING FULL TIME	491,928.75	420,116.17	71,812.58
				CONTRACTUAL SERVICES - OTHER	2,416,348.97	1,145,060.78	1,271,288.27
				FRINGE BENEFITS - CURR PERSONNEL	107,732.40	91,366.85	16,365.55
				OTHER SERVICES & CHARGES	179,288.19	102,882.60	76,405.59
				SUPPLIES & MATERIALS	(2,180.04)	-	(2,180.04)
			FEDERAL MEDICAID PAYMENTS Total		3,193,118.27	1,765,566.79	1,427,551.56
		ACCOUNTING DIVISION Total			3,193,118.27	1,765,566.79	1,427,551.56
	1010	BUDGET DIVISION	LOCAL FUND	CONTINUING FULL TIME	333,308.44	330,268.35	3,040.09
				FRINGE BENEFITS - CURR PERSONNEL	72,994.55	82,740.47	(9,745.92)
				PURCHASES EQUIPMENT & MACHINERY	-	-	-
			LOCAL FUND Total		406,302.99	413,008.82	(6,705.83)
		BUDGET DIVISION Total			406,302.99	413,008.82	(6,705.83)
0	4025	BUDGET DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	272,706.92	270,219.90	2,487.02
				FRINGE BENEFITS - CURR PERSONNEL	59,722.81	67,317.69	(7,594.88)
				PURCHASES EQUIPMENT & MACHINERY	(675.00)	-	(675.00)
			FEDERAL MEDICAID PAYMENTS Total		331,754.73	337,537.59	(5,782.86)
		BUDGET DIVISION Total			331,754.73	337,537.59	(5,782.86)
	4025	NO COST CENTER	FEDERAL MEDICAID PAYMENTS	OTHER SERVICES & CHARGES	-	-	-
			FEDERAL MEDICAID PAYMENTS Total		-	-	-
		NO COST CENTER Total			-	-	-
		100F Total			8,146,512.86	5,035,626.40	3,110,886.50
		Program 200L: LongTerm Care Administration					
70272	70273	1010	INTAKE AND ASSESSMENT DIVISION	LOCAL FUND	-	13,402.15	(13,402.15)
				ADDITIONAL GROSS PAY	390,183.58	281,494.15	108,689.43
				CONTINUING FULL TIME	85,450.20	100,341.26	(14,891.06)
				FRINGE BENEFITS - CURR PERSONNEL			
			LOCAL FUND Total		475,633.78	395,237.56	80,396.22
		INTAKE AND ASSESSMENT DIVISION Total			475,633.78	395,237.56	80,396.22
	4025	INTAKE AND ASSESSMENT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	12,601.71	(12,601.71)
				CONTINUING FULL TIME	540,050.75	484,557.72	55,493.03
				FRINGE BENEFITS - CURR PERSONNEL	118,271.12	116,566.83	1,704.29
			FEDERAL MEDICAID PAYMENTS Total		658,321.87	613,726.26	44,595.61
		INTAKE AND ASSESSMENT DIVISION Total			658,321.87	613,726.26	44,595.61
	1010	LONG TERM CARE OPERATIONS DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	13,579.00	(13,579.00)
				CONTINUING FULL TIME	821,714.34	702,966.87	118,747.47
				FRINGE BENEFITS - CURR PERSONNEL	177,269.83	198,790.29	(21,520.46)
			LOCAL FUND Total		998,984.17	915,336.16	83,648.01
		LONG TERM CARE OPERATIONS DIVISION Total			998,984.17	915,336.16	83,648.01
	4025	LONG TERM CARE OPERATIONS DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	11,110.09	(11,110.09)
				CONTINUING FULL TIME	672,311.75	824,834.48	(152,522.73)
				FRINGE BENEFITS - CURR PERSONNEL	145,038.99	158,726.95	(13,687.96)
			FEDERAL MEDICAID PAYMENTS Total		817,350.74	994,671.52	(177,320.78)
		LONG TERM CARE OPERATIONS DIVISION Total			817,350.74	994,671.52	(177,320.78)

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget			
70271	1010	LONG TERM CARE OVERSIGHT DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	1,481.54	(1,481.54)			
				CONTINUING FULL TIME	705,669.77	614,761.85	90,907.92			
				FRINGE BENEFITS - CURR PERSONNEL	154,541.67	147,823.30	6,718.37			
				OVERTIME PAY	-	(58.13)	58.13			
				LOCAL FUND Total	860,211.44	764,008.56	96,202.88			
	LONG TERM CARE OVERSIGHT DIVISION Total				860,211.44	764,008.56	96,202.88			
	4025	LONG TERM CARE OVERSIGHT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	2,030.33	(2,030.33)			
				CONTINUING FULL TIME	776,875.53	794,815.05	(17,939.52)			
				FRINGE BENEFITS - CURR PERSONNEL	170,135.75	153,180.21	16,955.54			
				OVERTIME PAY	-	(47.57)	47.57			
				FEDERAL MEDICAID PAYMENTS Total	947,011.28	949,978.02	(2,966.74)			
LONG TERM CARE OVERSIGHT DIVISION Total				947,011.28	949,978.02	(2,966.74)				
70270	1010	LONG TERM CARE SUPPORT SERVICES DIVISION	LOCAL FUND	CONTINUING FULL TIME	205,279.96	160,420.83	44,859.13			
				CONTRACTUAL SERVICES - OTHER	8,578,019.87	5,351,634.51	3,226,385.43			
				FRINGE BENEFITS - CURR PERSONNEL	44,956.32	36,756.72	8,199.60			
				GOVERNMENT SUBSIDIES & GRANTS	375,000.00	21,763.04	353,236.97			
				OTHER SERVICES & CHARGES	11,591.59	8,257.81	3,333.78			
				OVERTIME PAY	-	2,974.19	(2,974.19)			
				PURCHASES EQUIPMENT & MACHINERY	487.78	264.26	223.52			
				SUPPLIES & MATERIALS	209.00	-	209.00			
				LOCAL FUND Total	9,215,544.52	5,582,071.36	3,633,473.24			
				LONG TERM CARE SUPPORT SERVICES DIVISION Total				9,215,544.52	5,582,071.36	3,633,473.24
	4020	LONG TERM CARE SUPPORT SERVICES DIVISION	FEDERAL GRANT FUND - FPR	ADDITIONAL GROSS PAY	-	4,505.26	(4,505.26)			
				CONTINUING FULL TIME	152,086.09	64,316.56	87,769.53			
				CONTINUING FULL TIME - OTHERS	-	219,777.42	(219,777.42)			
				CONTRACTUAL SERVICES - OTHER	205,102.00	2,760.85	202,341.15			
				FRINGE BENEFITS - CURR PERSONNEL	99,661.77	53,699.59	45,962.18			
				GOVERNMENT SUBSIDIES & GRANTS	1,760,051.84	1,871,842.02	(111,790.19)			
				OTHER SERVICES & CHARGES	840.00	840.00	-			
				FEDERAL GRANT FUND - FPR Total	2,217,741.70	2,217,741.70	(0.01)			
				LONG TERM CARE SUPPORT SERVICES DIVISION Total				2,217,741.70	2,217,741.70	(0.01)
				4025	LONG TERM CARE SUPPORT SERVICES DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	167,956.34	159,893.36	8,062.98
	CONTRACTUAL SERVICES - OTHER	6,834,677.40	7,257,948.98				(423,271.65)			
	FRINGE BENEFITS - CURR PERSONNEL	36,782.45	29,972.77				6,809.68			
	OTHER SERVICES & CHARGES	4,349.25	5,195.45				(846.20)			
	OVERTIME PAY	-	2,433.51				(2,433.51)			
	PURCHASES EQUIPMENT & MACHINERY	7,050.41	622.63				6,427.78			
	SUPPLIES & MATERIALS	741.00	-				741.00			
	FEDERAL MEDICAID PAYMENTS Total	7,051,556.85	7,456,066.70				(404,509.92)			
	LONG TERM CARE SUPPORT SERVICES DIVISION Total							7,051,556.85	7,456,066.70	(404,509.92)
	4040	LONG TERM CARE SUPPORT SERVICES DIVISION	PRIVATE GRANT FUND -FPR				CONTRACTUAL SERVICES - OTHER	-	-	-
			PRIVATE GRANT FUND -FPR Total			-	-	-		
LONG TERM CARE SUPPORT SERVICES DIVISION Total					-	-	-			
200L Total					23,242,356.35	19,888,837.84	3,353,518.51			

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget	
Program 300A: DCAS Admsitration								
70507	1010	HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION	LOCAL FUND	CONTINUING FULL TIME	292,361.01	-	292,361.01	
				FRINGE BENEFITS - CURR PERSONNEL	60,721.71	-	60,721.71	
				LOCAL FUND Total	353,082.72	-	353,082.72	
	HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION Total			353,082.72	-	353,082.72		
	4025	HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	294,011.71	-	294,011.71	
				FRINGE BENEFITS - CURR PERSONNEL	61,684.20	-	61,684.20	
				FEDERAL MEDICAID PAYMENTS Total	355,695.91	-	355,695.91	
	HEALTH AND HUMAN SERVICES FUNCTIONAL DIVISION Total			355,695.91	-	355,695.91		
	70155	1010	DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	6,897.05	(6,897.05)
					CONTINUING FULL TIME	481,416.59	455,050.89	26,365.70
CONTRACTUAL SERVICES - OTHER					18,160,240.93	17,234,012.44	926,228.43	
FRINGE BENEFITS - CURR PERSONNEL					105,430.21	117,697.98	(12,267.77)	
OTHER SERVICES & CHARGES					1,539,217.70	1,151,015.18	388,202.57	
PURCHASES EQUIPMENT & MACHINERY					4,387,889.90	4,291,759.44	96,130.46	
LOCAL FUND Total					24,674,195.33	23,256,432.98	1,417,762.34	
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION Total						24,674,195.33	23,256,432.98	1,417,762.34
4025		DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	6,739.40	(6,739.40)	
				CONTINUING FULL TIME	470,412.74	444,649.44	25,763.30	
				CONTRACTUAL SERVICES - OTHER	18,445,858.11	16,724,090.57	1,721,767.40	
				FRINGE BENEFITS - CURR PERSONNEL	103,020.40	114,401.45	(11,381.05)	
				OTHER SERVICES & CHARGES	1,467,902.11	1,126,532.17	341,369.90	
				PURCHASES EQUIPMENT & MACHINERY	5,884,287.64	4,402,252.70	1,482,034.80	
				FEDERAL MEDICAID PAYMENTS Total	26,371,481.00	22,818,665.73	3,552,814.95	
				DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION Total		26,371,481.00	22,818,665.73	3,552,814.95
70154	1010	ORGANIZATIONAL CHANGE DIVISION	LOCAL FUND	CONTINUING FULL TIME	305,810.79	304,805.52	1,005.27	
				CONTINUING FULL TIME - OTHERS	43,015.88	-	43,015.88	
				CONTRACTUAL SERVICES - OTHER	6,376,492.33	5,895,929.52	480,562.86	
				FRINGE BENEFITS - CURR PERSONNEL	76,393.07	65,779.97	10,613.10	
				PURCHASES EQUIPMENT & MACHINERY	132,000.00	85,418.25	46,581.75	
				LOCAL FUND Total	6,933,712.07	6,351,933.26	581,778.86	
				ORGANIZATIONAL CHANGE DIVISION Total		6,933,712.07	6,351,933.26	581,778.86
				4025	ORGANIZATIONAL CHANGE DIVISION	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	298,820.77
	CONTINUING FULL TIME - OTHERS	42,032.66	-				42,032.66	
	CONTRACTUAL SERVICES - OTHER	6,002,174.50	4,711,690.84				1,290,483.44	
	FRINGE BENEFITS - CURR PERSONNEL	74,646.88	63,863.75				10,783.13	
	PURCHASES EQUIPMENT & MACHINERY	126,000.00	-				126,000.00	
	FEDERAL MEDICAID PAYMENTS Total	6,543,674.81	5,073,392.57				1,470,282.02	
	ORGANIZATIONAL CHANGE DIVISION Total		6,543,674.81				5,073,392.57	1,470,282.02

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY24 Total Budget	FY24 Expenditure	FY24 Available Budget
70153	1010	PROJECT MANAGEMENT DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	7,330.67	(7,330.67)
				CONTINUING FULL TIME	459,316.98	635,475.08	(176,158.10)
				CONTINUING FULL TIME - OTHERS	-	8,258.75	(8,258.75)
				CONTRACTUAL SERVICES - OTHER	2,947,479.52	2,457,258.90	490,220.41
				ENERGY COMM & BLDG RENTALS	632,015.66	619,404.34	12,611.25
				FRINGE BENEFITS - CURR PERSONNEL	100,590.43	161,459.90	(60,869.47)
				GOVERNMENT SUBSIDIES & GRANTS	-	-	-
				OTHER SERVICES & CHARGES	-	-	-
				PURCHASES EQUIPMENT & MACHINERY	118,800.00	-	118,800.00
				SUPPLIES & MATERIALS	2,890.30	2,325.55	564.75
				LOCAL FUND Total	4,261,092.89	3,891,513.19	369,579.42
				PROJECT MANAGEMENT DIVISION Total	4,261,092.89	3,891,513.19	369,579.42
	4025	PROJECT MANAGEMENT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	7,163.11	(7,163.11)
				CONTINUING FULL TIME	448,818.27	620,949.93	(172,131.66)
				CONTINUING FULL TIME - OTHERS	-	8,069.93	(8,069.93)
				CONTRACTUAL SERVICES - OTHER	2,909,324.77	2,345,029.77	564,295.46
				ENERGY COMM & BLDG RENTALS	601,037.88	600,974.47	63.37
				FRINGE BENEFITS - CURR PERSONNEL	98,291.21	152,573.56	(54,282.35)
				OTHER SERVICES & CHARGES	6,048.00	-	6,048.00
				PURCHASES EQUIPMENT & MACHINERY	113,400.00	-	113,400.01
				SUPPLIES & MATERIALS	5,768.70	2,106.21	3,662.49
				FEDERAL MEDICAID PAYMENTS Total	4,182,688.83	3,736,866.98	445,822.28
				PROJECT MANAGEMENT DIVISION Total	4,182,688.83	3,736,866.98	445,822.28
70152	1010	DCAS - PROGRAM MANAGEMENT DIVISION	LOCAL FUND	ADDITIONAL GROSS PAY	-	4,711.53	(4,711.53)
				CONTINUING FULL TIME	288,516.95	183,982.63	104,534.32
				CONTINUING FULL TIME - OTHERS	-	8,396.10	(8,396.10)
				CONTRACTUAL SERVICES - OTHER	870,760.00	769,816.83	100,943.13
				FRINGE BENEFITS - CURR PERSONNEL	63,185.18	36,984.69	26,200.49
				LOCAL FUND Total	1,222,462.13	1,003,891.78	218,570.31
				DCAS - PROGRAM MANAGEMENT DIVISION Total	1,222,462.13	1,003,891.78	218,570.31
	4025	DCAS - PROGRAM MANAGEMENT DIVISION	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	4,603.85	(4,603.85)
				CONTINUING FULL TIME	281,922.24	179,777.44	102,144.80
				CONTINUING FULL TIME - OTHERS	-	8,204.11	(8,204.11)
				CONTRACTUAL SERVICES - OTHER	831,180.00	549,688.90	281,491.20
				FRINGE BENEFITS - CURR PERSONNEL	61,740.97	35,992.31	25,748.66
				FEDERAL MEDICAID PAYMENTS Total	1,174,843.21	778,266.61	396,576.70
				DCAS - PROGRAM MANAGEMENT DIVISION Total	1,174,843.21	778,266.61	396,576.70
				300A Total	76,072,928.90	66,910,963.10	9,161,965.51
				Grand Total	220,701,913.36	211,482,405.74	9,219,507.09

Department of Health Care Finance (HT0)
Performance Oversight Hearing Question 5
FY25 Budget vs Expenditure By Program and Fund

Program 1000: Agency Management Program

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
ANALYTIC REPORTING DIVISION	70536	1010	LOCAL FUND	CONTINUING FULL TIME	286,763.13	-	-	53,041.62	233,721.51
				CONTRACTUAL SERVICES - OTHER	363,185.06	-	91,944.44	22,986.09	248,254.53
				FRINGE BENEFITS - CURR PERSONNEL	63,661.41	-	-	13,196.96	50,464.45
				OTHER SERVICES & CHARGES	7,156.10	-	-	-	7,156.10
				SUPPLIES & MATERIALS	893.75	-	889.89	-	3.86
				LOCAL FUND Total	721,659.45	-	92,834.33	89,224.67	539,600.45
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	234,624.38	-	-	43,397.66	191,226.72
				CONTRACTUAL SERVICES - OTHER	297,151.41	-	75,227.27	18,806.79	203,117.35
				FRINGE BENEFITS - CURR PERSONNEL	52,086.63	-	-	10,797.54	41,289.09
				OTHER SERVICES & CHARGES	14,370.75	-	-	-	14,370.75
				SUPPLIES & MATERIALS	731.25	-	728.10	-	3.15
				FEDERAL MEDICAID PAYMENTS Total	598,964.42	-	75,955.37	73,001.99	450,007.06
ANALYTIC REPORTING DIVISION Total					1,320,623.87	-	168,789.70	162,226.66	989,607.51
ANALYTICS AND RESEARCH	70488	1010	LOCAL FUND	CONTINUING FULL TIME	-	-	-	-	-
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
				LOCAL FUND Total	-	-	-	-	-
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	-	-	-	-	-
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
				FEDERAL MEDICAID PAYMENTS Total	-	-	-	-	-
ANALYTICS AND RESEARCH Total					-	-	-	-	-
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS	70489	1010	LOCAL FUND	CONTINUING FULL TIME	363,506.89	-	-	120,824.18	242,682.71
				CONTRACTUAL SERVICES - OTHER	651,528.12	275,000.00	46,507.03	12,754.70	317,266.39
				FRINGE BENEFITS - CURR PERSONNEL	81,138.53	-	-	24,397.78	56,740.75
				OTHER SERVICES & CHARGES	157,687.11	-	1,704.45	(3,021.49)	159,004.15
				PURCHASES EQUIPMENT & MACHINERY	10,065.17	-	-	-	10,065.17
				SUPPLIES & MATERIALS	16,472.14	-	16,318.31	-	153.83
				LOCAL FUND Total	1,280,397.96	275,000.00	64,529.79	154,955.17	785,913.00
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	297,414.70	-	-	98,856.04	198,558.66
				CONTRACTUAL SERVICES - OTHER	533,068.46	-	38,051.21	10,435.66	484,581.59
				FRINGE BENEFITS - CURR PERSONNEL	66,386.07	-	-	19,961.99	46,424.08
				OTHER SERVICES & CHARGES	328,177.65	-	1,394.55	1,614.68	325,168.42
				PURCHASES EQUIPMENT & MACHINERY	6,750.00	-	-	-	6,750.00
				SUPPLIES & MATERIALS	27,005.64	-	13,351.35	-	13,654.29
				FEDERAL MEDICAID PAYMENTS Total	1,258,802.52	-	52,797.11	130,868.37	1,075,137.04
CHIEF OPERATING OFFICER- ADMINISTRATIVE FUNCTIONS Total					2,539,200.48	275,000.00	117,326.90	285,823.54	1,861,050.04

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
COMPLIANCE DIVISION - HT0	70277	1010	LOCAL FUND	CONTRACTUAL SERVICES - OTHER	19,800.00	-	-	-	19,800.00
			LOCAL FUND Total		19,800.00	-	-	-	19,800.00
		4025	FEDERAL MEDICAID PAYMENTS	CONTRACTUAL SERVICES - OTHER	16,200.00	-	-	-	16,200.00
			FEDERAL MEDICAID PAYMENTS Total		16,200.00	-	-	-	16,200.00
COMPLIANCE DIVISION - HT0 Total					36,000.00	-	-	-	36,000.00
CONTRACTS DIVISION	70281	1010	LOCAL FUND	CONTINUING FULL TIME	931,954.43	-	-	182,346.76	749,607.67
				CONTRACTUAL SERVICES - OTHER	5,500.00	-	-	-	5,500.00
				FRINGE BENEFITS - CURR PERSONNEL	204,345.49	-	-	39,631.60	164,713.89
			LOCAL FUND Total		1,141,799.92	-	-	221,978.36	919,821.56
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	762,508.18	-	-	149,192.61	613,315.57
				CONTRACTUAL SERVICES - OTHER	4,500.00	-	-	-	4,500.00
				FRINGE BENEFITS - CURR PERSONNEL	167,191.77	-	-	32,426.50	134,765.27
			FEDERAL MEDICAID PAYMENTS Total		934,199.95	-	-	181,619.11	752,580.84
CONTRACTS DIVISION Total					2,075,999.87	-	-	403,597.47	1,672,402.40
HUMAN RESOURCES DIVISION - HT0	70279	1010	LOCAL FUND	CONTINUING FULL TIME	418,108.73	-	-	91,256.38	326,852.35
				CONTINUING FULL TIME - OTHERS	32,272.35	-	-	8,156.72	24,115.63
				CONTRACTUAL SERVICES - OTHER	285,178.82	-	-	-	285,178.82
				FRINGE BENEFITS - CURR PERSONNEL	97,627.36	-	-	24,187.75	73,439.61
				OTHER SERVICES & CHARGES	-	-	-	(952.17)	952.17
			LOCAL FUND Total		833,187.26	-	-	122,648.68	710,538.58
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	341,673.99	-	-	74,664.26	267,009.73
				CONTINUING FULL TIME - OTHERS	26,404.65	-	-	6,673.71	19,730.94
				CONTRACTUAL SERVICES - OTHER	233,328.12	-	-	-	233,328.12
				FRINGE BENEFITS - CURR PERSONNEL	79,876.94	-	-	19,790.68	60,086.26
				OTHER SERVICES & CHARGES	-	-	-	(779.05)	779.05
			FEDERAL MEDICAID PAYMENTS Total		681,283.70	-	-	100,349.60	580,934.10
HUMAN RESOURCES DIVISION - HT0 Total					1,514,470.96	-	-	222,998.28	1,291,472.68
INFORMATION TECHNOLOGY DIVISION - HT0	70280	1010	LOCAL FUND	CONTINUING FULL TIME	1,003,621.40	-	-	280,493.84	723,127.56
				CONTINUING FULL TIME - OTHERS	-	-	-	9,075.33	(9,075.33)
				CONTRACTUAL SERVICES - OTHER	2,731,401.23	375,514.73	739,117.91	400,875.94	1,215,892.65
				FRINGE BENEFITS - CURR PERSONNEL	228,965.88	-	-	66,880.76	162,085.12
				OTHER SERVICES & CHARGES	163,052.86	-	28,349.89	62,151.95	72,551.02
				PURCHASES EQUIPMENT & MACHINERY	471,773.54	9,597.55	213,188.61	70,842.88	178,144.50
				SUPPLIES & MATERIALS	7,218.75	-	-	-	7,218.75
			LOCAL FUND Total		4,606,033.66	385,112.28	980,656.41	890,320.70	2,349,944.27
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	820,792.57	-	-	229,405.29	591,387.28
				CONTINUING FULL TIME - OTHERS	-	-	-	7,425.31	(7,425.31)
				CONTRACTUAL SERVICES - OTHER	5,885,702.81	504,884.39	1,355,854.86	534,813.20	3,490,150.36
				FRINGE BENEFITS - CURR PERSONNEL	187,256.12	-	-	54,699.99	132,556.13
				OTHER SERVICES & CHARGES	133,406.89	-	23,855.35	85,065.33	24,486.21
				PURCHASES EQUIPMENT & MACHINERY	637,213.57	7,852.54	174,427.03	57,962.36	396,971.64
				SUPPLIES & MATERIALS	23,625.00	-	-	-	23,625.00
			FEDERAL MEDICAID PAYMENTS Total		7,687,996.96	512,736.93	1,554,137.24	969,371.48	4,651,751.31
INFORMATION TECHNOLOGY DIVISION - HT0									
Total					12,294,030.62	897,849.21	2,534,793.65	1,859,692.18	7,001,695.58

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
INVESTIGATION AND COMPLIANCE DIVISION	70156	1010	LOCAL FUND	CONTINUING FULL TIME	460,186.58	-	-	115,975.31	344,211.27
				CONTRACTUAL SERVICES - OTHER	46,282.50	45,457.50	825.00	-	-
				FRINGE BENEFITS - CURR PERSONNEL	88,961.41	-	-	20,087.15	68,874.26
			LOCAL FUND Total		595,430.49	45,457.50	825.00	136,062.46	413,085.53
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	376,516.29	-	-	94,888.95	281,627.34
				CONTRACTUAL SERVICES - OTHER	37,867.50	37,192.50	675.00	-	-
				FRINGE BENEFITS - CURR PERSONNEL	72,786.62	-	-	16,434.89	56,351.73
			FEDERAL MEDICAID PAYMENTS Total		487,170.41	37,192.50	675.00	111,323.84	337,979.07
INVESTIGATION AND COMPLIANCE DIVISION Total					1,082,600.90	82,650.00	1,500.00	247,386.30	751,064.60
OFFICE OF CHIEF MEDICAL OFFICER	70528	1010	LOCAL FUND	CONTINUING FULL TIME	379,779.32	-	-	92,330.03	287,449.29
				CONTRACTUAL SERVICES - OTHER	-	-	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	84,311.02	-	-	19,023.55	65,287.47
			LOCAL FUND Total		464,090.34	-	-	111,353.58	352,736.76
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	778,705.08	-	-	200,202.18	578,502.90
				CONTRACTUAL SERVICES - OTHER	-	-	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	172,872.54	-	-	39,350.97	133,521.57
			FEDERAL MEDICAID PAYMENTS Total		951,577.62	-	-	239,553.15	712,024.47
OFFICE OF CHIEF MEDICAL OFFICER Total					1,415,667.96	-	-	350,906.73	1,064,761.23
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS	70539	1010	LOCAL FUND	CONTINUING FULL TIME	659,839.10	-	-	175,711.68	484,127.42
				CONTINUING FULL TIME - OTHERS	99,885.50	-	-	25,245.91	74,639.59
				FRINGE BENEFITS - CURR PERSONNEL	168,658.86	-	-	59,609.91	109,048.95
			LOCAL FUND Total		928,383.46	-	-	260,567.50	667,815.96
		1011	DEDICATED TAXES	CONTINUING FULL TIME	127,682.74	-	-	34,500.38	93,182.36
				FRINGE BENEFITS - CURR PERSONNEL	28,345.57	-	-	6,089.73	22,255.84
			DEDICATED TAXES Total		156,028.31	-	-	40,590.11	115,438.20
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	644,336.04	-	-	171,991.29	472,344.75
				CONTINUING FULL TIME - OTHERS	81,724.50	-	-	20,655.63	61,068.87
				FRINGE BENEFITS - CURR PERSONNEL	161,185.44	-	-	53,753.60	107,431.84
			FEDERAL MEDICAID PAYMENTS Total		887,245.98	-	-	246,400.52	640,845.46
OFFICE OF RATES REIMBURSEMENT AND FINANCIAL ANALYSIS Total					1,971,657.75	-	-	547,558.13	1,424,099.62

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
OFFICE OF THE DEPUTY DIRECTOR, FINANCE	70283	1010	LOCAL FUND	CONTINUING FULL TIME	-	-	-	-	-
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	-	-	8,233.99	(58,847.19)	50,613.20
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
			LOCAL FUND Total		-	-	8,233.99	(58,847.19)	50,613.20
		1011	DEDICATED TAXES	CONTINUING FULL TIME	-	-	-	-	-
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
		DEDICATED TAXES Total		-	-	-	-	-	
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	-	-	-	-	-
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	-	-	6,736.82	(6,736.82)	-
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
			FEDERAL MEDICAID PAYMENTS Total		-	-	6,736.82	(6,736.82)	-
OFFICE OF THE DEPUTY DIRECTOR, FINANCE Total					-	-	14,970.81	(65,584.01)	50,613.20
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE	70275	1010	LOCAL FUND	CONTINUING FULL TIME	480,208.25	-	-	92,757.83	387,450.42
				CONTINUING FULL TIME - OTHERS	118,173.60	-	-	35,733.60	82,440.00
				CONTRACTUAL SERVICES - OTHER	44,877.25	-	12,816.65	-	32,060.60
				FRINGE BENEFITS - CURR PERSONNEL	134,246.51	-	-	22,836.08	111,410.43
				OTHER SERVICES & CHARGES	11,852.49	-	-	1,974.61	9,877.88
				PURCHASES EQUIPMENT & MACHINERY	2,750.00	-	-	-	2,750.00
				SUPPLIES & MATERIALS	2,756.89	-	-	-	2,756.89
			LOCAL FUND Total		794,864.99	-	12,816.65	153,302.12	628,746.22
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	392,897.67	-	-	75,892.79	317,004.88
				CONTINUING FULL TIME - OTHERS	96,687.49	-	-	29,236.56	67,450.93
				CONTRACTUAL SERVICES - OTHER	36,717.75	-	-	-	36,717.75
				FRINGE BENEFITS - CURR PERSONNEL	109,838.09	-	-	18,683.97	91,154.12
				OTHER SERVICES & CHARGES	9,697.60	-	-	1,615.60	8,082.00
				PURCHASES EQUIPMENT & MACHINERY	2,250.00	-	-	-	2,250.00
				SUPPLIES & MATERIALS	2,255.64	-	-	-	2,255.64
			FEDERAL MEDICAID PAYMENTS Total		650,344.24	-	-	125,428.92	524,915.32
OFFICE OF THE DIRECTOR'S ADMINISTRATIVE OFFICE Total					1,445,209.23	-	12,816.65	278,731.04	1,153,661.54

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
OFFICE OF THE GENERAL COUNSEL - HT0	70282	1010	LOCAL FUND	CONTINUING FULL TIME	595,089.77	-	-	112,314.63	482,775.14
				FRINGE BENEFITS - CURR PERSONNEL	132,109.94	-	-	24,856.28	107,253.66
				OTHER SERVICES & CHARGES	4,675.00	-	-	-	4,675.00
				PURCHASES EQUIPMENT & MACHINERY	1,375.00	-	-	938.67	436.33
				LOCAL FUND Total	733,249.71	-	-	138,109.58	595,140.13
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	522,215.52	-	-	103,936.37	418,279.15
				CONTINUING FULL TIME - OTHERS	74,991.48	-	-	13,740.90	61,250.58
				FRINGE BENEFITS - CURR PERSONNEL	131,035.55	-	-	24,776.51	106,259.04
				OTHER SERVICES & CHARGES	7,467.00	-	-	-	7,467.00
				PURCHASES EQUIPMENT & MACHINERY	1,125.00	-	-	768.00	357.00
				SUPPLIES & MATERIALS	675.00	-	-	-	675.00
				FEDERAL MEDICAID PAYMENTS Total	737,509.55	-	-	143,221.78	594,287.77
				OFFICE OF THE GENERAL COUNSEL - HT0 Total				1,470,759.26	-
OFFICE OF THE OMBUDSMAN - HT0	70274	1010	LOCAL FUND	PURCHASES EQUIPMENT & MACHINERY	2,062.50	-	-	-	2,062.50
				LOCAL FUND Total	2,062.50	-	-	-	2,062.50
		1060	SPECIAL PURPOSE REVENUE FUNDS	ADDITIONAL GROSS PAY	-	-	-	1,173.75	(1,173.75)
				CONTINUING FULL TIME	1,264,330.38	-	-	270,480.32	993,850.06
				CONTINUING FULL TIME - OTHERS	37,163.50	-	-	19,163.67	17,999.83
				CONTRACTUAL SERVICES - OTHER	937,390.30	125,317.98	351,547.14	19,142.86	441,382.32
				FRINGE BENEFITS - CURR PERSONNEL	288,931.62	-	-	62,088.12	226,843.50
				OTHER SERVICES & CHARGES	46,667.24	-	-	-	46,667.24
				SUPPLIES & MATERIALS	16,225.00	-	-	1,690.54	14,534.46
				SPECIAL PURPOSE REVENUE FUNDS Total	2,590,708.04	125,317.98	351,547.14	373,739.26	1,740,103.66
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	960.34	(960.34)
				CONTINUING FULL TIME	1,233,434.50	-	-	261,987.29	971,447.21
				CONTINUING FULL TIME - OTHERS	30,406.50	-	-	15,679.43	14,727.07
				CONTRACTUAL SERVICES - OTHER	766,955.70	102,532.90	287,629.50	15,662.32	361,130.98
				FRINGE BENEFITS - CURR PERSONNEL	280,572.70	-	-	59,229.92	221,342.78
				OTHER SERVICES & CHARGES	38,182.29	-	-	-	38,182.29
				PURCHASES EQUIPMENT & MACHINERY	1,687.50	-	-	-	1,687.50
				SUPPLIES & MATERIALS	13,275.00	-	-	1,383.17	11,891.83
				FEDERAL MEDICAID PAYMENTS Total	2,364,514.19	102,532.90	287,629.50	354,902.47	1,619,449.32
				OFFICE OF THE OMBUDSMAN - HT0 Total				4,957,284.73	227,850.88

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
PROGRAM INTEGRITY SUPPORT DIVISION	70158	1010	LOCAL FUND	CONTINUING FULL TIME	733,163.23	-	-	163,357.00	569,806.23
				FRINGE BENEFITS - CURR PERSONNEL	162,762.24	-	-	35,421.70	127,340.54
				OTHER SERVICES & CHARGES	14,493.90	-	-	2,025.97	12,467.93
				PURCHASES EQUIPMENT & MACHINERY	4,950.00	-	-	783.22	4,166.78
				SUPPLIES & MATERIALS	1,335.37	-	1,333.48	-	1.89
				LOCAL FUND Total	916,704.74	-	1,333.48	201,587.89	713,783.37
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	599,860.83	-	-	133,655.79	466,205.04
				FRINGE BENEFITS - CURR PERSONNEL	133,169.10	-	-	28,982.08	104,187.02
				OTHER SERVICES & CHARGES	25,249.95	-	-	1,657.60	23,592.35
				PURCHASES EQUIPMENT & MACHINERY	4,050.00	-	-	640.81	3,409.19
				SUPPLIES & MATERIALS	1,092.57	-	1,091.03	-	1.54
				FEDERAL MEDICAID PAYMENTS Total	763,422.45	-	1,091.03	164,936.28	597,395.14
				PROGRAM INTEGRITY SUPPORT DIVISION Total				1,680,127.19	-
RESEARCH AND DEVELOPMENT DIVISION	70537	1010	LOCAL FUND	CONTINUING FULL TIME	341,226.55	-	-	61,793.41	279,433.14
				CONTINUING FULL TIME - OTHERS	-	-	-	8,338.32	(8,338.32)
				FRINGE BENEFITS - CURR PERSONNEL	76,042.29	-	-	11,685.75	64,356.54
				LOCAL FUND Total	417,268.84	-	-	81,817.48	335,451.36
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	226,004.24	-	-	50,558.25	175,445.99
				CONTINUING FULL TIME - OTHERS	-	-	-	6,822.32	(6,822.32)
				FRINGE BENEFITS - CURR PERSONNEL	50,941.88	-	-	9,561.25	41,380.63
				FEDERAL MEDICAID PAYMENTS Total	276,946.12	-	-	66,941.82	210,004.30
				RESEARCH AND DEVELOPMENT DIVISION Total				694,214.96	-

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
SENIOR DEPUTY DIRECTOR FINANCE ADMINISTRATIVE FUNCTIONS	70538	1010	LOCAL FUND	CONTINUING FULL TIME	353,646.86	-	-	49,848.79	303,798.07
				CONTRACTUAL SERVICES - OTHER	1,832,025.80	-	735,260.90	177,587.89	919,177.01
				FRINGE BENEFITS - CURR PERSONNEL	78,509.61	-	-	11,778.04	66,731.57
				OTHER SERVICES & CHARGES	66,447.01	-	-	467.68	65,979.33
				PURCHASES EQUIPMENT & MACHINERY	2,750.00	-	-	1,929.54	820.46
				SUPPLIES & MATERIALS	2,756.89	-	2,755.05	-	1.84
				LOCAL FUND Total	2,336,136.17	-	738,015.95	241,611.94	1,356,508.28
		1011	DEDICATED TAXES	CONTINUING FULL TIME	56,595.37	-	-	14,181.63	42,413.74
				FRINGE BENEFITS - CURR PERSONNEL	12,564.17	-	-	2,904.23	9,659.94
		DEDICATED TAXES Total	69,159.54	-	-	17,085.86	52,073.68		
		1060	SPECIAL PURPOSE REVENUE FUNDS	CONTINUING FULL TIME - OTHERS	18,581.75	-	-	2,230.95	16,350.80
				FRINGE BENEFITS - CURR PERSONNEL	4,125.15	-	-	170.72	3,954.43
		SPECIAL PURPOSE REVENUE FUNDS Total	22,706.90	-	-	2,401.67	20,305.23		
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	335,652.74	-	-	52,388.53	283,264.21
				CONTINUING FULL TIME - OTHERS	15,203.25	-	-	1,825.31	13,377.94
				CONTRACTUAL SERVICES - OTHER	1,498,930.20	-	612,063.41	145,299.23	741,567.56
				FRINGE BENEFITS - CURR PERSONNEL	77,890.03	-	-	12,152.65	65,737.38
				OTHER SERVICES & CHARGES	63,000.00	-	-	382.65	62,617.35
				PURCHASES EQUIPMENT & MACHINERY	2,250.00	-	-	1,578.71	671.29
				SUPPLIES & MATERIALS	2,255.64	-	2,254.13	-	1.51
				FEDERAL MEDICAID PAYMENTS Total	1,995,181.86	-	614,317.54	213,627.08	1,167,237.24
SENIOR DEPUTY DIRECTOR FINANCE ADMINISTRATIVE FUNCTIONS Total					4,423,184.47	-	1,352,333.49	474,726.55	2,596,124.43
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMINISTRATIVE FUNCTIONS	70530	1010	LOCAL FUND	CONTINUING FULL TIME	392,961.15	-	-	79,412.73	313,548.42
				CONTINUING FULL TIME - OTHERS	24,672.45	-	-	-	24,672.45
				CONTRACTUAL SERVICES - OTHER	241,117.98	-	-	-	241,117.98
				FRINGE BENEFITS - CURR PERSONNEL	92,714.65	-	-	19,297.79	73,416.86
				OTHER SERVICES & CHARGES	10,599.22	-	-	566.50	10,032.72
				PURCHASES EQUIPMENT & MACHINERY	2,750.00	-	-	-	2,750.00
				SUPPLIES & MATERIALS	2,756.89	-	2,756.28	-	0.61
			LOCAL FUND Total	767,572.34	-	2,756.28	99,277.02	665,539.04	
		1060	SPECIAL PURPOSE REVENUE FUNDS	CONTRACTUAL SERVICES - OTHER	600,000.09	-	-	-	600,000.09
				SPECIAL PURPOSE REVENUE FUNDS Total	600,000.09	-	-	-	600,000.09
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	321,513.68	-	-	64,973.98	256,539.70
				CONTINUING FULL TIME - OTHERS	20,186.55	-	-	-	20,186.55
				CONTRACTUAL SERVICES - OTHER	885,465.78	-	-	-	885,465.78
				FRINGE BENEFITS - CURR PERSONNEL	75,857.45	-	-	15,788.96	60,068.49
				OTHER SERVICES & CHARGES	17,421.55	-	-	463.50	16,958.05
				PURCHASES EQUIPMENT & MACHINERY	2,250.00	-	-	-	2,250.00
				SUPPLIES & MATERIALS	2,255.64	-	2,255.15	-	0.49
				FEDERAL MEDICAID PAYMENTS Total	1,324,950.65	-	2,255.15	81,226.44	1,241,469.06
SENIOR DEPUTY DIRECTOR MEDICAID DIRECTOR DASH ADMINISTRATIVE FUNCTIONS Total					2,692,523.08	-	5,011.43	180,503.46	2,507,008.19

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget				
SUPPORT SERVICES DIVISION - HT0	70278	1010	LOCAL FUND	CONTINUING FULL TIME	211,294.27	-	-	41,875.04	169,419.23				
				CONTINUING FULL TIME - OTHERS	36,302.57	-	-	8,156.73	28,145.84				
				CONTRACTUAL SERVICES - OTHER	1,046,212.75	27,280.00	544,207.95	184,453.88	290,270.92				
				ENERGY COMM & BLDG RENTALS	702,932.83	-	281,000.00	81,997.90	339,934.93				
				FRINGE BENEFITS - CURR PERSONNEL	54,966.51	-	-	9,473.28	45,493.23				
				OTHER SERVICES & CHARGES	89,056.13	-	-	82,863.48	6,192.65				
				SECURITY SERVICES	67,451.66	27,713.45	-	-	39,738.21				
				LOCAL FUND Total	2,208,216.72	54,993.45	825,207.95	408,820.31	919,195.01				
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	136,701.57	-	-	34,261.48	102,440.09				
				CONTINUING FULL TIME - OTHERS	29,702.11	-	-	6,673.70	23,028.41				
				CONTRACTUAL SERVICES - OTHER	855,992.25	22,320.00	419,706.01	196,706.66	217,259.58				
				ENERGY COMM & BLDG RENTALS	575,126.86	-	168,656.19	8,139.92	398,330.75				
				FRINGE BENEFITS - CURR PERSONNEL	34,781.13	-	-	7,751.39	27,029.74				
				OTHER SERVICES & CHARGES	82,775.57	-	-	77,708.85	5,066.72				
				SECURITY SERVICES	55,187.72	1,547.80	46,413.72	-	7,226.20				
				FEDERAL MEDICAID PAYMENTS Total	1,770,267.21	23,867.80	634,775.92	331,242.00	780,381.49				
SUPPORT SERVICES DIVISION - HT0 Total					3,978,483.93	78,861.25	1,459,983.87	740,062.31	1,699,576.50				
SURVEILLANCE AND UTILIZATION DIVISION	70157	1010	LOCAL FUND	CONTINUING FULL TIME	471,342.70	-	-	110,832.36	360,510.34				
				CONTINUING FULL TIME - OTHERS	195,414.48	-	-	37,331.70	158,082.78				
				CONTRACTUAL SERVICES - OTHER	56,625.00	15,812.50	15,812.50	-	25,000.00				
				FRINGE BENEFITS - CURR PERSONNEL	148,020.10	-	-	41,402.96	106,617.14				
				LOCAL FUND Total	871,402.28	15,812.50	15,812.50	189,567.02	650,210.26				
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	674,226.57	-	-	151,925.50	522,301.07				
				CONTINUING FULL TIME - OTHERS	159,884.59	-	-	30,544.06	129,340.53				
				CONTRACTUAL SERVICES - OTHER	100,875.00	12,937.50	12,937.50	-	75,000.00				
				FRINGE BENEFITS - CURR PERSONNEL	185,172.67	-	-	50,352.29	134,820.38				
				FEDERAL MEDICAID PAYMENTS Total	1,120,158.83	12,937.50	12,937.50	232,821.85	861,461.98				
				SURVEILLANCE AND UTILIZATION DIVISION									
				Total					1,991,561.11	28,750.00	28,750.00	422,388.87	1,511,672.24
1000 Total					47,583,600.37	1,590,961.34	6,337,877.65	7,636,274.07	32,018,487.31				

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
Program 2000: Health Care Delivery Management									
DIVISION OF CHILDREN'S HEALTH SERVICES	70163	1010	LOCAL FUND	CONTINUING FULL TIME	263,723.11	-	-	67,908.32	195,814.79
				CONTRACTUAL SERVICES - OTHER	192,754.07	-	114,475.62	2,993.25	75,285.20
				FRINGE BENEFITS - CURR PERSONNEL	58,546.53	-	-	14,091.71	44,454.82
			LOCAL FUND Total		515,023.71	-	114,475.62	84,993.28	315,554.81
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	374,847.36	-	-	65,432.02	309,415.34
				CONTINUING FULL TIME - OTHERS	110,622.64	-	-	47,825.26	62,797.38
				CONTRACTUAL SERVICES - OTHER	433,880.55	-	190,092.04	8,979.75	234,808.76
				FRINGE BENEFITS - CURR PERSONNEL	279,032.28	-	-	24,635.66	254,396.62
				OTHER SERVICES & CHARGES	69,095.87	-	-	4,709.20	64,386.67
				OVERTIME PAY	-	-	-	480.55	(480.55)
				SUPPLIES & MATERIALS	10,000.00	-	-	-	10,000.00
			FEDERAL MEDICAID PAYMENTS Total		1,277,478.70	-	190,092.04	152,062.44	935,324.22
DIVISION OF CHILDREN'S HEALTH SERVICES Total					1,792,502.41	-	304,567.66	237,055.72	1,250,879.03
DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES	70161	1010	LOCAL FUND	CONTINUING FULL TIME	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	2,711,959.85	1,577,340.21	357,915.88	(36,095.58)	812,799.34
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
			LOCAL FUND Total		2,711,959.85	1,577,340.21	357,915.88	(36,095.58)	812,799.34
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	6,853,560.88	3,763,226.41	969,239.06	(317,303.64)	2,438,399.05
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	-	-
			FEDERAL MEDICAID PAYMENTS Total		6,853,560.88	3,763,226.41	969,239.06	(317,303.64)	2,438,399.05
DIVISION OF CLINICIANS, PHARMACY, & ACUTE PROVIDER SERVICES Total					9,565,520.73	5,340,566.62	1,327,154.94	(353,399.22)	3,251,198.39
DIVISION OF MANAGED CARE	70160	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	-	-
				CONTINUING FULL TIME	470,805.62	-	-	116,115.09	354,690.53
				CONTRACTUAL SERVICES - OTHER	4,560,443.16	-	2,815,776.80	50,184.44	1,694,481.92
				FRINGE BENEFITS - CURR PERSONNEL	104,648.85	-	-	26,409.03	78,239.82
			LOCAL FUND Total		5,135,897.63	-	2,815,776.80	192,708.56	2,127,412.27
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	-	-
				CONTINUING FULL TIME	387,204.61	-	-	95,003.17	292,201.44
				CONTRACTUAL SERVICES - OTHER	3,976,726.22	-	2,303,817.37	41,059.99	1,631,848.86
				FRINGE BENEFITS - CURR PERSONNEL	85,621.80	-	-	21,607.05	64,014.75
			FEDERAL MEDICAID PAYMENTS Total		4,449,552.63	-	2,303,817.37	157,670.21	1,988,065.05
DIVISION OF MANAGED CARE Total					9,585,450.26	-	5,119,594.17	350,378.77	4,115,477.32

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget				
DIVISION OF QUALITY AND HEALTH OUTCOMES	70162	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	301.13	(301.13)				
				CONTINUING FULL TIME	485,804.27	-	-	30,769.64	455,034.63				
				CONTRACTUAL SERVICES - OTHER	467,259.50	-	339,727.05	82,925.52	44,606.93				
				FRINGE BENEFITS - CURR PERSONNEL	107,848.55	-	-	6,774.84	101,073.71				
				LOCAL FUND Total	1,060,912.32	-	339,727.05	120,771.13	600,414.14				
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	246.37	(246.37)				
				CONTINUING FULL TIME	397,476.23	-	-	25,175.02	372,301.21				
				CONTRACTUAL SERVICES - OTHER	1,401,778.50	-	1,019,181.18	248,776.48	133,820.84				
				FRINGE BENEFITS - CURR PERSONNEL	88,239.73	-	-	5,543.16	82,696.57				
				FEDERAL MEDICAID PAYMENTS Total	1,887,494.46	-	1,019,181.18	279,741.03	588,572.25				
DIVISION OF QUALITY AND HEALTH OUTCOMES Total					2,948,406.78	-	1,358,908.23	400,512.16	1,188,986.39				
HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION	70159	1010	LOCAL FUND	CONTINUING FULL TIME	649,737.10	-	-	121,904.43	527,832.67				
				FRINGE BENEFITS - CURR PERSONNEL	128,841.64	-	-	29,355.74	99,485.90				
				OTHER SERVICES & CHARGES	12,006.66	-	-	3,629.13	8,377.53				
				PURCHASES EQUIPMENT & MACHINERY	1,402.51	-	-	-	1,402.51				
				SUPPLIES & MATERIALS	877.86	-	812.40	-	65.46				
				LOCAL FUND Total	792,865.77	-	812.40	154,889.30	637,164.07				
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	531,603.08	-	-	99,739.91	431,863.17				
				FRINGE BENEFITS - CURR PERSONNEL	105,415.88	-	-	24,018.41	81,397.47				
				OTHER SERVICES & CHARGES	11,747.03	-	-	2,969.32	8,777.71				
				PURCHASES EQUIPMENT & MACHINERY	1,147.50	-	-	-	1,147.50				
				SUPPLIES & MATERIALS	718.25	-	664.69	-	53.56				
				FEDERAL MEDICAID PAYMENTS Total	650,631.74	-	664.69	126,727.64	523,239.41				
				HEALTH CARE DELIVERY MGT SUPPORT SERVICES DIVISION Total					1,443,497.51	-	1,477.09	281,616.94	1,160,403.48
				2000 Total					25,335,377.69	5,340,566.62	8,111,702.09	916,164.37	10,966,944.61
Program 3000: Health Care Policy and Research													
DIVISION OF ELIGIBILITY POLICY	70266	1010	LOCAL FUND	CONTINUING FULL TIME	437,415.63	-	-	79,873.57	357,542.06				
				CONTRACTUAL SERVICES - OTHER	642,811.95	-	170,719.03	70,875.38	401,217.54				
				FRINGE BENEFITS - CURR PERSONNEL	70,706.27	-	-	22,491.98	48,214.29				
				LOCAL FUND Total	1,150,933.85	-	170,719.03	173,240.93	806,973.89				
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	357,885.52	-	-	65,350.92	292,534.60				
				CONTRACTUAL SERVICES - OTHER	525,937.05	-	139,679.22	57,988.93	328,268.90				
				FRINGE BENEFITS - CURR PERSONNEL	57,850.58	-	-	18,402.54	39,448.04				
				FEDERAL MEDICAID PAYMENTS Total	941,673.15	-	139,679.22	141,742.39	660,251.54				
DIVISION OF ELIGIBILITY POLICY Total					2,092,607.00	-	310,398.25	314,983.32	1,467,225.43				

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
DIVISION OF REGULATIONS & POLICY MANAGEMENT	70264	1010	LOCAL FUND	CONTINUING FULL TIME	380,003.35	-	-	72,611.31	307,392.04
				CONTINUING FULL TIME - OTHERS	71,889.69	-	-	18,616.37	53,273.32
				FRINGE BENEFITS - CURR PERSONNEL	100,320.25	-	-	22,883.35	77,436.90
				LOCAL FUND Total	552,213.29	-	-	114,111.03	438,102.26
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	310,911.84	-	-	59,409.22	251,502.62
				CONTINUING FULL TIME - OTHERS	58,818.84	-	-	15,231.48	43,587.36
				FRINGE BENEFITS - CURR PERSONNEL	82,080.20	-	-	18,723.01	63,357.19
				FEDERAL MEDICAID PAYMENTS Total	451,810.88	-	-	93,363.71	358,447.17
DIVISION OF REGULATIONS & POLICY MANAGEMENT Total					1,004,024.17	-	-	207,474.74	796,549.43
ELIGIBILITY DETERMINATION	70534	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	12,388.88	(12,388.88)
				CONTINUING FULL TIME	699,681.99	-	-	220,894.60	478,787.39
				CONTINUING FULL TIME - OTHERS	-	-	-	8,318.88	(8,318.88)
				FRINGE BENEFITS - CURR PERSONNEL	202,178.76	-	-	59,594.69	142,584.07
				OVERTIME PAY	-	-	-	23,477.05	(23,477.05)
				LOCAL FUND Total	901,860.75	-	-	324,674.10	577,186.65
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	10,136.36	(10,136.36)
				CONTINUING FULL TIME	661,824.45	-	-	180,732.16	481,092.29
				CONTINUING FULL TIME - OTHERS	-	-	-	6,806.29	(6,806.29)
				FRINGE BENEFITS - CURR PERSONNEL	186,885.07	-	-	48,759.33	138,125.74
				OVERTIME PAY	-	-	-	19,208.32	(19,208.32)
				FEDERAL MEDICAID PAYMENTS Total	848,709.52	-	-	265,642.46	583,067.06
				ELIGIBILITY DETERMINATION Total	1,750,570.27	-	-	590,316.56	1,160,253.71
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION	70263	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	-	-
				CONTINUING FULL TIME	208,867.77	-	-	54,838.33	154,029.44
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	483,805.00	96,125.48	90,081.40	(38,376.98)	335,975.10
				FRINGE BENEFITS - CURR PERSONNEL	46,368.65	-	-	10,247.31	36,121.34
				OTHER SERVICES & CHARGES	27,140.57	-	-	7,415.10	19,725.47
				OVERTIME PAY	-	-	-	-	-
				PURCHASES EQUIPMENT & MACHINERY	3,987.84	-	-	-	3,987.84
				SUPPLIES & MATERIALS	572.00	-	-	-	572.00
				LOCAL FUND Total	770,741.83	96,125.48	90,081.40	34,123.76	550,411.19
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	-	-
				CONTINUING FULL TIME	170,891.81	-	-	44,867.64	126,024.17
				CONTINUING FULL TIME - OTHERS	-	-	-	-	-
				CONTRACTUAL SERVICES - OTHER	599,404.09	78,648.12	73,702.99	(72,810.16)	519,863.14
				FRINGE BENEFITS - CURR PERSONNEL	37,937.99	-	-	8,384.57	29,553.42
				OTHER SERVICES & CHARGES	22,205.92	-	-	6,066.90	16,139.02
				OVERTIME PAY	-	-	-	-	-
				PURCHASES EQUIPMENT & MACHINERY	3,262.78	-	-	-	3,262.78
				SUPPLIES & MATERIALS	468.00	-	-	-	468.00
				FEDERAL MEDICAID PAYMENTS Total	834,170.59	78,648.12	73,702.99	(13,491.05)	695,310.53
HEALTH CARE POLICY & RESEARCH SUPPORT SERVICES DIVISION Total					1,604,912.42	174,773.60	163,784.39	20,632.71	1,245,721.72
3000 Total					6,452,113.86	174,773.60	474,182.64	1,133,407.33	4,669,750.29

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget		
Program 6000: Health Care Operations Adminsitrations											
DIVISION OF CLAIMS MANAGEMENT	70261	1010	LOCAL FUND	CONTINUING FULL TIME	433,920.07	-	-	125,711.26	308,208.81		
				CONTRACTUAL SERVICES - OTHER	13,203,586.67	92,166.92	8,431,753.08	(2,283,632.20)	6,963,298.87		
				FRINGE BENEFITS - CURR PERSONNEL	96,450.26	-	-	31,850.82	64,599.44		
			LOCAL FUND Total		13,733,957.00	92,166.92	8,431,753.08	(2,126,070.12)	7,336,107.12		
			1060	SPECIAL PURPOSE REVENUE FUNDS	CONTINUING FULL TIME	287,639.63	-	-	61,584.09	226,055.54	
					CONTRACTUAL SERVICES - OTHER	2,340,601.63	-	1,057,755.50	-	1,282,846.13	
		FRINGE BENEFITS - CURR PERSONNEL			63,855.99	-	-	12,626.56	51,229.43		
		SPECIAL PURPOSE REVENUE FUNDS Total		2,692,097.25	-	1,057,755.50	74,210.65	1,560,131.10			
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	732,685.66	-	-	188,684.29	544,001.37		
				CONTRACTUAL SERVICES - OTHER	42,400,727.42	276,500.75	24,545,113.70	5,287,312.05	12,291,800.92		
				FRINGE BENEFITS - CURR PERSONNEL	162,754.40	-	-	43,268.78	119,485.62		
			FEDERAL MEDICAID PAYMENTS Total		43,296,167.48	276,500.75	24,545,113.70	5,519,265.12	12,955,287.91		
DIVISION OF CLAIMS MANAGEMENT Total					59,722,221.73	368,667.67	34,034,622.28	3,467,405.65	21,851,526.13		
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES	70262	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	372.31	(372.31)		
				CONTINUING FULL TIME	600,387.27	-	-	123,581.25	476,806.02		
				CONTRACTUAL SERVICES - OTHER	1,281,859.15	-	1,049,346.10	-	232,513.05		
			FRINGE BENEFITS - CURR PERSONNEL	133,285.97	-	-	28,924.88	104,361.09			
			LOCAL FUND Total		2,015,532.39	-	1,049,346.10	152,878.44	813,307.85		
			4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	304.61	(304.61)	
		CONTINUING FULL TIME			491,225.94	-	-	101,111.80	390,114.14		
		CONTRACTUAL SERVICES - OTHER			1,048,793.85	-	858,555.90	-	190,237.95		
		FRINGE BENEFITS - CURR PERSONNEL		109,052.16	-	-	23,665.67	85,386.49			
		FEDERAL MEDICAID PAYMENTS Total		1,649,071.95	-	858,555.90	125,082.08	665,433.97			
		DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES Total					3,664,604.34	-	1,907,902.00	277,960.52	1,478,741.82
		HEALTH CARE OPERATIONS SUPPORT OFFICE	70260	1010	LOCAL FUND	CONTINUING FULL TIME	201,026.73	-	-	53,311.40	147,715.33
FRINGE BENEFITS - CURR PERSONNEL	44,627.94					-	-	7,499.20	37,128.74		
OTHER SERVICES & CHARGES	1,925.00					-	-	-	1,925.00		
PURCHASES EQUIPMENT & MACHINERY	1,650.00				-	-	-	1,650.00			
SUPPLIES & MATERIALS	715.00				-	713.05	-	1.95			
LOCAL FUND Total					249,944.67	-	713.05	60,810.60	188,421.02		
4025	FEDERAL MEDICAID PAYMENTS			CONTINUING FULL TIME	164,476.42	-	-	43,618.55	120,857.87		
				FRINGE BENEFITS - CURR PERSONNEL	36,513.77	-	-	6,135.94	30,377.83		
				OTHER SERVICES & CHARGES	1,575.00	-	-	-	1,575.00		
	PURCHASES EQUIPMENT & MACHINERY			1,350.00	-	-	-	1,350.00			
	SUPPLIES & MATERIALS			585.00	-	583.39	-	1.61			
	FEDERAL MEDICAID PAYMENTS Total			204,500.19	-	583.39	49,754.49	154,162.31			
HEALTH CARE OPERATIONS SUPPORT OFFICE Total					454,444.86	-	1,296.44	110,565.09	342,583.33		
6000 Total					63,841,270.93	368,667.67	35,943,820.72	3,855,931.26	23,672,851.28		

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
Program 8000: Health Care Reform and Innovation Administration									
AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	70267	1010	LOCAL FUND	CONTRACTUAL SERVICES - OTHER	937,116.95	-	669,190.81	213,818.49	54,107.65
				GOVERNMENT SUBSIDIES & GRANTS	2,769,177.00	-	5,516.02	-	2,763,660.98
			LOCAL FUND Total		3,706,293.95	-	674,706.83	213,818.49	2,817,768.63
		1011	DEDICATED TAXES	CONTINUING FULL TIME	221,535.20	-	-	56,891.38	164,643.82
				FRINGE BENEFITS - CURR PERSONNEL	49,180.82	-	-	11,979.01	37,201.81
				OVERTIME PAY	-	-	-	551.58	(551.58)
		DEDICATED TAXES Total		270,716.02	-	-	69,421.97	201,294.05	
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	181,256.07	-	-	46,547.41	134,708.66
				CONTRACTUAL SERVICES - OTHER	946,732.05	-	553,819.75	178,092.41	214,819.89
				FRINGE BENEFITS - CURR PERSONNEL	40,238.85	-	-	9,800.89	30,437.96
				GOVERNMENT SUBSIDIES & GRANTS	1,106,414.00	-	-	-	1,106,414.00
				OVERTIME PAY	-	-	-	451.29	(451.29)
			FEDERAL MEDICAID PAYMENTS Total		2,274,640.97	-	553,819.75	234,892.00	1,485,929.22
AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION Total				6,251,650.94	-	1,228,526.58	518,132.46	4,504,991.90	
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	70269	1010	LOCAL FUND	CONTINUING FULL TIME	137,462.60	-	-	23,513.51	113,949.09
				FRINGE BENEFITS - CURR PERSONNEL	30,516.70	-	-	1,759.01	28,757.69
				GOVERNMENT SUBSIDIES & GRANTS	-	-	66,750.15	(66,750.15)	-
		LOCAL FUND Total		167,979.30	-	66,750.15	(41,477.63)	142,706.78	
		1011	DEDICATED TAXES	CONTINUING FULL TIME	55,623.70	-	-	12,064.18	43,559.52
				FRINGE BENEFITS - CURR PERSONNEL	12,348.46	-	-	1,603.93	10,744.53
				OTHER SERVICES & CHARGES	9,185.55	-	-	886.61	8,298.94
				PURCHASES EQUIPMENT & MACHINERY	2,479.46	-	-	-	2,479.46
				SUPPLIES & MATERIALS	2,090.00	-	-	-	2,090.00
			DEDICATED TAXES Total		81,727.17	-	-	14,554.72	67,172.45
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	157,979.70	-	-	29,108.99	128,870.71
				FRINGE BENEFITS - CURR PERSONNEL	35,071.50	-	-	2,751.44	32,320.06
				GOVERNMENT SUBSIDIES & GRANTS	-	-	-	-	-
				OTHER SERVICES & CHARGES	7,515.45	-	-	725.39	6,790.06
				PURCHASES EQUIPMENT & MACHINERY	2,028.65	-	-	-	2,028.65
				SUPPLIES & MATERIALS	1,710.00	-	-	-	1,710.00
			FEDERAL MEDICAID PAYMENTS Total		204,305.30	-	-	32,585.82	171,719.48
HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION Total				454,011.77	-	66,750.15	5,662.91	381,598.71	
HIT/HIE PROJECT MANAGEMENT DIVISION	70268	1010	LOCAL FUND	CONTINUING FULL TIME	14,212.90	-	-	9,235.45	4,977.45
				CONTINUING FULL TIME - OTHERS	49,942.75	-	-	-	49,942.75
				CONTRACTUAL SERVICES - OTHER	63,350.00	-	10,996.00	3,148.40	49,205.60
				FRINGE BENEFITS - CURR PERSONNEL	14,242.55	-	-	2,802.55	11,440.00
				GOVERNMENT SUBSIDIES & GRANTS	2,228,189.30	-	1,675,643.26	214,780.74	337,765.30
				PURCHASES EQUIPMENT & MACHINERY	2,750.00	-	-	-	2,750.00
				SUPPLIES & MATERIALS	220.00	-	-	-	220.00
			LOCAL FUND Total		2,372,907.50	-	1,686,639.26	229,967.14	456,301.10
		1011	DEDICATED TAXES	ADDITIONAL GROSS PAY	-	-	-	1,027.83	(1,027.83)
				CONTINUING FULL TIME	255,213.67	-	-	34,346.43	220,867.24
				CONTINUING FULL TIME - OTHERS	74,063.55	-	-	18,719.39	55,344.16
				FRINGE BENEFITS - CURR PERSONNEL	73,099.54	-	-	10,751.27	62,348.27
			DEDICATED TAXES Total		402,376.76	-	-	64,844.92	337,531.84
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	3,083.48	(3,083.48)
				CONTINUING FULL TIME	336,727.28	-	-	106,279.90	230,447.38
				CONTINUING FULL TIME - OTHERS	101,459.70	-	-	15,315.86	86,143.84
				CONTRACTUAL SERVICES - OTHER	298,650.00	-	92,664.00	25,185.60	180,800.40
				FRINGE BENEFITS - CURR PERSONNEL	97,277.50	-	-	26,956.66	70,320.84
				GOVERNMENT SUBSIDIES & GRANTS	7,707,794.70	-	3,732,492.47	752,939.53	3,222,362.70
				PURCHASES EQUIPMENT & MACHINERY	2,250.00	-	-	-	2,250.00
				SUPPLIES & MATERIALS	1,980.00	-	-	-	1,980.00
			FEDERAL MEDICAID PAYMENTS Total		8,546,139.18	-	3,825,156.47	929,761.03	3,791,221.68
HIT/HIE PROJECT MANAGEMENT DIVISION Total				11,321,423.44	-	5,511,795.73	1,224,573.09	4,585,054.62	
8000 Total				18,027,086.15	-	6,807,072.46	1,748,368.46	9,471,645.23	

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
Program 100F: Agency CFO									
ACCOUNTING DIVISION	10002	1010	LOCAL FUND	CONTINUING FULL TIME	594,980.56	-	-	134,905.99	460,074.57
				CONTRACTUAL SERVICES - OTHER	2,470,726.71	1,410,045.01	722,271.09	-	338,410.61
				FRINGE BENEFITS - CURR PERSONNEL	132,085.69	-	-	28,227.72	103,857.97
				OTHER SERVICES & CHARGES	222,620.89	-	-	-	222,620.89
				SUPPLIES & MATERIALS	-	-	-	-	-
			LOCAL FUND Total	3,420,413.85	1,410,045.01	722,271.09	163,133.71	1,124,964.04	
		1011	DEDICATED TAXES	CONTINUING FULL TIME	57,008.05	-	-	-	57,008.05
				CONTRACTUAL SERVICES - OTHER	482,588.70	246,712.18	-	-	235,876.52
				FRINGE BENEFITS - CURR PERSONNEL	12,655.79	-	-	-	12,655.79
			DEDICATED TAXES Total	552,252.54	246,712.18	-	-	305,540.36	
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	533,445.22	-	-	110,377.31	423,067.91
				CONTRACTUAL SERVICES - OTHER	2,416,348.97	1,355,528.61	590,949.08	-	469,871.28
				FRINGE BENEFITS - CURR PERSONNEL	118,424.84	-	-	23,095.86	95,328.98
				OTHER SERVICES & CHARGES	182,144.37	-	-	-	182,144.37
				SUPPLIES & MATERIALS	-	-	-	-	-
				FEDERAL MEDICAID PAYMENTS Total	3,250,363.40	1,355,528.61	590,949.08	133,473.17	1,170,412.54
ACCOUNTING DIVISION Total	7,223,029.79			3,012,285.80	1,313,220.17	296,606.88	2,600,916.94		
ACCOUNTING DIVISION - HSSC	10071	1010	LOCAL FUND	OTHER SERVICES & CHARGES	11,791.08	-	-	-	11,791.08
				SUPPLIES & MATERIALS	2,665.39	-	-	-	2,665.39
			LOCAL FUND Total	14,456.47	-	-	-	14,456.47	
		4025	FEDERAL MEDICAID PAYMENTS	OTHER SERVICES & CHARGES	9,606.18	-	-	-	9,606.18
				SUPPLIES & MATERIALS	2,180.04	-	-	-	2,180.04
				FEDERAL MEDICAID PAYMENTS Total	11,786.22	-	-	-	11,786.22
ACCOUNTING DIVISION - HSSC Total					26,242.69	-	-	-	26,242.69
ACFO DIVISION	10003	1010	LOCAL FUND	CONTINUING FULL TIME	165,206.40	-	-	41,841.86	123,364.54
				FRINGE BENEFITS - CURR PERSONNEL	36,675.82	-	-	6,209.16	30,466.66
				PURCHASES EQUIPMENT & MACHINERY	-	-	-	-	-
			LOCAL FUND Total	201,882.22	-	-	48,051.02	153,831.20	
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	135,168.87	-	-	34,234.23	100,934.64
				FRINGE BENEFITS - CURR PERSONNEL	30,007.49	-	-	5,080.34	24,927.15
				PURCHASES EQUIPMENT & MACHINERY	-	-	-	-	-
				FEDERAL MEDICAID PAYMENTS Total	165,176.36	-	-	39,314.57	125,861.79
				ACFO DIVISION Total	367,058.58	-	-	87,365.59	279,692.99
ACFO DIVISION - HSSC	10072	1010	LOCAL FUND	PURCHASES EQUIPMENT & MACHINERY	825.00	-	-	-	825.00
				LOCAL FUND Total	825.00	-	-	-	825.00
		4025	FEDERAL MEDICAID PAYMENTS	PURCHASES EQUIPMENT & MACHINERY	675.00	-	-	-	675.00
				FEDERAL MEDICAID PAYMENTS Total	675.00	-	-	-	675.00
ACFO DIVISION - HSSC Total					1,500.00	-	-	-	1,500.00
BUDGET DIVISION	10001	1010	LOCAL FUND	CONTINUING FULL TIME	375,579.95	-	-	93,077.85	282,502.10
				FRINGE BENEFITS - CURR PERSONNEL	83,378.75	-	-	24,346.76	59,031.99
				PURCHASES EQUIPMENT & MACHINERY	-	-	-	-	-
			LOCAL FUND Total	458,958.70	-	-	117,424.61	341,534.09	
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	307,292.66	-	-	76,154.79	231,137.87
				FRINGE BENEFITS - CURR PERSONNEL	68,218.98	-	-	19,920.04	48,298.94
				PURCHASES EQUIPMENT & MACHINERY	-	-	-	-	-
				FEDERAL MEDICAID PAYMENTS Total	375,511.64	-	-	96,074.83	279,436.81
				BUDGET DIVISION Total	834,470.34	-	-	213,499.44	620,970.90
BUDGET DIVISION - HSSC	10070	1010	LOCAL FUND	PURCHASES EQUIPMENT & MACHINERY	825.00	-	-	-	825.00
				LOCAL FUND Total	825.00	-	-	-	825.00
		4025	FEDERAL MEDICAID PAYMENTS	PURCHASES EQUIPMENT & MACHINERY	675.00	-	-	-	675.00
				FEDERAL MEDICAID PAYMENTS Total	675.00	-	-	-	675.00
BUDGET DIVISION - HSSC Total					1,500.00	-	-	-	1,500.00
P-CARD CLEARING	10086	1010	LOCAL FUND	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-	389.39	(389.39)
				LOCAL FUND Total	-	-	-	389.39	(389.39)
		4025	FEDERAL MEDICAID PAYMENTS	P-CARD CLEARING ACCOUNT BUDGET TRACKING	-	-	-	834.28	(834.28)
				FEDERAL MEDICAID PAYMENTS Total	-	-	-	834.28	(834.28)
P-CARD CLEARING Total					-	-	-	1,223.67	(1,223.67)
100F Total					8,453,801.40	3,012,285.80	1,313,220.17	598,695.58	3,529,599.85

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
Program 200L: LongTerm Care Administration									
INTAKE AND ASSESSMENT DIVISION	70273	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	1,342.90	(1,342.90)
				CONTINUING FULL TIME	298,592.36	-	-	48,260.86	250,331.50
				CONTRACTUAL SERVICES - OTHER	4,864,533.85	820,035.93	637,302.15	495,345.16	2,911,850.61
				FRINGE BENEFITS - CURR PERSONNEL	66,287.51	-	-	13,335.64	52,951.87
			LOCAL FUND Total		5,229,413.72	820,035.93	637,302.15	558,284.56	3,213,791.08
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	1,098.74	(1,098.74)
				CONTINUING FULL TIME	516,437.53	-	-	94,803.96	421,633.57
				CONTRACTUAL SERVICES - OTHER	3,980,073.15	670,938.49	521,429.03	405,282.43	2,382,423.20
				FRINGE BENEFITS - CURR PERSONNEL	114,649.13	-	-	24,746.40	89,902.73
			FEDERAL MEDICAID PAYMENTS Total		4,611,159.81	670,938.49	521,429.03	525,931.53	2,892,860.76
INTAKE AND ASSESSMENT DIVISION Total					9,840,573.53	1,490,974.42	1,158,731.18	1,084,216.09	6,106,651.84
LONG TERM CARE OPERATIONS DIVISION	70272	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	554.33	(554.33)
				CONTINUING FULL TIME	915,537.45	-	-	219,388.98	696,148.47
				CONTRACTUAL SERVICES - OTHER	4,322,934.50	23,692.90	3,837,006.18	398,793.74	63,441.68
				FRINGE BENEFITS - CURR PERSONNEL	208,877.22	-	-	50,689.51	158,187.71
			LOCAL FUND Total		5,447,349.17	23,692.90	3,837,006.18	669,426.56	917,223.53
		4020	FEDERAL GRANT FUND - FPR	CONTRACTUAL SERVICES - OTHER	774,416.30	-	76,541.67	-	697,874.63
				GOVERNMENT SUBSIDIES & GRANTS	1,705,690.00	-	52,563.50	-	1,653,126.50
			FEDERAL GRANT FUND - FPR Total		2,480,106.30	-	129,105.17	-	2,351,001.13
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	453.55	(453.55)
				CONTINUING FULL TIME	749,076.08	-	-	179,499.97	569,576.11
				CONTRACTUAL SERVICES - OTHER	3,431,810.05	19,385.10	2,948,554.89	312,724.59	151,145.47
				FRINGE BENEFITS - CURR PERSONNEL	170,899.54	-	-	41,473.22	129,426.32
			FEDERAL MEDICAID PAYMENTS Total		4,351,785.67	19,385.10	2,948,554.89	534,151.33	849,694.35
LONG TERM CARE OPERATIONS DIVISION Total					12,279,241.14	43,078.00	6,914,666.24	1,203,577.89	4,117,919.01
LONG TERM CARE OVERSIGHT DIVISION	70271	1010	LOCAL FUND	CONTINUING FULL TIME	657,357.67	-	-	165,160.32	492,197.35
				FRINGE BENEFITS - CURR PERSONNEL	146,083.42	-	-	36,472.67	109,610.75
			LOCAL FUND Total		803,441.09	-	-	201,632.99	601,808.10
		4020	FEDERAL GRANT FUND - FPR	CONTINUING FULL TIME	247,362.00	-	-	-	247,362.00
				CONTINUING FULL TIME - OTHERS	181,575.68	-	-	85,238.93	96,336.75
				FRINGE BENEFITS - CURR PERSONNEL	102,087.16	-	-	14,942.47	87,144.69
			FEDERAL GRANT FUND - FPR Total		531,024.84	-	-	100,181.40	430,843.44
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	691,076.10	-	-	187,230.36	503,845.74
				FRINGE BENEFITS - CURR PERSONNEL	153,541.63	-	-	38,979.19	114,562.44
			FEDERAL MEDICAID PAYMENTS Total		844,617.73	-	-	226,209.55	618,408.18
LONG TERM CARE OVERSIGHT DIVISION Total					2,179,083.66	-	-	528,023.94	1,651,059.72
LONG TERM CARE SUPPORT SERVICES DIVISION	70270	1010	LOCAL FUND	CONTINUING FULL TIME	314,709.98	-	-	52,697.44	262,012.54
				CONTINUING FULL TIME - OTHERS	55,454.85	-	-	-	55,454.85
				CONTRACTUAL SERVICES - OTHER	-	-	64,753.80	(389,677.18)	324,923.38
				FRINGE BENEFITS - CURR PERSONNEL	82,176.59	-	-	10,350.26	71,826.33
				OTHER SERVICES & CHARGES	12,167.61	-	-	385.00	11,782.61
				OVERTIME PAY	-	-	-	1,455.85	(1,455.85)
				PURCHASES EQUIPMENT & MACHINERY	6,137.33	-	-	-	6,137.33
				SUPPLIES & MATERIALS	905.66	-	175.51	-	730.15
			LOCAL FUND Total		471,552.02	-	64,929.31	(324,788.63)	731,411.34
		4020	FEDERAL GRANT FUND - FPR	CONTINUING FULL TIME - OTHERS	-	-	-	29,241.78	(29,241.78)
				FRINGE BENEFITS - CURR PERSONNEL	-	-	-	4,334.82	(4,334.82)
				GOVERNMENT SUBSIDIES & GRANTS	2,125,000.00	-	15,270.97	(15,270.97)	2,125,000.00
			FEDERAL GRANT FUND - FPR Total		2,125,000.00	-	15,270.97	18,305.63	2,091,423.40
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	257,489.99	-	-	43,116.18	214,373.81
				CONTINUING FULL TIME - OTHERS	45,372.15	-	-	-	45,372.15
				CONTRACTUAL SERVICES - OTHER	-	-	52,980.24	(325,944.75)	272,964.51
				FRINGE BENEFITS - CURR PERSONNEL	67,235.40	-	-	8,468.49	58,766.91
				OTHER SERVICES & CHARGES	9,966.60	-	-	315.00	9,651.60
				OVERTIME PAY	-	-	-	1,191.16	(1,191.16)
				PURCHASES EQUIPMENT & MACHINERY	7,050.41	-	-	-	7,050.41
				SUPPLIES & MATERIALS	741.00	-	143.60	-	597.40
			FEDERAL MEDICAID PAYMENTS Total		387,855.55	-	53,123.84	(272,853.92)	607,585.63
LONG TERM CARE SUPPORT SERVICES DIVISION Total					2,984,407.57	-	133,324.12	(579,336.92)	3,430,420.37
200L Total					27,283,305.90	1,534,052.42	8,206,721.54	2,236,481.00	15,306,050.94

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
Program 300A: DCAS Adminsitration									
DCAS - PROGRAM MANAGEMENT DIVISION	70152	1010	LOCAL FUND	CONTINUING FULL TIME	278,680.78	-	-	69,565.07	209,115.71
				CONTINUING FULL TIME - OTHERS	-	-	-	-	
				CONTRACTUAL SERVICES - OTHER	573,580.00	-	342,137.59	124,232.78	107,209.63
				FRINGE BENEFITS - CURR PERSONNEL	61,867.14	-	-	13,476.95	48,390.19
				LOCAL FUND Total	914,127.92	-	342,137.59	207,274.80	364,715.53
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	272,310.93	-	-	71,669.55	200,641.38
				CONTINUING FULL TIME - OTHERS	-	-	-	-	
				CONTRACTUAL SERVICES - OTHER	560,469.60	-	358,333.46	130,113.62	72,022.52
				FRINGE BENEFITS - CURR PERSONNEL	60,453.03	-	-	13,875.01	46,578.02
				FEDERAL MEDICAID PAYMENTS Total	893,233.56	-	358,333.46	215,658.18	319,241.92
DCAS - PROGRAM MANAGEMENT DIVISION									
Total					1,807,361.48	-	700,471.05	422,932.98	683,957.45
DCAS HHS FUNCTIONAL DIVISION	70535	1010	LOCAL FUND	CONTINUING FULL TIME	336,958.55	-	-	84,435.87	252,522.68
				FRINGE BENEFITS - CURR PERSONNEL	74,804.80	-	-	19,722.01	55,082.79
				LOCAL FUND Total	411,763.35	-	-	104,157.88	307,605.47
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	329,256.66	-	-	86,987.60	242,269.06
				FRINGE BENEFITS - CURR PERSONNEL	73,094.98	-	-	20,316.97	52,778.01
				FEDERAL MEDICAID PAYMENTS Total	402,351.64	-	-	107,304.57	295,047.07
DCAS HHS FUNCTIONAL DIVISION Total					814,114.99	-	-	211,462.45	602,652.54
DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION	70155	1010	LOCAL FUND	CONTINUING FULL TIME	474,486.80	-	-	104,057.15	370,429.65
				CONTRACTUAL SERVICES - OTHER	21,232,390.46	57,455.92	6,786,539.20	3,622,442.65	10,765,952.69
				FRINGE BENEFITS - CURR PERSONNEL	105,336.06	-	-	25,829.05	79,507.01
				OTHER SERVICES & CHARGES	1,230,172.57	-	979,635.79	43.77	250,493.01
				PURCHASES EQUIPMENT & MACHINERY	6,002,650.29	680,975.68	802,451.52	290,115.77	4,229,107.32
				LOCAL FUND Total	29,045,036.18	738,431.60	8,568,626.51	4,042,488.39	15,695,489.68
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	463,641.42	-	-	107,196.99	356,444.43
				CONTRACTUAL SERVICES - OTHER	20,440,633.55	60,175.73	3,228,168.67	3,188,792.37	13,963,496.78
				FRINGE BENEFITS - CURR PERSONNEL	102,928.38	-	-	26,607.37	76,321.01
				OTHER SERVICES & CHARGES	1,226,563.66	-	1,038,777.73	377.09	187,408.84
				PURCHASES EQUIPMENT & MACHINERY	5,989,364.20	713,211.21	352,712.46	263,685.43	4,659,755.10
				FEDERAL MEDICAID PAYMENTS Total	28,223,131.21	773,386.94	4,619,658.86	3,586,659.25	19,243,426.16
				DCAS INFORMATION TECHNOLOGY MANAGEMENT DIVISION Total					57,268,167.39

Cost Center Description	Cost Center	Appropriated Fund	Appropriated Fund Description	Account Group (Parent Level 1) Description	FY25 Total Budget	FY25 Commitment	FY25 Obligation	FY25 Expenditure	FY25 Available Budget
ORGANIZATIONAL CHANGE DIVISION	70154	1010	LOCAL FUND	CONTINUING FULL TIME	369,664.42	-	-	68,779.30	300,885.12
				CONTRACTUAL SERVICES - OTHER	5,484,541.00	39,680.00	203,909.56	765,778.56	4,475,172.88
				ENERGY COMM & BLDG RENTALS	654,058.57	-	-	353,234.94	300,823.63
				FRINGE BENEFITS - CURR PERSONNEL	82,065.50	-	-	16,346.11	65,719.39
				PURCHASES EQUIPMENT & MACHINERY	131,250.00	-	-	-	131,250.00
				LOCAL FUND Total	6,721,579.49	39,680.00	203,909.56	1,204,138.91	5,273,851.02
		4025	FEDERAL MEDICAID PAYMENTS	CONTINUING FULL TIME	361,215.00	-	-	70,859.31	290,355.69
				CONTRACTUAL SERVICES - OTHER	5,272,214.35	-	1,350,467.90	352,833.61	3,568,912.84
				ENERGY COMM & BLDG RENTALS	639,108.66	-	-	176,617.47	462,491.19
				FRINGE BENEFITS - CURR PERSONNEL	80,189.74	-	-	16,840.03	63,349.71
				PURCHASES EQUIPMENT & MACHINERY	128,250.00	-	-	-	128,250.00
				FEDERAL MEDICAID PAYMENTS Total	6,480,977.75	-	1,350,467.90	617,150.42	4,513,359.43
ORGANIZATIONAL CHANGE DIVISION Total					13,202,557.24	39,680.00	1,554,377.46	1,821,289.33	9,787,210.45
PROJECT MANAGEMENT DIVISION	70153	1010	LOCAL FUND	ADDITIONAL GROSS PAY	-	-	-	192.66	(192.66)
				CONTINUING FULL TIME	440,611.02	-	-	54,944.60	385,666.42
				CONTINUING FULL TIME - OTHERS	-	-	-	14,061.40	(14,061.40)
				CONTRACTUAL SERVICES - OTHER	1,554,948.38	26,876.07	97,060.37	254,488.62	1,176,523.32
				ENERGY COMM & BLDG RENTALS	3,344.74	-	-	166.68	3,178.06
				FRINGE BENEFITS - CURR PERSONNEL	91,215.66	-	-	18,218.50	72,997.16
				OTHER SERVICES & CHARGES	11,349.63	-	-	-	11,349.63
				PURCHASES EQUIPMENT & MACHINERY	88,931.35	-	-	-	88,931.35
				SUPPLIES & MATERIALS	13,125.00	-	-	210.06	12,914.94
				LOCAL FUND Total	2,203,525.78	26,876.07	97,060.37	342,282.52	1,737,306.82
		4025	FEDERAL MEDICAID PAYMENTS	ADDITIONAL GROSS PAY	-	-	-	201.78	(201.78)
				CONTINUING FULL TIME	430,539.90	-	-	56,600.06	373,939.84
				CONTINUING FULL TIME - OTHERS	-	-	-	14,484.72	(14,484.72)
				CONTRACTUAL SERVICES - OTHER	1,467,656.06	28,148.31	88,401.51	264,211.41	1,086,894.83
				ENERGY COMM & BLDG RENTALS	3,268.29	-	-	(9,563.23)	12,831.52
				FRINGE BENEFITS - CURR PERSONNEL	90,179.85	-	-	18,767.47	71,412.38
				OTHER SERVICES & CHARGES	11,090.21	-	-	-	11,090.21
				PURCHASES EQUIPMENT & MACHINERY	108,670.50	-	-	-	108,670.50
				SUPPLIES & MATERIALS	12,825.00	-	-	220.00	12,605.00
				FEDERAL MEDICAID PAYMENTS Total	2,124,229.81	28,148.31	88,401.51	344,922.21	1,662,757.78
PROJECT MANAGEMENT DIVISION Total					4,327,755.59	55,024.38	185,461.88	687,204.73	3,400,064.60
300A Total					77,419,956.69	1,606,522.92	15,628,595.76	10,772,037.13	49,412,800.88
Grand Total					274,396,512.99	13,627,830.37	82,823,193.03	28,897,359.20	149,048,130.39

Department of Health Care Finance									
FY24 Oversight Hearing									
Question 6: Intra District Activity									
Intra-Districts Transferred (Buyer)									
Buyer	Seller	Service Affected	Program Affected	Cost Center	Project	Project Description	Purpose of Project	FY24 Actual Spent Amount	FY25 Amount (Budgeted)
HT0	SR0	100028	CUSTOMER SERVICE - GENERAL	70274	400525	MOU W/DHCF: INSURERS ASSESSMENT SERVICE	Department of Insurance, Securities and Banking (DISB) request to fund insurers assessment services.	81,000	81,000
HT0	CBO	100092	LEGAL SERVICES - GENERAL	70282	400512	LEGAL SERVICES - DHCF	Provide Medicaid administrative funding to pay a portion of the personnel and non-personnel services for the cost of attorneys assigned to CES responsible for the enforcement of the Health Care Assistance Reimbursement Act.	185,444	137,578
HT0	PO0	100022	CONTRACTING AND PROCUREMENT - GENERAL	70281	400535	IA FROM DHCF TO OCP FOR PS SERVICES	Planning, preparing and managing DHCF's procurement matters including solicitations, bid and proposal evaluations, contract awards, etc.	1,811,310	1,882,726
HT0	TO0	100072 700079	INTERNAL SUPPORT E & E SYSTEMS	70280	400526	FY23-IT ASSESSMENT	Information technology services to provide maintenance support for software applications.	172,166	145,979
HT0	HC0	700094	QUALITY & HEALTH OUTCOMES	70163	400518	DOH HEALTH CARE FINANCE DC LINKAGE	Improve the health outcomes for children between birth and 21 y/o who are at risk for developmental delays and disabilities or who exhibit signs or symptoms of developmental disabilities through early identification, tracking and linkage with appropriate services.	424,139	657,541
HT0	AT0	700100	FFS - MEDICAID	70172, 70173	400519	NURSING HOME TAX	To collect and deposit assessments designated for the Nursing Home Quality of Care Fund, the Stevie Fellows Fund, the Hospital Fund & the Hospital Provider Fee Fund, received from Nursing Homes and Intermediate Care Facilities in the District.	178,441	200,000
HT0	KT0	100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278	400527	FLEET MGMT DEPT. OF HEALTH CARE FINANCE	Fuel charges for DC government fleet of vehicles.	11,422	12,694
HT0	AS0	100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278	400523	FY23 TELECOM - INTERAGENCY PROJECT HT0	Payment for telecommunication services for organization	295,093	269,422
HT0	JA0	700083	E&E SUPPORT - PMO/SME - DCAS	70154	400524	INTERAGENCY WITH HCF (DCAS)	BPR Maintenance	88,500	89,000
HT0	TO0	700079 700083	E & E SYSTEMS E&E SUPPORT - PMO/SME - DCAS	70155	400517	DCAS MOU (MEDICAID	Supports the cost of the hardware and software services, including licenses and resources, that are necessary for OCTO to support DCAS with the operations and maintenance activities of software applications in production.	3,881,722	3,371,961

Buyer	Seller	Service Affected	Program Affected	Cost Center	Project	Project Description	Purpose of Project	FY24 Actual Spent Amount	FY25 Amount (Budgeted)
HT0	AM0	100201 / 700083	E & E SYSTEMS	70154 / 70153	400531	FY23 RENT DEPT HEALTHCARE FINANCE	Fixed costs to finance utility services to DHCF offices, such as water, electricity, rent, etc.	1,228,512	1,293,167
HT0	AM0	100113 / 100199	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278 / 70153	400529 400530 400532 400533 400534	City-Wide Fixed Cost MOU with DGS	Support fixed cost assessment	1,192,834	1,297,028
HT0	BY0	100192	OVERSIGHT		400528	MONEY FOLLOWS THE PERSON GRANT.LONG TERM CARE OVERSIGHT DIVISION	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.	534,866.00	531,024.00
HT0	AM0	100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278	402009	DGS Parking MOU	Support the cost associated with parking	33,600	40,000
HT0	TO0	100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	70280	402011	DHCF-OCTO MOU #1 - Caged Space at ODC3	Cloud Storage for Caged Space (MDW ODC3)	150,000	150,000
HT0	TO0	100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	70280	402011	DHCF-OCTO MOU #2 - Volume Licenses from OCTO ECIS	Renewal Software Licenses	100,000	100,000
HT0	BE0	100058	HUMAN RESOURCE SERVICES - GENERAL	70279	401273	DHCR.EMPLOYMENT SCREENING SERVICES	Employment Screening Services	5,100	5,507
HT0	BE0	100058	HUMAN RESOURCE SERVICES - GENERAL	70279	401273	Executive Level Learning & Development	Executive level learning and development opportunities for DHCF's senior employees	-	13,000
HT0	HI0	100201 / 100071	DCAS- Joint Notices	70154	200881	DCAS- Joint Notices (HBX MOU)	Information provided to beneficiaries on eligibility for certain Medicaid programs	136,500	150,000
HT0	AM0	100113	PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	70278		DGS Postage MOU	Support the cost associated with outgoing mail distribution services and mass postage for DHCF	20,000	33,967
HT0	SR0	100028	CUSTOMER SERVICE - GENERAL	70274		Evaluation & Document Management System	Evaluation of the Operations of the Ombudsman's Office	-	200,000
HT0	CB0	100092	LEGAL SERVICES - GENERAL	70282		Appeals	Review Provider Appeals on behalf of DHCF	44,494	19,696
HT0	TO0	100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	70280		DHCF SAS in AZURE System (Cloud Usage)	Cloud Usage for Storage	500,000	500,000

Buyer	Seller	Service Affected	Program Affected	Cost Center	Project	Project Description	Purpose of Project	FY24 Actual Spent Amount	FY25 Amount (Budgeted)
HT0	JM0	700350	PROVIDER SERVICES	70503 / 700347	401866	HT0 HCBS ARPA INITIATIVES	To implement the provision of services through projects authorized under Section 9817 of the American Rescue Plan Act of 2021.	4,462,743	2,980,776
HT0	AT0	150002	AGENCY ACCOUNTING SERVICES	10002	401709	HT0.8JASA23 Single Audit Services (HSSC)	Single Audit	235,705.00	235,705.00
HT0	CBO	100092	LEGAL SERVICES - GENERAL	70282		OAG's Public Advocacy Division	OAG's Public Advocacy Division	8,873	8,873

Buyer	Seller	Service Affected	Program Affected	Project
HT0	RM0	700285	MENTAL HEALTH AND REHAB SERVICES	400692
HT0	JM0	700219	DEPARTMENT ON DISABILITY SERVICES OPERATIONS	401011
HT0	RM0	700285	MENTAL HEALTH AND REHAB SERVICES	400690
HT0	RM0	700285	MENTAL HEALTH AND REHAB SERVICES	400691
HT0	RM0	700285	MENTAL HEALTH AND REHAB SERVICES	400689
HT0	RM0	700285	MENTAL HEALTH AND REHAB SERVICES	400688
HT0	JA0	100071	INFORMATION TECHNOLOGY SERVICES - GENERAL	400553

HT0	JM0	700219	DEPARTMENT ON DISABILITY SERVICES OPERATIONS	401012
HT0	JA0	700193	PERMANENT SUPPORTIVE HOUSING INDIVIDUALS	400554
HT0	JA0	700191	PERMANENT SUPPORTIVE HOUSING FAMILIES	400554

Department of Health Care Finance**FY24 Oversight Hearing****Question 6: Intra District Activity****Intra-Districts Received (Seller)**

Project Description	Program Title
RM0.00MHRS.FY0000.FY0000.AT 0.DBH - DHCF - MHRS	ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM
JM0.IDDHCB.IDD WAIVER	OPERATIONS SERVICES
RM0.00ASAR.FY0000.FY0000.AT 0.DBH - DHCF - ADULT SUBSTANCE ABUSE	ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM
RM0.00ASTE.FY0000.FY0000.AT 0.DBH - DHCF - ASTEP	ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM
RM0.00HHMS.FY0000.FY0000.AT 0.DBH - DHCF - HEALTH HOMES I	ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM
RM0.00BHTW.FY0000.FY0000.AT 0.DBH - DHCF - BEHAVIORAL HEALTH TRANSFORMATION WAIVER	ADULT/TRANSITIONAL YOUTH SERVICES PROGRAM
IFNSOP.DCAS OPERATING FNS	AGENCY MANAGEMENT PROGRAM

JM0.IIFSHC.IFS WAIVER	OPERATIONS SERVICES
JA0.IPSHDH.PERMANENT SUPPORTIVE HOUSING	FAMILY SERVICES
JA0.IPSHDH.PERMANENT SUPPORTIVE HOUSING	FAMILY SERVICES

Purpose of Project	FY24 Actual Spent Amount
To pay for Medicaid claims paid by DHCF to providers for Mental Health Rehabilitation Services.	51,089,456
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.	101,159,843
Support the costs associated with Adult Substance Abuse Recovery Service.	241,379
To support the youth substance abuse program.	394
To integrate mental and physical health care services for Medicaid beneficiaries with severe mental illness through the Health Home model.	135,428
To implement the Medicaid benefit to deliver 1115 Medicaid Waiver Services.	8,309,829
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.	11,917,018

Payment of the local match to claim Federal Financial Participation for the 1915 C Home and Community Based Services waiver program for non-residential beneficiaries receiving Individual and Family Support.	1,031,750
Payment of the local match to claim Federal Financial Participation to assist Medicaid beneficiaries who are homeless or at risk of homelessness obtain and maintain stable housing in the community.	10,256,630
Payment of the local match to claim Federal Financial Participation to assist Medicaid beneficiaries who are homeless or at risk of homelessness obtain and maintain stable housing in the community.	9,120,033

FY25 Amount (Budgeted)
22,068,045.11
107,228,875.30
1,000,561.54
1,231.80
135,428.27
1,309,829.89
11,370,448.96

641,606.00
3,163,308.72
8,983,608.19

			1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND 1010208-THE MEDICAID HCBS ENHANCEMENT FUND
Reprogramming Adjustment 53	\$869,616.00	To align the FY24 Doula Services Local budget , fund the increase of the Office of Contract and Procurement (OCP) MOU and the RTS anticipated expenditures, and fund a grant for the Hospital based Physicains' Average Commerical Rate (ACR) Analysis.	1010001-LOCAL FUNDS 1010001-LOCAL FUNDS 1010001-LOCAL FUNDS 1010001-LOCAL FUNDS 1010001-LOCAL FUNDS
Reprogramming Adjustment 160	\$28,400,000.00	To cover deficit in the MCO programs (Actual enrollment	

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Grant Reprogramming Adjustment 12	\$548,918.00	To align FY24 Doula Services Medicaid Budget with anticipated expenditures.	4025002-FEDERAL MEDICIAD PAYMENTS
Grant Reprogramming Adjustment 33	\$2,856,780.00	The purpose of this reprogramming is to correct the Medicaid budget lines under the correct program.	4025002-FEDERAL MEDICIAD PAYMENTS
Grant Reprogramming Adjustment 43	\$603,287.00	To align FY24 Rent, Electricity and Sustainability budget with anticipated expenditures.	4025002-FEDERAL MEDICIAD PAYMENTS 4025002-FEDERAL MEDICIAD PAYMENTS 4025002-FEDERAL MEDICIAD PAYMENTS
Grant Reprogramming Adjustment 45	\$2,021,000.00	The purpose of this reprogramming is to align CHIP budget authority with anticipated expenditures.	4025002-FEDERAL MEDICIAD PAYMENTS

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Grant Reprogramming Adjustment 162	\$109,934.00	The purpose of this reprogramming is to fund the OCP-MOU and RTS anticipated expenditures.	4025002-FEDERAL MEDICIAD PAYMENTS 4025002-FEDERAL MEDICIAD PAYMENTS
Reprogramming Adjustment 129	~~\$(1,459,573)~~	This is part of the District wide Reprogramming to Department of Employment Services to support the completion of Phase 2 of the DC Infrastructure Academy, which includes the DCIA Automotive training lab.	3030300-LONG TERM / G.O. / I.T. BONDS 3030300-LONG TERM / G.O. / I.T. BONDS 3030300-LONG TERM / G.O. / I.T. BONDS 3030300-LONG TERM / G.O. / I.T. BONDS 3030304-SHORT - TERM BONDS
InterAgency Adjustment 20	\$200,000.00	The purpose of this reprogramming is to align budget authority with anticipated expenditures.	1011003-NURSING HOMES QUALITY OF CARE FUND 4025002-FEDERAL MEDICIAD PAYMENTS

InterAgency Adjustment 180	\$534,866.00	Reprogramming budget for the Money Follows the Person (MFP) grant to support five FTEs for the Inter-Agency project with The Department of Aging and Community Living (BY0).	4020002-FEDERAL GRANTS

Request	Request Amount	Description/Justification	
			Fund
Grant Reprogramming Adjustment 1	\$1,170,000.00	The funds are needed to align the HCRIA and RTS budgets authority with the projected expenditures.	4025002-FEDERAL MEDICIAD PAYMENTS
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			4025002-FEDERAL MEDICIAD PAYMENTS

Please provide a complete accounting of all re

Fiscal Year 2

From		
Project	Award	Program
No Project	No Award	100045-GRANTS MANAGEMENT OVERSIGHT
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	700093-PROVIDER OVERSIGHT
201761 - 10.01 - Quality Management Contractor - Vendor	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY
201748 - 10.01 - Electronic Health Records (EHR) Incentive (HCBS PIP) Digital T	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY
201756 - 10.01 - InterRAI Expansion	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY
201767 - 10.01 - Therapeutic Services to Prevent Functional Decline - Durable Me	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700352-HCBS ARPA EXPANSION OF SERVICE AND ACCESS
201732 - 10.01 - Customer Satisfaction Survey	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY
201728 - 10.01 - Case Management Support	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700354-HCBS ARPA BENEFICIARY EDUCATION AND SUPPORT
No Project	No Award	700347-HCBS ARPA PROVIDER PAYMENTS
201740 - 10.01 - DDS Telehealth Initiative	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700350-HCBS ARPA INITIATIVES (DDS)
201750 - 10.01 - HCBS Health Literacy Program	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700354-HCBS ARPA BENEFICIARY EDUCATION AND SUPPORT

201763 - 10.01 - Remote Patient Monitoring Pilot	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700352-HCBS ARPA EXPANSION OF SERVICE AND ACCESS
201749 - 10.01 - HCBS EHR and Telehealth Project (Digital TA) Grant	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY
201721 - 10.01 - 1915(c) IFS Waiver Self-Directed Services	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700347-HCBS ARPA PROVIDER PAYMENTS
201754 - 10.01 - Increased HCBS Services Oversight	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700355-HCBS ARPA INITIATIVES (DHCF)
201742 - 10.01 - Developmental Disability Provider Rate Study	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700350-HCBS ARPA INITIATIVES (DDS)
201737 - 10.01 - DDS Housing Coordinator	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700350-HCBS ARPA INITIATIVES (DDS)
201754 - 10.01 - Increased HCBS Services Oversight	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700355-HCBS ARPA INITIATIVES (DHCF)
201733 - 10.01 - DD Expansion	2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700350-HCBS ARPA INITIATIVES (DDS)
No Project	No Award	100122-FINANCE SERVICES
202179 - 10.47 - F1910.NON-MEDICAID DOULA SERVICES.NON-MEDICAID DOULA SERVICES L	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700101-MCO - ALLIANCE
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA

202179 - 10.45 - F1140.MCO - ABD.MCO - ABD Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700105-MCO - MEDICAID
202179 - 10.02 - F0030.INPATIENT - DSH PAYMENTS (MEDICAID).INPATIENT - DSH PAYME	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.11 - F0200.PRESCRIBED DRUGS (MEDICAID).PRESCRIBED DRUGS Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202178 - 10.14 - F0430.MANAGED CARE ORGANIZATIONS - MCO (CHIP).MANAGED CARE ORGA	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700103-MCO - CHIP
202179 - 10.25 - F0450.PERSONAL CARE SERVICES (MEDICAID).PERSONAL CARE SERVICES	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.44 - F1040.PGM FOR ALL INCLUSIVE CARE (PACE) - MED.PROGRAM OF ALL-IN	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.56 - F6000.MCO ALLIANCE (LOCAL).MCO ALLIANCE	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700101-MCO - ALLIANCE
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
202179 - 10.28 - F0530.NON-EMERGENCY MEDICAL TRANSPORT (MEDIC.).NON-EMERGENCY ME	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700093-PROVIDER OVERSIGHT

202179 - 10.14 - F0260.CLINIC SERVICES - PRIVATE (MEDICAID).CLINIC SERVICES - PR	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.39 - F0900.ADULT DAY (MEDICAID).ADULT DAY SERVICES Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.35 - F0760.DURABLE MED EQUIP (DME) - (MEDICAID).DURABLE MED EQUIP (D	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
202179 - 10.21 - F0390.MEDICAID PART A (MEDICAID).MEDICAID PART A Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.51 - F1970.EMERGENCY MEDICAID-GROUP VIII (MEDICAID).EMERGENCY MEDICA	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700098-FFS - CHILDLESS ADULTS (GROUP 8)
202179 - 10.04 - F0050.MENTAL HEALTH FACILITY SERV. (MEDICAID).MENTAL HEALTH FAC	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700093-PROVIDER OVERSIGHT
202178 - 10.04 - F0210.PRESCRIBED DRUGS - CHIP.PRESCRIBED DRUGS - CHIP Local	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP
No Project	No Award	700079-E & E SYSTEMS
202179 - 10.59 - F1910.NON-MEDICAID DOULA SERVICES.NON-MEDICAID DOULA SERVICES L	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID

202179 - 10.43 - F1020.HEALTH HOMES II - MEDICAID.HEALTH HOMES II Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.30 - F0610.PRSTHTIC DVCS,DNTURES,EYEGLOSS (MEDICAID).PROSTHETIC DEVIC	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
202179 - 10.36 - F0800.COBRA/RECIPIENT OOP (MEDICAID).COBRA/RECIPIENT OOP Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
202179 - 10.06 - F0070.PYSCHIATRIC RESIDENT. TREAT. (MEDICAID).PYSCHIATRIC RESID	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700092-POLICY
202178 - 10.24 - FA440.HSCSN (CHIP).HSCSN - CHIP Local	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700103-MCO - CHIP
202179 - 10.22 - F0400.MEDICAID PART B (MEDICAID).MEDICAID PART B Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	700080-E&E OVERSIGHT & MANAGEMENT
No Project	No Award	700083-E&E SUPPORT - PMO/SME - DCAS
202178 - 10.15 - F0520.FEDERALLY-QUALIFIED HEALTH CTR (CHIP).FEDERALLY-QUALIFIED	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP
No Project	No Award	700085-HEALTH CARE DATA ANALYTICS

No Project	No Award	700092-POLICY
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
No Project	No Award	700092-POLICY
No Project	No Award	700094-QUALITY & HEALTH OUTCOMES
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	700080-E&E OVERSIGHT & MANAGEMENT
202179 - 10.15 - F0280.CLINIC SERVICES - MENTAL HEALTH (MED.).CLINIC SERVICES -	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	700094-QUALITY & HEALTH OUTCOMES
No Project	No Award	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
No Project	No Award	700084-HEALTH CARE AGENCY MONITORING AND KPIS
200884 - 23.33 - LM260.M2600.PERFORMANCE MANAGEMENT (LOCAL).PERFORMANCE MANAGEMENT	1000103 - HT0.0100.LOCAL FUNDS	700084-HEALTH CARE AGENCY MONITORING AND KPIS
No Project	No Award	100058-HUMAN RESOURCE SERVICES - GENERAL
No Project	No Award	700079-E & E SYSTEMS
No Project	No Award	700083-E&E SUPPORT - PMO/SME - DCAS

200884 - 23.23 - LM010.M0100.PERSONNEL.PERSONNEL	1000103 - HT0.0100.LOCAL FUNDS	100058-HUMAN RESOURCE SERVICES - GENERAL
202178 - 10.11 - F0350.HOME HEALTH SERVICES (CHIP).HOME HEALTH SERVICES - CHIP L	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP
200884 - 23.29 - LM100.M1000.INFORMATION TECHNOLOGY (LOCAL).INFORMATION TECHNOLO	1000103 - HT0.0100.LOCAL FUNDS	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	700083-E&E SUPPORT - PMO/SME - DCAS
200884 - 23.37 - LM264.M2640.DEPARTMENT OF ANALYTICS RESEARCH- LOCAL.DEPARTMENT O	1000103 - HT0.0100.LOCAL FUNDS	700085-HEALTH CARE DATA ANALYTICS
200884 - 23.25 - LM020.M0200.TRAINING & DEVELOPMENT (LOCAL).TRAINING & EMPLOYMEN	1000103 - HT0.0100.LOCAL FUNDS	100148-TRAINING AND DEVELOPMENT - GENERAL
No Project	No Award	700092-POLICY
202179 - 10.31 - F0650.NURSE MID- WIFE (MEDICAID).NURSE MID-WIFE Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
No Project	No Award	100022-CONTRACTING AND PROCUREMENT - GENERAL
200884 - 23.12 - D3MTL.A3400.INFORMATION TECH MGMT SVCS - TANF.IT MGMT SERVICES	1000103 - HT0.0100.LOCAL FUNDS	700079-E & E SYSTEMS
200884 - 23.09 - D3MML.A34M0.INFORMATION TECHNOLOGY MANAGEMENT SERVIC.IT MGMT SE	1000103 - HT0.0100.LOCAL FUNDS	700079-E & E SYSTEMS
No Project	No Award	700093-PROVIDER OVERSIGHT
No Project	No Award	700092-POLICY
No Project	No Award	100148-TRAINING AND DEVELOPMENT - GENERAL
No Project	No Award	700093-PROVIDER OVERSIGHT
200884 - 23.41 - LP200.P2000.HC POLICY & RESEARCH SUPPORT (LOCAL).HEALTHCARE POL	1000103 - HT0.0100.LOCAL FUNDS	700092-POLICY

200884 - 23.11 - D3MFL.A34N0.INFORMATION TECH MANAGEMENT SVC-FNS.IT MGMT SERVICE	1000103 - HT0.0100.LOCAL FUNDS	700079-E & E SYSTEMS
200884 - 23.39 - LO300.O3000.HC OPERATIONS SUPPORT SVS (LOCAL).HEALTH CARE OPERA	1000103 - HT0.0100.LOCAL FUNDS	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
200884 - 23.41 - LP200.P2000.HC POLICY & RESEARCH SUPPORT (LOCAL).HEALTHCARE POL	1000103 - HT0.0100.LOCAL FUNDS	700092-POLICY
200884 - 23.04 - 3XMTL.A3220.PROJECT MANAGEMENT- TANF.PROJECT MANAGEMENT- TANF	1000103 - HT0.0100.LOCAL FUNDS	700083-E&E SUPPORT - PMO/SME - DCAS
202179 - 10.29 - F0550.PHYSICAL THERAPY (MEDICAID).PHYSICAL THERAPY Local	1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID
200884 - 23.04 - 3XMTL.A3220.PROJECT MANAGEMENT- TANF.PROJECT MANAGEMENT- TANF	1000103 - HT0.0100.LOCAL FUNDS	700083-E&E SUPPORT - PMO/SME - DCAS
200884 - 23.02 - 3XMML.A3200.PROJECT MANAGEMENT.PROJECT MANAGEMENTF	1000103 - HT0.0100.LOCAL FUNDS	700083-E&E SUPPORT - PMO/SME - DCAS
200884 - 23.03 - 3XMFL.A3210.PROJECT MANAGEMENT- FNS MATCH.PROJECT MANAGEMENT- F	1000103 - HT0.0100.LOCAL FUNDS	700083-E&E SUPPORT - PMO/SME - DCAS
200884 - 23.20 - LD000.D0000.HEALTH CARE DELIVERY MGT SUPPT SRVC (L).HEALTHCARE	1000103 - HT0.0100.LOCAL FUNDS	700093-PROVIDER OVERSIGHT
200884 - 23.39 - LO300.O3000.HC OPERATIONS SUPPORT SVS (LOCAL).HEALTH CARE OPERA	1000103 - HT0.0100.LOCAL FUNDS	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
200884 - 23.22 - LL000.L0000.CHRONIC & LONG TERM CARE (LOCAL).LONG TERM CARE SUP	1000103 - HT0.0100.LOCAL FUNDS	700093-PROVIDER OVERSIGHT
200884 - 23.20 - LD000.D0000.HEALTH CARE DELIVERY MGT SUPPT SRVC (L).HEALTHCARE	1000103 - HT0.0100.LOCAL FUNDS	700093-PROVIDER OVERSIGHT
200884 - 23.47 - LR430.R4300.HIT/HIE PROJECT MANAGEMENT OFFICE- LOCAL.HIT/HIE PRO	1000103 - HT0.0100.LOCAL FUNDS	700086-HEALTH CARE INNOVATION
200884 - 23.02 - 3XMML.A3200.PROJECT MANAGEMENT.PROJECT MANAGEMENTF	1000103 - HT0.0100.LOCAL FUNDS	700083-E&E SUPPORT - PMO/SME - DCAS

200884 - 23.41 - LP200.P2000.HC POLICY & RESEARCH SUPPORT (LOCAL).HEALTHCARE POL	1000103 - HT0.0100.LOCAL FUNDS	700092-POLICY
No Project	No Award	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
202178 - 10.21 - F0770.DURABLE MED EQUIP (DME)-MEDICAID (CHIP).DURABLE MED EQUIP	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP
200884 - 23.22 - LL000.L0000.CHRONIC & LONG TERM CARE (LOCAL).LONG TERM CARE SUP	1000103 - HT0.0100.LOCAL FUNDS	700093-PROVIDER OVERSIGHT
No Project	No Award	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
202178 - 10.17 - F0560.PHYSCIAL THERAPY (CHIP).PHYSICAL THERAPY - CHIP Local	1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP
No Project	No Award	700086-HEALTH CARE INNOVATION
200884 - 23.39 - LO300.O3000.HC OPERATIONS SUPPORT SVS (LOCAL).HEALTH CARE OPERA	1000103 - HT0.0100.LOCAL FUNDS	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
200883 - 23.55 - F1912.F1910.NON- MEDICAID DOULA SERVICES.NON- MEDICAID DOULA SERV	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700101-MCO - ALLIANCE
200881 - 23.02 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700079-E & E SYSTEMS
400531 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700079-E & E SYSTEMS
400529 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700079-E & E SYSTEMS
400533 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700079-E & E SYSTEMS
200875 - 23.04 - F21CC.F0210.PRESCRIBED DRUGS - CHIP.PRESCRIBED DRUGS - CHIP	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP

200875 - 23.14 - F52CC.F0520.FEDERALLY-QUALIFIED HEALTH CTR (CHIP).FEDERALLY-QUA	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP
200875 - 23.13 - F43CC.F0430.MANAGED CARE ORGANIZATIONS - MCO (CHIP).MANAGED CAR	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700103-MCO - CHIP
200875 - 23.22 - 503CC.F5030.DC CHARTER SCHOOLS (CHIP).DC CHARTER SCHOOLS - CHIP	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP
200875 - 23.24 - FA5CC.FA050.MENTAL HEALTH FACILITY (CHIP).MENTAL HEALTH FACILIT	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP
200875 - 23.11 - F35CC.F0350.HOME HEALTH SERVICES (CHIP).HOME HEALTH SERVICES -	2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP

200883 - 23.50 - FABM3.F1140.MCO - ABD.MCO - ABD	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700105-MCO - MEDICAID
200883 - 23.53 - FHGM3.F1880.PERMANENT SUPPORTIVE HOUSING GROUP VIII.PERMANENT S	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700098-FFS - CHILDLESS ADULTS (GROUP 8)
200883 - 23.49 - F18M3.F1080.BEHAVIORAL HEALTH TRANSFORMATION WAIVER.BEHAVIORAL	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700097-1115/1915 - MEDICAID
200883 - 23.02 - F03M3.F0030.INPATIENT - DSH PAYMENTS (MEDICAID).INPATIENT - DSH	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.25 - F45M3.F0450.PERSONAL CARE SERVICES (MEDICAID).PERSONAL CARE SER	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.03 - F04M3.F0040.INPATIENT - GME PAYMENTS (MEDICAID).INPATIENT - GME	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.48 - FPAM3.F1040.PGM FOR ALL INCLUSIVE CARE (PACE) - MED.PROGRAM OF	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID

200883 - 23.60 - FPSM3.F5000.DC PUBLIC SCHOOL (MEDICAID).DC PUBLIC SCHOOLS	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.28 - F53M3.F0530.NON- EMERGENCY MEDICAL TRANSPORT (MEDIC.).NON-EMERGE	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.51 - F186O.F1860.IFS HCBS WAIVER - (MEDICAID).IFS WAIVER	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700097-1115/1915 - MEDICAID
200883 - 23.52 - FSHM3.F1870.PERMANENT SUPPORTIVE HOUSING.PERMANENT SUPPORTIVE	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.18 - F34M3.F0340.HOME HEALTH SERVICES (MEDICAID).HOME HEALTH SERVICE	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.59 - F1973.F1970.EMERGENCY MEDICAID- GROUP VIII (MEDICAID).EMERGENCY	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700098-FFS - CHILDLESS ADULTS (GROUP 8)
200883 - 23.14 - F26M3.F0260.CLINIC SERVICES - PRIVATE (MEDICAID).CLINIC SERVICE	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.35 - F76M3.F0760.DURABLE MED EQUIP (DME) - (MEDICAID).DURABLE MED EQ	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.39 - F90M3.F0900.ADULT DAY (MEDICAID).ADULT DAY SERVICES	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.21 - F39M3.F0390.MEDICAID PART A (MEDICAID).MEDICAID PART A	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.42 - F94M3.F0940.ICF/DD SUPPLEMENTAL PAYMENT (MEDICAID).DC PROVIDER	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.43 - F95M3.F0950.APRA ASARS:ADULT SUBSTANCE ABUSE (MEDIC).APRA ASARS	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID

200883 - 23.04 - F05M3.F0050.MENTAL HEALTH FACILITY SERV. (MEDICAID).MENTAL HEAL	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.30 - F61M3.F0610.PRSTHTIC DVCS,DNTURES,EYEGLOSS (MEDICAID).PROSTHETIC	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.36 - F80M3.F0800.COBR/RECIPIENT OOP (MEDICAID).COBR/RECIPIENT OOP	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.55 - F1912.F1910.NON-MEDICAID DOULA SERVICES.NON-MEDICAID DOULA SERV	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.06 - F07M3.F0070.PYSCHIATRIC RESIDENT. TREAT. (MEDICAID).PYSCHIATRIC	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.64 - FSEM3.F5080.SAINT ELIZABETHS HOSPITAL (MEDICAID).SAINT ELIZABET	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.47 - FH2M3.F1020.HEALTH HOMES II - MEDICAID.HEALTH HOMES II	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.66 - FFCM3.F5110.CHILD & FAMILY SERVICES (CFSA) (MEDICAID).CHILD & FA	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.61 - FCSM3.F5020.DC CHARTER SCHOOLS (MEDICAID).DC CHARTER SCHOOLS	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.15 - F28M3.F0280.CLINIC SERVICES - MENTAL HEALTH (MED.).CLINIC SERVI	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.63 - FROM3.F5060.DMH - REHAB OPTION (MEDICAID).DMH - REHAB OPTION	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.68 - F5213.F5210.DMH DENTAL OPTION.DMH - DENTAL OPTION	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID
200883 - 23.29 - F55M3.F0550.PHYSICAL THERAPY (MEDICAID).PHYSICAL THERAPY	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID

200881 - 23.22 - M08A3.M0800.PROPERTY MANAGEMENT (MEDICAID ADMIN).PROPERTY MANAG	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	100113-PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERA
200881 - 23.23 - M10A3.M1000.INFORMATION TECHNOLOGY (MEDICAID ADMIN).INFORMATION	2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	100072-INTERNAL SUPPORT
100467 - 06.01 - DCAGB.M1000.DC ACCESS SYSTEM - G BOND CAPITAL.INFORMATION TECHN	3000099 - HT0.0300.CAPITAL FUND OTHER	100063-APPLICATION SUPPORT
100467 - 06.02 - DCAS4.M1000.DC ACCESS SYSTEM - PAYGO.INFORMATION TECHNOLOGY	3000099 - HT0.0300.CAPITAL FUND OTHER	100063-APPLICATION SUPPORT
100470 - 06.02 - BDWH6.O3100.DATA WAREHOUSE: GO BOND PORTION.CLAIMS MANAGEMENT	3000099 - HT0.0300.CAPITAL FUND OTHER	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
100470 - 06.03 - BDWH7.O3100.DATA WAREHOUSE: PAYGO.CLAIMS MANAGEMENT	3000099 - HT0.0300.CAPITAL FUND OTHER	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
100470 - 06.05 - MDW20.O3100.DATA WAREHOUSE - SHORT TERM BONDS.CLAIMS MANAGEMENT	3000101 - HT0.0304.SHORT TERM BONDS	700087-CLAIMS PROCESSING & QUALITY ASSURANCE/CONTROL
202177 - 10.01 - F0080.NURSING FACILITY IN STATE (MEDICAID).NURSING FACILITY IN	5000009 - NURSING HOMES QUALITY OF CARE FUND	700100-FFS - MEDICAID
200883 - 23.07 - F08M3.F0080.NURSING FACILITY IN STATE (MEDICAID).NURSING FACILI	2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID

200870 - 16.01 - 64MFP.L0000.MONEY FOLLOWS THE PERSON GRANT.LONG TERM CARE SUPPO	2000712 - HT0.8200.64MMFP.MONEY FOLLOWS THE PERSON	700093-PROVIDER OVERSIGHT

Fiscal Year 2		
From		
Project	Award	Program
200873 - 23.03 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	2001983 - HT0.HIEM25.HEALTH INFORMATION EXCHANGE MES	100207-GRANTS ADMINISTRATION FUNCTION
200881 - 25.25 - INFORMATION TECHNOLOGY DIVISION - HT0 / INFORMATION TECHNOLOGY	2001984 - HT0.MMAD25.MEDICAID ADMIN ENTITLEMENT	100071-INFORMATION TECHNOLOGY SERVICES - GENERAL
200873 - 23.03 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	2001983 - HT0.HIEM25.HEALTH INFORMATION EXCHANGE MES	100207-GRANTS ADMINISTRATION FUNCTION

Health Care Finance
FY2024 & FY2025

programmings received by or transferred from the agency in FY 2024 and FY 2025, to date

2024

Account	Amount	Fund	Project
713200C-CONTRACTUAL SERVICES - OTHER	\$(100,000)	1010001-LOCAL FUNDS	No Project
701400C-FRINGE BENEFITS - CURR PERSONNEL	\$(6,526)	1060132-BILL OF RIGHTS- (GRIEVANCE & APPEALS)	No Project
701200C-CONTINUING FULL TIME - OTHERS	\$(29,801)	1060132-BILL OF RIGHTS- (GRIEVANCE & APPEALS)	No Project
713200C-CONTRACTUAL SERVICES - OTHER	\$(7,100,000)	1010208-THE MEDICAID HCBS ENHANCEMENT FUND	201763 - 10.01 - Remote Patient Monitoring Pilot
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(3,968,710)	1010208-THE MEDICAID HCBS ENHANCEMENT FUND	201760 - 10.01 - Quality Management Contractor - QM Coordinator
713200C-CONTRACTUAL SERVICES - OTHER	\$(2,750,000)	1010208-THE MEDICAID HCBS ENHANCEMENT FUND	201738 - 10.01 - DDS Remote Support and Enabling Technology
713200C-CONTRACTUAL SERVICES - OTHER	\$(2,400,000)	1010208-THE MEDICAID HCBS ENHANCEMENT FUND	201730 - 10.01 - Clinical Case Management System Enhancements
713200C-CONTRACTUAL SERVICES - OTHER	\$(1,100,000)	1010208-THE MEDICAID HCBS ENHANCEMENT FUND	201741 - 10.04 - DSP Living Wage Increase (DSP Enhanced Living Wage Supplemental
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,020,829)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,004,021)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(846,585)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(800,000)		

713200C-CONTRACTUAL SERVICES - OTHER	\$(662,843)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(452,162)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(358,963)		
701200C-CONTINUING FULL TIME - OTHERS	\$(200,269)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(200,000)		
701200C-CONTINUING FULL TIME - OTHERS	\$(75,210)		
701400C-FRIDGE BENEFITS - CURR PERSONNEL	\$(56,632)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(11,912)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(400,000)	1010001-LOCAL FUNDS	402060 - 10.01 - AS0.Non-DCNet
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(235,251)	1010001-LOCAL FUNDS	400535 - 23.01 - LM060.M0600.CONTRACTING & PROCUREMENT (LOCAL).CONTRACTING & PRO
713200C-CONTRACTUAL SERVICES - OTHER	\$(100,000)	1010001-LOCAL FUNDS	402062 - 10.01 - TO0.DC Net
713200C-CONTRACTUAL SERVICES - OTHER	\$(73,864)	1010001-LOCAL FUNDS	400535 - 23.01 - LM060.M0600.CONTRACTING & PROCUREMENT (LOCAL).CONTRACTING & PRO
713100C-OTHER SERVICES & CHARGES	\$(60,500)	1010001-LOCAL FUNDS	202179 - 10.59 - F1910.NON-MEDICAID DOULA SERVICES.NON-MEDICAID DOULA SERVICES L
		1010001-LOCAL FUNDS	No Project
		1010001-LOCAL FUNDS	202179 - 10.40 - F0910.NEWLY ELIGIBLE (MEDICAID).NEWLY ELIGIBLE Local

		1010001-LOCAL FUNDS	202179 - 10.53 - F0810.IMMIGRANT KIDS (LOCAL).IMMIGRANT KIDS
		1010001-LOCAL FUNDS	202179 - 10.23 - F0420.MANAGED CARE ORGANIZATIONS- MCO (MEDIC.).MANAGED CARE ORG
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(12,800,000)	1010001-LOCAL FUNDS	202178 - 10.13 - F0380.EPSDT SCREENING SERVICES (CHIP).EPSDT SCREENING SERVICES
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(8,500,000)	1010001-LOCAL FUNDS	202178 - 10.20 - F0690.NURSE PRACTITIONER SERVICES (CHIP).NURSE PRACTITIONER SER
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(6,900,000)	1010001-LOCAL FUNDS	202178 - 10.18 - F0620.PROSTHETC DVCS,DENTURES,EYEGLOSS (CHIP).PROSTHETC DVCS,DE
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(6,800,000)	1010001-LOCAL FUNDS	202178 - 10.06 - F0250.OTHER PRACTITIONERS' SERVICES (CHIP).OTHER PRACTITIONERS'
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,700,000)	1010001-LOCAL FUNDS	202179 - 10.19 - F0360.STERILIZATIONS (MEDICAID).STERILIZATIONS Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(3,800,000)	1010001-LOCAL FUNDS	202178 - 10.01 - F0020.INPATIENT (CHIP).INPATIENT CHIP Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(3,680,000)	1010001-LOCAL FUNDS	202178 - 10.22 - FA050.MENTAL HEALTH FACILITY (CHIP).MENTAL HEALTH FACILITY - CH
713200C-CONTRACTUAL SERVICES - OTHER	\$(2,598,547)	1010001-LOCAL FUNDS	202178 - 10.10 - F0330.LABORATORY & RADIOLOGICAL SERVICE (CHIP).LABORATORY & RAD
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,720,000)	1010001-LOCAL FUNDS	202178 - 10.02 - F0160.PHYSICIAN SERVICES (CHIP).PHYSICIAN SERVICES CHIP Local
713200C-CONTRACTUAL SERVICES - OTHER	\$(1,300,000)	1010001-LOCAL FUNDS	202178 - 10.07 - F0270.CLINIC SERVICES - PRIVATE (CHIP).CLINIC SERVICES - PRIVAT

714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,150,000)	1010001-LOCAL FUNDS	202179 - 10.13 - F0240.OTHER PRACTITIONERS' SERVICES (MEDICAID).OTHER PRACTITION
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(980,000)	1010001-LOCAL FUNDS	202178 - 10.16 - F0540.NON- EMERGENCY MED TRANSPORT (CHIP).NON-EMERGENCY MEDICAL
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(950,000)	1010001-LOCAL FUNDS	202178 - 10.23 - FA070.PSYCHIATRIC RESIDENTIAL TREATMENT - CHIP.PSYCHIATRIC RESI
713200C-CONTRACTUAL SERVICES - OTHER	\$(648,968)	1010001-LOCAL FUNDS	202178 - 10.19 - F0670.EMERGENCY HOSPITAL SERVICES (CHIP).EMERGENCY HOSPITAL SER
701100C-CONTINUING FULL TIME	\$(500,997)	1010001-LOCAL FUNDS	202178 - 10.05 - F0230.DENTAL SERVICES (CHIP).DENTAL SERVICES - CHIP Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(460,000)	1010001-LOCAL FUNDS	202178 - 10.03 - F0190.OUTPATIENT HOSPITAL CHIP.OUTPATIENT HOSPITAL CHIP Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(380,000)	1010001-LOCAL FUNDS	202179 - 10.20 - F0370.EPSDT (MEDICAID).EPSDT-MEDICAID Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(360,000)	1010001-LOCAL FUNDS	202179 - 10.12 - F0220.DENTAL SERVICES (MEDICAID).DENTAL SERVICES Local
713200C-CONTRACTUAL SERVICES - OTHER	\$(304,899)	1010001-LOCAL FUNDS	202179 - 10.57 - F1930.ALLIANCE EMERGENCY MEDICAL TRANSPORT (LOCAL).ALLIANCE EME
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(300,000)	1010001-LOCAL FUNDS	202179 - 10.37 - F0990.MCO - EXPANSION POPULATION (85% FFP).MCO - EXPANSION POP
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(281,146)	1010001-LOCAL FUNDS	202179 - 10.33 - F0680.NURSE PRACTITIONER SERVICES (MEDICAID).NURSE PRACTITIONER
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(230,000)	1010001-LOCAL FUNDS	202179 - 10.17 - F0320.LABORATORY & RADIOLOGICAL SVE (MEDICAID).LABORATORY & RAD

714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(220,000)	1010001-LOCAL FUNDS	202179 - 10.27 - F0510.FEDERALLY-QUALIFIED HEALTH CTR (MEDIC.).FEDERALLY-QUALIFI
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(220,000)	1010001-LOCAL FUNDS	202179 - 10.08 - F0120.ICF/MR PRIVATE (MEDICAID).ICF/MR PRIVATE Local
701400C-FRINGE BENEFITS - CURR PERSONNEL	\$(214,714)	1010001-LOCAL FUNDS	202179 - 10.09 - F0150.PHYSICIAN SERVICES (MEDICAID).PHYSICIAN SERVICES-MEDICAID
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(210,000)	1010001-LOCAL FUNDS	202178 - 10.09 - F0310.CLINIC SERVICES - MHRS (CHIP).CLINIC SERVICES - MHRS CHIP
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(200,000)	1010001-LOCAL FUNDS	202179 - 10.32 - F0660.EMERGENCY HOSPITAL SERVICES (MEDICAID).EMERGENCY HOSPITAL
713200C-CONTRACTUAL SERVICES - OTHER	\$(181,595)	1010001-LOCAL FUNDS	202179 - 10.26 - F0500.HOSPICE BENEFITS (MEDICAID).HOSPICE BENEFITS Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(180,000)	1010001-LOCAL FUNDS	202179 - 10.54 - F0830.SSI PAYMENTS (LOCAL).SSI PAYMENTS
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(180,000)	1010001-LOCAL FUNDS	202179 - 10.18 - F0340.HOME HEALTH SERVICES (MEDICAID).HOME HEALTH SERVICES Loca
701100C-CONTINUING FULL TIME	\$(167,087)	1010001-LOCAL FUNDS	202179 - 10.10 - F0170.OUTPATIENT HOSPITAL IN STATE (MEDICAID).OUTPATIENT HOSPIT
701100C-CONTINUING FULL TIME	\$(155,002)	1010001-LOCAL FUNDS	202179 - 10.03 - F0040.INPATIENT - GME PAYMENTS (MEDICAID).INPATIENT - GME PAYME
713200C-CONTRACTUAL SERVICES - OTHER	\$(145,580)	1010001-LOCAL FUNDS	202179 - 10.49 - F1950.DSNP NON-EPD.DSNP NON-EPD Local
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(130,000)	1010001-LOCAL FUNDS	202179 - 10.07 - F0080.NURSING FACILITY IN STATE (MEDICAID).NURSING FACILITY IN
713200C-CONTRACTUAL SERVICES - OTHER	\$(118,305)	1010001-LOCAL FUNDS	202179 - 10.48 - F1940.DSNP (MEDICAID).DSNP Local

701100C-CONTINUING FULL TIME	\$(109,493)	1010001-LOCAL FUNDS	202179 - 10.52 - F0410.MEDICAID PART B - NON FFP (LOCAL).MEDICAID PART B - NON F
713100C-OTHER SERVICES & CHARGES	\$(98,205)	1010001-LOCAL FUNDS	202179 - 10.41 - F0930.EMERGENCY MEDICAID (NON MEDICAID POP.).EMERGENCY MEDICAID
701400C-FRIDGE BENEFITS - CURR PERSONNEL	\$(97,156)	1010001-LOCAL FUNDS	202179 - 10.34 - .F0720.PRIVATE DUTY NURSING (MEDICAID).PRIVATE DUTY NURSING Loc
701100C-CONTINUING FULL TIME	\$(91,520)	1010001-LOCAL FUNDS	202179 - 10.38 - F0870.EPD WAIVER (MEDICAID).EPD WAIVER Local
701400C-FRIDGE BENEFITS - CURR PERSONNEL	\$(72,241)	1010001-LOCAL FUNDS	202179 - 10.55 - F0840.PART-D CLAWBACK (LOCAL).PART-D CLAWBACK
701400C-FRIDGE BENEFITS - CURR PERSONNEL	\$(69,952)	1010001-LOCAL FUNDS	202179 - 10.16 - F0300.CLINIC SERVICES - MHRS (MEDICAID).CLINIC SERVICES - MHRS
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(67,000)	1010001-LOCAL FUNDS	202179 - 10.23 - F0420.MANAGED CARE ORGANIZATIONS- MCO (MEDIC.).MANAGED CARE ORG
701400C-FRIDGE BENEFITS - CURR PERSONNEL	\$(48,275)	1010001-LOCAL FUNDS	202179 - 10.01 - F0000.INPATIENT IN STATE (MEDICAID).INPATIENT IN STATE Local
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(23,715)		
713100C-OTHER SERVICES & CHARGES	\$(15,921)		
713100C-OTHER SERVICES & CHARGES	\$(15,110)		
713100C-OTHER SERVICES & CHARGES	\$(13,950)		
713100C-OTHER SERVICES & CHARGES	\$(13,678)		
711100C-SUPPLIES & MATERIALS	\$(10,443)		

713100C-OTHER SERVICES & CHARGES	\$(9,500)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(9,000)		
711100C-SUPPLIES & MATERIALS	\$(8,915)		
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(7,864)		
713100C-OTHER SERVICES & CHARGES	\$(7,568)		
713100C-OTHER SERVICES & CHARGES	\$(7,427)		
713100C-OTHER SERVICES & CHARGES	\$(6,495)		
713100C-OTHER SERVICES & CHARGES	\$(6,481)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(6,000)		
713100C-OTHER SERVICES & CHARGES	\$(5,390)		
713100C-OTHER SERVICES & CHARGES	\$(4,298)		
713100C-OTHER SERVICES & CHARGES	\$(3,574)		
713100C-OTHER SERVICES & CHARGES	\$(3,477)		
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(2,888)		
713100C-OTHER SERVICES & CHARGES	\$(2,750)		
713100C-OTHER SERVICES & CHARGES	\$(2,380)		
713100C-OTHER SERVICES & CHARGES	\$(2,361)		

713100C-OTHER SERVICES & CHARGES	\$(2,014)			
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(1,100)			
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(1,100)			
713100C-OTHER SERVICES & CHARGES	\$(1,053)			
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,000)			
711100C-SUPPLIES & MATERIALS	\$(930)			
713100C-OTHER SERVICES & CHARGES	\$(921)			
713100C-OTHER SERVICES & CHARGES	\$(921)			
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(908)			
711100C-SUPPLIES & MATERIALS	\$(715)			
711100C-SUPPLIES & MATERIALS	\$(697)			
711100C-SUPPLIES & MATERIALS	\$(675)			
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(600)			
711100C-SUPPLIES & MATERIALS	\$(579)			

711100C-SUPPLIES & MATERIALS	\$(572)		
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(550)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(300)		
717100C-PURCHASES EQUIPMENT & MACHINERY	\$(265)		
713100C-OTHER SERVICES & CHARGES	\$(257)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(200)		
711100C-SUPPLIES & MATERIALS	\$(109)		
713100C-OTHER SERVICES & CHARGES	\$(58)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(548,918)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.55 - F1912.F1910.NON-MEDICAID DOULA SERVICES.NON-MEDICAID DOULA SERV
713200C-CONTRACTUAL SERVICES - OTHER	\$(2,856,780)	4025002-FEDERAL MEDICIAD PAYMENTS	200881 - 23.02 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF
712100C-ENERGY COMM & BLDG RENTALS	\$(599,971)	4025002-FEDERAL MEDICIAD PAYMENTS	400531 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF
712100C-ENERGY COMM & BLDG RENTALS	\$(3,155)	4025002-FEDERAL MEDICIAD PAYMENTS	400529 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF
712100C-ENERGY COMM & BLDG RENTALS	\$(161)	4025002-FEDERAL MEDICIAD PAYMENTS	400533 - 01.01 - 33XMF.A3200.EQUIPMENT.PROJECT MANAGEMENTF
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,000,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.12 - F38CC.F0380.EPSDT SCREENING SERVICES (CHIP).EPSDT SCREENING SER

714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(441,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.19 - F69CC.F0690.NURSE PRACTITIONER SERVICES (CHIP).NURSE PRACTITION 200875 - 23.17 - F62CC.F0620.PROSTHETC DVCS,DENTURES,EYEGLASS (CHIP).PROSTHETC D
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(400,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.27 - DMH Rehab Option - CHIP
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(100,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.06 - F25CC.F0250.OTHER PRACTITIONERS' SERVICES (CHIP).OTHER PRACTITI
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(50,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.10 - F33CC.F0330.LABORATORY & RADIOLOGICAL SERVICE (CHIP).LABORATORY
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(30,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.02 - F16CC.F0160.PHYSICIAN SERVICES (CHIP).PHYSICIAN SERVICES CHIP
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.07 - F27CC.F0270.CLINIC SERVICES - PRIVATE (CHIP).CLINIC SERVICES -
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.26 - FA4CC.FA440.HSCSN (CHIP).HSCSN - CHIP
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.25 - FA7CC.FA070.PSYCHIATRIC RESIDENTIAL TREATMENT - CHIP.PSYCHIATRI
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.01 - F02CC.F0020.INPATIENT (CHIP).INPATIENT CHIP
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.15 - F54CC.F0540.NON-EMERGENCY MED TRANSPORT (CHIP).NON- EMERGENCY ME
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.03 - F19CC.F0190.OUTPATIENT HOSPITAL CHIP.OUTPATIENT HOSPITAL CHIP

		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.05 - F23CC.F0230.DENTAL SERVICES (CHIP).DENTAL SERVICES - CHIP
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.18 - F67CC.F0670.EMERGENCY HOSPITAL SERVICES (CHIP).EMERGENCY HOSPIT
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.09 - F31CC.F0310.CLINIC SERVICES - MHRS (CHIP).CLINIC SERVICES - MHR
		4025002-FEDERAL MEDICIAD PAYMENTS	200875 - 23.28 - DC Fire & EMS Services - CHIP
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(41,000,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.19 - F36M3.F0360.STERILIZATIONS (MEDICAID).STERILIZATIONS
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(25,000,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.13 - F24M3.F0240.OTHER PRACTITIONERS' SERVICES (MEDICAID).OTHER PRAC
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(22,700,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.20 - F37M3.F0370.EPSDT (MEDICAID).EPSDT-MEDICAID
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(20,200,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.17 - F32M3.F0320.LABORATORY & RADIOLOGICAL SVE (MEDICAID).LABORATORY
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(11,100,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.33 - F68M3.F0680.NURSE PRACTITIONER SERVICES (MEDICAID).NURSE PRACTI
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(10,200,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.09 - F15M3.F0150.PHYSICIAN SERVICES (MEDICAID).PHYSICIAN SERVICES-ME
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(8,600,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.32 - F66M3.F0660.EMERGENCY HOSPITAL SERVICES (MEDICAID).EMERGENCY HO

714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(6,300,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.26 - F50M3.F0500.HOSPICE BENEFITS (MEDICAID).HOSPICE BENEFITS
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,300,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.08 - F12M3.F0120.ICF/MR PRIVATE (MEDICAID).ICF/MR PRIVATE
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,300,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.45 - F99M3.F0990.MCO - EXPANSION POPULATION (85% FFP).MCO - EXPANSI
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,300,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.22 - F40M3.F0400.MEDICAID PART B (MEDICAID).MEDICAID PART B
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,100,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.10 - F17M3.F0170.OUTPATIENT HOSPITAL IN STATE (MEDICAID).OUTPATIENT
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(4,000,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.67 - FFMM3.F5150.FIRE & EMS SVS. (AMBULANCE) (MEDICAID).FIRE & EMS
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(2,690,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.56 - F1943.F1940.DSNP (MEDICAID).DSNP
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(2,500,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.57 - F1953.F1950.DSNP NON- EPD.DSNP NON-EPD
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(2,300,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.24 - F44M3.F0440.HSCSN (MEDICAID).HSCSN
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,900,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.62 - F0SM3.F5040.OSSE-CHILDREN W/SPCL NEEDS TRNSPT (MED).OSSE-CHILDR
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,820,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.34 - F72M3.F0720.PRIVATE DUTY NURSING (MEDICAID).PRIVATE DUTY NURSIN
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(1,400,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.38 - F87M3.F0870.EPD WAIVER (MEDICAID).EPD WAIVER

714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(860,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.07 - F08M3.F0080.NURSING FACILITY IN STATE (MEDICAID).NURSING FACILI
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(550,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.16 - F30M3.F0300.CLINIC SERVICES - MHRS (MEDICAID).CLINIC SERVICES -
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(530,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.37 - F86M3.F0860.MR/DD WAIVER (MEDICAID).MR/DD WAIVER
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(520,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200883 - 23.23 - F42M3.F0420.MANAGED CARE ORGANIZATIONS- MCO (MEDIC.).MANAGED CA
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(511,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(500,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(500,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(430,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(300,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(160,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(100,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(30,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(3,000)		

713200C-CONTRACTUAL SERVICES - OTHER	\$(60,435)	4025002-FEDERAL MEDICIAD PAYMENTS	400535 - 23.02 - M06A3.M0600.CONTRACTING & PROCUREMENT (MEDICAID ADM).CONTRACTIN
713100C-OTHER SERVICES & CHARGES	\$(49,500)	4025002-FEDERAL MEDICIAD PAYMENTS	400535 - 23.02 - M06A3.M0600.CONTRACTING & PROCUREMENT (MEDICAID ADM).CONTRACTIN
		4025002-FEDERAL MEDICIAD PAYMENTS	402062 - 10.01 - TO0.DC Net
		4025002-FEDERAL MEDICIAD PAYMENTS	402060 - 10.01 - AS0.Non-DCNet
713200C-CONTRACTUAL SERVICES - OTHER	\$(279,514)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(677,862)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(92,648)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(9,549)		
713200C-CONTRACTUAL SERVICES - OTHER	\$(400,000)		
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(110,000)	4025002-FEDERAL MEDICIAD PAYMENTS	400519 - 23.02 - F11A3.F0110.NURSING HOME QUALITY OF CARE (MED ADMIN).NURSING HO
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(90,000)	1011003-NURSING HOMES QUALITY OF CARE FUND	400519 - 23.01 - DF011.F0110.NURSING HOME QUALITY OF CARE (DEDICATED).NURSING HO

713200C-CONTRACTUAL SERVICES - OTHER	\$(534,866)	4020002-FEDERAL GRANTS	400528 - 23.01 - 64MFP.L0000.MONEY FOLLOWS THE PERSON GRANT.LONG TERM CARE SUPPO
		4020002-FEDERAL GRANTS	400528 - 23.01 - 64MFP.L0000.MONEY FOLLOWS THE PERSON GRANT.LONG TERM CARE SUPPO

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Account	Amount	Fund	Project
714100C-GOVERNMENT SUBSIDIES & GRANTS	\$(180,000)	4025002-FEDERAL MEDICIAD PAYMENTS	402062 - 10.02 - TO0.DC Net
713200C-CONTRACTUAL SERVICES - OTHER	\$(45,000)	4025002-FEDERAL MEDICIAD PAYMENTS	200881 - 25.20 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION
7141007-GRANTS & GRATUITIES	-\$945,000.00	4025002-FEDERAL MEDICIAD PAYMENTS	200873 - 23.03 - AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION

To			
Award	Program	Account	Amount
No Award	100045-GRANTS MANAGEMENT OVERSIGHT	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$100,000
No Award	100028-CUSTOMER SERVICE - GENERAL	701400C-FRINGE BENEFITS - CURR PERSONNEL	\$6,526
No Award	100028-CUSTOMER SERVICE - GENERAL	701100C-CONTINUING FULL TIME	\$29,801
2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700352-HCBS ARPA EXPANSION OF SERVICE AND ACCESS	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$194,514
2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY	713200C- CONTRACTUAL SERVICES - OTHER	\$236,803
2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700350-HCBS ARPA INITIATIVES (DDS)	713200C- CONTRACTUAL SERVICES - OTHER	\$277,177
2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700353-HCBS ARPA QUALITY OVERSIGHT & PROVIDER CAPACITY	713200C- CONTRACTUAL SERVICES - OTHER	\$366,150
2001259 - HT0.1125.THE MEDICAID HCBS ENHANCEMENT FUND	700348-HCBS ARPA ENHANCED WAGE SUPPLEMENTAL	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$21,933,493

1000699 - HT0.FY24 RTS Local	700084-HEALTH CARE AGENCY MONITORING AND KPIS	713100C-OTHER SERVICES & CHARGES	\$5,500
1000103 - HT0.0100.LOCAL FUNDS	100022-CONTRACTING AND PROCUREMENT - GENERAL	701400C-FRINGE BENEFITS - CURR PERSONNEL	\$13,320
1000699 - HT0.FY24 RTS Local	700084-HEALTH CARE AGENCY MONITORING AND KPIS	713100C-OTHER SERVICES & CHARGES	\$55,000
1000103 - HT0.0100.LOCAL FUNDS	100022-CONTRACTING AND PROCUREMENT - GENERAL	701100C-CONTINUING FULL TIME	\$60,545
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C-GOVERNMENT SUBSIDIES & GRANTS	\$235,251
No Award	100122-FINANCE SERVICES	714100C-GOVERNMENT SUBSIDIES & GRANTS	\$500,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700102-MCO - CHILDLESS ADULTS (GROUP 8)	714100C-GOVERNMENT SUBSIDIES & GRANTS	\$10,700,000

1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700104-MCO - IMMIGRANT CHILDREN	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,700,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$14,000,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$300
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$400
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$800
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$2,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$2,400
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,100
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$8,200
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$9,000

1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$10,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$16,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$16,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$26,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$32,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$40,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$50,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$110,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700101-MCO - ALLIANCE	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$130,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700102-MCO - CHILDLESS ADULTS (GROUP 8)	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$172,300
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000

1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$300,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$300,000
1000564 - HT0.LOCAL CHIP PROVIDER PAYMENTS PPLOCP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$600,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$600,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$700,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,100,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,100,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,300,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,400,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$2,400,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$2,900,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700340-MCO- WAIVER	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,800,000

1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,900,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,600,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$5,000,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700097-1115/1915 - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$5,000,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$5,200,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$6,000,000
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$7,391,892
1000562 - HT0.LOCAL PROVIDER PAYMENTS PPLOCA	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$7,700,000

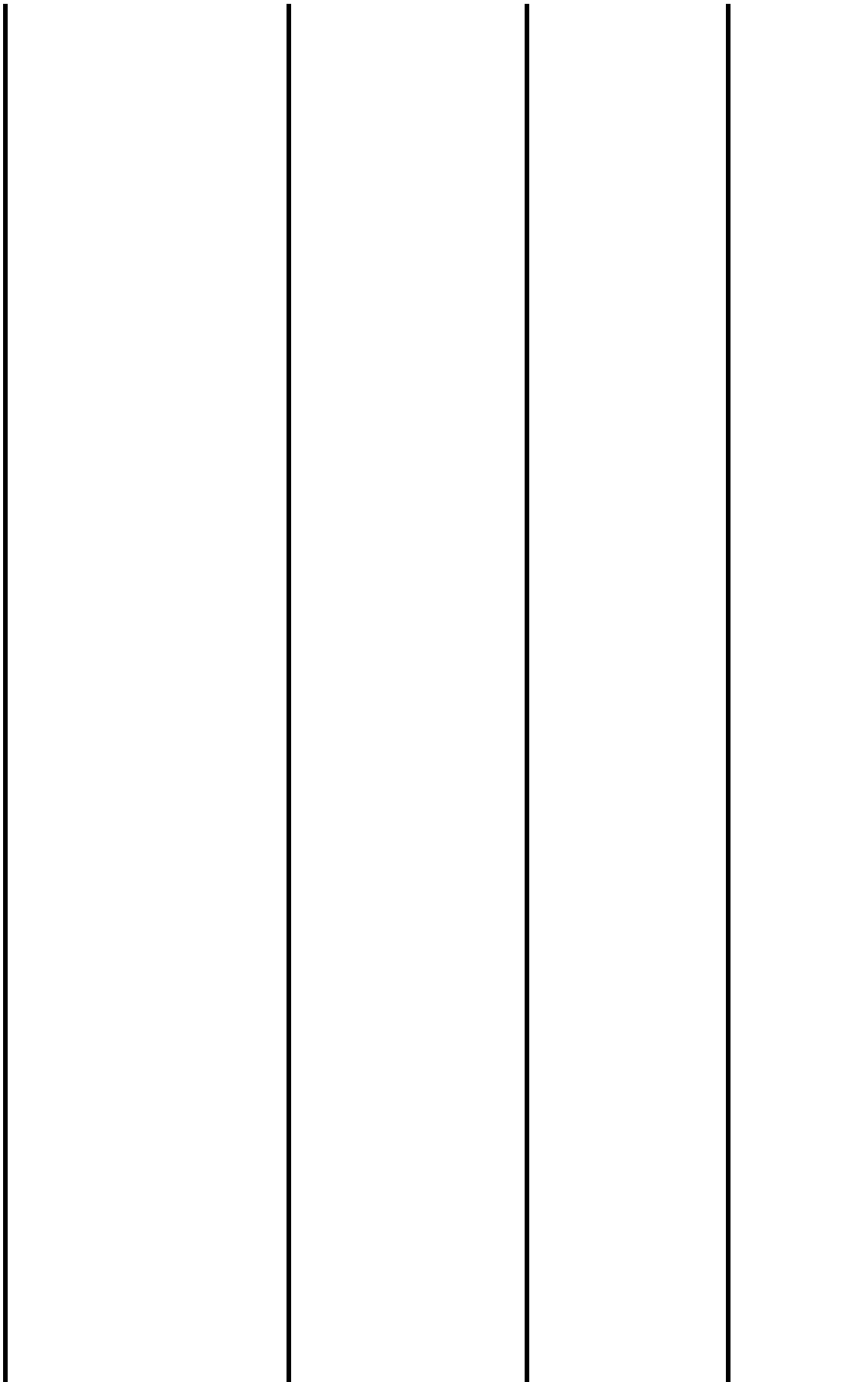
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2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$548,918
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700083-E&E SUPPORT - PMO/SME - DCAS	713200C- CONTRACTUAL SERVICES - OTHER	\$2,856,780
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700083-E&E SUPPORT - PMO/SME - DCAS	712100C-ENERGY COMM & BLDG RENTALS	\$599,971
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700083-E&E SUPPORT - PMO/SME - DCAS	712100C-ENERGY COMM & BLDG RENTALS	\$3,155
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700083-E&E SUPPORT - PMO/SME - DCAS	712100C-ENERGY COMM & BLDG RENTALS	\$161
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,000

2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$5,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$22,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$40,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$40,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700103-MCO - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$40,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$70,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$90,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$100,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000

2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$200,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$400,000
2001522 - HT0.MCIP30.CHILDRENS HEALTH INSURANCE PROGRAM CHIP	700099-FFS - CHIP	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$600,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$20,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$110,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$300,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$480,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$590,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,500,000

2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,700,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,800,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700102-MCO - CHILDLESS ADULTS (GROUP 8)	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,800,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$1,900,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,200,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$3,300,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700340-MCO- WAIVER	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$4,000,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$6,000,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$6,100,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$9,500,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$11,500,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700097-1115/1915 - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$11,700,000

2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$14,600,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700100-FFS - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$16,900,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700097-1115/1915 - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$40,700,000
2001520 - HT0.8250.MMMD24.MEDICAID MEDICAL ASSISTANCE PAYMEN	700105-MCO - MEDICAID	714100C- GOVERNMENT SUBSIDIES & GRANTS	\$46,000,000

2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	100022-CONTRACTING AND PROCUREMENT - GENERAL	701400C-FRINGE BENEFITS - CURR PERSONNEL	\$10,898
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	100022-CONTRACTING AND PROCUREMENT - GENERAL	701100C-CONTINUING FULL TIME	\$49,536
2001880 - HT0.FY24 RTS Federal	700084-HEALTH CARE AGENCY MONITORING AND KPIS	713100C-OTHER SERVICES & CHARGES	\$45,000
2001880 - HT0.FY24 RTS Federal	700084-HEALTH CARE AGENCY MONITORING AND KPIS	713100C-OTHER SERVICES & CHARGES	\$4,500
2001521 - HT0.MMAD24.MEDICAID ADMIN ENTITLEMENT	700100-FFS - MEDICAID	713200C- CONTRACTUAL SERVICES - OTHER	\$90,000
5000004 - HT0.0110.NURSING HOMES QUALITY OF CARE FUND	700100-FFS - MEDICAID	713200C- CONTRACTUAL SERVICES - OTHER	\$110,000

2000712 - HT0.8200.64MMFP.MONEY FOLLOWS THE PERSON	700093-PROVIDER OVERSIGHT	701400C-FRINGE BENEFITS - CURR PERSONNEL	\$99,662
2000712 - HT0.8200.64MMFP.MONEY FOLLOWS THE PERSON	700093-PROVIDER OVERSIGHT	701100C-CONTINUING FULL TIME	\$435,204

To			
Award	Program	Account	Amount
2001984 - HT0.MMAD25.MEDICAID ADMIN ENTITLEMENT	100182-CHIEF OPERATING OFFICE	713100C-OTHER SERVICES & CHARGES	\$45,000
2001984 - HT0.MMAD25.MEDICAID ADMIN ENTITLEMENT	100207-GRANTS ADMINISTRATION FUNCTION	713200C- CONTRACTUAL SERVICES - OTHER	\$180,000
2001983 - HT0.HIEM25.HEALTH INFORMATION EXCHANGE MES	100207-GRANTS ADMINISTRATION FUNCTION	7141003-MEDICAL VENDOR SERVICES	\$945,000.00

Department of Health Care Finance (HCF)															
FY24 Oversight Hearing															
Question 8: Grant Information Sheet															
Award Number (Grant Number)	Award Description (Grant Name)	FY24 Approved Budget Authority	FY24 Expenditures	FY25 Approved Budget Authority	FY25 Expenditures Including Encumbrances and Pre-Encumbrances (Thru 12/31/24)	Organization/Agency that Provided/Received the Grant	Grant Amount FY25	Notes and Explanation of reductions from FY24 to FY25, if any.	Purpose of Grant	Grant Deliverables	Grant Outcomes, including Grantee Performance	Corrective Action taken or Technical Assistance Provided	Funding Source	Program/Activity	Contact Person
Grant															
2001525 (HHEM24)	HEALTH INFORMATION EXCHANGE (HIE) MES	4,971,291	3,196,056	-	-	N/A	N/A	This grant is administered based on a federal finding. The finding levels requested for each year are based on the cost of the project goals for each year and fluctuate accordingly.	To enhance the design, development and implementation of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•CRISP Reporting Services (DC) enhancements, including development of dashboards and reporting to support population-level and panel-level management through clinical and administrative data for analysis and interventions. •Community Resource Inventory (CRI) enhancements to a publicly available directory of shared resources reflecting programs and organizations in the community. •Screening and referral for Social Determinants of Health tool enhancements including direct-entry screening, display of screening and assessments, technical integrations between third-party platforms and DC HIE infrastructure, and closed loop referral capabilities. •Consent management tool enhancements to enable sharing of substance use disorder (SUD) data through the DC HIE as well as patient directed data sharing. •Advance Care Planning will establish a cloud-based mechanism in the DC HIE for providers to document, store, and access advance care planning documents within the District.	•Medicaid providers are able to view general trends and patient-specific data of Medicaid beneficiaries and gain insight into service gaps that can support care management decisions for high-risk patients. •Medicaid providers accessing the Community Resource Inventory (CRI) can improve care management across health and communicate care team members. •Medicaid providers using the eReferral tool can generate referrals to CBOs and receive real-time updates on referral fulfillment within the eReferral tool system, thereby improving care management across health and community care team members. •Medicaid providers use of electronic processes for receiving informed consent (eConsent) from Medicaid beneficiaries will help Medicaid providers increase patient engagement and streamline workflows for improved and efficient care delivery and coordination. •Medicaid providers will have access to the right information at the right time via various systems of records through the DC HIE as defined by use cases developed through a community-based governance process. This process will prioritize use cases that improve care coordination, delivery, and outcomes for the District's Medicaid beneficiaries. •Medicaid providers utilizing the advance care planning platform will have the capability to document, store, share and access Advance Directives and Medical Orders for Scope of Treatment forms at the point of care to promote patient-centered care by focusing on patients' personal preferences for medical care treatments.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) design, development, and implementation enhanced funding.	Health Care Reform and Innovation	Denzir Soyer
2001983 (HHEM25)	HEALTH INFORMATION EXCHANGE MES	-	-	7,299,548	646,736	N/A	N/A	This grant is administered based on a federal finding. The finding levels requested for each year are based on the cost of the project goals for each year and fluctuate accordingly.	To enhance the design, development and implementation of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•CRISP Reporting Services (DC) enhancements, including development of dashboards and reporting to support population-level and panel-level management through clinical and administrative data for analysis and interventions. •Community Resource Inventory (CRI) enhancements to a publicly available directory of shared resources reflecting programs and organizations in the community. •Screening and referral for Social Determinants of Health tool enhancements including direct-entry screening, display of screening and assessments, technical integrations between third-party platforms and DC HIE infrastructure, and closed loop referral capabilities. •Consent management tool enhancements to enable sharing of substance use disorder (SUD) data through the DC HIE as well as patient directed data sharing. •Advance Care Planning will establish a cloud-based mechanism in the DC HIE for providers to document, store, share and access advance care planning documents within the District.	•Medicaid providers are able to view general trends and patient-specific data of Medicaid beneficiaries and gain insight into service gaps that can support care management decisions for high-risk patients. •Medicaid providers accessing the Community Resource Inventory (CRI) can improve care management across health and communicate care team members. •Medicaid providers using the eReferral tool can generate referrals to CBOs and receive real-time updates on referral fulfillment within the eReferral tool system, thereby improving care management across health and community care team members. •Medicaid providers use of electronic processes for receiving informed consent (eConsent) from Medicaid beneficiaries will help Medicaid providers increase patient engagement and streamline workflows for improved and efficient care delivery and coordination. •Medicaid providers will have access to the right information at the right time via various systems of records through the DC HIE as defined by use cases developed through a community-based governance process. This process will prioritize use cases that improve care coordination, delivery, and outcomes for the District's Medicaid beneficiaries. •Medicaid providers utilizing the advance care planning platform will have the capability to document, store, share and access Advance Directives and Medical Orders for Scope of Treatment forms at the point of care to promote patient-centered care by focusing on patients' personal preferences for medical care treatments.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) design, development, and implementation enhanced funding.	Health Care Reform and Innovation	Denzir Soyer
2001521 (MCPJ30)	FY24 CHILDREN'S HEALTH INSURANCE PROGRAM CHIP	84,311,761	57,349,079	-	3,472,142	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the CHIP program and fluctuates.	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-21	CMS review of quarterly Medicaid claims have not identified any problems.	None	DHHS/CMS	All Programs/Activities	Darrin Shaffer
2001981 (MCPJ32)	FY25 CHILDRENS HEALTH INSURANCE PROGRAM CHIP	-	-	65,908,388	10,702,695	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the CHIP program and fluctuates.	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-21	CMS review of quarterly Medicaid claims have not identified any problems.	None	DHHS/CMS	All Programs/Activities	Darrin Shaffer
2001521 (MMAD24)	MEDICAID ADMIN ENTITLEMENT	141,371,621	113,327,495	-	-	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	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	DHHS/CMS	All Programs/Activities	Darrin Shaffer
2001984 (MMAD25)	MEDICAID ADMIN ENTITLEMENT	-	-	144,003,795	21,534,145	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	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	DHHS/CMS	All Programs/Activities	Darrin Shaffer
2001520 (MMMD24)	FY24 PROVIDER PYMT PORTION OF MEDICAID ENTITLEMENT	3,121,751,554	3,041,053,491	-	-	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	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	DHHS/CMS	Health Care Finance	Darrin Shaffer
2001980 (MMMD25)	FY25 Medicaid Medical Assistance Payments	-	-	3,354,921,611	659,788,880	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	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	DHHS/CMS	Health Care Finance	Darrin Shaffer
2001523 (MHIT24)	FY24 MEDICAID HEALTH INFORMATION TECHNOLOGY PORTION OF ENTITLEMENT GRANT	-	22,798	-	-	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	To rollout a complete five-year strategic plan for Medicaid HIT projects and implement major components of the plan. Continue to maintain the EHR (Electronic Health Record) 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 (SMHIP) 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 SMHIP. 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 TBD).	TA guidance provided by CMS	DHHS/CMS	Health Care Reform and Innovation	Denzir Soyer
2001982 (MHIT25)	FY25 MEDICAID HEALTH INFORMATION TECHNOLOGY PORTION OF ENTITLEMENT GRANT	-	-	-	-	N/A	N/A	This is an entitlement grant and the grant amount each year is based on utilization/expenditures in the Medicaid program and fluctuates.	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 (SMHIP) 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 SMHIP. 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 TBD).	TA guidance provided by CMS	DHHS/CMS	Health Care Reform and Innovation	Denzir Soyer
2000712 (64MMPF)	MONEY FOLLOWS THE PERSON	4,550,493	3,352,499	9,109,359	114,431	N/A	N/A	Federal carryover grant. Funds that were not spent in FY24, carries over to FY25.	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 (EPD) Waiver program	Transition services provided to Medicaid beneficiaries.	DHHS/CMS	Long Term Care Program	Mualla Nkado
AMM24	ADVANCING MEDICARE-MEDICAID INTEGRATION	-	-	-	-	N/A	N/A	DHCF applied for a grant and was granted budget authority in anticipation of receipt of the grant; however DHCF found out after FY24 budget formulation was complete that we would not be awarded the grant.	The grant's intended purpose is listed below, however, DHCF was not awarded this grant. In an effort to expand and enhance community outreach to educate the public - particularly dual eligible individuals - DHCF requested funding to engage stakeholders to create an outreach and education campaign for beneficiaries and providers around the value of its two integrated models.	Intended grant deliverables included the following items; however DHCF did not receive the grant : •Needs assessment that evaluates: (1) existing resources and materials specific to dual eligibles, their health care and coverage options; (2) beneficiary and family perspectives on the information available to duals and their families about coverage and care, and the channels and technologies through which they prefer to access this information; and (3) provider and community-serving organization perspectives on the information available to duals, how they access it, and what else may be needed. •Informational materials targeted to the dual-eligible population about public health care coverage and specifically integrated care models in the District. •Marketing plan for the dissemination and promotion of project materials. •Sustainability plan for the information and education campaign, to reflect ongoing maintenance of the website, routine community engagement, and a staffing support plan.	The grant's intended outcomes as listed below, however, DHCF was not awarded this grant. Increase enrollment in integrated Medicare-Medicaid delivery system options (Dual Choice, PACE) with increased awareness of the integrated models.	N/A	N/A	N/A	Benjamin Elieghie
Sub-grant															
Locally funded (DHCF-FOODRX-2024)	Implementing a Systemwide Approach to Produce Prescriptions for Medicaid Beneficiaries	500,000	499,998	500,000	-	DC Greens Inc	\$ 500,000		To enhance and expand produce prescription interventions for Medicaid and other public insurance program beneficiaries in the District.	•Design and deliver Produce Rx services to eligible beneficiaries •Revised digital system •Extended Produce Rx referral network/partnerships •Strengthen clinical-community linkages using technology •Evaluate program design and impact •Develop a strategic approach to sustain Produce Rx services	•Enrolled more than 1,000 participants •Revised digital system •Piloted program to test Fresh Connect card technology •Executed data use agreement to receive DHCF data to conduct evaluation for 2019-2020 cohort •Conducted participant feedback sessions to gather qualitative data •Built partnerships with three additional clinics •Expanded program to three additional grocery stores	None	Fiscal Year 2024 Budget Support Act of 2023	Health Care Reform and Innovation	Jordan Kizla
Locally funded (DHCF-FOODRX-2025)	Implementing a Systemwide Approach to Produce Prescriptions for Medicaid Beneficiaries			500,000	-	Application process has not yet concluded. see details at https://dhcf.dc.gov/page/dhcf-grant-opportunities	\$ 500,000		To enhance and expand produce prescription interventions for Medicaid and other public insurance program beneficiaries in the District.	•Design and deliver Produce Rx services to eligible beneficiaries •Extended Produce Rx referral network/partnerships •Strengthen clinical-community linkages using technology •Evaluate program design and impact •Develop a strategic approach to sustain Produce Rx services	•Enrolled more than 1,000 participants •Revised digital system •Piloted program to test Fresh Connect card technology •Executed data use agreement to receive DHCF data to conduct evaluation for 2019-2020 cohort •Conducted participant feedback sessions to gather qualitative data •Built partnerships with three additional clinics •Expanded program to three additional grocery stores	None	American Rescue Plan Act (ARPA) of 2021	Health Care Reform and Innovation	Jordan Kizla
2001259 (DHCF-HCBS-2024)	The Medicaid HCBS Enhance Fund (ARPA Home and Community Based Services (HCBS) Digital Health Technical Assistance (TA)	1,950,000	1,935,170	-	-	DC Primary Care Association	\$ 1,950,000	The HCBS Digital Health Incentive Program officially sunset on September 30, 2024 and of FY24, providing incentives to roughly 100 eligible HCBS providers to meaningfully use their EHRs and connect to the HIE. Starting in FY25, the grant was modified to support innovative data quality at	To create a tailored technical assistance (TA) program to support HCBS providers' (inclusive of behavioral health, long term care, disability services, and housing supporting services providers) adoption and use of digital health.	HCBS Promoting Interoperability Program: •Assessing provider readiness to adopt new health IT systems •Assisting providers with the selection of appropriate systems (EHR or case management systems) capable of meeting the requirement of the incentive program. •Supporting system implementation and use. •Supporting meaningful use of the system, including connectivity to and use with the DC HIE. •Assisting providers with the documentation required by DHCF and DBH to receive the allowable HCBS PIP incentive payment, and •As needed, assist providers with the Medicaid compliance requirements to meet the Administrative Simplification provisions of HIPAA.	HCBS Promoting Interoperability Program: Conducted various TA outreach activities, including initial outreach, kickoff meetings, signed participation agreements, and cumulative attestation deliverables with 46 MHBS, 18 ASARS, 16 HBS, and 57 LTSS providers. HCBS Telehealth Program: Refined draft documents and workflow processes, including new telehealth guidelines to improve telehealth milestones for approval, new outreach material/ kickoff meeting slide decks for telehealth outreach meetings, and developed vendor list of independent telehealth platform vendors	None	American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid HCBS	Health Care Reform and Innovation	Edwanda Koch

Award Number (Grant Number)	Award Description (Grant Name)	FY24 Approved Budget Authority	FY24 Expenditures	FY25 Approved Budget Authority	FY25 Expenditures Including Encumbrances and Pre-Encumbrances (Thru 12/31/24)	Organization/Agency that Provided/Received the Grant	Grant Amount FY25	Notes and Explanation of reductions from FY24 to FY25, if any.	Purpose of Grant	Grant Deliverables	Grant Outcomes, including Grantee Performance	Corrective Action taken or Technical Assistance Provided	Funding Source	Program/Activity	Contact Person
Locally funded (DHCF-HCBS-2025)	Healthy DC Fund (ARPA Home and Community Based Services (HCBS) Digital Health Technical Assistance (TA))	-	-	1,000,000	75,189	DC Primary Care Association	\$ 970,000	The HCBS Digital Health Incentive Program officially sunset on September 30, 2024/end of FY24, providing incentives to roughly 100 eligible HCBS providers to meaningfully use their EHRs and connect to the HIE. Starting in FY25, the grant was modified to support improving data quality at the point of entry in the EHR for Medicaid provider organizations. This new program, titled EHR Data Quality TA, is serving a much smaller population of providers, roughly half of whom participated in the original HCBS Digital Health Incentive Program, reflective in the budget decrease from FY24 to FY25.	To create a tailored technical assistance (TA) program to support HCBS providers' (inclusive of behavioral health, long term care, disability services, and housing supporting services providers) adoption and use of digital health.	HCBS Promoting Interoperability Program: •Assessing provider readiness to adopt new health IT systems •Assisting providers with the selection of appropriate systems (EHR or case management systems) capable of meeting the requirement of the incentive program. •Supporting system implementation and use. •Supporting meaningful use of the system, including connectivity to and use with the DC HIE. •Assisting providers with the documentation required by DHCF and DBH to receive the allowable HCBS PIP incentive payment, and •As needed, assist providers with the Medicaid compliance requirements to meet the Administrative Simplification provisions of HIPAA. HCBS Telehealth Program: •Addressing the needs of two groups of stakeholders: 1) Providers and office staff, and 2) patients and caregivers. •Encourage the engagement, adoption, and effective use of telehealth critical to integrate telehealth into routine care delivery in the District, and •Education and patient portal usage required to access telehealth modules/tools, supporting the optimization of provider workflows and system configuration to enable billing and reimbursement for telehealth services, deploying interns into participating provider organizations to augment and assist existing staff, etc.	HCBS Promoting Interoperability Program: Conducted various TA outreach activities, including initial outreach, kickoff meetings, signed participation agreements, and cumulative attestation deliverables with 46 MHRS, 18 ASAS, 16 HSS, and 57 LTSS providers. HCBS Telehealth Program: Refined draft documents and workflow processes, including new telehealth guidelines to improve telehealth milestones for approval, new outreach material, kickoff meeting slide decks for telehealth outreach meetings, and developed vendor list of independent telehealth platform vendors	None	American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid HCBS	Health Care Reform and Innovation	Edwards Koch
2001983 (TA)	Digital Health Planning and Technical Assistance	-	-	1,650,000	-	Application process has not yet concluded. see details at https://dhcf.dc.gov/page/dhcf-grant-opportunities	\$ 1,650,000	-	To conduct planning activities that support infrastructure, and technical assistance needs and inform digital health strategy and roadmap development, and to deliver tailored technical assistance to District providers in support of their use of digital health tools and improve quality of data exchanged in care delivery.	•Engage with provider community stakeholders to elicit input and feedback. •Conduct needs/impact assessments and gap requirements analyses. •Develop communication toolkit, including a catalogue of services and updated educational materials to increase meaningful use of digital health tools. •Develop a policy and operational plan to inform the potential design, development and implementation of a District-wide All Payer-Claims Database (APCD). •Develop an updated 5-year District-wide digital health roadmap, which will build on activities of previously identified priorities from the District's past SHMP and other strategic inputs from DHCF and partner agencies.	Application process has not yet concluded.		Medicaid HIE APD	Health Care Reform and Innovation	Deniz Soyer
Locally funded (DHCF-Diaper-2024)	Diaper Bank Grant Program	500,000	500,000	-	-	Greater DC Diaper Bank	\$ 500,000	N/A	Provide funds for the purchase and distribution of free diapers to eligible parents and legal guardians with infants three years of age and under.	•Diaper Inventory Control/Stocking •Order Diapers •Distribute/Deliver Diapers •Data Reporting •Survey/Impact Assessment	818,350 diapers distributed through December 31, 2022	None	Fiscal Year 2024 Budget Support Act of 2023	Health Care Reform and Innovation	Jordan Kizla
Locally funded (DHCF-Diaper-2025)	Diaper Bank Grant Program	-	-	500,000	-	Application process has not yet concluded. See details at https://dhcf.dc.gov/page/dhcf-grant-opportunities	\$ 500,000	N/A	Provide funds for the purchase and distribution of free diapers to eligible parents and legal guardians with infants three years of age and under.	•Diaper Inventory Control/Stocking •Order Diapers •Distribute/Deliver Diapers •Data Reporting •Survey/Impact Assessment	Application process has not yet concluded.	None	Fiscal Year 2024 Budget Support Act of 2023	Health Care Reform and Innovation	Jordan Kizla
Locally funded (ACR)	Average Commercial Rate	450,000	450,000	-	-	District of Columbia Hospital Association	\$ -	-	The Grantee shall be responsible for creation of an Average Commercial Rate (ACR) model to reimburse hospital-based physicians through state-directed payment and fee-for-service funding mechanisms in the District of Columbia Medicaid program.			None	Fiscal Year 2024 Budget Support Act of 2023	Agency Management Program	Angélique Martin
Locally funded	First-Time Birthing Person Home Visiting Grant	225,000	210,222	-	-	The delivery of an evidence-based home visiting program for first-time birthing people.	\$ 325,000	N/A	Administer an evidence-based home visiting program that serves District families according to the Nurse Family Partnership model of home visiting	Deliver nurse-led home visiting services to eligible District residents; Development of NFP clinical triage and linkage process to perinatal mental health services unit; Strengthen clinical-community linkages to resources such as WIC and social service programs; Evaluate program design and impact; Develop a strategic approach to sustain NFP services.	Enrolled 29 new program recipients; Provided 729 home visits to 94 families; Graduated 14 families from the program; Met 100% model fidelity to remain in compliance with NFP evidence-based requirements; Successfully engaged participants in care	None	Fiscal Year 2024 Budget Support Act of 2024	Health Care Reform and Innovation	Elizabeth Garrison
Locally funded	First-Time Birthing Person Home Visiting Grant	-	-	325,000	Local Funding	The delivery of an evidence-based home visiting program for first-time birthing people.	\$ 325,000	N/A	Administer an evidence-based home visiting program that serves District families according to the Nurse Family Partnership (NFP) model of home visiting	Deliver nurse-led home visiting services to eligible District residents; Development of NFP clinical triage and linkage process to perinatal mental health services unit; Strengthen clinical-community linkages to resources such as WIC and social service programs; Evaluate program design and impact; Develop a strategic approach to sustain NFP services.	Enrolled 29 new program recipients; Provided 729 home visits to 94 families; Graduated 14 families from the program; Met 100% model fidelity to remain in compliance with NFP evidence-based requirements; Successfully engaged participants in care	None	Fiscal Year 2024 Budget Support Act of 2024	Health Care Reform and Innovation	Elizabeth Garrison
2001521 (DHCF-MES-Q&M-2024)	MMAD24 Medicaid Admin Entitlement (CORE HIE Capabilities (OAPD))	1,597,873	1,597,873	-	-	Cheapeake Regional Information system for our Patients (CRISP)	\$ -	N/A	To enhance and support the operations and maintenance of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•Critical supportive infrastructure technologies that enables care coordination and population health services to function, including master patient index technology and the HIE portal. •Care coordination technologies, including operations and maintenance of encounter notification services and provider directory that provides that ability to search for providers and organizations to assist in managing care transitions. •Point of care delivery technology operations and maintenance of image exchange services that provide data from hospitals and radiology centers to users.	•Provided integrated data and technical services to enhance care coordination, enable referrals, and improve transitions of care for Medicaid beneficiaries. •Provided Medicaid providers with access to radiological images and clinical data to improve oversight and management, and treatment and recovery for Medicaid beneficiaries. •Provided notifications that trigger alerts and flags for Medicaid beneficiaries allowing for outreach and care coordination across care team members •Enhanced interoperability by linking data platforms, data sets, to support care management and population health for Medicaid beneficiaries.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) operations and maintenance enhanced funding.	Health Care Reform and Innovation	Nathaniel Curry
2001521 (DHCF-MES-Q&M-2025)	MMAD24 Medicaid Admin Entitlement (CORE HIE Capabilities (OAPD))	-	-	2,230,606	287,716	Cheapeake Regional Information system for our Patients (CRISP)	\$ 1,807,456	N/A	To enhance and support the operations and maintenance of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•Critical supportive infrastructure technologies that enables care coordination and population health services to function, including master patient index technology and the HIE portal. •Care coordination technologies, including operations and maintenance of encounter notification services and provider directory that provides that ability to search for providers and organizations to assist in managing care transitions. •Point of care delivery technology operations and maintenance of image exchange services that provide data from hospitals and radiology centers to users.	•Provided integrated data and technical services to enhance care coordination, enable referrals, and improve transitions of care for Medicaid beneficiaries. •Provided Medicaid providers with access to radiological images and clinical data to improve oversight and management, and treatment and recovery for Medicaid beneficiaries. •Provided notifications that trigger alerts and flags for Medicaid beneficiaries allowing for outreach and care coordination across care team members •Enhanced interoperability by linking data platforms, data sets, to support care management and population health for Medicaid beneficiaries.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) operations and maintenance enhanced funding.	Health Care Reform and Innovation	Nathaniel Curry
2001983 (DHCF-IAPD-MES 2022)	DC HIE Design, Development, Implementation Grant (IAPD)	5,843,365	5,017,174	-	-	Cheapeake Regional Information system for our Patients (CRISP)	\$ 3,598,400	This grant is administered based on a federal funding. The funding levels requested for each year are based on the cost of the project goals for each year and fluctuate accordingly.	To enhance the design, development and implementation of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•CRISP Reporting Services (DC) enhancements, including development of dashboards and reporting to support population-level and panel-level management through clinical and administrative data for analysis and interventions. •Community Resource Inventory (CRI) enhancements to a publicly available directory of shared resources reflecting programs and organizations in the community. •Screening and referral for Social Determinants of Health tool enhancements including direct-entry screening, display of screening and assessments, technical integrations between third-party platforms and DC HIE infrastructure, and closed loop referral capabilities. •Consent management tool enhancements to enable sharing of substance use disorder (SUD) data through the DC HIE as well as patient directed data sharing. •Advance Care Planning will establish a cloud-based mechanism in the DC HIE for providers to document, store, and access advance care planning documents within the District.	•Medicaid providers are able to view general trends and patient-specific data of Medicaid beneficiaries and gain insight into service gaps that can support care management decisions for high-risk patients. •Medicaid providers accessing the Community Resource Inventory (CRI) can improve care management across health and communicate care team members. •Medicaid providers using the eReferral tool can generate referrals to CBOs and receive real-time updates on referral fulfillment within the eReferral tool system, thereby improving care management across health and community care team members. •Medicaid providers use of electronic processes for receiving informed consent (eConsent) from Medicaid beneficiaries will help Medicaid providers increase patient engagement and streamline workflows for improved and efficient care delivery and coordination. •Medicaid providers will have access to the right information at the right time via various systems of records through the DC HIE as defined by use cases developed through a community-based governance process. This process will prioritize use cases that improve care coordination, delivery, and outcomes for the District's Medicaid beneficiaries. •Medicaid providers utilizing the advance care planning platform will have the capability to document, store, share and access Advance Directives and Medical Orders for Scope of Treatment forms at the point of care to promote patient-centered care by focusing on patients' personal preferences for medical care treatments.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) design, development, and implementation enhanced funding.	Health Care Reform and Innovation	Deniz Soyer
2001983 (DHCF-IAPD-MES 2022)	DC HIE Design, Development, Implementation Grant (IAPD)	-	-	3,598,400	604,815	Cheapeake Regional Information system for our Patients (CRISP)	\$ 3,598,400	This grant is administered based on a federal funding. The funding levels requested for each year are based on the cost of the project goals for each year and fluctuate accordingly.	To enhance the design, development and implementation of DC HIE Core Capabilities essential to the network of providers that provide care for Medicaid beneficiaries in the District of Columbia	•CRISP Reporting Services (DC) enhancements, including development of dashboards and reporting to support population-level and panel-level management through clinical and administrative data for analysis and interventions. •Community Resource Inventory (CRI) enhancements to a publicly available directory of shared resources reflecting programs and organizations in the community. •Screening and referral for Social Determinants of Health tool enhancements including direct-entry screening, display of screening and assessments, technical integrations between third-party platforms and DC HIE infrastructure, and closed loop referral capabilities. •Consent management tool enhancements to enable sharing of substance use disorder (SUD) data through the DC HIE as well as patient directed data sharing. •Advance Care Planning will establish a cloud-based mechanism in the DC HIE for providers to document, store, and access advance care planning documents within the District.	•Medicaid providers are able to view general trends and patient-specific data of Medicaid beneficiaries and gain insight into service gaps that can support care management decisions for high-risk patients. •Medicaid providers accessing the Community Resource Inventory (CRI) can improve care management across health and communicate care team members. •Medicaid providers using the eReferral tool can generate referrals to CBOs and receive real-time updates on referral fulfillment within the eReferral tool system, thereby improving care management across health and community care team members. •Medicaid providers use of electronic processes for receiving informed consent (eConsent) from Medicaid beneficiaries will help Medicaid providers increase patient engagement and streamline workflows for improved and efficient care delivery and coordination. •Medicaid providers will have access to the right information at the right time via various systems of records through the DC HIE as defined by use cases developed through a community-based governance process. This process will prioritize use cases that improve care coordination, delivery, and outcomes for the District's Medicaid beneficiaries. •Medicaid providers utilizing the advance care planning platform will have the capability to document, store, share and access Advance Directives and Medical Orders for Scope of Treatment forms at the point of care to promote patient-centered care by focusing on patients' personal preferences for medical care treatments.	None	Centers for Medicare and Medicaid Services by the U.S. Department of Health and Human Services (HHS), Medicaid Enterprise Systems (MES) design, development, and implementation enhanced funding.	Health Care Reform and Innovation	Deniz Soyer
DC-ACG-HUHI	District of Columbia Indigent Care Hospital Grant	8,000,000	8,000,000	8,000,000	8,000,000	Howard University Hospital	\$ 8,000,000	N/A	The purpose of this grant is to ensure a more equitable allocation of public financial resources provided for the purposes of offsetting the financial burden placed on qualifying hospitals in providing care to medically indigent District residents through outpatient and outpatient care (including emergency room services).	These grant funds are being made available from the District government to support costs related to provision of care for the indigent, ensuring the continuity of care for the District's most vulnerable populations. The funds are eligible to support personnel cost, staffing contracts, supplies and equipment and other approved cost that enable eligible hospital(s) to continue providing care to eligible District residents.	To ensure access of care to the District's indigent population.	None	Fiscal Year 2024 Budget Support Act of 2023	Health Care Finance	Angélique Martin

[illegible]

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
MDW - Staff Augmentation - MDW - 5 Positions - Total																		
100071	Agency Management Program	IT	MDW - HealthEC Population Health Platform-COTS	10/1/24-9/30/25	DigiDocs/HealthEC	PHM Base Platform Maintenance and MY Health GPS Maintenance	Competitive	CW94193	Montae Brockett	387,242.00	0	1010001	25%	380,272.00	821,376.00	821,376.00	57,128.00	
100071	Agency Management Program	IT	MDW - HealthEC Population Health Platform-COTS	10/1/24-9/30/25	DigiDocs/HealthEC	PHM Base Platform Maintenance and MY Health GPS Maintenance	Competitive	CW94193	Montae Brockett	387,242.00	0	4025002	75%	96,810.50	187,500.00	187,500.00	-	
MDW - HealthEC Population Health Platform-COTS - Total																		
100071	Agency Management Program	IT	MDW - Medication Therapy Management (MTM)	10/1/24-9/30/25	TBD	Medication Therapy Manangement	N/A	N/A	N/A	N/A	0	1010001	25%	-	200,000.00	200,000.00	-	New Procurement - solicitation in process
100071	Agency Management Program	IT	MDW - Medication Therapy Management (MTM)	10/1/24-9/30/25	TBD	Medication Therapy Manangement	N/A	N/A	N/A	N/A	0	4025002	75%	-	600,000.00	600,000.00	-	
MDW - Medication Therapy Management (MTM) - Total																		
100071	Agency Management Program	IT	CIO Temporary Resources Contracts (CW95429 V-Tech) and (CW95427 IUI)	10/1/24-9/30/25	V-Tech & IUI	Temporary Staff	Competitive	CW95429, CW95427	Erik Thomas	1,413,610.64	0	1010001	25%	369,888.15	353,402.66	353,402.66	51,533.52	
100071	Agency Management Program	IT	CIO Temporary Resources Contracts (CW95429 V-Tech) and (CW95427 IUI)	10/1/24-9/30/25	V-Tech & IUI	Temporary Staff	Competitive	CW95429, CW95427	Erik Thomas	1,413,610.64	0	4025002	75%	1,109,664.45	1,060,207.98	1,060,207.98	154,600.56	
Total - AMP-MDW Program/Cost Center																		
OGC																		
100092	Agency Management Program	OGC	OAG Legal Review - MOU with OAG	10/1/24-9/30/25	CB0	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	\$ 4,254,855.02	\$ 5,860,936.64	\$ 5,860,936.64	\$ 388,029.92	
OAG Legal Review - MOU with OAG - Total																		
100092	Agency Management Program	OGC	Reimbursement Appeal - Expert Witness	10/1/24-9/30/25	CB0	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	44,493.87	100,000.00	100,000.00	-	MOU Pending
Reimbursement Appeal - Expert Witness - Total																		
100092	Agency Management Program	OGC	OAG-Review Provider Appeals on behalf of DHCF - MOU with OAG	10/1/24-9/30/25	CB0	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	67,223.31	145,000.00	145,000.00	-	
OAG-Review Provider Appeals on behalf of DHCF - MOU with OAG - Total																		
Total - OGC Program/Cost Center																		
OGC - TOTAL																		
100185	Agency Management Program	OMB	Advertising Contractor - NBC 4	10/1/24-9/30/25	TBD	Run PSA Ads	N/A	N/A	N/A	N/A	0	1060132	55%	140,105.76	355,000.00	355,000.00	-	
100185	Agency Management Program	OMB	Advertising Contractor - NBC 4	10/1/24-9/30/25	TBD	Run PSA Ads	N/A	N/A	N/A	N/A	0	4025002	45%	-	8,250.00	8,250.00	-	
Advertising Contractor - NBC 4 - Total																		
100185	Agency Management Program	OMB	Commercial Insurance Review	10/1/24-9/30/25	Mercer	Legal Review	GSA	CW85065	Maude Holt	319,486.18	0	1060132	55%	-	6,750.00	6,750.00	-	
100185	Agency Management Program	OMB	Commercial Insurance Review	10/1/24-9/30/25	Mercer	Legal Review	GSA	CW85065	Maude Holt	319,486.18	0	4025002	45%	-	15,000.00	15,000.00	-	
Commercial Insurance Review - Total																		
100185	Agency Management Program	OMB	Health Bill of Rights MOU with DISB	10/1/24-9/30/25	SRO	MOU with DISB	N/A	N/A	Maude Holt	N/A	0	1060132	55%	94,354.70	183,890.30	183,890.30	7,008.38	
100185	Agency Management Program	OMB	Health Bill of Rights MOU with DISB	10/1/24-9/30/25	SRO	MOU with DISB	N/A	N/A	Maude Holt	N/A	0	4025002	45%	77,199.30	150,455.70	150,455.70	5,734.13	
Health Bill of Rights MOU with DISB - Total																		
100185	Agency Management Program	OMB	Independent Review Org (IRO)	10/1/24-9/30/25	ISLAND PEER REVIEW ORG	Subject Matter Expert	Single Quote	PO720880	Maude Holt	5,160.00	0	1060132	55%	171,554.00	334,346.00	334,346.00	12,742.50	
100185	Agency Management Program	OMB	Independent Review Org (IRO)	10/1/24-9/30/25	ISLAND PEER REVIEW ORG	Subject Matter Expert	Single Quote	PO720880	Maude Holt	5,160.00	0	4025002	45%	-	81,000.00	81,000.00	-	
Independent Review Org (IRO) - Total																		
100185	Agency Management Program	OMB	Evaluation and Document Management System MOU with UDC	10/1/24-9/30/25	UDC	Document Management System	N/A	N/A	Maude Holt	N/A	0	1060132	55%	-	2,750.00	2,750.00	-	
100185	Agency Management Program	OMB	Evaluation and Document Management System MOU with UDC	10/1/24-9/30/25	UDC	Document Management System	N/A	N/A	Maude Holt	N/A	0	4025002	45%	-	2,250.00	2,250.00	-	
Evaluation and Document Management System MOU with UDC - Total																		
100185	Agency Management Program	OMB	Nurses Contract	10/1/24-9/30/25	Mindfinders	Assist Clinical Case Workers	DCSS	CW82575	Maude Holt	276,161.60	0	1060132	55%	-	180,000.00	180,000.00	-	
100185	Agency Management Program	OMB	Nurses Contract	10/1/24-9/30/25	Mindfinders	Assist Clinical Case Workers	DCSS	CW82575	Maude Holt	276,161.60	0	4025002	45%	119,914.08	137,500.00	137,500.00	-	
Nurses Contract - Total																		
100185	Agency Management Program	OMB	Outreach/Communication Contractor (Public Service Announcement)	10/1/24-9/30/25	TBD	Marketing Services	Bid	TBD	Maude Holt	TBD	0	1060132	55%	98,111.52	112,500.00	112,500.00	-	
100185	Agency Management Program	OMB	Outreach/Communication Contractor (Public Service Announcement)	10/1/24-9/30/25	TBD	Marketing Services	Bid	TBD	Maude Holt	TBD	0	4025002	45%	218,025.60	250,000.00	250,000.00	-	
Outreach/Communication Contractor (Public Service Announcement) - Total																		
100185	Agency Management Program	OMB	Temporary Staffing	10/1/24-9/30/25	Mindfinders	Temporary Staffing	DCSS	CW112420	Maude Holt	479,987.90	0	1060132	55%	-	192,500.00	192,500.00	-	New Procurement - SOW Pending
100185	Agency Management Program	OMB	Temporary Staffing	10/1/24-9/30/25	Mindfinders	Temporary Staffing	DCSS	CW112420	Maude Holt	479,987.90	0	4025002	45%	175,427.81	192,500.00	192,500.00	16,322.14	
Temporary Staffing - Data Entry Clerks (2) Total																		
Total - OMB Program/Cost Center																		
OMB - TOTAL																		
100181	Agency Management Program	OSDDF	Cost Report Systems Analysis	TBD	TBD	N/A	N/A	N/A	N/A	N/A	0	1010001	55%	\$ 789,539.25	\$ 1,785,346.00	\$ 1,785,346.00	\$ 42,419.12	
100181	Agency Management Program	OSDDF	Cost Report Systems Analysis	TBD	TBD	N/A	N/A	N/A	N/A	N/A	0	4025002	45%	-	-	-	-	
Cost Report Systems Analysis - Total																		
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	10/01/24-07/14/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angelique Martin	342,498.00	0	1010001	55%	127,273.14	197,068.08	197,068.08	2,475.43	
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	10/01/24-07/14/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angelique Martin	342,498.00	0	4025002	45%	104,132.57	161,237.52	161,237.52	2,025.35	
Hospital Cost Analyst Contract - Payment Methodology Consultant - Total																		
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	07/15/25-09/30/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angelique Martin	105,384.00	0	1010001	55%	231,405.70	358,305.60	358,305.60	4,500.78	
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	07/15/25-09/30/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angelique Martin	105,384.00	0	4025002	45%	47,636.86	57,961.20	57,961.20	-	
Hospital Cost Analyst Contract - Payment Methodology Consultant - Total																		
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	10/01/24-07/14/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angelique Martin	234,000.00	0	1010001	55%	38,975.62	47,422.80	47,422.80	-	
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	10/01/24-07/14/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angelique Martin	234,000.00	0	4025002	45%	86,612.48	105,384.00	105,384.00	-	
Home Health Temporary Contract - Licensed Social Worker - Total																		
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	07/15/25-09/30/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angelique Martin	78,000.00	0	1010001	55%	127,994.38	132,749.76	132,749.76	30,360.00	
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	07/15/25-09/30/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angelique Martin	78,000.00	0	4025002	45%	104,714.50	108,613.44	108,613.44	24,840.00	
Home Health Temporary Contract - Licensed Social Worker - Total																		
100181	Agency Management Program	OSDDF	FQHC - Payment Methodology Consultant	TBD	TBD	Consultant Services	N/A	N/A	Angelique Martin	TBD	0	1010001	55%	241,363.20	241,363.20	241,363.20	55,200.00	
100181	Agency Management Program	OSDDF	FQHC - Payment Methodology Consultant	TBD	TBD	Consultant Services	N/A	N/A	Angelique Martin	TBD	0	4025002	45%	34,980.00	37,442.24	37,442.24	-	
FQHC - Payment Methodology Consultant - Total																		
100181	Agency Management Program	OSDDF	Renewal of DES Licenses to maintain compliance	10/1/24-9/30/25	DSLBD	Compliance	N/A	N/A	Angelique Martin	TBD	0	1010001	55%	63,600.00	68,076.80	68,076.80	-	
100181	Agency Management Program	OSDDF	Renewal of DES Licenses to maintain compliance	10/1/24-9/30/25	DSLBD	Compliance	N/A	N/A	Angelique Martin	TBD	0	4025002	45%	-	255,025.28	255,025.28	-	New Procurement - SOW Pending
Renewal of DES Licenses to maintain compliance - Total																		
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	10/01/24 - 04/11/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angelique Martin	325,148.00	0	1010001	55%	-	208,660.32	208,660.32	-	
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	10/01/24 - 04/11/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angelique Martin	325,148.00	0	4025002	45%	67,668.48	89,236.62	89,236.62	12,005.73	
SNF/HHA SME Contract - Total																		
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	04/12/25 - 09/30/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angelique Martin	325,148.00	0	1010001	55%	55,365.12	73,011.78	73,011.78	9,822.87	
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	04/12/25 - 09/30/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angelique Martin	325,148.00	0	4025002	45%	123,033.60	162,248.40	162,248.40	21,828.60	
SNF/HHA SME Contract - Total																		
100181	Agency Management Program	OSDDF	Home Health Rate Study	10/1/24-9/30/25	Blizell	Policies impact Analysis	Competitive	CW111777	Angelique Martin	767,704.17	0	1010001	55%	63,164.48	89,236.62	89,236.62	-	
100181	Agency Management Program	OSDDF	Home Health Rate Study	10/1/24-9/30/25	Blizell	Policies impact Analysis	Competitive	CW111777	Angelique Martin	767,704.17	0	4025002	45%	51,680.03	73,011.78	73,011.78	-	
Home Health Rate Study - Total																		
100181	Agency Management Program	OSDDF	ACR Physicians Methodology	TBD	TBD	Consultant Services	N/A	N/A	Angelique Martin	TBD	0	1010001	55%	341,789.25	549,450.00	549,450.00	127,454.34	
100181	Agency Management Program	OSDDF	ACR Physicians Methodology	TBD	TBD	Consultant Services	N/A	N/A	Angelique Martin	TBD	0	4025002	45%	279,645.75	449,550.00	449,550.00	104,280.82	
ACR Physicians Methodology - Total																		
Total - OSDDF Program/Cost Center																		
OSDDF - TOTAL																		
100151	Agency Management Program	OD	Legal and Policy Support Review - Support short term initiatives	TBD	CB0	Consultant Services	Bid	TBD	Antonio Lacey	TBD	0	1010001	55%	\$ 1,473,630.16	\$ 2,930,636.00	\$ 2,930,636.00	\$ 313,264.54	
100151	Agency Management Program	OD	Legal and Policy Support Review - Support short term initiatives	TBD	CB0	Consultant Services	Bid	TBD	Antonio Lacey	TBD	0	4025002	45%	-	20,671.25	20,671.25	-	New Procurement - SOW Pending
Legal and Policy Support Review - Support short term initiatives - Total																		
100151	Agency Management Program	OD	Technical Advising - Technical Advising & Consulting	TBD	TBD	Consultant Services	Bid	TBD	Antonio Lacey	TBD	0	1010001	55%	-	16,917.75	16,917.75	-	
100151	Agency Management Program	OD	Technical Advising - Technical Advising & Consulting	TBD	TBD	Consultant Services	Bid	TBD	Antonio Lacey	TBD	0	4025002	45%	-	37,595.00	37,595.00	-	
Technical Advising - Technical Advising & Consulting - Total																		
100007	Agency Management Program	OD	Language Line - Office of Human Rights	TBD	TBD	Translation Services	Requirements	TBD	Antonio Lacey	TBD	0	1010001	55%	-	24,200.00	24,200.00	-	New Procurement - SOW Pending
100007	Agency Management Program	OD	Language Line - Office of Human Rights	TBD	TBD	Translation Services	Requirements	TBD	Antonio Lacey	TBD	0	4025002	45%	-	19,800.00	19,800.00	-	
Language Line - Office of Human Rights - Total																		
100188	Agency Management Program	OD	Language Translation Services	10/1/24-4/7/25	Context Global	Translation Services	Requirements	CW97871	Antonio Lacey	188,761.64	0	1010001	25%	-	36,000.00	36,000.00	-	
100188	Agency Management Program	OD	Language Translation Services	10/1/24-4/7/25	Context Global	Translation Services	Requirements	CW97871	Antonio Lacey	188,761.64	0	4025002	75%	12,348.45	45,502.03	45,502.03	6,585.15	
Language Translation Services - Total																		
100188	Agency Management Program	OD	Language Translation Services	4/8/25-9/30/25	Context Global	Translation Services	Requirements	CW97871	Antonio Lacey	165,690.77	0	1010001	25%	37,045.35	136,506.10	136,506.10	5,387.85	
100188	Agency Management Program	OD	Language Translation Services	4/8/25-9/30/25	Context Global	Translation Services	Requirements	CW97871	Antonio Lacey	165,690.77	0	4025002	75%	49,393.80	182,008.13	182,008.13	11,973.00	
Language Translation Services - Total																		
Total - OD Program/Cost Center																		
OD - TOTAL																		
\$ 93,337.80																		
\$ 93,337.80																		
\$ 481,611.26																		
\$ 481,611.26																		

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
100180	Agency Management Program	OSDDM	Community Outreach Engagement	10/1/24-9/30/25	TBD	Community Outreach	Bid	TBD	TBD	TBD		1010001	55%	-	241,117.98	241,117.98	-	Will be procured under line 53 when needed.
100180	Agency Management Program	OSDDM	Community Outreach Engagement	10/1/24-9/30/25								4025002	45%	-	197,278.34	197,278.34	-	
			Community Outreach Engagement - Total												438,396.32	438,396.32	-	
100180	Agency Management Program	OSDDM	Individual Insurance Market Affordability & Stability	10/1/24-8/31/25	Campbell & Company	Individual Insurance Market Affordability & Stability	DCSS	CW101903	Taylor woods	324,708.00	0	1060386	55%	163,706.95	600,000.05	600,000.05	-	
100180	Agency Management Program	OSDDM	Individual Insurance Market Affordability & Stability									4025002	45%	133,942.05	490,909.13	490,909.13	-	
			Individual Insurance Market Affordability & Stability - Total											297,649.00	1,090,909.18	1,090,909.18	-	
														297,649.00	1,529,305.50	1,529,305.50	-	
	OSDDM - TOTAL		OSDDM - TOTAL											\$ 297,649.00	\$ 1,529,305.50	\$ 1,529,305.50	\$ -	
100184	Agency Management Program	PI	EVVE - Electronic Verification of Vital Events	11/01/24-9/30/25	NAPHSIS	National Association for Public Health Statistics and Information	Exempt	POT20347	Samantha Ebersole	1,500.00	0	1010001	55%	660.00	825.00	825.00	-	
100184	Agency Management Program	PI	EVVE - Electronic Verification of Vital Events	11/01/24-9/30/25								4025002	45%	540.00	675.00	675.00	-	
			EVVE - Electronic Verification of Vital Events - Total											1,200.00	1,500.00	1,500.00	-	
100184	Agency Management Program	PI	Lexis Nexis Subscription	11/01/24-9/30/25	Relx	Subscription Renewal	Exempt	RK293647	Carl Ditchey	19,200.00	0	1010001	55%	10,560.00	45,457.50	45,457.50	-	
100184	Agency Management Program	PI	Lexis Nexis Subscription	11/01/24-9/30/25								4025002	45%	8,640.00	37,192.50	37,192.50	-	
			Lexis Nexis Subscription - Total											19,200.00	82,650.00	82,650.00	-	
			Total - PI Program/Cost Center											20,400.00	84,150.00	84,150.00	-	
100184	Agency Management Program	PI	PI Management System	10/01/24-3/31/25	Customer Expressions	Tracking System	Sole source	CW98879	Adrian williams	28,750.00	0	1010001	55%	15,812.50	2,635.42	2,635.42	-	
100184	Agency Management Program	PI	PI Management System	10/01/24-3/31/25								4025002	45%	12,937.50	2,156.25	2,156.25	-	
			PI Management System - Total											28,750.00	4,791.67	4,791.67	-	
100184	Agency Management Program	PI	PI Management System	4/01/25-9/30/25	Customer Expressions	Tracking System	Sole source	CW98879	Adrian williams	57,500.00	0	1010001	55%	15,812.46	28,989.58	28,989.58	-	
100184	Agency Management Program	PI	PI Management System	4/01/25-9/30/25								4025002	45%	12,937.46	23,718.75	23,718.75	-	
			PI Management System - Total											28,749.92	52,708.33	52,708.33	-	
100184	Agency Management Program	PI	Aliva FWA Finder	11/01/24-9/30/25	Alivia Analytics	FWA Search	Small Purchase	TBD	Adrian williams	TBD		1010001	25%	-	25,000.00	25,000.00	-	New Procurement - SOW Pending
100184	Agency Management Program	PI	Aliva FWA Finder									4025002	75%	-	75,000.00	75,000.00	-	
			Aliva FWA Finder - Total											-	100,000.00	100,000.00	-	
			Total - PI Program/Cost Center											\$ 77,499.92	\$ 157,500.00	\$ 157,500.00	\$ -	
	PI - TOTAL		PI - TOTAL											\$ 77,499.92	\$ 241,650.00	\$ 241,650.00	\$ -	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	PDL - Preferred Drug List	10/1/24-12/31/25	Magellan	Preferred Drug & Supplemental Rebate	Competitive	CW88488	Charlene Fairfax	261,271.24	0	1010001	55%	139,513.82	143,699.18	143,699.18	95,799.46	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	PDL - Preferred Drug List	10/1/24-12/31/25								4025002	45%	114,147.67	117,572.06	117,572.06	78,381.38	
			PDL - Preferred Drug List - Total											253,661.49	261,271.24	261,271.24	174,180.84	
100190	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	PDL - Preferred Drug List	1/1/25-9/30/25	Magellan	Preferred Drug & Supplemental Rebate	Competitive	CW88488	Charlene Fairfax	805,078.44	0	1010001	55%	431,097.58	444,030.67	444,030.67	-	
100190	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	PDL - Preferred Drug List	1/1/25-9/30/25								4025002	45%	352,716.20	363,297.82	363,297.82	-	
			PDL - Preferred Drug List - Total											783,813.78	807,328.49	807,328.49	-	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	QIO - Quality Improvement Org	10/1/24-12/31/25	Comagine	Utilization reviews and quality improvement activities	Competitive	CW113439	Cavella Bishop	1,464,242.76	0	1010001	25%	306,841.33	525,120.31	525,120.31	536,765.08	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	QIO - Quality Improvement Org	10/1/24-12/31/25								4025002	75%	920,524.00	1,575,360.94	1,575,360.94	439,171.43	
			QIO - Quality Improvement Org - Total											1,227,365.33	2,100,481.25	2,100,481.25	975,936.50	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	QIO - Quality Improvement Org	1/1/25-9/30/25	Comagine	Utilization reviews and quality improvement activities	Competitive	CW113439	Cavella Bishop	6,044,317.50	0	1010001	25%	1,119,432.07	1,575,360.19	1,575,360.19	-	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	QIO - Quality Improvement Org	1/1/25-9/30/25								4025002	75%	3,358,296.20	4,726,080.56	4,726,080.56	-	
			A-DERP - Annual Drug Effectiveness Review Project Fee - Total											4,477,728.26	6,301,440.75	6,301,440.75	-	
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	A-DERP - Annual Drug Effectiveness Review Project Fee	10/1/24-9/30/25	Oregon Health & Science University	A-DERP - Annual Drug Effectiveness Review Project Fee	Exempt	TBD	Lisa Truitt	TBD		1010001	25%	-	23,750.00	23,750.00	-	New Procurement - SOW Pending
100180	Div. of Clinicians, RX & Acute Provider Svs.	OCMD	A-DERP - Annual Drug Effectiveness Review Project Fee	10/1/24-9/30/25								4025002	75%	-	71,250.00	71,250.00	-	
			A-DERP - Annual Drug Effectiveness Review Project Fee - Total											-	95,000.00	95,000.00	-	
			Total - OCMD Program/Cost Center											\$ 6,742,568.86	\$ 9,565,521.73	\$ 9,565,521.73	\$ 1,150,117.34	
	OCMD - TOTAL		OCMD - TOTAL											\$ 6,742,568.86	\$ 9,565,521.73	\$ 9,565,521.73	\$ 1,150,117.34	
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	10/1/24-5/14/25	AIR	115 Waiver Evaluation	Competitive	CW582733	April Grady	336,514.41	0	1010001	55%	144,690.52	114,930.52	114,930.52	22,886.08	
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	10/1/24-5/14/25								4025002	45%	118,317.11	94,034.07	94,034.07	18,806.80	
			1115 Waiver Evaluation Contract - Total											262,926.91	208,964.59	208,964.59	41,792.88	
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	5/15/25-9/30/25	AIR	115 Waiver Evaluation	Exempt	TBD	April Grady	262,926.91	0	1010001	55%	70,152.40	55,754.53	55,754.53	-	New Procurement in process
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	5/15/25-9/30/25								4025002	45%	57,397.42	45,617.35	45,617.35	-	
			1115 Waiver Evaluation Contract - Total											127,549.82	101,371.88	101,371.88	-	
100183	Agency Management Program	DARA	Fair Health Data Subscription - Research & Rate Setting	10/1/24-9/30/25	TBD	Subscription	Exempt	TBD	April Grady	TBD		1010001	55%	-	27,500.00	27,500.00	-	New Procurement in process
100183	Agency Management Program	DARA	Fair Health Data Subscription - Research & Rate Setting	10/1/24-9/30/25								4025002	45%	-	22,500.00	22,500.00	-	
			Fair Health Data Subscription - Research & Rate Setting - Total											-	50,000.00	50,000.00	-	
100183	Agency Management Program	DARA	Data Programming/Coding Support Contract (IDIQ)	10/1/24-9/30/25	TBD	Consultant Services	Bid	TBD	April Grady	TBD		1010001	55%	-	165,000.00	165,000.00	-	New Procurement in process
100183	Agency Management Program	DARA	Data Programming/Coding Support Contract (IDIQ)	10/1/24-9/30/25								4025002	45%	-	135,000.00	135,000.00	-	
			Data Programming/Coding Support Contract (IDIQ) - Total											-	300,000.00	300,000.00	-	
			Total - DARA Program/Cost Center											\$ 390,476.73	\$ 660,336.47	\$ 660,336.47	\$ 41,792.88	
	DARA - TOTAL		DARA - TOTAL											\$ 390,476.73	\$ 660,336.47	\$ 660,336.47	\$ 41,792.88	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25	Bert Smith	Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospitals	Competitive	CFOPD-20-C-022A	Fred Hoeflinger	817,040.40	0	1010001	43%	365,142.91	785,759.69	785,759.69	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								1011003	11%	64,914.30	201,826.35	201,826.35	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								1011009	1%	16,228.57	26,962.66	26,962.66	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								4025002	45%	365,142.91	830,085.30	830,085.30	-	
			Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit											811,428.69	1,844,634.00	1,844,634.00	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25	Myers Stauffer	Audit of ICF's, Schools, Hospitals, Home Health Agencies	Competitive	CFOPD-20-C-022B	Fred Hoeflinger	1,036,462.20	0	1010001	45%	343,589.66	996,004.71	996,004.71	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								1011003	9%	63,903.48	210,681.90	210,681.90	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								1011009	1%	17,127.77	17,127.77	17,127.77	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								4025002	45%	333,396.66	1,001,902.67	1,001,902.67	-	
			Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag											740,889.80	2,225,117.05	2,225,117.05	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25	Williams Adley	Audit of ICF's, Schools, Hospitals, Home Health Agencies	Competitive	CFOPD-20-C-022C	Fred Hoeflinger	686,715.00	0	1010001	53%	717,139.50	610,896.56	610,896.56	46,282.50	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25								1011009	2%	-	25,990.02	25,990.02	-	
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25								4025002	45%	586,750.50	521,089.02	521,089.02	37,867.50	
			Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth											1,303,890.00	1,157,975.60	1,157,975.60	84,150.00	
150002	Agency Fiscal Officer	:counting Operatio	Public Assistance Cost Allocation Plan - Cost Allocation Plan CAP)	10/1/24-9/30/25	Sivic Solutions Group, LLC	Public Assistance Cost Allocation Plan - Cost Allocation Plan CAP)	Competitive	CF										

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
Enrollment Brokerage Services - Total																		
100187	Managed Care	HCDMA	MCO Quality Monitoring Contract	TBD	TBD	TBD	TBD	TBD	TBD	TBD		1010001	0.55	2,621,904.66	3,060,426.41	3,060,426.41	127,517.76	
100187	Managed Care	HCDMA	MCO Quality Monitoring Contract	TBD								4025002	0.45	-	497,045.45	497,045.45	-	
MCO Quality Monitoring Contract - Total																		
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	10/1/24-5/17/25	Mercer Consulting	Actuarial Services for MCO Rates	GSA	CW99577	Lisa Truitt	2,427,482.73	-	1010001	0.55	1,555,470.70	1,377,860.00	1,377,860.00	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	10/1/24-5/17/25								4025002	0.45	1,272,657.85	1,127,340.00	1,127,340.00	-	
Mercer Consulting - Actuarial Services - Total																		
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	5/18/25-9/30/25	Mercer Consulting	Actuarial Services for MCO Rates	GSA	CW99577	Lisa Truitt	5,303,400.00	-	1010001	0.55	998,424.50	711,425.00	711,425.00	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	5/18/25-9/30/25								4025002	0.45	816,892.77	582,075.00	582,075.00	-	
Mercer Consulting - Actuarial Services - Total																		
Total - Program/Cost Center																		
1,815,317.27 1,293,500.00 1,293,500.00 -																		
7,626,791.08 8,291,714.83 8,291,714.83 502,075.56																		
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	10/1/24-8/6/25	Qlarant	External Quality Review Services	Competitive	CW99623	Araceli Simbulan	1,690,610.21	-	1010001	0.25	843,963.39	395,134.88	395,134.88	82,925.50	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	10/1/24-8/6/25								4025002	0.75	690,515.50	1,185,404.64	1,185,404.64	248,776.50	
EQRO - External Quality Review Services - Total																		
1,534,478.89 1,580,539.52 1,580,539.52 331,702.00																		
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	8/7/25-9/30/25	Qlarant	External Quality Review Services	Competitive	CW99623	Araceli Simbulan	319,409.03	-	1010001	0.25	164,781.00	72,124.62	72,124.62	-	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	8/7/25-9/30/25								4025002	0.75	134,820.82	216,373.86	216,373.86	-	
EQRO - External Quality Review Services - Total																		
299,601.82 288,498.48 288,498.48 -																		
Total - Program/Cost Center																		
1,834,080.71 1,869,038.00 1,869,038.00 331,702.00																		
100188	Div. of Children's Health Services	HCDMA	Court Monitor - Salazaar Contract	10/1/24-9/30/25	Mathematica	Court Monitor	N/A	N/A	Coleen Sonosky	N/A		1010001	0.55	5,856.51	27,500.00	27,500.00	-	
100188	Div. of Children's Health Services	HCDMA	Court Monitor - Salazaar Contract	10/1/24-9/30/25	Mathematica							4025002	0.45	4,791.69	22,500.00	22,500.00	-	
Court Monitor - Salazaar Contract - Total																		
10,648.20 50,000.00 50,000.00 -																		
100188	Div. of Children's Health Services	HCDMA	Primary Care Provider Education	10/1/24-9/30/25	Georgetown University	HealthCheck	Exempt	PO718757	Coleen Sonosky	127,779.00	-	1010001	0.55	67,642.85	74,250.00	74,250.00	-	
100188	Div. of Children's Health Services	HCDMA	Primary Care Provider Education	10/1/24-9/30/25								4025002	0.45	55,344.15	60,750.00	60,750.00	-	
Primary Care Provider Education - Total																		
122,987.00 135,000.00 135,000.00 -																		
Total - Program/Cost Center																		
133,635.20 185,000.00 185,000.00 -																		
2000 - TOTAL																		
2000 - TOTAL																		
\$ 9,594,506.99 \$ 10,345,752.83 \$ 10,345,752.83 \$ 833,777.56																		
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	10/1/24 - 8/31/25								1010001	55%	39,072.92	40,700.00	40,700.00	20,712.91	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	10/1/24 - 8/31/25								4025002	45%	31,968.75	33,300.00	33,300.00	16,946.92	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Home Health Workforce Development	10/1/24 - 8/31/25								4020002	100%	-	65,916.00	65,916.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	10/1/24 - 8/31/25								1010001	50%	-	70,125.00	70,125.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	10/1/24 - 8/31/25								4020002	50%	-	12,375.00	12,375.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - HCBS Long Term Care Outreach	10/1/24 - 8/31/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	588,355.17	0	4020002	100%	2,760.85	52,563.50	52,563.50	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	10/1/24 - 8/31/25								1010001	55%	38,896.71	-	-	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	10/1/24 - 8/31/25								4025002	45%	31,832.77	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	10/1/24 - 8/31/25								1010001	100%	55,316.11	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	10/1/24 - 8/31/25								4020002	100%	-	-	-	-	
EPD Community Trsn Svcs - Total																		
199,858.11 274,979.50 274,979.50 37,659.83																		
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	9/1/25-9/30/25								1010001	55%	3,597.92	6,050.00	6,050.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	9/1/25-9/30/25								4025002	45%	2,943.75	4,950.00	4,950.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Home Health Workforce Development	9/1/25-9/30/25								4020002	100%	-	13,049.00	13,049.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	9/1/25-9/30/25								1010001	50%	-	6,375.00	6,375.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	9/1/25-9/30/25								4020002	50%	-	1,125.00	1,125.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - HCBS Long Term Care Outreach	9/1/25-9/30/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	53,611.83	0	4020002	100%	4,778.50	4,778.50	4,778.50	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	9/1/25-9/30/25								1010001	55%	992.18	-	-	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	9/1/25-9/30/25								4025002	45%	811.79	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	9/1/25-9/30/25								1010001	100%	11,654.95	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	9/1/25-9/30/25								4020002	100%	-	-	-	-	
EPD Community Trsn Svcs - Total																		
20,000.99 36,327.50 36,327.50 -																		
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Rebalancing - MFP Rebalancing - Local Match On - Total	10/1/24-9/30/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	53,611.83	0	1010001	100%	211,025.27	250,000.00	250,000.00	-	
Money Follows the Person - MFP Rebalancing - MFP Rebalancing - Local Match On - Total																		
211,025.27 250,000.00 250,000.00 250,000.00																		
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Contract - MFP MOU	10/1/24-9/30/25	BYO	Money Follows the Person - MFP Ci	N/A	N/A	Muala Ndaka	TBD		1010001	55%	-	220,000.00	220,000.00	-	MOU Pending
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Contract - MFP MOU	10/1/24-9/30/25								4025002	45%	-	180,000.00	180,000.00	-	
Money Follows the Person - MFP Contract - MFP MOU - Total																		
400,000.00 400,000.00 400,000.00 -																		
100193	Long Term Care Support Services	200L	Money Follows the Person (MFP) - MFP Contract with DCOA - MFP MOU Transit	10/1/24-9/30/25	BYO	Money Follows the Person - MFP Ci	N/A	N/A	Muala Ndaka	TBD		4020002	100%	534,866.00	561,610.30	561,610.30	-	MOU Pending
Money Follows the Person (MFP) - MFP Contract with DCOA - MFP MOU Transit - Total																		
561,610.30 561,610.30 561,610.30 -																		
100194	Long Term Care Support Services	200L	Long Term Care Contract - LTC Assessment Contract	10/1/24-7/30/25	Liberty Health Care Corporation	to provide: (1) intake services, (2) -	Competitive	CW111090	Benjamin Ebeigbe	1,243,342.61	0	1010001	55%	3,733,993.86	4,053,778.21	4,053,778.21	473,640.96	
100194	Long Term Care Support Services	200L	Long Term Care Contract - LTC Assessment Contract	10/1/24-7/30/25								4025002	45%	3,055,085.89	3,316,727.62	3,316,727.62	387,524.42	
Long Term Care Contract - LTC Assessment Contract - Total																		
6,780,079.75 7,370,505.83 7,370,505.83 861,165.38																		
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	7/31/25-9/30/25	Liberty Health Care Corporation	to provide: (1) intake services, (2) access, ancillary non-emergency	Competitive	CW111090	Benjamin Ebeigbe	1,243,342.61	0	1010001	55%	348,115.49	810,755.64	810,755.64	-	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	7/31/25-9/30/25								4025002	45%	284,821.76	663,345.53	663,345.53	-	
Long Term Care Contract - LTC Assessment Contract - Total																		
632,937.25 1,474,101.17 1,474,101.17 -																		
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	2/1/25 - 9/30/25	Telligen	to provide: (1) intake services, (2) -	Competitive	CW114208	Benjamin Ebeigbe	7,440,820.07	0	1010001	55%	-	-	-	-	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	2/1/25 - 9/30/25								4025002	45%	-	-	-	-	
Long Term Care Contract - LTC Assessment Contract - Total																		
- - - -																		
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/24 - 10/16/24	Guardiantrac	Participant Directed Services	Competitive	CW103051	Benjamin Ebeigbe	557,916.67	0	1010001	55%	154,838.75	3,792,684.50	3,792,684.50	92,380.93	
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/24 - 10/16/24								4025002	45%	126,686.25	3,103,105.50	3,103,105.50	75,584.39	
PDS Consulting Services Contract - PDS Consulting Services Contract - Total																		
281,525.00 6,895,790.00 6,895,790.00 -																		
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/17/24-9/30/25	Guardiantrac	Participant Directed Services	Competitive	CW103051	Benjamin Ebeigbe	6,599,196.89	0	1010001	55%	1,825,969.89	3,792,684.50	3,792,684.50	277,099.03	
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/17/24-9/30/25								4025002	45%	1,493,975.36	3,103,105.50	3,103,105.50	226,717.38	
PDS Consulting Services Contract - PDS Consulting Services Contract - Total																		
3,319,945.25 6,895,790.00 6,895,790.00 503,816.41																		
100193	Long Term Care Support Services	200L	Money Follow the Person (MFP) Grant	10/1/24-9/30/25	TBD	Transition Services	Competitive	TBD	Muala Ndaka	TBD		4020002	100%	1,705,691.00	1,705,691.00	1,705,691.00	-	New Procurement - Pending SOW
Money Follow the Person (MFP) Grant - Total																		
1,705,691.00 1,705,691.00 1,705,691.00 -																		
100194	Long Term Care Support Services	200L	LTC ARPA Staffing	10/1/24-9/30/25	Advantageous	Assisted Living Study Contract	Task Order	CW104349	Benjamin Ebeigbe	849,980.00	0	1010001	55%	480,100.25	248,072.55	248,072.55	41,756.22	
100193	Long Term Care Support Services	200L	LTC ARPA Staffing	10/1/24-9/30/25								4020002	45%	400,172.93	202,968.45	202,968.45	34,164.18	
LTC ARPA Staffing - Total																		
889,273.18 451,041.00 451,041.00 75,920.40																		
100193	Long Term Care Support Services	200L	DACL Detail- SHIP staffing	10/1/24-9/30/25	Midtown	Temporary Staff	DCSS	TBD	Benjamin Ebeigbe	TBD		1010001	55%	18,772.91	55,000.00	55,000.00	4,763.97	New Procurement - Pending SOW
100193	Long Term Care Support Services	200L	DACL Detail- SHIP staffing	10/1/24-9/30/25								4020002	45%	15,359.66	45,000.00	45,000.00	3,099.79	
DACL Detail- SHIP staffing - Total																		
34,132.57 100,000.00 100,000.00 8,863.76																		
100192	Long Term Care Support Services	200L	Quality Management Strategy contract	10/1/24-4/1/25	HMA	Quality Mgmt Services	Competitive	CW116089	Benjamin Ebeigbe	760,551.00	0	1010001	55%	150,604.67	275,000.00	275,000.55	18,082.47	
			Quality Management Strategy contract	04/2/25-9/30/25								4020002	45%	123,222.01	225,000.00	225,000.45	14,794.75	
Quality Management Strategy contract - Total																		
273,826.68 225,000.00 225,000.45 32,877.22																		
100196	Long Term Care Support Services	200L	Membership Dues - States Assessments	7/1/24 - 6/30/25	Advancing States	Member Dues	Exempt	PO719548	Benjamin Ebeigbe	11,082.00	0	1010001	55%	143,332.81	-	-	6,610.40	
100196	Long Term Care Support Services	200L	Membership Dues - States Assessments	7/1/24 - 6/30/25								4025002	45%	117,271.80	-	-	4,986.90	
Membership Dues - States Assessments - Total																		
260,604.61 - - 11,082.00																		
Total - Program/Cost Center																		
15,																		

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
100196	Health Care Policy	3000	HCPR Temporary Staffing	10/1/24-9/30/25	Midtown	Temporary Staff	DCSS	CW113232	Benjamin Ebeigbe	369,240.00	0	1010001	55%	50,777.47	110,000.00	110,000.00	-	
100196	Health Care Policy	3000	HCPR Temporary Staffing	10/1/24-9/30/25						41,545.21		4025002	45%	-	90,000.00	90,000.00	-	
			HCPR Temporary Staffing - Total															
100196	Health Care Policy	3000	Enhancement to implement BSA Subtitle requiring re	10/1/24-9/30/25	Unknown Vendor	Enhancement Services	Bid	TBD	Eugene Simms	TBD		1010001	55%	55,000.00	55,000.00	55,000.00	-	New Procurement - SOW Pending
100196	Health Care Policy	3000	Enhancement to implement BSA Subtitle requiring re	10/1/24-9/30/25								4025002	45%	-	45,000.00	45,000.00	-	
			Enhancement to implement BSA Subtitle requiring re - Total															
100196	Health Care Policy	3000	Recording funds from RMO to HTO for Perinatal Menta	10/1/24-9/30/25	TBD	N/A	N/A	N/A	N/A	TBD		1010001	100%	-	118,000.00	118,000.00	-	
			Recording funds from RMO to HTO for Perinatal Menta - Total															
			Total - Program/Cost Center															
100196	Health Care Policy	3000	Behavioral Health Stakeholders' Engagement Contract	10/1/24-9/30/25	TBD	Engagement Contract	TBD	TBD	TBD	TBD		1010001	55%	-	82,500.00	82,500.00	-	New Procurement - SOW Pending
100196	Health Care Policy	3000	Behavioral Health Stakeholders' Engagement Contract	10/1/24-9/30/25								4025002	45%	-	67,500.00	67,500.00	-	
			Behavioral Health Stakeholders' Engagement Contract - Total															
100196	Health Care Policy	3000	Current Annual Subscription and Professional Services Contract - West Law	10/1/24-9/30/25	Thomson Reuters (WestLaw)	Subscription Renewal	Small Purchase	PO718823	Ekaperina Christophen	28,991.04	0	1010001	55%	15,185.81	35,805.00	35,805.00	2,657.51	
100196	Health Care Policy	3000	Current Annual Subscription and Professional Services Contract - West Law	10/1/24-9/30/25								4025002	45%	12,424.75	29,295.00	29,295.00	2,174.33	
			Current Annual Subscription and Professional Services Contract - Total															
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	10/01/24-04/10/25	Ross Professional Services LLC	Temporary Staff	RFTOP	CW107305	Taylor Woods	371,335.36	0	1010001	55%	241,594.42	-	241,594.42	58,060.17	
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	10/01/24-04/10/25								4025002	45%	197,668.16	-	197,668.16	47,503.77	
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	04/11/25-09/30/25	Ross Professional Services LLC	Temporary Staff	RFTOP	CW107305	Taylor Woods	371,335.36	0	1010001	55%	210,381.57	-	210,381.57	-	
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	04/11/25-09/30/25								4025002	45%	172,130.37	-	172,130.37	-	
			Total - Program/Cost Center															
			3000 - TOTAL															
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4025002	44.25%	536,450.72	1,561,469.60	1,561,469.60	128,720.61	
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481	Kelley Rodgers, William	1,255,323.00	0	1010001	14.75%	178,883.57	186,823.20	186,823.20	42,906.88	
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4020002	13.50%	169,468.65	176,990.40	176,990.40	39,270.70	
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	DIONA	Temporary Staff	Bid	CW101930	Northern, Kashonda Johnson-Dunklin			1010001	13.50%	169,468.65	176,990.40	176,990.40	39,270.70	
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	14.00%	209,766.40	209,766.40	209,766.40	40,725.17	
			300A															
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4025002	44.25%	3,797,712.67	1,415,307.15	1,415,307.15	278,655.56	
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	AVID SYSTEMS	Temporary Staff	Requirements	CW87471	Kelley Rodgers, William	8,883,538.41	0	1010001	14.75%	1,265,904.22	471,769.05	471,769.05	92,885.19	
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4020002	13.50%	1,199,277.69	446,939.10	446,939.10	85,013.56	
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481	Northern, Kashonda Johnson-Dunklin			1010001	13.50%	1,199,277.69	446,939.10	446,939.10	85,013.56	
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	14.00%	1,421,366.15	529,705.60	529,705.60	98,162.21	
			300A															
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	AVID SYSTEMS	Temporary Staff	Requirements	CW87471	Kelley Rodgers, William	2,721,835.65	0	4025002	44.25%	1,163,584.74	109,440.00	109,440.00	28,320.00	
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	14.75%	387,861.58	36,480.00	36,480.00	9,440.00	
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481	Northern, Kashonda Johnson-Dunklin			4020002	13.50%	1,838,384.64	34,560.00	34,560.00	8,640.00	
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	13.50%	367,447.81	34,560.00	34,560.00	8,640.00	
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	ENLIGHTENED	Temporary Staff	DCSS	CW91846				1010001	14.00%	435,493.70	40,960.00	40,960.00	8,960.00	
			300A															
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4025002	44.25%	5,515,153.91	1,356,474.60	1,356,474.60	436,701.55	
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	14.75%	1,838,384.64	452,136.20	452,136.20	145,567.18	
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								4020002	13.50%	1,741,627.55	428,360.40	428,360.40	133,230.98	
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	ENLIGHTENED	Temporary Staff	DCSS	CW91846	Kelley Rodgers, William	3,173,040.00	0	1010001	13.50%	1,741,627.55	428,360.40	428,360.40	133,230.98	
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25								1010001	14.00%	2,064,151.17	507,686.40	507,686.40	138,165.46	
			300A															
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25								4025002	44.25%	21,588.68	147,487.50	147,487.50	110,625.00	
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25								1010001	14.75%	7,196.23	49,162.50	49,162.50	36,875.00	
100071	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25	Andean Consulting Solutions	ACSI Translation Services	Requirements	CW108302	Kashonda Johnson-Dunkin	250,000.00		4020002	13.50%	6,817.48	46,575.00	46,575.00	33,750.00	
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25								1010001	13.50%	6,817.48	46,575.00	46,575.00	33,750.00	
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25								1010001	14.00%	8,079.97	55,200.00	55,200.00	35,000.00	
			300A															
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25								4025002	44.25%	10,422,148.27	16,601,576.11	16,601,576.11	4,220,575.98	
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25								1010001	14.75%	3,474,049.42	5,533,858.70	5,533,858.70	1,406,858.66	
100071	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25	D2sol	DCAS Operation & Maintenance	competitive	CW121488	Kashonda Johnson-Dunkin	41,886,454.00		4020002	13.50%	3,291,204.72	5,242,602.98	5,242,602.98	1,287,633.35	
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25								1010001	13.50%	3,291,204.72	5,242,602.98	5,242,602.98	1,287,633.35	
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25								1010001	14.00%	3,905,687.07	6,213,455.39	6,213,455.39	1,335,323.47	
			300A															
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25								4025002	44.25%	202,976.86	171,000.00	171,000.00	-	
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25								1010001	14.75%	67,658.95	57,000.00	57,000.00	-	
100071	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25								4020002	13.50%	64,097.96	54,000.00	54,000.00	-	
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25	BDA Global	COO/Risk Assessment/BDA Global	Competitive	CW96061	Montae Brockett	474,799.68		1010001	13.50%	64,097.96	54,000.00	54,000.00	-	
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25														

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Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
100202	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25								1010001	13.50%	9,100.00	5,400.00	5,400.00	-	
100202	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25								1010001	14.00%	10,400.00	6,400.00	6,400.00	-	
	DCAS	300A												65,000.00	40,000.00	40,000.00	-	
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25								4025002	44.25%	202,976.90	267,170.40	267,170.40	-	
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25								1010001	14.75%	67,658.97	89,056.80	89,056.80	-	
100071	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25	BPR		N/A	N/A	TBD			4020002	13.50%	64,097.97	84,369.60	84,369.60	-	
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25								1010001	13.50%	64,097.97	84,369.60	84,369.60	-	
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25								1010001	14.00%	75,967.96	99,993.60	99,993.60	-	
	DCAS	300A												474,799.76	624,960.00	624,960.00	-	
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25								4025002	44.25%	981,227.58	499,374.78	499,374.78	516,896.71	
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25	DGS		N/A	N/A	Tony Baptiste			1010001	14.75%	327,075.86	166,458.26	166,458.26	172,298.90	
100071	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25								4020002	13.50%	1,327,075.86	1,577,697.30	1,577,697.30	1,577,697.30	
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25								1010001	13.50%	327,075.86	157,697.30	157,697.30	157,697.30	
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25								1010001	14.00%	373,800.98	186,900.50	186,900.50	163,537.94	
	DCAS	300A												2,336,256.15	1,168,128.15	1,168,128.15	1,168,128.15	
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25								4025002	44.25%	19,237.50	4,426.40	4,426.40	-	
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25					Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin			1010001	14.75%	6,412.50	1,475.47	1,475.47	-	
100071	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25	AWS		N/A	N/A				4020002	13.50%	6,075.00	1,397.81	1,397.81	-	
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25								1010001	13.50%	6,075.00	1,397.81	1,397.81	-	
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25								1010001	14.00%	7,200.00	1,656.67	1,656.67	-	
	DCAS	300A												45,000.00	10,354.16	10,354.16	-	
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25	MERATIVE, CARASOFT, DYNAMIC SYSTEMS, CDE, DIONA MOBILE	Software Licenses	Bid	CW100807, CW105141, CW110134, CW112697, CW114986, CW114997, CW114998, CW97545	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	13,695.00	0	4025002	44.25%	4,218,443.37	5,865,446.85	5,865,446.85	2,956,224.68	
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25								1010001	14.75%	1,406,147.79	1,955,148.95	1,955,148.95	985,408.23	
100071	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25								4020002	13.50%	1,852,246.37	1,852,246.37	1,852,246.37	901,899.06	
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25								1010001	13.50%	1,332,140.01	1,852,246.37	1,852,246.37	901,899.06	
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25								1010001	14.00%	1,578,832.60	2,195,254.96	2,195,254.96	935,302.73	
	DCAS	300A												9,867,703.78	13,720,343.51	13,720,343.51	6,680,733.75	Variance due to pace of cloud migration project. DCAS anticipates needing and using the additional licenses needed in FY25.
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25								4025002	44.25%	92,400.00	82,164.42	82,164.42	-	
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25								1010001	14.75%	30,800.00	27,388.14	27,388.14	-	
100071	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25	OCTO		N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin			4020002	13.50%	30,800.00	25,946.66	25,946.66	-	
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25								1010001	13.50%	30,800.00	25,946.66	25,946.66	-	
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25								1010001	14.00%	35,200.00	30,751.60	30,751.60	-	
	DCAS	300A												220,000.00	192,197.48	192,197.48	-	
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25								4025002	44.25%	126,000.00	128,250.00	128,250.00	-	
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25								1010001	14.75%	42,000.00	42,750.00	42,750.00	-	
100071	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25	OCTO		N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin			4020002	13.50%	40,500.00	40,500.00	40,500.00	-	
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25								1010001	13.50%	42,000.00	40,500.00	40,500.00	-	
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25								1010001	14.00%	48,000.00	48,000.00	48,000.00	-	
	DCAS	300A												300,000.00	300,000.00	300,000.00	-	
	300A - TOTAL													78,541,315.27	82,514,719.57	82,514,719.57	27,033,711.74	
100203	Health Care Operations Administration	6000	Maintain the operation of the existing MMIS	10/1/24-9/30/25	Conduent	MMIS System Maintenance	Sole Source	CW91987	Don Shearer	31,620.00		1010001	25%	6,660,269.11	8,669,700.00	8,669,700.00	1,292,718.27	APD RELATED
100203	Health Care Operations Administration	6000	Maintain the operation of the existing MMIS									4025002	75%	19,980,807.33	26,009,100.00	26,009,100.00	3,878,154.82	
			Maintain the operation of the existing MMIS - Total											26,641,076.44	34,678,800.00	34,678,800.00	5,170,873.09	
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	10/1/24-6/7/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	1,192,104.00		1010001	25%	146,648.60	158,191.33	158,191.33	49,671.00	APD RELATED
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM									4025002	75%	439,945.80	474,573.98	474,573.98	149,013.00	
			Client Case Management System - CCMS-OM - Total											586,594.40	632,765.31	632,765.31	198,684.00	
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	6/8/25-9/30/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	589,146.69		1010001	25%	144,045.90	147,286.67	147,286.67	-	APD RELATED
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM									4025002	75%	432,137.70	441,860.02	441,860.02	-	
			Client Case Management System - CCMS-OM - Total											576,183.60	589,146.69	589,146.69	-	
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM	10/11/24-10/10/25	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		1010001	25%	260,763.61	285,815.48	285,815.48	-	APD RELATED
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM (Training)									4025002	75%	782,290.84	857,446.43	857,446.43	-	
			EVV - Electronic Visit Verification/OM (Training) - Total											1,043,054.45	1,143,261.90	1,143,261.90	-	
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM (Training)	10/11/25-10/10/26	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		1010001	55%	48,279.70	40,321.65	40,321.65	-	
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM (Training)									4025002	45%	14,956.12	32,991.26	32,991.26	-	
			EVV - Electronic Visit Verification/OM (Training) - Total											33,235.82	73,313.90	73,313.90	-	
100203	Health Care Operations Administration	6000	MITA: MMIS Upgrade	10/1/24-8/20/25	Ernst & Young, LLP/Cambria Solutions	MITA: MMIS Upgrade	Competitive	TBD	Cheryl Dodd			1010001	10%	55,796.40	55,796.40	55,796.40	-	APD RELATED
100203	Health Care Operations Administration	6000	MITA: MMIS Upgrade									4025002	90%	502,167.60	502,167.60	502,167.60	-	
			MITA: MMIS Upgrade - Total											557,964.00	557,964.00	557,964.00	-	
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	10/1/24-7/19/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	5,954,615.04		1010001	25%	1,157,790.13	1,274,394.16	1,274,394.16	551,953.18	APD RELATED
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager									4025002	75%	3,473,370.38	3,823,182.47	3,823,182.47	451,598.06	
			PBM - Pharmacy Benefit Manager - Total											4,631,160.51	5,097,576.63	5,097,576.63	1,003,551.24	
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	7/20/25-9/30/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	1,285,364.60		1010001	25%	299,446.74	321,341.15	321,341.15	-	APD RELATED
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager									4025002	75%	898,340.22	964,023.45	964,023.45	-	
			PBM - Pharmacy Benefit Manager - Total											1,197,786.96	1,285,364.60	1,285,364.60	-	
100203	Health Care Operations Administration	6000	CAQH Provider Enrollment Fees	10/1/24-1/7/25	CAQH	Preview Database System	Exempt	CW110195	Don Shearer	65,560.00		1010001	55%	33,009.77	36,058.00	36,058.00	-	
100203	Health Care Operations Administration	6000	CAQH Provider Enrollment Fees									4025002	45%	27,007.99	29,502.00	29,502.00	-	
			CAQH Provider Enrollment Fees - Total											60,017.76	65,560.00	65,560.00	-	
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	10/1/24-1/6/25	Maximus	Provider Data Mgmt System	Sole Source	CW100469	Don Shearer	3,643,308.00		1010001	25%	216,004.25	220,095.21	220,095.21	151,804.50	APD RELATED
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS									4025002	75%	649,212.75	660,285.63	660,285.63	455,413.50	
			Provider Data Manager System - PDMS - Total											865,617.00	880,380.84	880,380.84	607,218.00	
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	1/7/25-9/30/25	Maximus	Provider Data Mgmt System	Sole Source	CW118651	Don Shearer	3,759,380.00		1010001	25%	683,120.25	660,285.63	660,285.63	-	APD RELATED
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS									4025002	75%	2,049,560.75	1,980,656.89	1,980,6		

Work Order Number	Building Information	Main Status	Submitted Date	Completion Date
808603	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/16/2025	1/16/2025
808464	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/15/2025	1/15/2025
808370	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/15/2025	1/16/2025
808082	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/13/2025	1/16/2025
807767	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/9/2025	1/15/2025
807683	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	1/9/2025	N/A
807588	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/8/2025	1/15/2025
807587	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	1/8/2025	N/A
807556	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/8/2025	1/9/2025
807551	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/8/2025	1/9/2025

807472	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	1/8/2025	N/A
807404	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/7/2025	1/8/2025
806980	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/2/2025	1/15/2025
806505	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/20/2024	12/30/2024
806246	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/17/2024	12/18/2024
806200	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/17/2024	12/17/2024
805630	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/11/2024	12/17/2024
805594	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/10/2024	12/18/2024
805561	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/10/2024	12/17/2024
805121	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/5/2024	12/6/2024
804461	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/3/2024	12/3/2024
804155	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/27/2024	11/27/2024
804007	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/26/2024	12/6/2024
803518	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/20/2024	11/25/2024
803300	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/19/2024	11/19/2024

803209	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/18/2024	11/18/2024
803130	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	11/18/2024	N/A
802932	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/15/2024	11/15/2024
802873	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/14/2024	11/14/2024
802207	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/7/2024	11/8/2024
802021	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/6/2024	11/8/2024
801742	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/4/2024	11/4/2024
801449	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/31/2024	10/31/2024
801356	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/30/2024	10/30/2024
801313	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/30/2024	10/30/2024
801174	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/29/2024	10/31/2024
801103	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/28/2024	10/29/2024
800684	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/24/2024	10/24/2024
800582	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/23/2024	10/28/2024
800580	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/23/2024	N/A

800517	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/23/2024	10/23/2024
800454	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/22/2024	10/22/2024
800182	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/18/2024	N/A
799909	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/17/2024	N/A
799935	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/17/2024	10/29/2024
799611	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/15/2024	10/21/2024
799598	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/15/2024	N/A
799379	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2024	10/16/2024
799367	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2024	10/10/2024
799314	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2024	10/21/2024
799099	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/8/2024	N/A
799070	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/8/2024	N/A
799067	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/8/2024	N/A
799026	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/8/2024	10/8/2024
799021	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/8/2024	10/9/2024

798911	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/7/2024	10/8/2024
798703	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/4/2024	10/4/2024
798702	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	10/4/2024	N/A
798519	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/3/2024	10/7/2024
798364	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/2/2024	10/3/2024
798325	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/2/2024	10/7/2024
798265	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/1/2024	10/3/2024
798098	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/1/2024	10/8/2024
798040	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/30/2024	10/3/2024
797988	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/30/2024	10/3/2024
797821	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/27/2024	9/30/2024
797792	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/27/2024	10/3/2024
797733	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/27/2024	9/30/2024
797708	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/27/2024	9/30/2024
797624	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/26/2024	9/27/2024

797502	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/26/2024	9/26/2024
797497	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	9/26/2024	N/A
797506	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/26/2024	9/26/2024
797410	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/25/2024	9/26/2024
797284	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/25/2024	9/25/2024
797236	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/24/2024	9/26/2024
797177	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/24/2024	9/24/2024
796981	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/23/2024	9/23/2024
796977	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/23/2024	9/23/2024
796960	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	9/23/2024	N/A
796945	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/23/2024	9/23/2024
796803	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/20/2024	9/23/2024
796453	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/18/2024	9/19/2024
795983	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/13/2024	9/17/2024
795975	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/13/2024	9/19/2024

795750	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/12/2024	9/12/2024
795686	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/11/2024	9/17/2024
795636	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/11/2024	9/12/2024
795607	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/11/2024	9/12/2024
795572	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/11/2024	9/17/2024
795521	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	9/10/2024	N/A
795368	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/9/2024	9/11/2024
795302	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/9/2024	9/9/2024
795301	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	9/9/2024	N/A
795164	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/6/2024	9/9/2024
794845	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/4/2024	9/6/2024
794727	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/4/2024	9/4/2024
794628	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	9/3/2024	9/4/2024
793260	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/23/2024	8/28/2024
793259	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	8/23/2024	N/A

793163	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/22/2024	8/27/2024
792974	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/21/2024	8/22/2024
792766	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/20/2024	8/27/2024
792552	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	8/19/2024	N/A
791992	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/13/2024	8/14/2024
791152	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/7/2024	8/8/2024
791122	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	8/7/2024	8/7/2024
790334	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/31/2024	8/7/2024
790163	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/30/2024	8/1/2024
790160	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/30/2024	8/1/2024
790140	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/30/2024	8/1/2024
789982	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/29/2024	7/30/2024
789740	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/26/2024	7/30/2024
789277	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/23/2024	7/24/2024
789263	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/23/2024	7/24/2024

789261	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/23/2024	7/24/2024
789202	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/23/2024	N/A
788827	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/19/2024	7/24/2024
788702	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/18/2024	7/24/2024
788667	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/18/2024	N/A
788295	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/16/2024	7/17/2024
788185	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/16/2024	7/17/2024
788109	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/15/2024	8/16/2024
788033	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/15/2024	N/A
787822	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/12/2024	7/12/2024
787757	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/11/2024	7/12/2024
787678	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/11/2024	7/11/2024
787603	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/11/2024	7/11/2024
787549	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/10/2024	7/11/2024
787507	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/10/2024	7/12/2024

787490	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/10/2024	7/10/2024
787488	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/10/2024	N/A
787487	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/10/2024	N/A
787485	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/10/2024	7/10/2024
787484	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/10/2024	N/A
787482	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/10/2024	N/A
787489	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/10/2024	N/A
787228	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/9/2024	7/9/2024
787140	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/8/2024	N/A
787139	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/8/2024	N/A
787138	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	7/8/2024	7/9/2024
786807	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	7/5/2024	N/A
786562	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	7/2/2024	N/A
786216	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/28/2024	6/28/2024
785859	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/26/2024	6/26/2024

785741	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/25/2024	6/26/2024
785018	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/18/2024	6/20/2024
784867	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/17/2024	6/24/2024
784814	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/14/2024	6/20/2024
784575	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/13/2024	6/14/2024
784400	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/11/2024	6/20/2024
784360	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	6/11/2024	N/A
784286	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/10/2024	6/20/2024
784242	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	6/10/2024	N/A
784240	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	6/10/2024	N/A
784236	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	6/10/2024	N/A
784061	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/7/2024	6/20/2024
783834	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/5/2024	7/2/2024
783801	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/5/2024	6/17/2024
783777	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/5/2024	6/20/2024

783596	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	6/4/2024	6/20/2024
782982	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/28/2024	6/3/2024
782874	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/28/2024	5/29/2024
782668	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/23/2024	5/28/2024
782634	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/23/2024	5/23/2024
782568	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/23/2024	5/28/2024
782443	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/22/2024	5/22/2024
782327	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/21/2024	5/22/2024
782311	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/21/2024	5/21/2024
782238	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	5/21/2024	N/A
782178	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/20/2024	5/21/2024
782106	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/20/2024	5/21/2024
781837	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/16/2024	5/20/2024
781765	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/16/2024	5/20/2024
781588	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/15/2024	5/15/2024

781587	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	5/15/2024	N/A
781457	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/14/2024	5/16/2024
781448	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/14/2024	5/16/2024
781418	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/14/2024	5/16/2024
780864	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/8/2024	5/14/2024
780770	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/7/2024	5/8/2024
780696	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/7/2024	5/8/2024
780107	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	5/2/2024	5/7/2024
779748	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/30/2024	5/1/2024
779706	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/30/2024	4/30/2024
779659	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	4/30/2024	N/A
779383	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/26/2024	4/29/2024
779276	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/26/2024	4/29/2024
779223	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/25/2024	4/26/2024
779166	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/25/2024	4/29/2024

779069	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	4/24/2024	N/A
778829	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/23/2024	4/26/2024
778433	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/18/2024	4/26/2024
778327	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	4/18/2024	N/A
778248	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	4/17/2024	N/A
778220	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	4/17/2024	N/A
778201	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/17/2024	4/18/2024
778085	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/15/2024	4/18/2024
777777	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/11/2024	4/12/2024
777714	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/11/2024	4/12/2024
777692	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/11/2024	4/12/2024
777684	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/11/2024	4/26/2024
777683	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/11/2024	4/12/2024
777436	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/9/2024	4/14/2024
777019	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/4/2024	4/10/2024

776845	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/3/2024	4/3/2024
776751	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/2/2024	4/3/2024
776682	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	4/2/2024	4/3/2024
775835	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/25/2024	3/28/2024
775789	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/25/2024	3/25/2024
775778	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/25/2024	3/25/2024
775386	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/20/2024	3/28/2024
775360	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/20/2024	3/20/2024
775345	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/20/2024	3/20/2024
775326	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/20/2024	3/28/2024
775154	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/19/2024	3/25/2024
774535	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/13/2024	3/14/2024
774386	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/12/2024	3/14/2024
774245	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/11/2024	3/14/2024
774219	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/11/2024	3/14/2024

774084	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/8/2024	3/12/2024
774006	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/14/2024	3/14/2024
773817	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	3/6/2024	N/A
773816	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/6/2024	3/14/2024
773784	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	3/6/2024	N/A
773737	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/6/2024	3/15/2024
773640	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/5/2024	3/6/2024
773572	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	3/5/2024	N/A
773562	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/5/2024	3/14/2024
773541	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/5/2024	3/6/2024
773476	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/4/2024	3/14/2024
773459	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/5/2024	3/5/2024
773407	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/4/2024	3/4/2024
773385	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/4/2024	3/4/2024
773262	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/6/2024	3/6/2024

773210	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/1/2024	3/4/2024
773209	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	3/1/2024	N/A
773204	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	3/1/2024	3/4/2024
773130	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/29/2024	3/1/2024
773074	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/29/2024	2/29/2024
772992	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/28/2024	3/4/2024
772990	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	2/28/2024	N/A
772988	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/28/2024	2/29/2024
772849	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/27/2024	2/28/2024
772842	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/27/2024	2/28/2024
772840	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/27/2024	2/28/2024
772836	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/27/2024	3/4/2024
772552	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/26/2024	2/26/2024
772544	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/26/2024	2/26/2024
772084	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/21/2024	2/21/2024

771968	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	2/20/2024	N/A
771937	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/20/2024	2/21/2024
771755	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/16/2024	2/20/2024
771752	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	2/16/2024	N/A
771751	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/16/2024	3/4/2024
771540	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/14/2024	2/15/2024
771531	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/14/2024	2/14/2024
771281	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/12/2024	2/12/2024
771166	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/9/2024	2/9/2024
771030	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/8/2024	2/12/2024
770988	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/8/2024	2/8/2024
770976	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/8/2024	2/8/2024
770931	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/7/2024	2/8/2024
770812	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/6/2024	2/12/2024
770596	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	2/5/2024	2/7/2024

770088	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/31/2024	2/9/2024
769805	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	1/30/2024
769765	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	1/29/2024
769728	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	2/7/2024
769723	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	2/5/2024
769702	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	2/5/2024
769695	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/29/2024	1/29/2024
769596	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/26/2024	1/30/2024
769594	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/26/2024	1/26/2024
769277	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/24/2024	2/2/2024
769200	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	1/23/2024	N/A
769034	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/22/2024	1/23/2024
768698	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/18/2024	1/18/2024
768497	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/17/2024	1/17/2024
768063	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/11/2024	1/16/2024

768029	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/11/2024	1/16/2024
767880	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/10/2024	1/10/2024
767729	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/9/2024	1/10/2024
767699	OJS BUILDING (Marion S. Barry, Jr. Building)	Rejected	1/9/2024	N/A
767280	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/5/2024	1/10/2024
767208	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	1/4/2024	1/5/2024
766724	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/28/2023	12/29/2023
766652	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/27/2023	12/27/2023
766592	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/26/2023	3/14/2024
766495	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/22/2023	1/16/2024
766496	OJS BUILDING (Marion S. Barry, Jr. Building)	Cancelled	12/22/2023	N/A
766214	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/19/2023	12/20/2023
766018	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/18/2023	12/27/2023
765669	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/13/2023	12/14/2023
765456	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/11/2023	12/18/2023

765446	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/11/2023	12/11/2023
764997	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	12/6/2023	12/28/2023
764279	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/29/2023	12/4/2023
762290	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	11/7/2023	11/22/2023
760610	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/19/2023	10/23/2023
760609	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/19/2023	10/20/2023
760502	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/18/2023	11/30/2023
760320	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/17/2023	10/18/2023
760268	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/17/2023	10/18/2023
760138	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/16/2023	10/17/2023
759733	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/12/2023	10/13/2023
759447	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2023	10/12/2023
759371	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2023	10/10/2023
759338	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/10/2023	10/10/2023
758801	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/3/2023	11/2/2023

758773	OJS BUILDING (Marion S. Barry, Jr. Building)	Completed	10/3/2023	10/3/2023

Fund	Fund Description (A)	FY 2024 Revenue (D)
1060128	MEDICAID COLLECTIONS-3RD PARTY LIABILITY	\$2,615,097.34
1060128 Total		
1060132	BILL OF RIGHTS-(GRIEVANCE & APPEALS)	\$2,664,679.65
1060132 Total		
1060138	ASSESSMENT FUND	\$0.00
1060386 Total		
1060386	INDIVIDUAL INSUR MKT AFFORD & STABILITY	\$6,662,243.38
1060386 Total		
Total		\$ 11,942,020.37

No Available fund balance at this time

Department of Health Care Finance
Performance Oversight Hearing
Response to Question 12

FY 2025 Q1 Revenue (D)	Cost Center (C.)	Cost Center Description (B)
\$1,149,273.37	70174	PHYSICIAN SERVICES-MEDICAID
	70261	DIVISION OF CLAIMS MANAGEMENT

\$0.00	70274	OFFICE OF THE OMBUDSMAN - HT0
	70538	SENIOR DEPUTY DIRECTOR FINANCE ADMINSTRATIVE FUNCTIONS

\$11,344.00		

\$1,469,835.97	70277	COMPLIANCE DIVISION - HT0

\$	2,630,453.34	

Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY 2024 Spending €	FY 2025 Q1 Spending €
714100C	GOVERNMENT SUBSIDIES & GRANTS	\$1,998,700.74	\$0.00
701100C	CONTINUING FULL TIME	\$229,263.37	\$61,584.09
701300C	ADDITIONAL GROSS PAY	\$231.67	\$0.00
701400C	FRINGE BENEFITS - CURR PERSONNEL	\$48,969.65	\$12,626.56
713200C	CONTRACTUAL SERVICES - OTHER	\$151,464.83	\$0.00
		\$2,428,630.26	\$74,210.65
701100C	CONTINUING FULL TIME	\$857,715.06	\$270,480.32
701200C	CONTINUING FULL TIME - OTHERS	\$36,291.62	\$19,163.67
701300C	ADDITIONAL GROSS PAY	\$1,602.45	\$1,173.75
701400C	FRINGE BENEFITS - CURR PERSONNEL	\$207,555.43	\$62,088.12
711100C	SUPPLIES & MATERIALS	\$1,486.81	\$1,690.54
713200C	CONTRACTUAL SERVICES - OTHER	\$231,457.36	\$19,142.86
701200C	CONTINUING FULL TIME - OTHERS	\$0.00	\$2,230.95
701400C	FRINGE BENEFITS - CURR PERSONNEL	\$0.00	\$170.72
		\$1,336,108.73	\$376,140.93
		\$0.00	\$0.00
		\$0.00	\$0.00
713200C	CONTRACTUAL SERVICES - OTHER	\$163,706.95	\$0.00
		\$163,706.95	\$0.00
		\$3,928,445.94	\$450,351.58

Department of Health Care Finance (HT0)																
FY24 Oversight Hearing																
Question 13: FY24 and FY25 Capital Budget																
									FY24 Capital Spending				FY25 Capital Spending			
SOAR Project Number	DIFS Project Number	Project Name	Narrative	Is the Project Completed as planned?	FY24 Impact on Operating Budget	FY25 Impact on Operating Budget	Appropriated Fund	FY25 Project Cost	FY24 Allotment	LTD Allotments	Expenditures in FY24	LTD Expenditures	FY25 Allotment	LTD Allotments	Expenditures in FY25 (as of 12/31/24)	LTD Expenditures
UMC02C	100473	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	\$8,898,566	\$0	\$58,054,663	\$0	\$49,156,097	\$0	\$58,054,663	\$0	\$49,156,097
							0301-CAPITAL FUND - PAYGO	\$1,750,530	\$0	\$21,238,034	\$0	\$19,487,504	\$0	\$21,238,034	\$0	\$19,487,504
							Appropriated Fund Total	\$10,649,096	\$0	\$79,292,697	\$0	\$68,643,601	\$0	\$79,292,697	\$0	\$68,643,601
UMV01C	100474	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
							0301-CAPITAL FUND - PAYGO	\$192,171	\$0	\$768,682	\$0	\$0	\$0	\$768,682	\$0	\$0
							0309- TAXABLE BONDS	\$37,800,561	\$0	\$151,202,242	\$0	\$1,721,185	\$0	\$151,202,242	\$0	\$1,721,185
							Appropriated Fund Total	\$37,992,731	\$0	\$151,970,924	\$0	\$1,721,185	\$0	\$151,970,924	\$0	\$1,721,185
DIM01C	100466	ENTERPRISE DATA INTEGRATION SYSTEM/MEDIC	The development of this new system is mandatory for all State Medicaid Agencies. The new system will allow Patients, Providers and Payers to exchange patient's health information through Fast Healthcare Interoperability Resources (FHIR) standard APIs. This will lead to improved overall health care management for District residents and improved overall health outcomes. This line item will also continue to account for the Enterprise Data Integration System (EDIS) and a Medicaid Enterprise System (MES) which, when fully implemented, will allow the agency to have a 360-degree data view of the entire Medicaid program, add greater IT and data capability, and provide additional Solutions Engineering resources. The federal government will provide a 90% match for this capital project	On-going Project	N/A	N/A	0300-CAPITAL FUND - OTHER	\$1,338,536	\$724,346	\$1,338,536	\$0	\$0	\$0	\$1,338,536	\$0	\$0
							0304-SHORT-TERM BONDS	\$2,334,809	\$0	\$2,335,810	\$0	\$1,001	\$0	\$2,335,810	\$0	\$1,001
							0350-CAPITAL FUND - FEDERAL	\$10,492,188	\$6,516,000	\$10,501,194	\$0	\$9,006	\$0	\$10,501,194	\$0	\$9,006
							Appropriated Fund Total	\$14,165,534	\$7,240,346	\$14,175,540	\$0	\$10,006	\$0	\$14,175,540	\$0	\$10,006
PBM01C	100471	PHARMACY BENEFIT MANAGER SYSTEM REFRESH	The Pharmacy Benefit Manager (PBM) is responsible for managing the prescription benefit on behalf of the District public health insurance. Responsibilities include; but are not limited to the development and maintenance of lists, formularies that works with DHCF to ensure we are getting the best price for the prescriptions that are covered under the programs. The current system has been in place for 5 years and is scheduled to be updated/replaced to comply with the 5 year refresh requirement by CMS.	On-going Project	N/A	N/A	0300-CAPITAL FUND - OTHER	\$360,000	\$360,000	\$360,000	\$0	\$0	\$0	\$360,000	\$0	\$0
							0350-CAPITAL FUND - FEDERAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
							Appropriated Fund Total	\$360,000	\$360,000	\$360,000	\$0	\$0	\$0	\$360,000	\$0	\$0
PDM01C	100472	PROVIDER DATA MANAGEMENT SYSTEM REFRESH	The Provider Data Management System (PDMS) is the system responsible for tracking and managing a centralized system for provider information from the point of application through recertification and updates. The current system has been in place for 5 years and is scheduled to be updated/replaced to comply with the 5 year refresh requirement by CMS. Federal match will also be provided to support 90% of the total cost.	On-going Project	N/A	N/A	0300-CAPITAL FUND - OTHER	\$400,000	\$400,000	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0
							0350-CAPITAL FUND - FEDERAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
							Appropriated Fund Total	\$400,000	\$400,000	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0
MPM05C	100470	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	for Contractual Services	for Contractual Services	0300-CAPITAL FUND - OTHER	\$91,891	\$0	\$1,086,000	\$0	\$994,109	\$0	\$1,086,000	\$0	\$994,109
							0301-CAPITAL FUND - PAYGO	\$10,305	\$0	\$1,657,200	\$0	\$1,646,895	\$0	\$1,657,200	\$0	\$1,646,895
							0304-SHORT-TERM BONDS	\$400,000	\$0	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0
							0350-CAPITAL FUND - FEDERAL	\$2,119,125	\$0	\$9,000,000	\$0	\$6,880,875	\$0	\$9,000,000	\$0	\$6,880,875
							Appropriated Fund Total	\$2,621,321	\$0	\$12,143,200	\$0	\$9,521,879	\$0	\$12,143,200	\$0	\$9,521,879
MES12C	100468	MES - DCAS Release 1 (DHCF Portion)	DCAS is an integrated eligibility platform for health care and human services including SNAP, TANF, MAGI and Non-MAGI Medicaid, and Alliance. The system includes a Resident Portal and Mobile Application, both known as District Direct. DCAS was deployed in three major releases. Release 1 (R1) supports the Modified Adjusted Gross Income (MAGI) Medicaid and assisted Qualified Health Plan (QHP) population. R1 entered the O&M phase October 1, 2018. Release 2 supports Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and other local programs. R2 entered O&M phase in FY2018. In FY2023, the District launched the final installation of the DCAS Project with Release 3, where all remaining Medicaid programs were moved from the District's legacy system ACEDS to DCAS. DCAS is now the District's system of record for health and human service programs including MAGI and non-MAGI Medicaid, SNAP, TANF, and other local programs such as Alliance and Immigrant Children's Program (ICP). DCAS also provided functionality mandated by the ACA such as Advanced Premium Tax Credit (APTC) and Cost Sharing Reductions (CSRs) Programs. Ongoing development continues to enhance the mobile application and resident portal.	Competed FY18		N/A	0300-CAPITAL FUND - OTHER	\$44,370	\$0	\$44,370	\$0	\$44,370	\$0	\$44,370	\$0	\$44,370
							0301-CAPITAL FUND - PAYGO	\$0	\$0	\$998,255	\$0	\$998,255	\$0	\$998,255	\$0	\$998,255
							0350-CAPITAL FUND - FEDERAL	\$0	\$0	\$44,813,294	\$0	\$44,813,294	\$0	\$44,813,294	\$0	\$44,813,294
							Appropriated Fund Total	\$0	\$0	\$45,855,918	\$0	\$45,855,918	\$0	\$45,855,918	\$0	\$45,855,918
MES23C	100468	DCAS Release 3		On-going Project		N/A	0304-SHORT-TERM BONDS	\$6,204,532	\$0	\$45,343,836	\$0	\$39,139,304	\$0	\$45,343,836	\$0	\$39,139,304
							0350-CAPITAL FUND - FEDERAL	\$17,390,016	\$0	\$180,174,283	\$0	\$162,784,267	\$0	\$180,174,283	\$0	\$162,784,267
							Appropriated Fund Total	\$23,594,548	\$0	\$225,518,119	\$0	\$201,923,571	\$0	\$225,518,119	\$0	\$201,923,571
MPM03C	100469	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	for Contractual Services	for Contractual Services	0300-CAPITAL FUND - OTHER	\$10,456,495	\$0	\$13,439,919	\$859,492	\$2,983,424	\$0	\$13,439,919	\$0	\$2,983,424
							0304-SHORT-TERM BONDS	\$4,251,387	\$0	\$4,251,387	\$0	\$0	\$0	\$4,251,387	\$0	\$0
							0350-CAPITAL FUND - FEDERAL	\$58,338,802	\$0	\$76,500,000	\$7,735,431	\$18,161,198	\$0	\$76,500,000	\$0	\$18,161,198
							Appropriated Fund Total	\$73,046,684	\$0	\$94,191,306	\$8,594,923	\$21,144,622	\$0	\$94,191,306	\$0	\$21,144,622
CM102C	100464	REPLACE CASE MANAGEMENT SYSTEM	A new Clinical Case Management System (CCMS) to manage and coordinate the District's long-term services and supports. Replaces several legacy case management systems that, collectively, no longer enable the District to effectively manager LTSS for Medicaid beneficiaries. For Medicaid recipients in DHCF, DCOA will leverage a limited feature-set within the CCMS to administer the foundations of a No Wrong Door operating model for providing long-term care services and supports to residents of the District.	On-going Project			0300-CAPITAL FUND - OTHER	\$136,636	\$0	\$1,206,800	\$0	\$1,070,164	\$0	\$1,206,800	\$0	\$1,070,164
							0304-SHORT-TERM BONDS	\$124,763	\$0	\$225,000	\$0	\$100,237	\$0	\$225,000	\$0	\$100,237
							0350-CAPITAL FUND - FEDERAL	\$900,641	\$0	\$4,275,000	\$0	\$3,374,359	\$0	\$4,275,000	\$0	\$3,374,359
							Appropriated Fund Total	\$1,162,040	\$0	\$5,706,800	\$0	\$4,544,760	\$0	\$5,706,800	\$0	\$4,544,760
CM103C	100465	CLINICAL CASE MANAGEMENT SYSTEM REFRESH	The purpose of the District's Clinical Case Management System (CCMS) is to manage and coordinate the long-term support services for the District's Medicaid beneficiaries. The CCMS is a person-centered care management system that is designed to support person-centered planning and multi-agency/program functionality and enable the District to streamline and coordinate the provision of long-term care services. The CCMS will have an updated technological infrastructure that will be able to interface with the new MMIS Core System. The system will be reviewed and certified by CMS to ensure the system meets the specifications dictated by CMS.	On-going Project			0304-SHORT-TERM BONDS	\$400,000	\$0	\$0	\$0	\$0	\$0	\$400,000	\$0	\$0
							0350-CAPITAL FUND - FEDERAL	\$3,600,000	\$0	\$0	\$0	\$0	\$0	\$3,600,000	\$0	\$0
							Appropriated Fund Total	\$4,000,000	\$0	\$0	\$0	\$0	\$0	\$4,000,000	\$0	\$0
							0300-CAPITAL FUND TOTAL	\$21,682,124	\$1,484,346	\$75,930,288	\$859,492	\$54,248,164	\$0	\$75,930,288	\$0	\$54,248,164
							0301-CAPITAL FUND TOTAL	\$1,953,005	\$0	\$24,662,171	\$0	\$22,132,654	\$0	\$24,662,171	\$0	\$22,132,654
							0304-SHORT-TERM BONDS TOTAL	\$13,715,491	\$0	\$52,556,033	\$0	\$39,240,542	\$0	\$52,956,033	\$0	\$39,240,542
							0309-TAXABLE BONDS TOTAL	\$37,800,561	\$0	\$151,202,242	\$0	\$1,721,185	\$0	\$151,202,242	\$0	\$1,721,185
							0350-FEDERAL FUND TOTAL	\$92,840,773	\$6,516,000	\$325,263,771	\$7,735,431	\$236,022,998	\$0	\$328,863,771	\$0	\$236,022,998
							GRAND TOTAL	\$167,991,954	\$8,000,346	\$629,614,504	\$8,594,923	\$353,365,543	\$0	\$633,614,504	\$0	\$353,365,543

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS	
100071	Agency Management Program	IT	MDW - Staff Augmentation - MDW - 5 Positions									4025002	75%	285,204.00	616,032.00	616,032.00	42,846.00		
			MDW - Staff Augmentation - MDW - 5 Positions - Total																
100071	Agency Management Program	IT	MDW - HealthEC Population Health Platform-COTS	10/1/24-9/30/25	DigiDocs/HealthEC	PHM Base Platform Maintenance and MY Health GPS Maintenance	Competitive	CW94193	Montae Brackett	387,242.00	0	1010001	25%	96,810.50	187,500.00	187,500.00			
100071	Agency Management Program	IT										4025002	75%	290,431.50	562,500.00	562,500.00	-		
			MDW - HealthEC Population Health Platform-COTS - Total											387,242.00	750,000.00	750,000.00	-		
100071	Agency Management Program	IT	MDW - Medication Therapy Management (MTM)	10/1/24-9/30/25	TBD	Medication Therapy Management	N/A	N/A	N/A	N/A		1010001	25%	-	200,000.00	200,000.00	-	New Procurement - solicitation in process	
100071	Agency Management Program	IT										4025002	75%	-	600,000.00	600,000.00	-		
			MDW - Medication Therapy Management (MTM) - Total											-	800,000.00	800,000.00	-		
100071	Agency Management Program	IT	CIO Temporary Resources Contracts (CW95429 V-Tech) and (CW95427 UI)	10/1/24-9/30/25	V-Tech & UII	Temporary Staff	Competitive	CW95429, CW95427	Erik Thomas	1,413,610.64	0	1010001	25%	369,888.15	353,402.66	353,402.66	51,533.52		
100071	Agency Management Program	IT										4025002	75%	1,109,664.45	1,060,207.98	1,060,207.98	154,600.56		
			Total - AMP-MDW Program/Cost Center												1,479,552.60	1,413,610.64	1,413,610.64	206,134.08	
																5,860,936.64	5,860,936.64	388,029.92	
			MDW - TOTAL																
100092	Agency Management Program	OGC	OAG Legal Review - MOU with OAG	10/1/24-9/30/25	CBO	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	\$ 4,254,855.02	\$ 5,860,936.64	\$ 5,860,936.64	\$ 388,029.92	MOU Pending	
			OAG Legal Review - MOU with OAG - Total																
100092	Agency Management Program	OGC	Reimbursement Appeal - Expert Witness	10/1/24-9/30/25	CBO	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	44,493.87	100,000.00	100,000.00	-		
			Reimbursement Appeal - Expert Witness - Total											67,223.31	145,000.00	145,000.00	-	MOU Pending	
100092	Agency Management Program	OGC	OAG-Review Provider Appeals on behalf of DHCF - MOU with OAG	10/1/24-9/30/25	CBO	MOU with OAG	N/A	N/A	Sheryl Johnson	N/A	0	4025002	100%	26,388.58	110,000.00	110,000.00	-	MOU Pending	
			OAG-Review Provider Appeals on behalf of DHCF - MOU with OAG - Total											26,388.58	110,000.00	110,000.00	-		
			Total - OGC Program/Cost Center											140,105.76	355,000.00	355,000.00	-		
			OGC - TOTAL																
100185	Agency Management Program	OMB	Advertising Contractor - NBC 4	10/1/24-9/30/25	TBD	Run PSA Ads	N/A	N/A	N/A	N/A		1060132	55%	-	8,250.00	8,250.00	-		
100185	Agency Management Program	OMB	Advertising Contractor - NBC 4	10/1/24-9/30/25								4025002	45%	-	6,750.00	6,750.00	-		
			Advertising Contractor - NBC 4 - Total											-	15,000.00	15,000.00	-		
100185	Agency Management Program	OMB	Commercial Insurance Review	10/1/24-9/30/25	Mercer	Legal Review	GSA	CW85065	Maude Holt	319,486.18	0	1060132	55%	94,354.70	183,890.30	183,890.30	7,008.38		
100185	Agency Management Program	OMB	Commercial Insurance Review	10/1/24-9/30/25								4025002	45%	77,199.30	150,455.70	150,455.70	5,734.13		
			Commercial Insurance Review - Total											171,554.00	334,346.00	334,346.00	12,742.50		
100185	Agency Management Program	OMB	Health Bill of Rights MOU with DISB	10/1/24-9/30/25	SRO	MOU with DISB	N/A	N/A	Maude Holt	N/A		1060132	55%	44,550.00	44,550.00	44,550.00	-		
100185	Agency Management Program	OMB	Health Bill of Rights MOU with DISB	10/1/24-9/30/25								4025002	45%	36,450.00	36,450.00	36,450.00	-		
			Health Bill of Rights MOU with DISB - Total											81,000.00	81,000.00	81,000.00	-		
100185	Agency Management Program	OMB	Independent Review Org (IRO)	10/1/24-9/30/25	ISLAND PEER REVIEW ORG	Subject Matter Expert	Single Quote	PO720880	Maude Holt	5,160.00	0	1060132	55%	-	2,750.00	2,750.00	-		
100185	Agency Management Program	OMB	Independent Review Org (IRO)	10/1/24-9/30/25								4025002	45%	-	2,250.00	2,250.00	-		
			Independent Review Org (IRO) - Total											-	5,000.00	5,000.00	-		
100185	Agency Management Program	OMB	Evaluation and Document Management System MOU with UDC	10/1/24-9/30/25	UDC	Document Management System	N/A	N/A	Maude Holt	N/A		1060132	55%	-	220,000.00	220,000.00	-	MOU Pending	
100185	Agency Management Program	OMB	Evaluation and Document Management System MOU with UDC	10/1/24-9/30/25								4025002	45%	-	180,000.00	180,000.00	-		
			Evaluation and Document Management System MOU with UDC - Total											-	400,000.00	400,000.00	-		
100185	Agency Management Program	OMB	Nurses Contract	10/1/24-9/30/25	Mindfinders	Assist Clinical Case Workers	DCSS	CW82575	Maude Holt	276,161.60	0	1060132	55%	119,914.08	137,500.00	137,500.00	-		
100185	Agency Management Program	OMB	Nurses Contract	10/1/24-9/30/25								4025002	45%	98,111.52	112,500.00	112,500.00	-		
			Nurses Contract - Total											218,025.60	250,000.00	250,000.00	-		
100185	Agency Management Program	OMB	Outreach/Communication Contractor (Public Service Announcement)	10/1/24-9/30/25	TBD	Marketing Services	Bid	TBD	Maude Holt	TBD		1060132	55%	-	192,500.00	192,500.00	-	New Procurement - SOW Pending	
100185	Agency Management Program	OMB	Outreach/Communication Contractor (Public Service Announcement)	10/1/24-9/30/25								4025002	45%	-	157,500.00	157,500.00	-		
			Outreach/Communication Contractor (Public Service Announcement) - Total											-	350,000.00	350,000.00	-		
100185	Agency Management Program	OMB	Temporary Staffing	10/1/24-9/30/25	Mindfinders	Temporary Staffing	DCSS	CW112420	Maude Holt	479,987.90	0	1060132	55%	175,427.81	192,500.00	192,500.00	16,322.14		
100185	Agency Management Program	OMB	Temporary Staffing	10/1/24-9/30/25								4025002	45%	143,531.84	157,500.00	157,500.00	13,354.48		
			Temporary Staffing - Data Entry Clerks (2) Total											318,959.65	350,000.00	350,000.00	29,676.62		
			Total - OMB Program/Cost Center												785,539.25	1,785,346.00	1,785,346.00	42,419.12	
			OMB - TOTAL																
100181	Agency Management Program	OSDDF	Cost Report Systems Analysis	TBD	TBD	N/A	N/A	N/A	N/A	N/A		1010001	55%	\$ 709,539.25	\$ 1,765,346.00	\$ 1,765,346.00	\$ 42,419.12		
100181	Agency Management Program	OSDDF										4025002	45%	-	-	-	-		
			Cost Report Systems Analysis - Total											-	-	-	-		
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	10/01/24-07/14/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angeliqe Martin	342,498.00	0	1010001	55%	127,271.14	197,068.08	197,068.08	2,475.43		
100181	Agency Management Program	OSDDF										4025002	45%	104,132.57	161,237.52	161,237.52	2,025.35		
			Hospital Cost Analyst Contract - Payment Methodology Consultant - Total											231,403.70	358,305.60	358,305.60	4,500.78		
100181	Agency Management Program	OSDDF	Hospital Cost Analyst Contract - Payment Methodology Consultant	07/15/25-09/30/25	Midtown Peronnel, Inc	Consulting Services	DCSS	CW84195	Angeliqe Martin	105,384.00	0	1010001	55%	47,636.86	57,961.20	57,961.20	-		
100181	Agency Management Program	OSDDF										4025002	45%	38,975.62	47,422.80	47,422.80	-		
			Hospital Cost Analyst Contract - Payment Methodology Consultant - Total											86,612.48	105,384.00	105,384.00	-		
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	10/01/24-07/14/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angeliqe Martin	234,000.00	0	1010001	55%	127,984.38	132,749.76	132,749.76	30,360.00		
100181	Agency Management Program	OSDDF										4025002	45%	104,714.50	108,613.44	108,613.44	24,840.00		
			Home Health Temporary Contract - Licensed Social Worker - Total											232,698.88	241,363.20	241,363.20	55,200.00		
100181	Agency Management Program	OSDDF	Home Health Temporary Contract - Licensed Social Worker	07/15/25-09/30/25	Midtown Peronnel, Inc	Subject Matter Expert for LTCA	Competitive	CW118849	Angeliqe Martin	78,000.00	0	1010001	55%	34,980.00	37,442.24	37,442.24	-		
100181	Agency Management Program	OSDDF										4025002	45%	28,620.00	30,634.56	30,634.56	-		
			Home Health Temporary Contract - Licensed Social Worker - Total											63,600.00	68,076.80	68,076.80	-		
100181	Agency Management Program	OSDDF	FQHC - Payment Methodology Consultant	TBD	TBD	Consultant Services	N/A	N/A	Angeliqe Martin	TBD		1010001	55%	-	255,029.28	255,029.28	-	New Procurement - SOW Pending	
100181	Agency Management Program	OSDDF										4025002	45%	-	208,660.32	208,660.32	-		
			FQHC - Payment Methodology Consultant - Total											-	463,689.60	463,689.60	-		
100181	Agency Management Program	OSDDF	Renewal of DES Licenses to maintain compliance	10/1/24-9/30/25	DSLBD	Compliance	N/A	N/A	Angeliqe Martin	TBD		1010001	55%	-	176.00	176.00	-	MOU with DSLBD	
100181	Agency Management Program	OSDDF										4025002	45%	-	144.00	144.00	-		
			Renewal of DES Licenses to maintain compliance - Total											-	320.00	320.00	-		
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	10/01/24 - 04/11/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angeliqe Martin	325,148.00	0	1010001	55%	67,668.48	89,236.62	89,236.62	12,005.73		
100181	Agency Management Program	OSDDF										4025002	45%	55,365.12	73,011.78	73,011.78	9,822.87		
			SNF/HHA SME Contract - Total											123,033.60	162,248.40	162,248.40	21,828.60		
100181	Agency Management Program	OSDDF	SNF/HHA SME Contract	04/12/25 - 09/30/25	E7 Strategies	Contractor conduct a comprehensive rate study and	Competitive	CW107416	Angeliqe Martin	325,148.00	0	1010001	55%	63,164.48	89,236.62	89,236.62	-		
100181	Agency Management Program	OSDDF										4025002	45%	51,680.03	73,011.78	73,011.78	-		
			SNF/HHA SME Contract - Total											114,844.50	162,248.40	162,248.40	-		
100181	Agency Management Program	OSDDF	Home Health Rate Study	10/1/24-9/30/25	Bizzell	Policies Impact Analysis	Competitive	CW111777	Angeliqe Martin	767,704.17	0	1010001	55%	341,789.25	549,450.00	549,450.00	127,454.34		
100181	Agency Management Program	OSDDF										4025002	45%	279,045.75	449,550.00	449,550.00	104,280.82		
			Home Health Rate Study - Total											621,435.00	999,000.00	999,000.00	231,735.16		
100181	Agency Management Program	OSDDF	ACR Physicians Methodology	TBD	TBD	Consultant Services	N/A	N/A	Angeliqe Martin	TBD		1010001	55%	-	203,500.00	203,500.00	-	New Procurement - SOW Pending	
100181	Agency Management Program	OSDDF										4025002	45%	-	166,500.00	166,500.00	-		

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS			
OD - TOTAL																					
100180	Agency Management Program	OSDDM	Community Outreach Engagement	10/1/24-9/30/25	TBD	Community Outreach	Bid	TBD	TBD	TBD		1010001	55%	\$	93,337.80	\$	481,611.26	481,611.26	11,973.00		
100180	Agency Management Program	OSDDM	Community Outreach Engagement	10/1/24-9/30/25								4025002	45%	-	241,117.98	241,117.98	-	Will be procured under line 53 when needed.			
														-	197,278.34	197,278.34	-				
Community Outreach Engagement - Total																					
100180	Agency Management Program	OSDDM	Individual Insurance Market Affordability & Stability	10/1/24-8/31/25	Campbell & Company	Individual Insurance Market Affordability & Stability	DCSS	CW101903	Taylor woods	324,708.00	0	1060386	55%	163,706.95	600,000.05	600,000.05	-				
100180	Agency Management Program	OSDDM	Individual Insurance Market Affordability & Stability									4025002	45%	133,942.05	490,909.13	490,909.13	-				
Individual Insurance Market Affordability & Stability - Total																					
														297,649.00	1,090,909.18	1,090,909.18	-				
														297,649.00	1,529,305.50	1,529,305.50	-				
OSDDM - TOTAL																					
														\$	297,649.00	\$	1,529,305.50	\$	1,529,305.50	\$	-
100184	Agency Management Program	PI	EVVE - Electronic Verification of Vital Events	11/01/24-9/30/25	NAPHIS	National Association for Public Health Statistics and Information	Exempt	PO720347	Samantha Ebersole	1,500.00	0	1010001	55%	660.00	825.00	825.00	-				
100184	Agency Management Program	PI	EVVE - Electronic Verification of Vital Events	11/01/24-9/30/25								4025002	45%	540.00	675.00	675.00	-				
EVVE - Electronic Verification of Vital Events - Total																					
														1,200.00	1,500.00	1,500.00	-				
100184	Agency Management Program	PI	Lexis Nexis Subscription	11/01/24-9/30/25	Relix	Subscription Renewal	Exempt	RK293647	Carl Ditchey	19,200.00	0	1010001	55%	10,560.00	45,457.50	45,457.50	-				
100184	Agency Management Program	PI	Lexis Nexis Subscription	11/01/24-9/30/25								4025002	45%	8,640.00	37,192.50	37,192.50	-				
Lexis Nexis Subscription - Total																					
														19,200.00	82,650.00	82,650.00	-				
														20,400.00	84,150.00	84,150.00	-				
100184	Agency Management Program	PI	PI Management System	10/01/24-3/31/25	Customer Expressions	Tracking System	Sole source	CW98879	Adrian williams	28,750.00	0	1010001	55%	15,812.50	2,635.42	2,635.42	-				
100184	Agency Management Program	PI	PI Management System	10/01/24-3/31/25								4025002	45%	12,937.50	2,156.25	2,156.25	-				
PI Management System - Total																					
														28,750.00	4,793.67	4,793.67	-				
100184	Agency Management Program	PI	PI Management System	4/01/25-9/30/25	Customer Expressions	Tracking System	Sole source	CW98879	Adrian williams	57,500.00	0	1010001	55%	15,812.46	28,989.58	28,989.58	-				
100184	Agency Management Program	PI	PI Management System	4/01/25-9/30/25								4025002	45%	12,937.46	23,718.75	23,718.75	-				
PI Management System - Total																					
														28,749.92	52,708.33	52,708.33	-				
100184	Agency Management Program	PI	Alivia FWA Finder	11/01/24-9/30/25	Alivia Analytics	FWA Search	Small Purchase	TBD	Adrian williams			1010001	25%	-	25,000.00	25,000.00	-	New Procurement - SOW Pending			
100184	Agency Management Program	PI	Alivia FWA Finder									4025002	75%	-	75,000.00	75,000.00	-				
Alivia FWA Finder - Total																					
														100,000.00	100,000.00	100,000.00	-				
														57,499.92	157,500.00	157,500.00	-				
PI - TOTAL																					
														\$	77,899.92	\$	241,650.00	\$	241,650.00	\$	-
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	PDL - Preferred Drug List	10/1/24-12/31/25	Magellan	Preferred Drug & Supplemental Rebate	Competitive	CW88488	Charlene Fairfax	261,271.24	0	1010001	55%	139,513.82	143,699.18	143,699.18	95,799.46				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	PDL - Preferred Drug List	10/1/24-12/31/25								4025002	45%	114,147.67	117,572.06	117,572.06	78,381.38				
PDL - Preferred Drug List - Total																					
														253,661.49	261,271.24	261,271.24	174,180.84				
100190	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	PDL - Preferred Drug List	1/1/25-9/30/25	Magellan	Preferred Drug & Supplemental Rebate	Competitive	CW88488	Charlene Fairfax	805,078.44	0	1010001	55%	431,097.58	444,030.67	444,030.67	-				
100190	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	PDL - Preferred Drug List	1/1/25-9/30/25								4025002	45%	352,716.20	363,297.82	363,297.82	-				
PDL - Preferred Drug List - Total																					
														783,813.78	807,328.49	807,328.49	-				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	QIO - Quality Improvement Org	10/1/24-12/31/25	Comagine	Utilization reviews and quality imrovement activities	Competitive	CW113439	Cavella Bishop	1,464,242.76	0	1010001	25%	306,841.33	525,120.31	525,120.31	536,765.08				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	QIO - Quality Improvement Org	10/1/24-12/31/25								4025002	75%	920,524.00	1,575,360.94	1,575,360.94	439,171.43				
QIO - Quality Improvement Org - Total																					
														1,227,365.33	2,100,481.25	2,100,481.25	975,936.50				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	QIO - Quality Improvement Org	1/1/25-9/30/25	Comagine	Utilization reviews and quality improvement activities	Competitive	CW113439	Cavella Bishop	6,044,317.50	0	1010001	25%	1,119,432.07	1,575,360.19	1,575,360.19	-				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	QIO - Quality Improvement Org	1/1/25-9/30/25								4025002	75%	3,358,296.20	4,726,080.56	4,726,080.56	-				
A-DERP - Annual Drug Effectiveness Review Project Fee - Total																					
														4,477,728.26	6,301,440.75	6,301,440.75	-				
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	A-DERP - Annual Drug Effectiveness Review Project Fee	10/1/24-9/30/25	Oregon Health & Science University	A-DERP -Annual Drug Effectiveness Review Project Fee	Exempt	TBD	Lisa Truitt			1010001	25%	-	23,750.00	23,750.00	-	New Procurement - SOW Pending			
100180	Div. of Clinicians, RX & Acute Provider Svcs.	OCMD	A-DERP - Annual Drug Effectiveness Review Project Fee	10/1/24-9/30/25								4025002	75%	-	71,250.00	71,250.00	-				
A-DERP - Annual Drug Effectiveness Review Project Fee - Total																					
														-	95,000.00	95,000.00	-				
														6,742,568.86	9,565,521.73	9,565,521.73	1,150,117.34				
OCMD - TOTAL																					
														\$	6,742,568.86	\$	9,565,521.73	\$	9,565,521.73	\$	1,150,117.34
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	10/1/24-5/14/25	AIR	115 Waiver Evaluation	Competitive	CW582733	April Grady	336,514.41	0	1010001	55%	144,609.80	14,930.52	14,930.52	22,986.08				
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	10/1/24-5/14/25								4025002	45%	118,317.11	94,034.07	94,034.07	18,806.80				
1115 Waiver Evaluation Contract - Total																					
														262,926.91	208,964.59	208,964.59	41,792.88				
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	5/15/25-9/30/25	AIR	115 Waiver Evaluation	Exempt	TBD	April Grady	262,926.91	0	1010001	55%	70,152.40	55,754.53	55,754.53	-	New Procurement in process			
100183	Agency Management Program	DARA	1115 Waiver Evaluation Contract	5/15/25-9/30/25								4025002	45%	57,397.42	45,617.35	45,617.35	-				
1115 Waiver Evaluation Contract - Total																					
														127,549.82	101,371.88	101,371.88	-				
100183	Agency Management Program	DARA	Fair Health Data Subscription - Research & Rate Setting	10/1/24-9/30/25	TBD	Subscription	Exempt	TBD	April Grady			1010001	55%	-	27,500.00	27,500.00	-	New Procurement in process			
100183	Agency Management Program	DARA	Fair Health Data Subscription - Research & Rate Setting	10/1/24-9/30/25								4025002	45%	-	22,500.00	22,500.00	-				
Fair Health Data Subscription - Research & Rate Setting - Total																					
														-	50,000.00	50,000.00	-				
100183	Agency Management Program	DARA	Data Programming/Coding Support Contract (IDIQ)	10/1/24-9/30/25	TBD	Consultant Services	Bid	TBD	April Grady			1010001	55%	-	135,000.00	135,000.00	-	New Procurement in process			
100183	Agency Management Program	DARA	Data Programming/Coding Support Contract (IDIQ)	10/1/24-9/30/25								4025002	45%	-	135,000.00	135,000.00	-				
Data Programming/Coding Support Contract (IDIQ) - Total																					
														390,476.73	660,336.47	660,336.47	41,792.88				
DARA - TOTAL																					
														\$	390,476.73	\$	660,336.47	\$	660,336.47	\$	41,792.88
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25	Bert Smith	Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospitals	Competitive	CFOPD-20-C-022A	Fred Hoeflinger	817,040.40	0	1010001	43%	365,142.91	785,759.69	785,759.69	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								1011003	11%	64,914.30	201,826.35	201,826.35	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								1011009	1%	16,228.57	26,962.66	26,962.66	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit	10/1/24-9/30/25								4025002	45%	365,142.91	830,085.30	830,085.30	-				
Audit Contract - A - Audit of Nursing Homes, ICF's, CASSIP, DSH, Hospit																					
														811,428.69	1,844,634.00	1,844,634.00	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25	Myers Stauffer	Audit of ICF's, Schools, Hospitals, Home Health Agencies	Competitive	CFOPD-20-C-022B	Fred Hoeflinger	1,036,462.20	0	1010001	45%	343,589.66	996,004.71	996,004.71	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								1011003	9%	63,903.48	210,681.90	210,681.90	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								1011009	1%	17,121.77	27,121.77	27,121.77	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag	10/1/24-9/30/25								4025002	45%	333,396.66	1,001,302.67	1,001,302.67	-				
Audit Contract - B - Audit of ICF's, Schools, Hospitals, Home Health Ag																					
														740,889.80	2,225,117.05	2,225,117.05	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25	Williams Adley	Audit of ICF's, Schools, Hospitals, Home Health Agencies	Competitive	CFOPD-20-C-022C	Fred Hoeflinger	686,715.00	0	1010001	53%	717,139.50	610,896.56	610,896.56	46,282.50				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25								1011009	2%	25,990.02	25,990.02	25,990.02	-				
150002	Agency Fiscal Officer	:counting Operatio	Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth	10/1/24-9/30/25								4025002	45%	586,750.50	524,089.02	524,089.02	37,681.50				
Audit Contract - C - Audit of ICF's, Schools,Home Health Agencies & Oth																					
														1,303,890.00	1,157,975.60	1,157,975.60	84,150.00				
150002	Agency Fiscal Officer	:counting Operatio	Public Assistance Cost Allocation Plan - Cost Allocation Plan (CAP)	10/1/24-9/30/25	Svix Solutions Group, LLC	Public Assistance Cost Allocation Plan - Cost Allocation Plan (CAP)	Competitive	CFOPD-22-C-005	Darrin Shaffer	63,997.00	0	1010001	55%	35,225.85	21,819.60	21,819.60	-				
150002	Agency Fiscal Officer	:counting Operatio	Public Assistance Cost Allocation Plan - Cost Allocation Plan (CAP)	10/1/24-9/30/25								4025002	45%	28,821.15	17,852.40	17,852.40	-				
Public Assistance Cost Allocation Plan - Cost Allocation Plan (CAP)																					
														64,047.00	39,672.00	39,672.00	-				
150002	Agency Fiscal Officer	:counting Operatio	RMTS - Random moment time study contract.	10/1/24-9/30/25	Svix Solutions Group, LLC	RMTS - Random moment time study contract.	Competitive	CFOPD-22-C-005	Darrin Shaffer	117,585.00	0	1010001	55%	39,261.20	39,261.20	39,261.20	-				
150002	Agency Fiscal Officer	:counting Operatio	RMTS - Random moment time study contract.	10/1/24-9/30/25								4025002	45%	32,122.80	32,122.80	32,122.80	-				
RMTS - Random moment time study contract.																					
														71,384.00	71,384.00	71,384.00	-				
														2,991,639.49	5,338,782.65	5,338,782.65	84,150.00				
100F - TOTAL																					
100187	Managed Care	HCDMA	Enrollment Brokerage Services	10/01/24-11/15/24	Maximus	MCO Enrollment	Competitive	CW94830	Araceli Simbulan	374,557.81	-	1010001	0.55	2,991,639.49	5,338,782.65	5,338,782.65	181,451.00				
100187	Managed Care	HCDMA	Enrollment Brokerage Services	10/01/24-11/15/24								4025002	0.45	162,448.27	147,619.34	147,619.34	206,060.79				
Enrollment Brokerage Services - Total																					
														361,440.00	328,042.97	328,042.97	374,557.80				
100187	Managed Care	HCDMA	Enrollment Brokerage Services	11/16/24-09/30/25	Maximus	MCO Enrollment	Competitive	CW94830	Araceli Simbulan	2,669,371.93	-	1010001	0.55	1,442,047.56	1,683,234.53	1,683,234.53	70,134.77				

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved	Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
100187	Managed Care	HCDMA	Enrollment Brokerage Services	11/16/24-09/30/25								4025002	0.45	1,179,857.10	1,377,191.88	1,377,191.88	1,377,191.88	57,382.99	
100187	Managed Care	HCDMA	Enrollment Brokerage Services - Total											2,621,904.66	3,060,426.41	3,060,426.41	3,060,426.41	127,517.76	
100187	Managed Care	HCDMA	MCO Quality Monitoring Contract	TBD	TBD	TBD	TBD	TBD	TBD	TBD		1010001	0.55	-	-	-	607,500.00	607,500.00	
			MCO Quality Monitoring Contract	TBD								4025002	0.45	-	497,045.45	497,045.45	497,045.45	-	
			MCO Quality Monitoring Contract - Total											-	1,104,545.45	1,104,545.45	-	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	10/1/24-5/17/25	Mercer Consulting	Actuarial Services for MCO Rates	GSA	CW99577	Lisa Truitt	2,427,482.73	-	1010001	0.55	1,555,470.70	1,377,860.00	1,377,860.00	1,377,860.00	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	10/1/24-5/17/25								4025002	0.45	1,272,657.85	1,127,340.00	1,127,340.00	1,127,340.00	-	
			Mercer Consulting - Actuarial Services - Total											2,828,128.55	2,505,200.00	2,505,200.00	-	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	5/18/25-9/30/25	Mercer Consulting	Actuarial Services for MCO Rates	GSA	CW99577	Lisa Truitt	5,303,400.00	-	1010001	0.55	998,424.50	711,425.00	711,425.00	711,425.00	-	
100187	Managed Care	HCDMA	Mercer Consulting - Actuarial Services	5/18/25-9/30/25								4025002	0.45	816,892.77	583,075.00	583,075.00	583,075.00	-	
			Mercer Consulting - Actuarial Services - Total											1,815,317.27	1,291,500.00	1,291,500.00	-	-	
			Total - Program/Cost Center											7,626,791.08	8,291,714.83	8,291,714.83	-	502,075.56	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	10/1/24-8/6/25	Qlarant	External Quality Review Services	Competitive	CW99623	Araceli Simbulan	1,690,610.21	-	1010001	0.25	843,963.39	395,134.88	395,134.88	395,134.88	82,925.50	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	10/1/24-8/6/25								4025002	0.75	690,515.50	1,185,404.64	1,185,404.64	1,185,404.64	248,776.50	
			EQRO - External Quality Review Services - Total											1,534,478.89	1,580,539.52	1,580,539.52	-	331,702.00	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	8/7/25-9/30/25	Qlarant	External Quality Review Services	Competitive	CW99623	Araceli Simbulan	319,409.03	-	1010001	0.25	164,781.00	72,124.62	72,124.62	72,124.62	-	
100189	Division of Quality & Health Outcomes	HCDMA	EQRO - External Quality Review Services	8/7/25-9/30/25								4025002	0.75	134,820.82	216,373.86	216,373.86	216,373.86	-	
			EQRO - External Quality Review Services - Total											299,601.82	288,498.48	288,498.48	-	-	
			Total - Program/Cost Center											1,834,080.71	1,869,038.00	1,869,038.00	-	331,702.00	
100188	Div. of Children's Health Services	HCDMA	Court Monitor - Salaazar Contract	10/1/24-9/30/25	Mathematica	Court Monitor	N/A	N/A	Coleen Sonosky	N/A		1010001	0.55	5,856.51	27,500.00	27,500.00	27,500.00	-	
100188	Div. of Children's Health Services	HCDMA	Court Monitor - Salaazar Contract	10/1/24-9/30/25	Mathematica							4025002	0.45	4,791.69	22,500.00	22,500.00	22,500.00	-	
			Court Monitor - Salaazar Contract - Total											10,648.20	50,000.00	50,000.00	-	-	
100188	Div. of Children's Health Services	HCDMA	Primary Care Provider Education	10/1/24-9/30/25	Georgetown University	HealthCheck	Exempt	PO718757	Coleen Sonosky	127,779.00	-	1010001	0.55	67,642.85	71,250.00	71,250.00	71,250.00	-	
100188	Div. of Children's Health Services	HCDMA	Primary Care Provider Education	10/1/24-9/30/25								4025002	0.45	55,344.15	40,750.00	40,750.00	40,750.00	-	
			Primary Care Provider Education - Total											122,987.00	135,000.00	135,000.00	-	-	
			Total - Program/Cost Center											133,635.20	185,000.00	185,000.00	-	-	
	2000 - TOTAL			2000 - TOTAL										\$ 9,594,506.99	\$ 10,345,752.83	\$ 10,345,752.83	\$ 10,345,752.83	\$ 833,777.56	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	10/1/24 - 8/31/25								1010001	55%	39,072.92	40,700.00	40,700.00	40,700.00	20,712.91	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	10/1/24 - 8/31/25								4025002	45%	31,968.75	33,300.00	33,300.00	33,300.00	16,946.92	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Home Health Workforce Development	10/1/24 - 8/31/25								4020002	100%	-	65,916.00	65,916.00	65,916.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	10/1/24 - 8/31/25								1010001	50%	-	70,125.00	70,125.00	70,125.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	10/1/24 - 8/31/25								4020002	50%	-	12,375.00	12,375.00	12,375.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - HCBS Long Term Care Outreach	10/1/24 - 8/31/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	588,355.17	0	4020002	100%	2,760.85	52,563.50	52,563.50	52,563.50	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	10/1/24 - 8/31/25								1010001	55%	38,956.71	-	-	-	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	10/1/24 - 8/31/25								4025002	45%	31,832.77	-	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	10/1/24 - 8/31/25								1010001	100%	55,316.11	-	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- MFP	10/1/24 - 8/31/25								4020002	100%	-	-	-	-	-	
			EPD Community Trsn Svcs - Total											199,858.11	274,979.50	274,979.50	274,979.50	37,659.83	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	9/1/25-9/30/25								1010001	55%	3,597.92	6,050.00	6,050.00	6,050.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - EPD Household Set-up Services/Administrative	9/1/25-9/30/25								4025002	45%	2,943.75	4,950.00	4,950.00	4,950.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Home Health Workforce Development	9/1/25-9/30/25								4020002	100%	-	13,049.00	13,049.00	13,049.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	9/1/25-9/30/25								1010001	50%	-	6,375.00	6,375.00	6,375.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Accessibility Adaptations/Assistive Technology	9/1/25-9/30/25								4020002	50%	-	1,125.00	1,125.00	1,125.00	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - HCBS Long Term Care Outreach	9/1/25-9/30/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	53,611.83	0	4020002	100%	4,778.50	4,778.50	4,778.50	4,778.50	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	9/1/25-9/30/25								1010001	55%	992.18	-	-	-	-	
100194	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement-EPD	9/1/25-9/30/25								4025002	45%	811.79	-	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- Pre-EPD	9/1/25-9/30/25								1010001	100%	11,654.95	-	-	-	-	
100193	Long Term Care Support Services	200L	EPD Community Trsn Svcs - Direct Cost Reimbursement- MFP	9/1/25-9/30/25								4020002	100%	-	-	-	-	-	
			EPD Community Trsn Svcs - Total											20,000.50	36,327.50	36,327.50	36,327.50	37,659.83	
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Rebalancing - MFP Rebalancing - Local Match I	10/1/24-9/30/25	V-Care	Community Transition Services	Competitive	CW101781	Muala Ndaka	53,611.83	0	1010001	100%	211,025.27	250,000.00	250,000.00	250,000.00	-	
			Money Follows the Person - MFP Rebalancing - MFP Rebalancing - Local Match On - Total											211,025.27	250,000.00	250,000.00	250,000.00	-	
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Contract - MFP MOU	10/1/24-9/30/25	BYO	Money Follows the Person - MFP Cr	N/A	N/A	Muala Ndaka	TBD		1010001	55%	-	220,000.00	220,000.00	220,000.00	-	MOU Pending
100193	Long Term Care Support Services	200L	Money Follows the Person - MFP Contract - MFP MOU	10/1/24-9/30/25								4025002	45%	-	180,000.00	180,000.00	180,000.00	-	
			Money Follows the Person - MFP Contract - MFP MOU - Total											-	400,000.00	400,000.00	-	-	
100193	Long Term Care Support Services	200L	Money Follows the Person (MFP) - MFP Contract with DCOA - MFP MOU Transi	10/1/24-9/30/25	BYO	Money Follows the Person - MFP Cr	N/A	N/A	Muala Ndaka	TBD		4020002	100%	534,866.00	561,611.30	561,611.30	561,611.30	-	MOU Pending
			Money Follows the Person (MFP) - MFP Contract with DCOA - MFP MOU Transi											534,866.00	561,611.30	561,611.30	-	-	
100194	Long Term Care Support Services	200L	Long Term Care Contract - LTC Assessment Contract	10/1/24-7/30/25	Liberty Health Care Corporation	to provide: (1) intake services, (4)	Competitive	CW111090	Benjamin Ebeigbe	1,243,342.61	0	1010001	55%	3,733,993.86	4,053,778.21	4,053,778.21	4,053,778.21	473,640.96	
100194	Long Term Care Support Services	200L	Long Term Care Contract - LTC Assessment Contract	10/1/24-7/30/25		to provide: (1) intake services, (2) acute, ambulatory nonambulatory	Competitive	4025002	Benjamin Ebeigbe	3,055,085.89	0	4025002	45%	3,316,727.62	3,316,727.62	3,316,727.62	3,316,727.62	387,524.42	
			Long Term Care Contract - LTC Assessment Contract - Total											6,789,079.75	7,370,505.83	7,370,505.83	7,370,505.83	861,165.38	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	7/31/25-9/30/25	Liberty Health Care Corporation		Competitive	CW111090	Benjamin Ebeigbe	1,243,342.61	0	1010001	55%	348,115.49	810,755.64	810,755.64	810,755.64	-	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	7/31/25-9/30/25			Competitive	4025002	Benjamin Ebeigbe	284,821.76	0	4025002	45%	663,345.53	663,345.53	663,345.53	663,345.53	-	
			Long Term Care Contract - LTC Assessment Contract - Total											632,937.25	1,474,101.17	1,474,101.17	-	-	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	2/1/25 - 9/30/25	Telligen	to provide: (1) intake services, (2)	Competitive	CW114208	Benjamin Ebeigbe	7,440,820.07	0	1010001	55%	-	-	-	-	-	
100194	Long Term Care Support Services	200L	Long-Term Care Contract - LTC Assessment Contract	2/1/25 - 9/30/25			Competitive	4025002	Benjamin Ebeigbe	-	0	4025002	45%	-	-	-	-	-	
			Long Term Care Contract - LTC Assessment Contract - Total											-	-	-	-	-	
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/24 - 10/16/24	Guardiantrac	Participant Directed Services	Competitive	CW103051	Benjamin Ebeigbe	557,916.67	0	1010001	55%	154,838.75	3,792,684.50	3,792,684.50	3,792,684.50	92,380.93	
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/1/24 - 10/16/24			Competitive	4025002	Benjamin Ebeigbe	126,086.25	0	4025002	45%	3,103,105.50	3,103,105.50	3,103,105.50	3,103,105.50	75,584.39	
			PDS Consulting Services Contract - PDS Consulting Services Contract - Total											3,258,044.25	6,895,790.00	6,895,790.00	6,895,790.00	167,965.32	
100193	Long Term Care Support Services	200L	PDS Consulting Services Contract - PDS Consulting Services Contract	10/17/24-9/30/25	Guardiantrac	Participant Directed Services	Competitive	CW103051	Benjamin Ebeigbe	6,599,196.89	0	1010001	55%	1,825,969.89	3,792,684.50	3,792,684.50			

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS				
On-Going Research Contract - GW (IDIQ) - Total																						
100196	Health Care Policy	3000	HCPR Temporary Staffing	10/1/24-9/30/25	Midtown	Temporary Staff	DCSS	CW112322	Benjamin Eibeigbe	369,240.00	0	1010001	55%	50,777.47	-	150,000.00	150,000.00	-				
100196	Health Care Policy	3000	HCPR Temporary Staffing	10/1/24-9/30/25	Midtown	Temporary Staff	DCSS					4025002	45%	41,545.21	90,000.00	90,000.00	90,000.00	-				
HCPR Temporary Staffing - Total																						
100196	Health Care Policy	3000	Enhancement to implement BSA Subtitle requiring re	10/1/24-9/30/25	Unknown Vendor	Enhancement Services	Bid	TBD	Eugene Simms	TBD		1010001	55%	-	55,000.00	55,000.00	55,000.00	-				
100196	Health Care Policy	3000	Enhancement to implement BSA Subtitle requiring re	10/1/24-9/30/25								4025002	45%	-	45,000.00	45,000.00	45,000.00	New Procurement - SOW Pending				
Enhancement to implement BSA Subtitle requiring re - Total																						
100196	Health Care Policy	3000	Recoding funds from RMD to HTO for Perinatal Menta	10/1/24-9/30/25	TBD	N/A	N/A	N/A	N/A	TBD		1010001	100%	-	118,000.00	118,001.00	118,001.00	-				
Recoding funds from RMD to HTO for Perinatal Menta - Total																						
Total - Program/Cost Center																						
100196	Health Care Policy	3000	Behavioral Health Stakeholders' Engagement Contract	10/1/24-9/30/25	TBD	Engagement Contract	TBD	TBD	TBD	TBD		1010001	55%	-	82,500.00	82,500.00	82,500.00	-				
100196	Health Care Policy	3000	Behavioral Health Stakeholders' Engagement Contract	10/1/24-9/30/25								4025002	45%	-	67,500.00	67,500.00	67,500.00	New Procurement - SOW Pending				
Behavioral Health Stakeholders' Engagement Contract - Total																						
100196	Health Care Policy	3000	Current Annual Subscription and Professional Services Contract - West Law	10/1/24-9/30/25	Thomson Reuters (WestLaw)	Subscription Renewal	Small Purchase	PO718823	Ekerapina Christophen	28,991.04	0	1010001	55%	15,185.81	35,805.00	35,805.00	2,657.51	-				
100196	Health Care Policy	3000	Current Annual Subscription and Professional Services Contract - West Law	10/1/24-9/30/25								4025002	45%	12,424.75	29,295.00	29,295.00	2,174.33	-				
Current Annual Subscription and Professional Services Contract - Total																						
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	10/01/24-04/10/25	Ross Professional Services LLC	Temporary Staff	RFTOP	CW107305	Taylor Woods	371,335.36	0	1010001	55%	241,594.42	65,100.00	65,100.00	4,831.84	-				
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	10/01/24-04/10/25								4025002	45%	197,668.16	-	197,668.16	47,503.77	-				
Alliance Backlog Applications Temporary Resources - ROSS																						
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	04/11/25-09/30/25	Ross Professional Services LLC	Temporary Staff	RFTOP	CW107305	Taylor Woods	371,335.36	0	1010001	55%	210,381.57	-	210,381.57	-	-				
100197	Health Care Policy	3000	Alliance Backlog Applications Temporary Resources - ROSS	04/11/25-09/30/25								4025002	45%	172,130.37	-	172,130.37	-	-				
Total - Program/Cost Center																						
3000 - TOTAL				3000 - TOTAL															941,707.76	1,951,849.00	2,773,624.52	110,395.78
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	1,255,323.00	0	4025002	44.25%	536,650.72	560,469.60	560,469.60	128,720.63	-				
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.75%	178,883.20	186,823.20	186,823.20	42,906.88	-							
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	DIONA	Temporary Staff	Bid	CW101930		1010001	13.50%	169,468.65	176,990.40	176,990.40	39,270.70	-						
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		13.50%	169,468.65	176,990.40	176,990.40	39,270.70	-							
100198	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.00%	209,766.40	209,766.40	209,766.40	40,725.17	-							
DCAS																						
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	AVID SYSTEMS	Temporary Staff	Requirements	CW87471	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	8,883,538.41	0	4025002	44.25%	3,797,712.67	1,415,307.15	1,415,307.15	278,655.56	-				
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.75%	1,265,904.22	471,769.05	471,769.05	92,885.19	-							
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481		4020002	13.50%	1,199,277.69	446,939.10	446,939.10	85,013.56	-						
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		13.50%	1,199,277.69	446,939.10	446,939.10	85,013.56	-							
100199	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.00%	1,421,366.15	529,705.60	529,705.60	88,162.21	-							
DCAS																						
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	AVID SYSTEMS	Temporary Staff	Requirements	CW87471	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	2,721,835.65	0	4025002	44.25%	1,163,584.74	109,440.00	109,440.00	28,320.00	-				
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	CAI	Temporary Staff	Requirements	CW95481		1010001	14.75%	387,861.58	36,480.00	36,480.00	9,440.00	-						
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	ENLIGHTENED	Temporary Staff	DCSS	CW91846		4020002	13.50%	367,447.81	34,560.00	34,560.00	8,640.00	-						
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		13.50%	367,447.81	34,560.00	34,560.00	8,640.00	-							
100201	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.00%	435,493.70	40,960.00	40,960.00	8,960.00	-							
DCAS																						
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25	ENLIGHTENED	Temporary Staff	DCSS	CW91846	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	3,173,040.00	0	4025002	44.25%	1,351,153.91	1,356,474.60	1,356,474.60	436,701.55	-				
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.75%	1,838,384.64	452,158.20	452,158.20	145,567.18	-							
100071	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				4020002		13.50%	1,741,627.55	428,360.40	428,360.40	133,230.98	-							
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		13.50%	1,741,627.55	428,360.40	428,360.40	133,230.98	-							
100202	DCAS	300A	DCAS- R1/R2/R3 Staff Augs	10/01/24 - 09/30/25				1010001		14.00%	2,064,151.17	507,686.40	507,686.40	138,165.46	-							
DCAS																						
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25	Andean Consulting Solutions	ACSI Translation Services	Requirements	CW108302	Kashonda Johnson-Dunklin	250,000.00		4025002	44.25%	21,588.68	147,487.50	147,487.50	110,625.00	-				
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25							1010001	14.75%	7,196.23	49,162.50	49,162.50	36,875.00	-					
100071	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25							4020002	13.50%	6,817.48	46,575.00	46,575.00	33,750.00	-					
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25							1010001	13.50%	6,817.48	46,575.00	46,575.00	33,750.00	-					
100202	DCAS	300A	Document/Web/ETC. Translation Services	10/01/24 - 09/30/25							1010001	14.00%	8,079.97	35,200.00	35,200.00	35,200.00	-					
DCAS																						
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25	D2sol	DCAS Operation & Maintenance	competitive	CW121488	Kashonda Johnson-Dunklin	41,886,454.00		4025002	44.25%	10,422,148.27	16,601,576.11	16,601,576.11	4,220,575.98	-				
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25							1010001	14.75%	3,474,049.42	5,533,858.70	5,533,858.70	1,406,858.66	-					
100071	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25							4020002	13.50%	3,291,204.72	5,242,602.98	5,242,602.98	1,287,633.35	-					
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25							1010001	13.50%	3,291,204.72	5,242,602.98	5,242,602.98	1,287,633.35	-					
100202	DCAS	300A	DCAS- O&M Vendor	10/01/24 - 09/30/25							1010001	14.00%	3,900,687.07	6,213,455.39	6,213,455.39	1,335,323.47	-					
DCAS																						
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25	BDA Global	COO/Risk Assessment/BDA Global	Competitive	CW96061	Montae Brockett	474,799.68		4025002	44.25%	202,976.86	171,000.00	171,000.00	-	-				
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25							1010001	14.75%	67,658.95	57,000.00	57,000.00	-	-					
100071	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25							4020002	13.50%	64,097.96	54,000.00	54,000.00	-	-					
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25							1010001	13.50%	64,097.96	54,000.00	54,000.00	-	-					
100202	DCAS	300A	Third Party Security Assessment	10/01/24 - 09/30/25							1010001	14.00%	75,967.95	64,000.00	64,000.00	-	-					
DCAS																						
100202	DCAS	300A	DCAS- Notice Printing Services	10/01/24 - 09/30/25	Immediate Mailing services	Printing & Mailing	Competitive	CW116019	Kashonda Johnson-Dunklin	1,168,486.05	0		4025002	44.25%	576,286.07	576,286.07	576,286.07	172,382.92	-			
100202	DCAS	300A	DCAS- Notice Printing Services	10/01/24 - 09/30/25								1010001	14.75%	149,682.56	192,095.36	192,095.36	57,460.97	-				
100071	DCAS	300A	DCAS- Notice Printing Services	10/01/24 - 09/30/25								4020002	13.50%	141,804.53	181,985.08	181,985.08	52,591.40	-				
100202	DCAS	300A	DCAS- Notice Printing Services	10/01/24 - 09/30/25								1010001	13.50%	141,804.53	181,985.08	181,985.08	52,591.40	-				
100202	DCAS	300A	DCAS- Notice Printing Services	10/01/24 - 09/30/25								1010001	14.00%	168,064.63	215,686.02	215,686.02	54,339.23	-				
DCAS																						
100201	DCAS	300A	Shred Ace	10/01/24 - 09/30/25	Shred Ace	Shredding Services	Pcard	NA	Mya Burroughs	900.00	0		4025002	44.25%	378.00	378.00	378.00	-	-			
100201	DCAS	300A	Shred Ace	10/01/24 - 09/30/25								1010001	14.75%	126.00	126.00	126.00	-	-				
100071	DCAS	300A	Shred Ace	10/01/24 - 09/30/25								4020002	13.50%	126.00	126.00	126.00	-	-				
100201	DCAS	300A	Shred Ace	10/01/24 - 09/30/25								1010001	13.50%	126.00	126.00	126.00	-	-				
100201	DCAS	300A	Shred Ace	10/01/24 - 09/30/25								1010001	14.00%	144.00	144.00	144.00	-	-				
DCAS																						
100202	DCAS	300A	DCAS- Notice Postage Services	10/01/24 - 09/30/25	USPS/IMS	Printing & Mailing	Competitive	CW116019	Kashonda Johnson-Dunklin	980,000.00	0		4025002	29.50%	289,100.00	307,352.70	307,352.70	289,100.00	-			
100202	DCAS	300A	DCAS- Notice Postage Services	10/01/24 - 09/30/25								1010001	29.50%	289,100.00	307,352.70	307,352.70	289,100.00	-				
100071	DCAS	300A	DCAS- Notice Postage Services	10/01/24 - 09/30/25								4020002	13.50%	132,300.00	145,588.12	145,588.12	132,300.00	-				
100202	DCAS	300A	DCAS- Notice Postage Services	10/01/24 - 09/30/25								1010001	13.50%	132,300.00								

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
100201	DCAS	300A	Tier 1 Call Center Contract	12/06/24 - 9/30/25	Maximus	Call Center	Competitive	CW95848	Kashonda Johnson-Dunkin	7,473,148.32	0	4025002	44.25%	2,988,331.16	3,610,638.07	3,610,638.07	565,633.52	
100201	DCAS	300A	Tier 1 Call Center Contract	12/06/24 - 9/30/25								1010001	14.75%	996,110.39	1,203,546.02	1,203,546.02	188,544.51	
100071	DCAS	300A	Tier 1 Call Center Contract	12/06/24 - 9/30/25								4020002	13.50%	943,683.52	1,140,201.50	1,140,201.50	172,566.16	
100201	DCAS	300A	Tier 1 Call Center Contract	12/06/24 - 9/30/25								1010001	13.50%	943,683.52	1,140,201.50	1,140,201.50	172,566.16	
100201	DCAS	300A	Tier 1 Call Center Contract	12/06/24 - 9/30/25								1010001	14.00%	1,118,439.73	1,351,349.92	1,351,349.92	178,957.50	
DCAS 300A														6,990,248.32	8,445,937.00	8,445,937.00	1,278,267.84	Variance due to delays in executing vendor change. Budgeted overlap which did not occur.
700083	DCAS	300A	DCAS- Office Maintenance	10/01/23 - 09/30/24	DGS	N/A	N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	N/A	0	4025002	44.25%	6,300.00	-	-	-	Office Maintenance was moved under OCOO
700083	DCAS	300A	DCAS- Office Maintenance	10/01/23 - 09/30/24								1010001	14.75%	2,100.00	-	-	-	
100071	DCAS	300A	DCAS- Office Maintenance	10/01/23 - 09/30/24								4020002	13.50%	2,100.00	-	-	-	
700079	DCAS	300A	DCAS- Office Maintenance	10/01/23 - 09/30/24								1010001	13.50%	2,100.00	-	-	-	
700079	DCAS	300A	DCAS- Office Maintenance	10/01/23 - 09/30/24								1010001	14.00%	2,400.00	-	-	-	
DCAS 300A														15,000.00	-	-	-	
100201	DCAS	300A	DCAS- Joint Notices (HBX MOU)	10/01/24 - 09/30/25	HBX	transfer funds from HBX (Buyer) to DHCF (Seller) to cover the costs associated with the Salesforce support that DCAS provides to the Salesforce platform that is shared	N/A	MOU	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	N/A		4025002	44.25%	58,351.75	64,125.00	64,125.00	-	MOU Pending
100201	DCAS	300A	DCAS- Joint Notices (HBX MOU)	10/01/24 - 09/30/25								1010001	14.75%	19,451.25	21,375.00	21,375.00	-	
100071	DCAS	300A	DCAS- Joint Notices (HBX MOU)	10/01/24 - 09/30/25								4020002	13.50%	18,427.50	20,250.00	20,250.00	-	
100201	DCAS	300A	DCAS- Joint Notices (HBX MOU)	10/01/24 - 09/30/25								1010001	13.50%	18,427.50	20,250.00	20,250.00	-	
100201	DCAS	300A	DCAS- Joint Notices (HBX MOU)	10/01/24 - 09/30/25								1010001	14.00%	21,840.00	24,000.00	24,000.00	-	
DCAS 300A														136,500.00	159,000.00	159,000.00	-	
100202	DCAS	300A	DCAS- Marketing	10/01/24 - 09/30/25	N/A	Marketing Services	N/A	TBD	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	TBD		4025002	44.25%	71,050.50	110,040.00	110,040.00	-	The purpose to inform the existing and new DC benefits of recipients of any changes of open enrollments. Will be procured under line 53 when needed.
100202	DCAS	300A	DCAS- Marketing	10/01/24 - 09/30/25								1010001	14.75%	23,683.50	36,680.00	36,680.00	-	
100071	DCAS	300A	DCAS- Marketing	10/01/24 - 09/30/25								4020002	13.50%	22,437.00	36,680.00	36,680.00	-	
100202	DCAS	300A	DCAS- Marketing	10/01/24 - 09/30/25								1010001	13.50%	22,437.00	36,680.00	36,680.00	-	
100202	DCAS	300A	DCAS- Marketing	10/01/24 - 09/30/25								1010001	14.00%	26,592.00	41,920.00	41,920.00	-	
DCAS 300A														166,200.00	262,000.00	262,000.00	-	
100202	DCAS	300A	DCAS- OCTO MOU	10/01/24 - 09/30/25	OCTO	MOU with OCTO for technology support	N/A	MOU	Tony Baptiste	N/A		4025002	44.25%	1,578,534.43	1,879,728.19	1,879,728.19	1,595,681.82	MOU Pending
100202	DCAS	300A	DCAS- OCTO MOU	10/01/24 - 09/30/25								1010001	14.75%	526,178.14	626,576.06	626,576.06	531,893.94	
100071	DCAS	300A	DCAS- OCTO MOU	10/01/24 - 09/30/25								4020002	13.50%	498,484.56	593,598.38	593,598.38	486,818.18	
100202	DCAS	300A	DCAS- OCTO MOU	10/01/24 - 09/30/25								1010001	13.50%	498,484.56	593,598.38	593,598.38	486,818.18	
100202	DCAS	300A	DCAS- OCTO MOU	10/01/24 - 09/30/25								1010001	14.00%	590,796.51	703,524.00	703,524.00	504,848.49	
DCAS 300A														3,692,478.20	4,397,025.00	4,397,025.00	3,606,060.62	Variance due to reassessment and cost cutting between DCAS and OCTO.
100199	DCAS	300A	DCAS- Receptionists	10/01/24 - 09/30/25	AVID SYSTEMS	Temporary Staff	Competitive	CW95425	William Northen	51,584.00	0	4025002	29.50%	13,208.33	52,348.91	52,348.91	2,270.32	
100199	DCAS	300A	DCAS- Receptionists	10/01/24 - 09/30/25								1010001	29.50%	13,208.33	52,348.91	52,348.91	2,270.32	
100071	DCAS	300A	DCAS- Receptionists	10/01/24 - 09/30/25								4020002	13.50%	6,256.58	24,796.85	24,796.85	1,038.96	
100199	DCAS	300A	DCAS- Receptionists	10/01/24 - 09/30/25								1010001	13.50%	6,256.58	24,796.85	24,796.85	1,038.96	
100199	DCAS	300A	DCAS- Receptionists	10/01/24 - 09/30/25								1010001	14.00%	7,415.20	29,388.86	29,388.86	1,077.44	
DCAS 300A														46,345.00	183,680.40	183,680.40	7,696.00	Variance due to the elimination of two positions at DCAS location.
100202	DCAS	300A	Cloud Subscription/Migration	10/01/24 - 09/30/25	MERATIVE	Curam Software and Support	Exempt	CW111811	Kashons Johnson-Dunkin	6,751,755.00	0	4025002	44.25%	105,316.59	555,750.00	555,750.00	266,354.41	
100202	DCAS	300A	Cloud Subscription/Migration	10/01/24 - 09/30/25								1010001	14.75%	35,105.53	185,250.00	185,250.00	88,784.80	
100071	DCAS	300A	Cloud Subscription/Migration	10/01/24 - 09/30/25								4020002	13.50%	33,257.87	175,500.00	175,500.00	81,260.67	
100202	DCAS	300A	Cloud Subscription/Migration	10/01/24 - 09/30/25								1010001	13.50%	33,257.87	175,500.00	175,500.00	81,260.67	
100202	DCAS	300A	Cloud Subscription/Migration	10/01/24 - 09/30/25								1010001	14.00%	39,416.74	208,000.00	208,000.00	84,270.32	
DCAS 300A														246,354.60	1,300,000.00	1,300,000.00	601,930.88	
100202	DCAS	300A	DCAS-Services	10/01/24 - 09/30/25	TBD	DCAS Variuos Services	N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	TBD		4025002	44.25%	220,368.56	10,687.50	10,687.50	-	Will consist of several new procurements
100202	DCAS	300A	DCAS-Services	10/01/24 - 09/30/25								1010001	14.75%	73,456.19	3,562.50	3,562.50	-	
100071	DCAS	300A	DCAS-Services	10/01/24 - 09/30/25								4020002	13.50%	69,590.07	3,375.00	3,375.00	-	
100202	DCAS	300A	DCAS-Services	10/01/24 - 09/30/25								1010001	13.50%	69,590.07	3,375.00	3,375.00	-	
100202	DCAS	300A	DCAS-Services	10/01/24 - 09/30/25								1010001	14.00%	82,477.12	4,000.00	4,000.00	-	
DCAS 300A														515,482.00	25,000.00	25,000.00	-	
700083	DCAS	300A	DCAS- Call Center Rent	10/01/24 - 09/30/25	CDE	Application Dev Support Team	Competitive	CW87331	Tony Baptista	865,120.90	0	4025002	44.25%	363,350.78	-	-	-	
700083	DCAS	300A	DCAS- Call Center Rent	10/01/24 - 09/30/25								1010001	14.75%	121,116.93	-	-	-	
100071	DCAS	300A	DCAS- Call Center Rent	10/01/24 - 09/30/25								4020002	13.50%	121,116.93	-	-	-	
700079	DCAS	300A	DCAS- Call Center Rent	10/01/24 - 09/30/25								1010001	13.50%	121,116.93	-	-	-	
700079	DCAS	300A	DCAS- Call Center Rent	10/01/24 - 09/30/25								1010001	14.00%	138,419.34	-	-	-	
DCAS 300A														865,120.90	-	-	-	
100201	DCAS	300A	R1/R2 App Dev Support	10/01/24 - 09/30/25	CDE	Application Dev Support Team	Competitive	CW87331	Tony Baptista	2,733,316.32	0	4025002	44.25%	655,203.60	655,203.60	655,203.60	269,939.58	
100201	DCAS	300A	R1/R2 App Dev Support	10/01/24 - 09/30/25								1010001	14.75%	-	218,401.20	218,401.20	89,979.86	
100071	DCAS	300A	R1/R2 App Dev Support	10/01/24 - 09/30/25								4020002	13.50%	-	206,906.40	206,906.40	82,354.45	
100201	DCAS	300A	R1/R2 App Dev Support	10/01/24 - 09/30/25								1010001	13.50%	-	206,906.40	206,906.40	82,354.45	
100201	DCAS	300A	R1/R2 App Dev Support	10/01/24 - 09/30/25								1010001	14.00%	-	245,222.40	245,222.40	85,404.61	
DCAS 300A														1,532,640.00	1,532,640.00	1,532,640.00	610,032.94	
100202	DCAS	300A	DCAS- Domain Registration	10/01/24 - 09/30/25	CARAHSOFT	Cloud Services	Bid	CW113270	Kashonda Johnson-Dunklin	983,370.60	0	4025002	44.25%	6,300.00	6,412.50	6,412.50	-	Combined with line 53B
100202	DCAS	300A	DCAS- Domain Registration	10/01/24 - 09/30/25								1010001	14.75%	2,100.00	2,137.50	2,137.50	-	
100071	DCAS	300A	DCAS- Domain Registration	10/01/24 - 09/30/25								4020002	13.50%	2,100.00	2,025.00	2,025.00	-	
100202	DCAS	300A	DCAS- Domain Registration	10/01/24 - 09/30/25								1010001	13.50%	2,100.00	2,025.00	2,025.00	-	
100202	DCAS	300A	DCAS- Domain Registration	10/01/24 - 09/30/25								1010001	14.00%	2,400.00	2,400.00	2,400.00	-	
DCAS 300A														15,000.00	15,000.00	15,000.00	-	
700079	DCAS	300A	DCAS - Data Sharing Agreements	10/01/24 - 09/30/25	CARAHSOFT	N/A	N/A	N/A	Tony Baptiste	N/A		4025002	44.25%	42,000.00	-	-	-	Combined with line 53B
700079	DCAS	300A	DCAS - Data Sharing Agreements	10/01/24 - 09/30/25								1010001	14.75%	14,000.00	-	-	-	
100071	DCAS	300A	DCAS - Data Sharing Agreements	10/01/24 - 09/30/25								4020002	13.50%	14,000.00	-	-	-	
700079	DCAS	300A	DCAS - Data Sharing Agreements	10/01/24 - 09/30/25								1010001	13.50%	14,000.00	-	-	-	
700079	DCAS	300A	DCAS - Data Sharing Agreements	10/01/24 - 09/30/25								1010001	14.00%	16,000.00	-	-	-	
DCAS 300A														100,000.00	-	-	-	
100201	DCAS	300A	Google Translate API	10/01/24 - 09/30/25	CARAHSOFT	Cloud Services	Bid	CW113270	Kashonda Johnson-Dunklin	983,370.60	0	4025002	44.25%	-	128,250.00	128,250.00	-	
100201	DCAS	300A	Google Translate API	10/01/24 - 09/30/25								1010001	14.75%	-	42,750.00	42,750.00	-	
100071	DCAS	300A	Google Translate API	10/01/24 - 09/30/25								4020002	13.50%	-	40,500.00	40,500.00	-	
100201	DCAS	300A	Google Translate API	10/01/24 - 09/30/25								1010001	13.50%	-	40,500.00	40,500.00	-	
100201	DCAS	300A	Google Translate API	10/01/24 - 09/30/25								1010001	14.00%	-	48,000.00	48,000.00	-	
DCAS 300A														-	300,000.00	300,000.00	-	
100201	DCAS	300A	DCAS- DHS MOU	10/01/24 - 09/30/25	DHS	MOU	N/A	N/A	Tony Baptiste	TBD		1010001	100.00%	88,500.00	89,000.00	89,001.00	-	MOU Pending
DCAS 300A														89,000.00	89,000.00	89,001.00	-	
100202	DCAS	300A	DCAS- DMV Interface for D3	10/01/24 - 09/30/25	DMV	MOU	N/A	N/A	Tony Baptiste	TBD		4025002	44.25%	2,940.00	2,992.50	2,992.50	-	MOU Pending
100202	DCAS	300A	DCAS- DMV Interface for D3	10/01/24 - 09/30/25								1010001	14.75%	980.00	997.50	997.50	-	
100071	DCAS	300A	DCAS- DMV Interface for D3	10/01/24 - 09/30/25								4020002	13.50%	980.00	945.00	945.00	-	
100202	DCAS	300A	DCAS- DMV Interface for D3	10/01/24 - 09/30/25								1010001	13.50%	980.00	945.00	945.00	-	
100202	DCAS	300A	DCAS- DMV Interface for D3	10/01/24 - 09/30/25								1010001	14.00%	1,120.00	1,120.00	1,120.00	-	
DCAS 300A														7,000.00	7,000.00	7,000.00	-	
100202	DCAS	300A	DCAS- NAPHISIS Interface for D3	10/01/24 - 09/30/25	NAPHISIS	DCAS- NAPHISIS Interface for D3	N/A	TBD	Tony Baptiste	TBD		4025002	44.25%	19,572.00	38,154.38	38,154.38	-	New Procurement - Pending SOW
100202	DCAS																	

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS	
100202	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25	SIVIC	DCAS - Vendor Cost Allocation	N/A	N/A	TBD					1010001	14.75%	9,100.00	5,700.00	5,700.00	-
100071	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25										4020002	13.50%	9,100.00	5,400.00	5,400.00	-
100202	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25										1010001	13.50%	9,100.00	5,400.00	5,400.00	-
100202	DCAS	300A	DCAS - Vendor Cost Allocation	10/01/24 - 09/30/25										1010001	14.00%	10,400.00	6,400.00	6,400.00	-
														65,000.00	40,000.00	40,000.00	-		
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25	BPR		N/A	N/A	TBD					4025002	44.25%	202,976.90	267,170.40	267,170.40	-
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25										1010001	14.75%	67,658.97	89,056.80	89,056.80	-
100071	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25										4020002	13.50%	64,097.97	84,369.60	84,369.60	-
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25										1010001	13.50%	64,097.97	84,369.60	84,369.60	-
100201	DCAS	300A	DCAS - BPR Contract Maintenance	10/01/24 - 09/30/25										1010001	14.00%	75,967.96	99,993.60	99,993.60	-
														474,799.76	624,960.00	624,960.00	-		
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25	DGS		N/A	N/A	Tony Baptiste					4025002	44.25%	981,227.58	499,374.78	499,374.78	516,896.71
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25										1010001	14.75%	327,075.86	166,458.26	166,458.26	172,298.90
100071	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25										4020002	13.50%	327,075.86	157,697.30	157,697.30	157,697.30
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25										1010001	13.50%	327,075.86	157,697.30	157,697.30	157,697.30
100201	DCAS	300A	DCAS - Rents	10/01/24 - 09/30/25										1010001	14.00%	373,800.98	186,900.50	186,900.50	163,537.94
														2,336,256.15	1,168,128.15	1,168,128.15	1,168,128.15	-	
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25	AWS		N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin					4025002	44.25%	19,237.50	4,426.40	4,426.40	-
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25										1010001	14.75%	6,412.50	1,475.47	1,475.47	-
100071	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25										4020002	13.50%	6,075.00	1,397.81	1,397.81	-
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25										1010001	13.50%	6,075.00	1,397.81	1,397.81	-
100199	DCAS	300A	DCAS- Furniture & Fixture	10/01/24 - 09/30/25										1010001	14.00%	7,200.00	1,656.67	1,656.67	-
														45,000.00	10,354.16	10,354.16	-		
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25	MERATIVE, CARASOFT, DYNAMIC SYSTEMS, CDE, DIONA MOBILE	Software Licenses	Bid	CW100807, CW105141, CW110124, CW112697, CW114986, CW114997, CW114998, CW97545	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin	13,695.00	0			4025002	44.25%	4,218,443.37	5,865,446.85	5,865,446.85	2,956,224.68
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25										1010001	14.75%	1,406,147.79	1,955,148.95	1,955,148.95	985,408.23
100071	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25										4020002	13.50%	1,332,140.01	1,852,246.37	1,852,246.37	901,899.06
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25										1010001	13.50%	1,332,140.01	1,852,246.37	1,852,246.37	901,899.06
100202	DCAS	300A	DCAS- Software Licenses	10/01/24 - 09/30/25										1010001	14.00%	1,578,832.60	2,195,254.96	2,195,254.96	935,302.73
														9,867,703.78	13,720,343.51	13,720,343.51	6,680,733.75	Variance due to pace of cloud migration project. DCAS anticipates needing and using the additional licenses needed in FY25.	
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25	OCTO		N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin					4025002	44.25%	92,400.00	82,164.42	82,164.42	-
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25										1010001	14.75%	30,800.00	27,388.14	27,388.14	-
100071	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25										4020002	13.50%	30,800.00	25,946.66	25,946.66	-
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25										1010001	13.50%	30,800.00	25,946.66	25,946.66	-
100199	DCAS	300A	DCAS- Hardware Equipment	10/01/24 - 09/30/25										1010001	14.00%	35,200.00	30,751.60	30,751.60	-
														220,000.00	192,197.48	192,197.48	-		
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25	OCTO		N/A	N/A	Kelley Rodgers, William Northern, Kashonda Johnson-Dunklin					4025002	44.25%	126,000.00	128,250.00	128,250.00	-
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25										1010001	14.75%	42,000.00	42,750.00	42,750.00	-
100071	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25										4020002	13.50%	42,000.00	40,500.00	40,500.00	-
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25										1010001	13.50%	42,000.00	40,500.00	40,500.00	-
100201	DCAS	300A	DCAS- Call Center Software	10/01/24 - 09/30/25										1010001	14.00%	48,000.00	48,000.00	48,000.00	-
														300,000.00	300,000.00	300,000.00	-		
300A - TOTAL														78,941,615.26	82,914,720.97	82,914,720.97	27,083,211.24		
100203	Health Care Operations Administration	6000	Maintain the operation of the existing MMIS	10/1/24-9/30/25	Conduent	MMIS System Maintenance	Sole Source	CW91987	Don Shearer	31,620.00		1010001	25%	6,660,269.11	8,669,700.00	8,669,700.00	1,292,718.27	APD RELATED	
100203	Health Care Operations Administration	6000	Maintain the operation of the existing MMIS	10/1/24-9/30/25	Conduent	MMIS System Maintenance	Sole Source	CW91987	Don Shearer	31,620.00		4025002	75%	19,980,807.33	26,009,100.00	26,009,100.00	3,878,154.82		
														26,641,076.44	34,678,800.00	34,678,800.00	5,170,873.09		
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	10/1/24-6/7/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	1,192,104.00		1010001	25%	146,648.60	439,945.80	474,573.98	49,671.00	APD RELATED	
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	10/1/24-6/7/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	1,192,104.00		4025002	75%	439,945.80	474,573.98	474,573.98	149,013.00		
														586,594.40	632,765.31	632,765.31	198,684.00		
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	6/8/25-9/30/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	589,146.69		1010001	25%	144,045.90	147,286.67	147,286.67	-	APD RELATED	
100203	Health Care Operations Administration	6000	Client Case Management System - CCMS-OM	6/8/25-9/30/25	FEI Systems	Case Management System	Sole source	CW98668	Benjamin Ebeigbe	589,146.69		4025002	75%	432,137.70	441,860.02	441,860.02	-		
														576,183.60	589,146.69	589,146.69	-		
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM	10/11/24-10/10/25	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		1010001	25%	260,763.61	285,815.48	285,815.48	-	APD RELATED	
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM	10/11/24-10/10/25	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		4025002	75%	782,290.84	857,446.43	857,446.43	-		
														1,043,054.45	1,143,261.90	1,143,261.90	-		
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM (Training)	10/11/25-10/10/26	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		1010001	55%	18,279.70	40,322.65	40,322.65	-		
100203	Health Care Operations Administration	6000	EVV - Electronic Visit Verification/OM (Training)	10/11/25-10/10/26	Sandata Tech	EVV	Sole Source	CW118520	Don Shearer	1,131,000.00		4025002	45%	14,956.12	32,991.26	32,991.26	-		
														33,235.82	73,313.90	73,313.90	-		
100203	Health Care Operations Administration	6000	MITA: MMIS Upgrade	10/1/24-8/20/25	Ernst & Young, LLP/Cambria Solutions	MITA: MMIS Upgrade	Competitive	TBD	Cheryl Dodd			1010001	10%	55,795.40	55,795.40	55,795.40	-	APD RELATED	
100203	Health Care Operations Administration	6000	MITA: MMIS Upgrade	10/1/24-8/20/25	Ernst & Young, LLP/Cambria Solutions	MITA: MMIS Upgrade	Competitive	TBD	Cheryl Dodd			4025002	90%	502,167.60	502,167.60	502,167.60	-		
														557,964.00	557,964.00	557,964.00	-		
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	10/1/24-7/19/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	5,954,615.04		1010001	25%	1,157,790.13	1,274,394.16	1,274,394.16	551,953.18	APD RELATED	
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	10/1/24-7/19/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	5,954,615.04		4025002	75%	3,473,370.38	3,823,182.47	3,823,182.47	651,598.06		
														4,631,160.51	5,097,576.63	5,097,576.63	1,003,551.24		
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	7/20/25-9/30/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	1,285,364.60		1010001	25%	299,446.74	321,341.15	321,341.15	-	APD RELATED	
100203	Health Care Operations Administration	6000	PBM - Pharmacy Benefit Manager	7/20/25-9/30/25	Magellan	Pharmacy Point of Sale	Sole Source	CW97894	Erskine Calderon	1,285,364.60		4025002	75%	898,340.22	964,023.45	964,023.45	-		
														1,197,788.96	1,285,364.60	1,285,364.60	-		
100203	Health Care Operations Administration	6000	CAQH Provider Enrollment Fees	10/1/24-1/7/25	CAQH	Provew Database System	Exempt	CW110195	Don Shearer	65,560.00		1010001	55%	31,009.77	36,054.00	36,054.00	-		
100203	Health Care Operations Administration	6000	CAQH Provider Enrollment Fees	10/1/24-1/7/25	CAQH	Provew Database System	Exempt	CW110195	Don Shearer	65,560.00		4025002	45%	27,007.99	29,502.00	29,502.00	-		
														60,017.76	65,560.00	65,560.00	-		
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	10/1/24-1/6/25	Maximus	Provider Data Mgmt System	Sole Source	CW100469	Don Shearer	3,643,308.00		1010001	25%	216,404.25	220,095.21	220,095.21	151,804.50	APD RELATED	
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	10/1/24-1/6/25	Maximus	Provider Data Mgmt System	Sole Source	CW100469	Don Shearer	3,643,308.00		4025002	75%	649,212.75	660,285.63	660,285.63	455,413.50		
														865,617.00	880,380.84	880,380.84	607,218.00		
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	1/7/25-9/30/25	Maximus	Provider Data Mgmt System	Sole Source	CW118651	Don Shearer	3,759,380.00		1010001	25%	683,120.25	660,285.63	660,285.63	-	APD RELATED	
100203	Health Care Operations Administration	6000	Provider Data Manager System - PDMS	1/7/25-9/30/25	Maximus	Provider Data Mgmt System	Sole Source	CW118651	Don Shearer	3,759,380.00		4025002	75%	2,049,360.75	1,980,856.89	1,980,856.89	-		
														2,732,481.00	2,641,142.52	2,641,142.52	-		
100203	Health Care Operations Administration	6000	Independent Verification and Validation (IV&V)	10/1/24-9/30/25	TBD	TBD	TBD	TBD	TBD			1010001	10%	-	442,200.00	442,200.00	-	APD Related/Solicitation in Process	
100203	Health Care Operations Administration	6000	Independent Verification and Validation (IV&V)	10/1/24-9/30/25	TBD	TBD	TBD	TBD	TBD			4025002	90%	-	3,979,801.00	3,979,801.00	-		
														-	4,422,000.00	4,422,000.00	-		
100203	Health Care Operations Administration	6000	Senior Consultant (CCMS) -- Maria Suarez	10/1/24-9/30/25	Avid Systems	Consulting Services	Competitive	CW94253	Cheryl Dodd	277,760.00		1010001	55%	151,305.00	173,250.00	173,250.00	22,792.00		
100203	Health Care Operations Administration	6000	Senior Consultant (CCMS) -- Maria Suarez	10/1/24-9/30/25	Avid Systems	Consulting Services	Competitive	CW94253	Cheryl Dodd	277,760.00		4025002	45%	123,795.00	141,750.00	141,750.00	18,648.00		
														275,100.00	315				

Program Code	Program Name	Cost Center Title	Contract Name \ Description	Period of Performance	Contract Service Provider	Purpose of Contract	Procurement Method (Bid or Sole Source)	Contract Number	DHCF Employee Responsible for the Contract (CA)	Original Contract Value	Modifications	Funding Source	FY25 Funding Split	FY24 Actuals	FY25 Approved Budget	FY25 Anticipated Cost	FY25 Expenditures thru 12/31/24	COMMENTS
			Subject Matter Expert 1 (MMIS) – Sam Walker - Total															
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Recovery									1060128	55%	329,280.00	362,000.00	362,000.00	48,384.00	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Recovery	10/1/24-1/23/25	HMS	TPL Recoveries	Competitive	CW81471	Don Shearer	2,685,000.00		4025002	45%	43,075.00	485,621.50	485,621.50	-	
			Third Party Liability Contract - Recovery - Total											35,243.18	397,327.50	397,327.50	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Recovery									1060128	55%	78,318.18	882,950.00	882,950.00	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Recovery	1/24/25-9/30/25	HMS	TPL Recoveries	Competitive	CW81471	Don Shearer	2,685,000.00		4025002	45%	139,279.53	1,107,562.50	1,107,562.50	-	
			Third Party Liability Contract - Recovery - Total											113,955.98	906,187.50	906,187.50	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Verification									1060128	55%	213,234.30	2,013,750.00	2,013,750.00	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Verification	10/1/24-5/31/25	Zane Networks	TPL Verification	Competitive	CW81817	Cheryl Dodd	1,620,600.00		4025002	45%	117,278.87	475,654.69	475,654.69	-	
			Third Party Liability Contract - Verification - Total											95,955.44	389,172.02	389,172.02	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Verification									1060128	55%	213,234.30	864,826.70	864,826.70	-	
100203	Health Care Operations Administration	6000	Third Party Liability Contract - Verification	6/1/25-9/30/25	Zane Networks	TPL Verification	Competitive	CW81817	Cheryl Dodd	1,620,600.00		4025002	45%	61,224.74	271,761.95	271,761.95	-	
			Third Party Liability Contract - Verification - Total											50,092.97	222,350.68	222,350.68	-	
			Total - Program/Cost Center											111,317.70	494,112.63	494,112.63	-	
100205	Health Care Operations Administration	6000	ASO Contract Admin											40,736,417.62	57,944,915.72	57,944,915.72	7,153,030.33	
100205	Health Care Operations Administration	6000	ASO Contract Admin	10/1/24-9/12/25	PCG	Administrative Svs Organization	Exempt	CW85352	Emillie Monroe	2,008,318.00		1010001	55%	1,028,770.11	1,215,032.50	1,215,032.50	-	
			ASO Contract Admin - Total											841,721.00	994,117.50	994,117.50	-	
100205	Health Care Operations Administration	6000	ASO Contract Admin											1,870,491.10	2,209,150.00	2,209,150.00	-	
100205	Health Care Operations Administration	6000	ASO Contract Admin	9/13/25-9/30/25	PCG	Administrative Svs Organization	Exempt	TBD	Emillie Monroe	2,330,653.00		1010001	55%	55,228.80	66,826.65	66,826.65	-	
			ASO Contract Admin - Total											45,187.20	54,676.35	54,676.35	-	
			Total - Program/Cost Center											100,416.00	121,503.00	121,503.00	-	
	6000 - TOTAL			6000 - TOTAL										1,970,907.10	2,330,653.00	2,330,653.00	-	
100207	Health Care Reform and Innovation Administration	8000	Reform and Innovation Contractor for Focused Project - Jazmyn Howard	10/1/24-9/30/25	AVID	Consulting Services	Competitive	CW94253	Josef Weissfeld	175,000.00		1010001	55%	42,073,821.87	60,475,650.87	60,475,650.87	7,153,030.33	
100207	Health Care Reform and Innovation Administration	8000	Reform and Innovation Contractor for Focused Project - Jazmyn Howard	10/1/24-9/30/25	AVID	Consulting Services	Competitive	CW94253	Josef Weissfeld	175,000.00		4025002	45%	15,004.00	96,250.00	96,250.00	2,904.00	
			Reform and Innovation Contractor for Focused Project - Total											12,276.00	78,750.00	78,750.00	2,376.00	
100207	Health Care Reform and Innovation Administration	8000	Integrated Care Technical Assistance - HMA	10/1/24-8/13/25	HMA	Technical Assistant	Competitive	CW84998	Lisa Gilmore	1,528,849.00		1010001	55%	27,280.00	175,000.00	175,000.00	5,280.00	
100207	Health Care Reform and Innovation Administration	8000	Integrated Care Technical Assistance - HMA	8/13/25-9/30/25								4025002	45%	1,121,546.64	840,866.95	840,866.95	188,099.07	
			Integrated Care Technical Assistance - Total											917,639.07	687,982.05	687,982.05	153,899.24	
			Total - Program/Cost Center											2,039,175.71	1,528,849.00	1,528,849.00	341,998.31	
100208	Health Care Reform and Innovation Administration	8000	State Level Registry (SLR) ARPA	10/1/24-9/30/25	HealthTech Solutions	State Level Registry (SLR) ARPA	Sole source	CW110345	Eduarda Koch	327,000.00				2,066,455.71	1,703,849.00	1,703,849.00	347,278.31	
100208	Health Care Reform and Innovation Administration	8000	State Level Registry (SLR) ARPA	10/1/24-9/30/25										179,575.00	181,823.95	181,823.95	-	
			State Level Registry (SLR) ARPA - Total											148,925.00	148,765.05	148,765.05	-	
			Total - Program/Cost Center											326,500.00	330,589.00	330,589.00	-	
100208	Health Care Reform and Innovation Administration	8000	HIT/HIE Focused Management - HIT/HIE Contractor - Iesha Reid	10/1/24-9/30/25	AVID	Consulting Services	Competitive	CW94253	Josef Weissfeld	109,120.00		1010001	10%	7,788.00	-	-	-	
100208	Health Care Reform and Innovation Administration	8000	HIT/HIE Focused Management - HIT/HIE Contractor - Iesha Reid	10/1/24-9/30/25								4025002	90%	23,364.00	-	-	-	
			HIT/HIE Focused Management - HIT/HIE Contractor - Total											31,152.00	-	-	-	
100208	Health Care Reform and Innovation Administration	8000	HIT/HIE Focused Management - HIT/HIE Contractor - Nikhil Verma	10/1/24-9/30/25	AVID	Consulting Services	Competitive	CW94253	Josef Weissfeld	130,944.00		1010001	25%	17,820.00	45,250.00	45,250.00	-	
100208	Health Care Reform and Innovation Administration	8000	HIT/HIE Focused Management - HIT/HIE Contractor - Nikhil Verma	10/1/24-9/30/25								4025002	75%	53,460.00	135,750.00	135,750.00	-	
			HIT/HIE Focused Management - HIT/HIE Contractor - Total											71,280.00	181,000.00	181,000.00	-	
100208	Health Care Reform and Innovation Administration	8000	NEW – HIT/HIE Focused Management - HIT/HIE Contractor - Iesha Reid	10/1/24-9/30/25	AVID	Consulting Services	Competitive	CW94253	Josef Weissfeld	130,944.00		1010001	10%	-	18,100.00	18,100.00	1,795.20	
100208	Health Care Reform and Innovation Administration	8000	NEW – HIT/HIE Focused Management - HIT/HIE Contractor - Iesha Reid	10/1/24-9/30/25								4025002	90%	-	162,900.00	162,900.00	16,156.80	
			NEW – HIT/HIE Focused Management - HIT/HIE Contractor - Total											-	181,000.00	181,000.00	17,952.00	
			Total - Contracts Program/Cost Center											102,432.00	362,000.00	362,000.00	17,952.00	
	8000 - TOTAL			8000 - TOTAL										\$ 2,495,387.71	\$ 2,396,438.00	\$ 2,396,438.00	\$ 365,230.31	
100208	Health Care Reform and Innovation Administration	8000	CRISP DC Gen. Admin.	10/1/24-9/30/25	CRISP DC	Enhance the design, development, and implementation of DC HIE Core	NOGA	DHCF-HIE-2019-001	Nathaniel Curry	1,457,954.00		1010001	25%	305,966.71	557,651.50	557,651.50	-	
100208	Health Care Reform and Innovation Administration	8000	CRISP DC Gen. Admin.	10/1/24-9/30/25								4025002	75%	917,900.12	1,672,954.50	1,672,954.50	-	
			CRISP DC Gen. Admin. - Total											1,223,866.82	2,230,606.00	2,230,606.00	-	
100208	Health Care Reform and Innovation Administration	8000	CRISP DC MES DOI	10/1/24-9/30/25	CRISP DC	Enhance the design, development, and implementation of DC HIE Core	NOGA	DHCF-IAPD-MES 2024	Richard Garcia			1010001	-	161,167.39	529,505.24	529,505.24	-	
			Digital Health TA Grant (DCPCA) - Total											1,957,389.00	1,000,001.00	1,000,002.00	75,189.20	
100208	Health Care Reform and Innovation Administration	8000	NEW Planning, Outreach and Education Grant	10/1/24-9/30/25	Legal Counsel for the Elderly	Conduct planning activities that support infrastructure, and	NOGA		Eduarda Koch			1010001	10%	127,908.57	158,967.44	158,967.44	-	
100208	Health Care Reform and Innovation Administration	8000	NEW Planning, Outreach and Education Grant	10/1/24-9/30/25	TBD							4025002	90%	1,151,177.10	1,430,707.00	1,430,707.00	-	
			NEW Planning, Outreach and Education Grant - Total											1,279,085.67	1,589,674.44	1,589,674.44	-	
100207	Health Care Reform and Innovation Administration	8000	NEW Contract for Practice Transformation on Reform	10/1/24-9/30/25	TBD	TBD	TBD	TBD	TBD	TBD		1010001	55%	-	1,544,177.00	1,544,177.00	-	This is not a grant, funds are being
100207	Health Care Reform and Innovation Administration	8000	NEW Contract for Practice Transformation on Reform	10/1/24-9/30/25	TBD	TBD	TBD	TBD	TBD	TBD		4025002	45%	-	1,286,414.00	1,286,414.00	-	reprogram to provider payments and
			NEW Contract for Practice Transformation on Reform - Total											-	2,830,591.00	2,830,591.00	-	
			Total - Program/Cost Center											6,072,015.40	12,945,924.88	12,945,925.88	75,189.20	
100207	Health Care Reform and Innovation Administration	8000	Produce Rx	2/1/23-9/30/24	DC Greens Inc	To enhance and expand produce prescription, letaprevention, fcs	NOGA	DHCF-FOODRX-2022	Jordan Kisla			1010001	100%	500,000.00	500,000.00	500,000.00	-	
			Produce Rx - Total											500,000.00	500,000.00	500,000.00	-	
100207	Health Care Reform and Innovation Administration	8000	Diaper Bank ARPA	10/1/24-9/30/25	Diaper Bank	Provide funds for the purchase and distribution of free diapers to	NOGA	DHCF-DIAPER-2023	Jordan Kisla			1010001	100%	500,000.00	500,000.00	500,000.00	10,506.73	
			Produce Rx - Total											500,000.00	500,000.00	500,000.00	10,506.73	
100207	Health Care Reform and Innovation Administration	8000	To support 1st time home visiting grants	10/1/24-9/30/25	Mary's CTR Maternal Child	Administer evidence based home visitine oergram that serves District	NOGA	DHCF-Home Visiting-2024	Elizabeth Garrison			1010001	1000%	210,221.61	225,000.00	225,000.00	-	
			To support 1st time home visiting grants - Total											210,221.61	225,000.00	225,000.00	-	
			Total - Grants Program/Cost Center											1,210,221.61	1,225,000.00	1,225,000.00	10,506.73	
	8000 - TOTAL			8000 Grants - TOTAL										\$ 7,282,237.01	\$ 14,170,924.88	\$ 14,170,925.88	\$ 85,695.93	
	8000 - GRAND TOTAL			8000 - GRAND TOTAL										\$ 9,777,624.72	\$ 16,567,362.88	\$ 16,567,363.88	\$ 450,926.24	
	TOTAL AGENCY													\$ 177,480,197.59	\$ 232,723,237.33	\$ 233,545,017.30	\$ 40,145,562.98	

District of Columbia Medicaid Program
Department of Health Care Finance
HCBS ARPA Spending Report
FY2024

Total Award	88,783,106
FY22	9,425,257
FY23	33,263,660
Total Spending	42,688,917

Balance 46,094,189

		Balance on Project					FY2024 Allotment			FY2024 Spending Thru Quarter 2 (March 2024)			
Category of HCBS ARPA Initiatives	Service Delivery Area	Planned Total Cost for Project	Planned ARPA Share Project	ARPA	Total	Local	Actual ARPA Budget	Actual Medicaid Budget	Total Budget	Local Spending	Actual ARPA Spending	Actual Medicaid Spending	Total Spending
Beneficiary Education, Support and transitions of Care	Case Management Support	2,500,000	2,500,000	1,020,829	1,020,829				-				-
	DDS COVID-19 Impact Study	100,000	78,466	(14,847)	6,687				-				-
	DDS Housing Coordinator	335,142	335,142	254,777	254,777		121,942		121,942				-
	HCBS Health Literacy Program	800,000	800,000	800,000	800,000				-				-
	LTSS Referral Management System	55,000	30,250	30,250	55,000				-				-
	Preadmission Screening and Resident Review (PASSR)	650,000	330,000	330,000	650,000				-				-
Beneficiary Education, Support and transitions of Care Total		4,465,250	4,148,966	2,496,117	2,812,401		121,942	-	121,942	-	-	-	-
Expanding Services and Increasing Access to Services	1915(c) IFS Waiver Self-Directed Services	1,510,000	453,000	370,746	1,164,395		38,558	89,968	128,525				-
	Assisted Living Facility Study	350,000	192,500	192,500	350,000	145,825		119,312	119,312	145,825		119,312	265,137
	Certified Medication Aides (C-MAs) and Services	1,200,000	360,000	360,000	1,200,000				-				-
	DDS Telehealth Initiative	2,103,000	2,103,000	1,220,735	1,220,735		661,495		661,495				-
	HCBS Telehealth Project - Housing Supportive Services (HSS) providers	180,000	180,000	180,000	180,000				-				-
	Innovative Programs, Pilots, or Studies	5,000,000	5,000,000	5,000,000	5,000,000				-				-
	Remote Patient Monitoring Pilot	225,000	225,000	194,514	194,514	31,750	194,514		194,514		31,057		31,057
	Therapeutic Services to Prevent Functional Decline	10,000,000	2,400,000	2,400,000	10,000,000				-				-
Expanding Services and Increasing Access to Services Total		33,033,500	19,771,900	18,776,895	31,775,144		894,567	209,279	1,103,846	145,825	31,057	119,312	296,194
Provider Reimbursement and Workforce Recruitment, Retention and Development													
	Behavioral Health Rate Increase	13,800,000	4,140,000	2,388,002	6,438,663				-				-
	DDS Behavioral Health Initiative	500,000	500,000	460,000	460,000				-				-
	Developmental Disability Provider Rate Study	1,100,000	1,100,000	1,100,000	1,100,000		900,000		900,000				-
	Direct Care Worker Recruitment and Conversion Bonus Payments	8,140,000	8,140,000	6,273,735	5,341,875		-		-				-
	Direct Care Worker Retention Bonus Payments	17,700,000	17,700,000	378,535	86,258		-		-				-

		Balance on Project					FY2024 Allotment			FY2024 Spending Thru Quarter 2 (March 2024)			
Category of HCBS ARPA Initiatives	Service Delivery Area	Planned Total Cost for Project	Planned ARPA Share Project	ARPA	Total	Local	Actual ARPA Budget	Actual Medicaid Budget	Total Budget	Local Spending	Actual ARPA Spending	Actual Medicaid Spending	Total Spending
	Direct Care Worker Training	400,000	220,000	220,000	400,000				-				-
	Direct Care Worker Transportation Benefit	6,000,000	6,000,000	6,000,000	6,000,000				-				-
	Direct Care Worker Vaccination Incentive	2,860,000	2,860,000	2,391,989	2,261,812		-		-				-
	Direct Support Professional Bonus Payment	4,653,251	1,107,474	(0)	(0)				-				-
	DSP Living Wage Increase (DSP Enhanced Living Wage Supplemental)	131,139,014	39,341,704	28,633,113	86,144,935		19,618,974	45,777,606	65,396,580		382,961	967,552	1,350,514
	Home Health Rate Study	2,994,000	1,646,700	1,646,700	2,994,000		548,900	449,100	998,000		66,822	54,673	121,495
	Retainer Payment Extension	1,100,000	261,800	261,800	1,100,000				-				-
	Skilled and Private Duty Nursing Bonus Payment	-	-	-	-				-				-
	Case Management Incentive Bonus Payment	1,000,000	1,000,000	1,000,000	1,000,000		723,650		723,650				-
Provider Reimbursement and Workforce Recruitment, Retention and Development Total		109,108,251	53,774,224	20,510,419	31,049,528		21,791,524	46,435,985	68,018,230	-	449,784	1,141,537	1,472,009
Quality Oversight, Infrastructure and Provider Capacity Building													
	ASARS Provider Capacity Building	4,800,000	4,800,000	347,019	347,019				-				-
	Associate Medical Director	600,000	330,000	330,000	600,000				-				-
	ARPA Implementation and Administrative Oversight	2,500,000	1,265,000	(153,594)	443,039				-				-
	HCBS Advanced Payment Models that Address Health-Related Social Needs	350,000	192,500	192,500	350,000				-				-
	Increased HCBS Services Oversight	1,500,000	1,500,000	1,492,181	1,482,625		568,099	464,808					-
	Clinical Case Management System Enhancements- DDS	204,000	-	(204,000)	-				-				-
	Customer Satisfaction Survey	2,000,000	1,100,000	1,100,000	2,000,000				-				-
	Clinical Case Management System Enhancements	650,000	357,500	357,500	650,000				-				-
	DDS Information Technology System	435,000	435,000	435,000	435,000				-				-
	DD Expansion	1,500,000	1,500,000	1,185,409	1,185,409		692,870		692,870				-
	DDS Stakeholder Technical Assistance	508,000	508,000	508,000	508,000		457,911		457,911				-
	DDS Assistive Technology Solution Pilot	190,000	190,000	190,000	190,000				-				-
	DDS Remote Support and Enabling Technology	4,900,000	5,090,000	5,090,000	4,900,000		1,500,000		1,500,000				-
	Temporary Assistance for Eligible Redeterminations & Call Center	3,000,000	1,650,000	1,650,000	3,000,000				-				-
	Electronic Health Records (EHR) Incentive	9,600,000	9,600,000	9,404,000	9,404,000		2,413,290		2,413,290		1,788,000		1,788,000
	HCBS Telehealth Digital Technical Assistance	920,000	920,000	(275,897)	(275,897)	1,000,000.00	950,000		950,000		743,023		743,023
	State Level Repository (SLR)	163,000	163,000	163,000	163,000		89,925	73,575	163,500		29,975	24,525	54,500
	Quality Management Contractor	2,000,000	1,100,000	1,100,000	2,000,000		418,303	342,248	760,551		31,772	25,996	57,768
	Temporary Assistance for Eligibility Redetermination	5,000,000	2,750,000	2,750,000	3,000,000	483,189		395,336	395,336				-
	InterRAI Expansion	5,000,000	2,750,000	2,750,000	5,000,000	137,500		112,500	112,500				-

					Balance on Project			FY2024 Allotment			FY2024 Spending Thru Quarter 2 (March 2024)			
Category of HCBS ARPA Initiatives	Service Delivery Area	Planned Total Cost for Project	Planned ARPA Share Project	ARPA	Total	Local	Actual ARPA Budget	Actual Medicaid Budget	Total Budget	Local Spending	Actual ARPA Spending	Actual Medicaid Spending	Total Spending	
Quality Oversight, Infrastructure and Provider Capacity Building Total														
		22,656,000	19,932,000	12,142,119	14,218,196		7,090,398	923,659	7,445,958	-	2,592,770	50,521	2,643,291	
Grand Total		169,263,001	97,627,090	53,925,550	79,855,268		29,898,430	47,568,924	76,689,976		3,073,611	1,311,369	4,411,493	

Department of Health Care Finance MOUs/MOAs for FY24

Agency	Division	Type/Description	Buyer/Seller	\$ Amount	Duration	POC	MOA/MOU	Status	
DHCF and Health Benefit Exchange (HBX)	DCAS	Fund transfer from HBX to DHCF to cover the costs associated with the Salesforce Support that DCAS provides to Salesforce platform that is shared across both agencies.	Seller	\$ 117,000.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 3/25/24	
DHCF and Department of Human Services (DHS)	DCAS	After Food and Nutrition Services (FNS) and CMS approve the Advance Planning Document, FNS disperses their portion of the funding to DHS, while CMS distributes their portion of the fundings to DHCF. This MOU allows DHS to transfer FNS funds to DHCF that are earmarked for DCAS.	Seller	\$ 11,917,018.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 3/25/24	
DHCF and Department of Human Services (DHS)	DCAS	Fund transfer from DHS to DHCF to cover the costs to expand Tier 1 Call Center which is managed by DHCF and operated by Maximus. Increasing T1 capacity and function, allow DHS to shift T2 resources to case processing due to Public Health Emergency unwinding.	Seller	\$ 490,000.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 3/25/24	
DHCF and Department of Human Services (DHS), Office of the Chief Technology Officer (OCTO)	DCAS	Fund transfer from DHCF and DHS to OCTO for operations and maintenance of DCAS technical infrastructure support. Cost for OCTO hardware services and licenses.	Buyer	\$ 3,692,478.20	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 3/29/24	
DHCF and Department of Human Services (DHS)	DCAS	Give SNAP a Raise - Fund transfer from DHS to DHCF to cover the additional DCAS development costs of deploying the DC Local Give Snap a Raise program approved that took effect Jan 1, 2024.	Seller	\$ 219,324.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 7/19/24	
DHCF and Health Benefit Exchange (HBX)	DCAS	Fund transfer from DHCF to HBX for DHCF's portion of joint notices (printing/mailing). Joint notices are mailed to mixed households with applicants/beneficiaries from Medicaid and the Exchange	Buyer	\$ 80,000.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU	Fully Executed 8/2/24	
DHCF and Health Benefit Exchange (HBX)	DCAS	Fund transfer from DHCF to HBX for DHCF's portion of joint notices (printing/mailing). Joint notices are mailed to mixed households with applicants/beneficiaries from Medicaid and the Exchange	Buyer	TBD	October 1, 2024 through September 30, 2025	Tony Baptista	MOU	In Progress for FY25	
DHCF and Health Benefit Exchange (HBX)	DCAS	Fund transfer from HBX to DHCF to cover the costs associated with the Salesforce Support that DCAS provides to Salesforce platform that is shared across both agencies.	Seller	TBD	October 1, 2024 through September 30, 2025	Tony Baptista	MOU	In Progress for FY25	
DHCF and Department of Human Services (DHS)	DCAS	After FNS and CMS approve the APD, FNS disperses their portion of the funding to DHS, while CMS distributes their portion of the fundings to DHCF. This MOU allows DHS to transfer FNS funds to DHCF that are earmarked for DCAS.	Buyer	TBD	October 1, 2024 through September 30, 2025	Tony Baptista	MOU	In Progress for FY25	
DHCF and Department of Aging and Community Living (DACL)	HCDMA	DC Long Term Care Ombudsman Program (DCLTCOP)	Buyer	\$ 200,000.00	October 1, 2023 through September 30, 2024	Kelli Atkinson	MOU	Fully Executed 3/14/24	
DHCF and Department of Health (DOH)	HCDMA	This MOU seeks to provide funding to the Community Health Administration (CHA) to administer the District of Columbia's Linkage and Tracking System (DCLTS) for a period of five years.	Buyer	\$ 459,222.98	October 1, 2023 through September 30, 2024	Gwendolyn Bell Foxworth	MOU	Fully Executed 6/27/24	
DHCF and Department of Behavioral Health (DBH)	HCDMA	This MOU sets forth the terms and conditions upon which the Agencies shall work together on the Youth Substance Abuse Treatment Services (YSATS) formerly known as the Adolescent Substance Treatment Expansion Program (ASTEP) to support, improve, and coordinate access to community-based substance abuse services for youth under 21.	Buyer	\$ 1,231.80	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU	Fully Executed 8/30/24	
DHCF and Department of Behavioral Health (DBH)	HCDMA	This MOU sets forth the terms and conditions upon which the Parties shall work together to implement MY DC Health Home (Health Home 1, HH1) certification standards to ensure quality provision of Health Home 1 services covered by the District of Columbia ("District") State Plan for Medical Assistance ("State Plan") and how the Parties will fund Health Home 1 services.	Buyer	\$ 135,428.27	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU	Fully Executed 9/3/24	
DHCF and Department of Behavioral Health (DBH)	HCDMA	This MOU establishes the duties, rights and responsibilities of each signatory agency with respect to the Adult Substance Abuse Rehabilitative Services (ASARS) benefit for enrollees in the District of Columbia ("District") Medicaid Program and the operational procedures to carry out those duties, rights, and responsibilities.	Buyer	\$ 1,000,561.54	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU	Fully Executed 9/3/24	
DHCF and Department of Behavioral Health (DBH)	HCDMA	1115 Waiver - DHCF and DBH hereby agree to the terms and conditions set forth below for implementation of a Medicaid benefit to deliver 1115 Medicaid Waiver Services as a benefit of the District's Medicaid program as discussed herein. Nothing in this MOU shall abrogate DHCF's responsibility as the single state Medicaid agency delegated with the day-to-day administration of the District's Medicaid Program. DHCF and DBH shall each retain their authority necessary to discharge	Buyer	\$ 8,309,828.89	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU	Fully Executed 9/26/24	
DHCF and Criminal Justice Coordinating Council (CJCC)	HCPRA	Data Sharing	Buyer	N/A	September 4, 2024	April Grady	MOU	No Action Required for FY25	
DHCF and Office of Tax and Revenue (OTR)	OCFO	Support cost of collecting the various provider taxes on behalf of DHCF	Buyer	\$ 178,440.90	October 1, 2022 through September 30, 2023	Darrin Shaffer	MOU	Fully Executed 9/17/24	
DHCF and Office of the Chief Financial Officer (OCFO)	OCFO	Data Sharing Agreement	Buyer	N/A	September 30, 2026	Darrin Shaffer	MOU	Fully Executed 9/17/24	
DHCF and Office of Contracting and Procurement (OCP)	OCOO	The Chief Procurement Officer and the Procurement Practices Reform Act of 2010 were converted to the Delegated Procurement Authority operating structure. In accordance with this procurement reform initiative, designated agencies have been delegated the authority to manage full-service procurement operations, with the oversight and supervision of the Chief Procurement Officer (CPO). (13 positions (4)supervisor contract specialists and (9) contract specialists)	Buyer	\$ 1,945,608.91	October 1, 2023 through September 30, 2024	Helena Barbour	MOU	Fully Executed 6/4/24	
DHCF and United Medical Center (UMC)	OCOO	Mod 2, New Hospital Training Program extended the MOU through Dec 31, 2024, by partial exercise of FY25 option period, and inserted language regarding DHCF equipment support and return	N/A	N/A	December 31, 2024	Larissa Etwaro Bako	MOU	Fully Executed 8/22/24	
DHCF and George Washington Hospital (GWH), United Medical Center (UMC)	OCOO	Modification 3, New Hospital Training Program - Pursuant to Section I of Modification 1, the Parties hereby agree to extend the duration of the MOU through January 31, 2025, at no additional cost. The Period of this Modification 3 shall be January 1- 31, 2025.	N/A	N/A	Extended through January 1, 2025	Larissa Etwaro Bako	MOU	Fully Executed 1/8/25	
DHCF and the Department of Human Resources (DCHR)	OCOO	Employment Compliance Services	Buyer	\$ 5,100.00		Portia Shorter	MOU		
DHCF and United Medical Center (UMC)	OD	Mod 1, Training Program Extension	Buyer	N/A	July 21, 2023 through September 30, 2025	Kia Blissett	MOU	No Action Required for FY24	
DHCF and Social Security Administration (SSA)	OD	This information exchange agreement (agreement) establishes the terms, conditions, and safeguards under which the Social Security Administration (SSA) will access, via single electronic query, certain information from the Department of Health Care Finance (DHCF) of the District of Columbia (State Agency).	N/A	N/A	November 1, 2024 through October 31, 2029	Kate Christopherson	MOU	Fully Executed 10/25/24	
DHCF and Department of Insurance, Securities and Banking (DISB)	OMB	Insurers Assessment Service	Buyer	\$ 81,000.00	October 1, 2024 through September 30, 2025	Charliss Quick	MOU	Fully Executed 12/19/24	

Department of Health Care Finance MOUs/MOAs for FY24

Agency	Division	Type/Description	Buyer/Seller	\$ Amount	Duration	POC	MOA/MOU	Status	
DHCF and University of the District of Columbia (UDC)	OMB	The goal of the MOU is for DHCF to secure the services of UDC to conduct a comprehensive performance evaluation of the program to improve the operations of the office.	Buyer	\$ 200,000.00	October 1, 2024 through September 30, 2025	Devin Dixon	MOU	Fully Executed 1/9/25	
DHCF and Department of Behavioral Health (DBH)	HCDMA	This MHRS MOU sets forth the terms and conditions upon which the Parties shall work together to expand, improve, and continue access to community-based, rehabilitative mental health services, implement certification standards to ensure quality provision of mental health services covered by the DC (District) State Plan for Medical Assistance. (State Plan)	Buyer	\$ 30,113,758.83	October 1, 2024 through September 30, 2025	Julia Giovannini	MOU	MOU renewal in progress for FY 2025	
DHCF and Department of Disability Services (DDS)	LTCA	IDD Waiver Addendum - This Addendum is developed in accordance with Section VLB to exercise the fourth option year to continue DDS's partnership with DHCF to provide funding each fiscal year ("FY") to DHCF for payment of the local match to claim the Federal Financial Participation ("FFP") for the 1915 (c) Home and Community Based Services waiver program for persons with Intellectual and Developmental Disabilities ("IDD") (referred to herein as the "IDD HCBS waiver").	Buyer	\$ 93,889,370.02	October 1, 2024 through September 30, 2025	Mary Devasia	MOU	MOU renewal in progress for FY 2025	
DHCF and Department of Disability Services (DDS)	LTCA	IDD-IFS Waiver Addendum - The MOU was initially executed by the Parties in February 2021, to be effective through September 30, 2021, allowing for an additional four (4), one-year option periods. This Addendum is developed in accordance with Section VLB to exercise the first option year to continue DDS's partnership with DHCF to provide funding each fiscal year ("FY") to DHCF for payment of the local match to claim the Federal Financial Participation ("FFP") for the 1915(c) Home and Community Based Services waiver program for Individual and Family Support ("IFS") (referred to herein as the "IFS HCBS waiver").	Buyer	\$ 1,792,711.02	October 1, 2024 through September 30, 2025	Mary Devasia	MOU	MOU renewal in progress for FY 2025	
DHCF and DC Office of Aging (DCOA), Aging and Disability Resource Center (ADRC)	LTCA	This MOU establishes a partnership with DACL's ADRC 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.	Buyer	\$ 514,889.00	October 1, 2024 through September 30, 2025	Sarah Roque	MOU	MOU renewal in progress for FY 2025	
DHCF and United Medical Center (UMC)	OCOO	In FY23 the DHCF will provide the UMC with \$250,00.00 in support of the Voluntary Workforce Development Program(s) for full time UMC employees (not contractors (UMC Training Programs) . The DHCF shall select the training vendor, in consultation with UMC.	Buyer	\$ 250,000.00	TBD	Ben Stutz	MOU	MOU renewal in progress for FY 2025	
DHCF and Office of the Deputy Mayor for Planning & Economic Development (DMPED)	OCOO	MOU with Utak Rock's Services to amend update and Cedar Hill Hospital documents in the amount not exceed of \$50,000.	Buyer	\$ 50,000.00	TBD	Ben Stutz	MOU	MOU renewal in progress for FY 2025	
DHCF and Department of General Services (DGS)	OCOO	DHCF has requested the services of Department of General Services to provide (20) parking spaces at the agency's work site located at 441 4th Street, NW and 490 First St NW Exterior Lot for employee use to facilitate their agency operations.	Buyer	\$ 33,600.00	October 1, 2024 through September 30, 2025	Portia Shorter	MOU	MOU renewal in progress for FY 2025	
DHCF and Department of General Services (DGS)	OCOO	To provide outgoing mail distribution services including postage fees for outgoing mail.	Buyer	\$ 20,000.00	October 1, 2024 through September 30, 2025	Portia Shorter	MOU	MOU renewal in progress for FY 2025	
DHCF and Department of General Services (DGS)	OCOO	DHCF has requested DGS procure vendor services to provide installation of new access controls. A total of 8 card reads and accessories.	Buyer	\$ 31,212.00	June 6th 2024 through september 2024	Helena Barbour	MOU		
DHCF, DC Health and Community Health Administraion (CHA)	OCOO	DHCF seeks to provide funding to DC Health to administer District of Columbia Linkage and Tracking System (DCLTS). CHA will utilize DC Help Me Grow District of Columbia (HMG DC) as it centralized DCLTS to identify, track, and link at-risk families with infants and children from birth to five years of age to services.	Buyer	\$ 459,222.98	October 1, 2023 through September 30, 2024	Colleen Sonosky	MOU		
DHCF and the District of Columbia Office of Administrative Hearings (OAH)	OGC	Applicants and recipients of the Medicaid program have the right to a fair hearing in connection with DHCF's decisions regarding their eligibility for benefits or services. DHCF also administers the State Child Health Insurance Program (S-CHIP or CHIP), the D.C. Health Care Alliance Program (Alliance) and the Immigrant Children's Program (ICP). DHCF has delegated these cases to OAH for adjudication in order to ensure the fair, impartial, efficient and effective resolution of such administrative appeals, and to promote coordinated eligibility and enrollment decisions among insurance affordability programs in the District.	Buyer		October 1, 2023 through September 30, 2024	Sheryl Johnson	MOU		
DHCF and the Office of the Chief Financial Officer (OCFO) for the Office of Tax and Revenue (OTR)	OCFO	DHCF seeks to have the OCFO for the Office of Tax and Revenue collect and deposit assessments designated for the Nursing Home Quality of Care Fund, the Stevie Sellows Fund, the Hospital Fund, and the Hospital Provider Fee Fund (collectively, the "Funds") received from Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities ("ICF/IID"), and Hospitals (Collectively Health Care Providers) in the District.	Buyer	\$ 178,440.90	October 1, 2023 through September 30, 2024	Darrin Shaffer	MOU		
DHCF DCAS and the District of Columbia Health Benefit Exchange Authority (HBX)	DCAS	HBX agrees to administer combined or joint notices (which are notices that include both Medicaid and private health insurance eligibility information) through their existing notice vendor (Immediate Mailing Services, Inc.) The scope of this MOU relates only to combined or joint notices eligibility notices.	Buyer	\$ 120,000.00	October 1, 2023 through September 30, 2024	Tony Baptista	MOU		
DHCF and the Department of Insurance, Securities and Banking (DISB)	OMB	DHCF to secure services from the Department of Insurance, Securities, and Banking to assess insurers on behalf of DHCF	Buyer	\$ 81,000.00		Gina Brooks	MOU		
DHCF and Not-for-Profit Hospital Corporation (NFPHC) and United Medical Center George Washington University Hospital (UMC-GWUH) Modification 2 for Staff Training Program	OCOO	The Parties agree that their respective POCs shall maintain an updated list of all DHCF equipment loaned to UMC, at no additional cost, in support of this MOU. Such equipment shall be used exclusively for full implementation of the Voluntary Healthcare Professional Training Program ("Program"), reasonably secured and maintained by UMC for the duration of the Program, and returned to DHCF in good working order within thirty (30) days of the Program's termination."		N/A	October 1, 2024 through December 31, 2024	Kai Blissett	MOU		
DHCF and the Department of Behavioral Health (DBH)	HCDMA	This MOU sets forth the terms and conditions upon which the Parties shall work together to integrate mental and physical health care services for Medicaid beneficiaries with severe mental illness through the Health Home model, introduced by Section 2703 of the Affordable Care Act of 2010.	Seller	\$ 135,428.27	October 1, 2023 through September 30, 2024	Julia, Giovannini	MOU		
DHCF and the Department of Behavioral Health (DBH)	HCDMA	Parties shall work together to expand, improve, and continue access to community-based, rehabilitative mental health services (MHRS), implement certification standards to ensure quality provision of mental health services covered by the District of Columbia (District) State Plan for Medical Assistance (State Plan).	Seller	\$ 51,089,455.90	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU		

Department of Health Care Finance MOUs/MOAs for FY24

Agency	Division	Type/Description	Buyer/Seller	\$ Amount	Duration	POC	MOA/MOU	Status	
DHCF and the Department of Behavioral Health (DBH)	HCDMA	the Agencies shall work together on the Youth Substance Abuse Treatment Service (YSATS) to expand, improve, and coordinate access to community-based substance abuse services for youth under twenty-one (21).	Seller	\$ 1,231.80	October 1, 2023 through September 30, 2024	Julia Giovannini	MOU		
DHCF and the Health Benefit Exchange (HBX)	HCPRA	MOA between HBX and DHCF which provides the legally required documentation of the data sharing relationship between the agencies.		N/A		Taylor Woods	MOA		
DHCF and District of Columbia Housing Association (DCHA)	DCAS	Data Sharing MOA is for DHS, OAG, and DOES to provide authority to the District of Columbia Housing Authority (DCHA) to view data that is housed in DCAS.		N/A		Tony Baptista	MOA		
DHCF and the Department of Aging and Community Living (DACL)	LTCA	FY25 Partnership with DACL's ADRC 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.	Buyer	\$ 527,562.65	October 1, 2024 through September 30, 2025	Muala Ndaka	MOU		
DHCF and the Department of Insurance, Securities and Banking (DISB)	OMB	FY25 DHCF has a critical need to develop and implement an assessment system for insurers as a result of the Health Benefits Plan Members Bill of Rights Act	Buyer	\$ 81,000.00	October 1, 2024 through September 30, 2025	Maude Holt	MOU		
DHCF and Department of General Services	OCOO	Time Extension Amendment with DGS for Cedar Hill Regional Medical Center	Buyer	\$ 9,000,000.00	October 1, 2019 through September 30, 2025	Kai Blissett			
DHCF and University of the District of Columbia (UDC)	OMB	The goal of the MOU is for DHCF to secure the services of UDC to conduct a comprehensive performance evaluation of the program to improve the operations of the office.	Buyer	\$ 200,000.00	October 1, 2024 through September 30, 2025	Maude Holt	MOU		
DHCF and the Department of Health (DOH)	LTCA	Provide scholarships for prospective PCA, HHA, and CNA recipients anticipated in the HNHCSOP operated by DOH	Buyer	\$ 3,773,228.33	October 1, 2024 through September 30, 2025	Muala Ndaka	MOU		
DHCF and the Department of Behavioral Health (DBH)	HCRIA	To provide individualized technical assistance and coaching to Medication for Opioid Use Disorder (MOUD) providers via Integrated Care DC program, to occur during Fiscal Year 2024	Buyer	\$ 420,000.00		Lisa Gilmore	MOU		
DHCF and the Office of the Attorney General (OAG)	OGC	For Civil Enforcement Section (CES) Atty Andrew Coughlin	Buyer	\$ 67,223.31		Sheryl Johnson	MOU		
DHCF and the Office of the Attorney General (OAG)	OGC	for Civil Enforcement Section (PAD) Atty Jason Jones	Buyer	\$ 44,493.88		Sheryl Johnson	MOU		
DHCF and the Department of Aging and Community Living (DACL)	LTCA	DACL to secure 100% of salary and fringe benefits for one (1) Outreach Coordinator, one (1) Special Assistant, and three (3) Transition Care Specialists.	Buyer	\$ 534,866.00	October 1, 2023 through September 30, 2024	Muala Ndaka	MOU		
DHCF and the Office of Contracting and Procurement (OCP)		OCP to provide on-site information technology support to all procurement personnel assigned by OCP to DHCF	Buyer	\$ 1,811,310.06			MOU		
DHCF and the Department of Aging and Community Living (DACL)	LTCA	DC Long Term Care Ombudsman Program (DCLTCOP)	Buyer	\$ 200,000.00		Kelli Atkinson	MOU		
DHCF and the Department of Disability Services (DDS)		IFS Waiver FY24	Seller	\$ 1,031,750.46		Melisa Byrd	MOU		

Department of Health Care Finance MOUs/MOAs for FY24

Agency	Division	Type/Description	Buyer/Seller	\$ Amount	Duration	POC	MOA/MOU	Status	
DHCF and the Department of Disability Services (DDS)		ARPA MOU Addendum	Buyer	\$ 4,462,743.00					
DHCF and the Department of Disability Services (DDS)		IDD Waiver FY 24	Seller	\$ 101,159,843.00		Melisa Byrd	MOU		
DHCF and Department of Behavioral Health (DBH)		BHT Waiver FY24	Seller	\$ 8,309,828.89		Jennifer Joyce	MOU		
DHCF and Department of Human Services (DHS)		Permanent Supportive Housing	Seller	\$ 10,256,629.93		Melisa Byrd	MOU		
DHCF and Department of General Services (DGS)		CityWide MOU	Buyer						
DHCF and the Department of Aging and Community Living (DACL)	LTCA	DACL to secure 100% of salary and fringe benefits for one (1) Outreach Coordinator, one (1) Special Assistant, and three (3) Transition Care Specialists.	Buyer	\$ 531,024.84	October 1, 2024 through September 30, 2025	Muala Ndaka	MOU		
DHCF and the Department of Insurance, Securities and Banking (DISB)	OMB		Buyer	\$ 81,000.00					
DHCF and Department of Health (DOH)				\$ 3,773,228.33		Muala Ndaka	MOU		
DHCF and University of DC (UDC)	OMB	MOU for MFP Capacity Building grant funds for planning and capacity building activities		\$ 200,000.00		Maurice Edington	MOU		

Department of Health Care Finance (HTO)
Performance Oversight Hearing Question 25
Provider Payment Budget vs Expenditures
Fiscal Year 2024 and FY2025

Cost Center (Parent Level 1)	Cost Center (Parent Level 1) Description	Cost Center Description	FY24 Revised Budget	FY24 Expenditures	Variance	FY25 Budget	FY25 Expenditures
H3201	MEDICAID PROVIDER PAYMENTS	ADULT DAY HEALTH	3,132,659	3,160,456	(27,798)	4,871,727	704,087
		APRA ASARS: ADULT SUBSTANCE ABUSE	991,205	561,353	429,852	2,322,871	193,034
		APRA ASTEP: CHILD SUBSTANCE ABUSE	2,962	-	2,962	5,558	58,166
		BEHAVIORAL HEALTH TRANSFORMATION WAIVER - MEDICAID	4,914,249	3,343,682	1,570,567	6,602,248	2,700,071
		CASSIP	194,630,387	150,964,667	43,665,720	229,849,464	25,057,135
		CASSIP - CHIP	4,838,728	5,492,593	(653,865)	6,034,085	1,733,333
		CLINIC SERVICES - MENTAL HEALTH	236,136	101,636	134,500	23,470,947	64,175
		CLINIC SERVICES - MENTAL HEALTH CHIP	113	165	(52)	-	2,115
		CLINIC SERVICES - MHRS	165,105,963	187,244,533	(22,138,570)	46,915,248	56,939,766
		CLINIC SERVICES - MHRS CHIP	3,154,118	3,280,203	(126,085)	-	865,022
		CLINIC SERVICES - PRIVATE	2,274,822	2,520,248	(245,426)	4,355,280	2,556,171
		CLINIC SERVICES - PRIVATE CHIP	50,147	89,022	(38,875)	817	91,291
		COBRA/RECIPIENT OOP	205,000	95,547	109,453	42,587	11,969
		DDS HCBS ADMINISTRATIVE	2,259,222	2,262,552	(3,330)	-	(167,141)
		DENTAL SERVICES	4,853,932	4,508,636	345,296	4,441,819	1,165,557
		DENTAL SERVICES - CHIP	265,464	259,862	5,602	31,333	57,450
		DHCF - HEALTH HOMES I	328,168	19,277	308,890	227,885	264
		DOULA SERVICES	34,169	-	34,169	744,409	-
		DUAL CHOICE	232,582,667	232,457,667	125,000	305,065,955	60,132,956
		DURABLE MED EQUIP (DME)-MEDICAID	15,612,147	13,715,906	1,896,242	11,588,263	3,649,093
		DURABLE MED EQUIP (DME)-MEDICAID - CHIP	4,578	4,049	528	2,965	1,810
		EMERGENCY HOSPITAL SERVICES	7,123,224	6,780,798	342,426	5,259,228	1,655,630
		EMERGENCY HOSPITAL SERVICES - CHIP	273,851	258,399	15,451	43,653	47,580
		EMERGENCY MEDICAID (NON MEDICAID POP.)	46,579,860	48,011,460	(1,431,600)	21,201,657	12,027,318
		EMERGENCY MEDICAID GROUP VIII	248,250	(462,825)	711,075	14,780,086	-
		EPD WAIVER	163,949,069	166,113,863	(2,164,794)	172,611,919	44,515,323
		EPSDT SCREENING SERVICES - CHIP	19,120	22,265	(3,145)	20,847	4,538
		EPSDT-MEDICAID	554,127	566,655	(12,528)	519,367	109,080
		FEDERALLY-QUALIFIED HEALTH CENTER	9,838,944	9,801,530	37,414	10,555,508	2,168,968
		FEDERALLY-QUALIFIED HEALTH CENTER - CHIP	265,638	154,464	111,174	916,193	62,744
		HCBS ARPA HCRIA INITIATIVES	3,328,273	6,019,203	(2,690,930)	-	-
		HCBS ARPA LTC IMPROVEMENTS	167,141	-	167,141	224,775	-
		HCBS OVERSIGHT & IMPLEMENTATION	3,211,219	401,643	2,809,576	-	-
		HEALTH HOMES II	2,232,016	1,523,015	709,001	1,843,402	546,739
		HOME HEALTH SERVICES	8,911,749	9,665,247	(753,498)	13,308,136	2,135,918
		HOME HEALTH SERVICES - CHIP	18,398	-	18,398	51,570	-
		HOSPICE BENEFITS	5,199,137	5,018,532	180,605	2,756,132	791,147
		HOSPITAL SUPPORT	-	-	-	-	-
		ICF PRIVATE	92,595,232	93,683,222	(1,087,990)	111,860,655	24,291,782
		ICF SUPPLEMENTAL PAYMENTS	-	-	-	2,600,000	-
		IDD WAIVER	349,412,661	312,763,615	36,649,046	258,474,146	57,061,828
		IFS WAIVER	1,448,339	1,117,929	330,409	1,568,756	504,274
		IMMIGRANT KIDS	14,191,795	19,113,958	(4,922,163)	18,284,131	5,991,091
		INPATIENT - DSH PAYMENTS	47,311,793	45,202,293	2,109,500	-	-
		INPATIENT - GME PAYMENTS	35,042,091	34,157,194	884,897	28,545,255	389,158
		INPATIENT CHIP	277,214	315,676	(38,462)	203,048	83,383
		INPATIENT IN STATE	133,350,162	135,063,569	(1,713,407)	119,614,406	33,065,483
		LABORATORY & RADIOLOGICAL SERVICES	5,668,391	5,909,861	(241,470)	4,981,877	1,207,360
		LABORATORY & RADIOLOGICAL SERVICES - CHIP	43,940	57,613	(13,673)	17,196	17,459
		MANAGED CARE ORGANIZATIONS (MCO)	672,345,727	621,898,248	50,447,480	861,444,097	151,851,690
		MANAGED CARE ORGANIZATIONS (MCO) - CHIP	54,546,673	48,639,875	5,906,798	67,553,255	13,495,050
		MCO- EXPANSION POPULATION	19,370,794	19,732,760	(361,966)	27,556,493	4,647,571
		MCO-ABD	298,236,808	299,251,243	(1,014,435)	320,056,596	86,857,626
		MCO-NEWLY ELIGIBLE	629,558,547	693,046,092	(63,487,545)	904,325,372	171,415,760
		MEDICAID PART A	14,614,220	14,085,769	528,451	16,643,612	5,435,873
		MEDICAID PART B	79,008,111	69,798,352	9,209,759	84,249,232	25,112,934
		MEDICAID PART B - NON FFP	5,495,903	4,847,727	648,176	6,067,553	1,607,410
		MENTAL HEALTH FACILITY - CHIP	33,501	7,851	25,650	81,804	-
		MENTAL HEALTH FACILITY SERVICES	1,197,349	1,099,475	97,874	2,456,478	199,270
		MENTAL HEALTH FACILITY SERVICES - DSH	-	-	-	-	-
		NON-EMERGENCY MEDICAL TRANSPORT. - CHIP	253,669	272,631	(18,962)	138,154	36,014
		NON-EMERGENCY MEDICAL TRANSPORTATION	20,222,202	23,945,427	(3,723,224)	26,040,228	3,697,698
		NURSE MID-WIFE	85,907	69,331	16,576	67,382	12,222
		NURSE PRACTITIONER SERVICES	3,868,398	3,952,261	(83,863)	4,315,393	1,192,992
		NURSE PRACTITIONER SERVICES - CHIP	10,992	11,951	(959)	10,275	2,663
		NURSING FACILITY IN STATE	313,990,157	314,828,905	(838,748)	313,024,453	76,415,536
		NURSING HOME QUALITY OF CARE SERVICES	54,549	54,549	0	200,000	0
		OPTIONAL STATE SUPPLEMENT PAYMENTS	6,694,124	6,580,400	113,724	5,403,324	1,381,010
		OTHER PRACTITIONERS' SERVICES	840,599	861,989	(21,389)	807,736	194,624
		OTHER PRACTITIONERS' SERVICES CHIP	8,755	9,363	(608)	2,745	2,235
		OUTPATIENT HOSPITAL CHIP	313,264	353,811	(40,547)	59,609	116,479
		OUTPATIENT HOSPITAL IN STATE	23,456,112	22,617,364	838,748	15,423,162	5,422,320
		PART-D CLAWBACK	29,925,239	28,659,048	1,266,190	30,201,502	4,421,463
		PERMANENT SUPPORTIVE HOUSING	20,532,599	20,856,579	(323,980)	22,691,075	5,698,368
		PERMANENT SUPPORTIVE HOUSING-GROUP V111	8,030,854	9,604,142	(1,573,288)	28,469,778	2,601,187
		PERSONAL CARE SERVICES	98,098,085	109,269,408	(11,171,324)	101,271,156	26,564,328
		PHYSICAL THERAPY	103,456	79,813	23,644	75,002	11,077
		PHYSICAL THERAPY - CHIP	1,606	505	1,101	1,260	524

Cost Center (Parent Level 1)	Cost Center (Parent Level 1) Description	Cost Center Description	FY24 Revised Budget	FY24 Expenditures	Variance	FY25 Budget	FY25 Expenditures
		PHYSICIAN SERVICES CHIP	101,965	121,503	(19,538)	51,720	28,099
		PHYSICIAN SERVICES-MEDICAID	21,762,359	14,745,427	7,016,932	21,139,111	3,898,982
		PRESCRIBED DRUGS	33,722,456	32,512,326	1,210,130	50,351,460	(1,219,190)
		PRESCRIBED DRUGS - CHIP	347,568	19,029	328,539	2,111,998	10,530
		PRIVATE DUTY NURSING	24,619,161	15,421,303	9,197,858	17,624,133	18,646,773
		PROGRAM OF ALL-INCLUSIVE CARE (PACE)	5,243,899	5,261,765	(17,866)	14,920,146	1,485,387
		PROSTHETC DVCS,DENTURES,EYEGLASSES-CHIP	7,037	7,850	(813)	1,555	1,415
		PROSTHETIC DEVICES, DENTURES, EYEGLASSES	1,435,815	1,473,456	(37,642)	1,533,608	327,279
		PSYCHIATRIC RESIDENTIAL TREATMENT FACIL.	331,011	948,940	(617,930)	1,939,358	-
		PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY - CHIP	96,315	113,394	(17,079)	19,198	112,158
		STERILIZATIONS	12,675	10,621	2,055	6,644	-
		MEDICAID PROVIDER PAYMENTS Total	3,955,316,925	3,896,411,713	58,905,212	4,385,151,061	954,178,484
H3202	PUBLIC PROVIDER PAYMENTS	CHILD & FAMILY SERVICES (CFSA)	70,000	67,061	2,939	500,000	14,869
		DBH - DENTAL OPTION	-	-	-	30,000	-
		DBH - REHAB OPTION	1,900,000	1,478,014	421,986	2,000,000	742,176
		DBH - REHAB OPTION - CHIP	4,000	8,052	(4,052)	-	11,204
		DC CHARTER SCHOOLS	3,700,000	7,033,094	(3,333,094)	4,000,000	506,286
		DC CHARTER SCHOOLS - CHIP	200,000	91,612	108,388	300,000	50,494
		DC PUBLIC SCHOOLS	1,700,000	14,099,393	(12,399,393)	8,000,000	-
		DC PUBLIC SCHOOLS - CHIP	2,500,000	18,748	2,481,252	2,500,000	-
		FIRE & EMS SVS. (AMBULANCE)	73,144,764	85,507,841	(12,363,077)	38,000,000	7,628,094
		FIRE & EMS SVS. (AMBULANCE) - CHIP	600,000	683,749	(83,749)	-	234,065
		OSSE-CHILDREN W/SPCL NEEDS TRNSPT	21,500,000	28,619,222	(7,119,222)	12,000,000	3,117,351
		OSSE-CHILDREN W/SPCL NEEDS TRNSPT - CHIP	2,000,000	2,206,337	(206,337)	2,000,000	349,550
		SAINT ELIZABETHS HOSPITAL	800,000	1,797,405	(997,405)	1,300,000	222,885
		ST ELIZBETHS HSPTL DSH (M.H. FCLTY DSH)	4,581,595	4,581,595	-	4,987,394	1,145,399
		PUBLIC PROVIDER PAYMENTS Total	112,700,359	146,192,123	(33,491,764)	75,617,394	14,022,373
H3203	ALLIANCE PROVIDER PAYMENT	ALLIANCE EMERGENCY MEDICAL TRANSPORT	1,726,871	2,303,074	(576,203)	1,316,093	509,528
		MCO ALLIANCE	112,266,813	145,145,302	(32,878,489)	131,328,009	44,185,579
		ALLIANCE PROVIDER PAYMENT Total	113,993,684	147,448,376	(33,454,691)	132,644,102	44,695,107
Grand Total			4,182,010,968	4,190,052,211	(8,041,243)	4,593,412,557	1,012,895,964

Note: In FY2024, DHCF experienced a shortfall in Provider Payments, which was covered across the agencies overall budget . Please refer to Q5

Department of Health Care Finance
Performance Oversight Hearing
Q26 Fee-For-Service (FFS) Program FY24 to FY25 Quarter One Utilization Data

**FFS Medicaid Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	2,345	122
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	39	38
Ambulance, Private	2,249	1,496
Ambulance, Public	33,199	18,251
Ambulatory Surgical Centers	164	127
Audiologist	59	14
Behavioral Hlth Stabilization	4,670	682
Birthing Centers	5	5
Clinic, Adlt Alc/Subst Abuse	82,545	3,037
Clinic, Dental	0	0
Clinic, Family Planning	125	104
Clinic, Fed Qualified Health	39,365	13,476
Clinic, Mental Health	11,974	3,197
Clinic, Private	896	365
Clinic, Youth Alc/Subst Abuse	795	39
Crossover Claims Only 1500	587	162
Day Treatment	0	0
Dentist	6,877	3,954
Dentist, Group Practice	12,117	7,216
Dentist, Waiver	1,214	524
Doctor Of Osteopathy	0	0
DOULA Group	0	0
Dual, Special Needs Plan	0	0
Durable Medical Equipment	54,437	7,152
Early Intervention	641	175
EPD Waiver	117,963	3,781
General Non-Billing	0	0
Hearing Aid Dealer	120	94
Hemodialysis, Freestanding	6,889	334
Home Health Agency	159,116	2,570
Hospice	480	76
Hospital, Emergency Access	0	0
Hospital, General	91,384	27,011
Hospital, LTAC	1,038	202
Hospital, Psychiatric Private	1,035	666
Hospital, Psychiatric Public	64	11
Housing Supportive Services	50,330	6,200
ICF/IDD	11,732	254
IDD Waiver	212,547	1,913
Ind Xray And Lab	453	156

**FFS Medicaid Utilization
FY2025 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	578	95
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	1	1
Ambulance, Private	274	227
Ambulance, Public	6,493	4,710
Ambulatory Surgical Centers	19	19
Audiologist	11	2
Behavioral Hlth Stabilization	1,071	202
Birthing Centers	0	0
Clinic, Adlt Alc/Subst Abuse	27,661	1,714
Clinic, Dental	0	0
Clinic, Family Planning	33	27
Clinic, Fed Qualified Health	5,362	3,437
Clinic, Mental Health	1,306	687
Clinic, Private	97	54
Clinic, Youth Alc/Subst Abuse	571	62
Crossover Claims Only 1500	63	41
Day Treatment	0	0
Dentist	1,368	1,035
Dentist, Group Practice	2,397	1,802
Dentist, Waiver	219	173
Doctor Of Osteopathy	0	0
DOULA Group	0	0
Dual, Special Needs Plan	0	0
Durable Medical Equipment	11,014	3,486
Early Intervention	61	55
EPD Waiver	25,729	3,091
General Non-Billing	0	0
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	1,454	119
Home Health Agency	34,112	1,836
Hospice	36	16
Hospital, Emergency Access	0	0
Hospital, General	14,855	7,652
Hospital, LTAC	182	71
Hospital, Psychiatric Private	99	76
Hospital, Psychiatric Public	5	5
Housing Supportive Services	9,582	5,018
ICF/IDD	2,890	234
IDD Waiver	48,356	1,848
Ind Xray And Lab	13	8

**FFS Medicaid Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Lab	28,413	11,328
Independent Social Worker	2,284	238
Independent Social Worker Grp	848	100
Independent X-Ray	871	346
Lic Independ Clinical Social	0	0
Managed Care Organization	0	0
Marriage/Family Therapist	14	1
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	0	0
Medical Transportation Broker	0	0
Mental Health Rehab Services	2,918,331	37,801
Nurse Midwives	37	19
Nurse Practitioner	32,798	2,429
Nursing Facility	45,180	3,372
Office State Superinten of Ed	8,863	1,417
Optician/Optical Dispensary	697	534
Optometrist	2,521	1,484
Optometrist Group	161	143
Participant Directed	55,707	1,450
Pharmacy, Institutional	5,997	170
Pharmacy, Retail	325,371	26,561
Physician Assistant	0	0
Physician MD	23,814	4,585
Physician, Group Practice	311,444	34,200
Podiatrist	4,546	1,805
Podiatry Group	4,420	1,406
Professional Counselor	38	15
Professional Counselor Group	1,293	198
Psychologist	64	6
Psychologist Group	551	70
Rehabilitation Center	1,230	385
Residential Treatment Center	87	15
School Based ORP	0	0
Schools, DC Public	34,745	3,548
Schools, DC Public Charter	5,527	1,502
TOTAL UNIQUE	4,723,306	100,597

**FFS Medicaid Utilization
FY2025 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Lab	4,914	2,676
Independent Social Worker	245	62
Independent Social Worker Grp	225	37
Independent X-Ray	69	44
Lic Independ Clinical Social	0	0
Managed Care Organization	0	0
Marriage/Family Therapist	2	1
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	0	0
Medical Transportation Broker	0	0
Mental Health Rehab Services	779,474	29,673
Nurse Midwives	3	1
Nurse Practitioner	8,129	1,248
Nursing Facility	9,546	1,990
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	138	112
Optometrist	393	320
Optometrist Group	42	38
Participant Directed	13,956	1,283
Pharmacy, Institutional	1,293	72
Pharmacy, Retail	71,258	11,468
Physician Assistant	0	0
Physician MD	3,273	1,364
Physician, Group Practice	54,575	11,714
Podiatrist	634	574
Podiatry Group	755	553
Professional Counselor	2	2
Professional Counselor Group	223	52
Psychologist	19	6
Psychologist Group	84	16
Rehabilitation Center	135	71
Residential Treatment Center	13	7
School Based ORP	0	0
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	1,145,313	55,976

Source: DHCF Medicaid Management Information System (MMIS) data extracted January 17, 2025.

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.

**MCP Medicaid Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	2	2
Adult Day Health 1915(i)	1,133	72
Adv Practice Registered Nurse	2	2
Ambulance, Air Transport	3	3
Ambulance, Private	253,054	12,879
Ambulance, Public	6,137	3,286
Ambulatory Surgical Centers	1,795	1,459
Audiologist	5,209	528
Behavioral Hlth Stabilization	0	0
Birthing Centers	30	22
Clinic, Adlt Alc/Subst Abuse	4,265	701
Clinic, Dental	5	4
Clinic, Family Planning	2,798	1,451
Clinic, Fed Qualified Health	343,385	78,321
Clinic, Mental Health	38,645	2,646
Clinic, Private	11,172	3,408
Clinic, Youth Alc/Subst Abuse	1,450	302
Crossover Claims Only 1500	6,361	922
Day Treatment	4	4
Dentist	65,303	31,009
Dentist, Group Practice	111,290	55,104
Dentist, Waiver	121	88
Doctor Of Osteopathy	193	144
DOULA Group	10	6
Dual, Special Needs Plan	203	198
Durable Medical Equipment	119,790	21,954
Early Intervention	0	0
EPD Waiver	27,123	1,444
General Non-Billing	15,322	3,170
Hearing Aid Dealer	1,051	408
Hemodialysis, Freestanding	6,940	787
Home Health Agency	149,473	3,289
Hospice	197	65
Hospital, Emergency Access	301	201
Hospital, General	408,234	114,470
Hospital, LTAC	210	90
Hospital, Psychiatric Private	10,023	1,673
Hospital, Psychiatric Public	14	13
Housing Supportive Services	41	31
ICF/IDD	1,259	4
IDD Waiver	11,020	1,148
Ind Xray And Lab	115	66
Independent Lab	128,690	54,749
Independent Social Worker	4,728	263
Independent Social Worker Grp	8,755	957

**MCP Medicaid Utilization
FY2025 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	178	49
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	0	0
Ambulance, Private	51,318	6,371
Ambulance, Public	937	735
Ambulatory Surgical Centers	360	338
Audiologist	612	181
Behavioral Hlth Stabilization	0	0
Birthing Centers	1	1
Clinic, Adlt Alc/Subst Abuse	790	192
Clinic, Dental	0	0
Clinic, Family Planning	747	569
Clinic, Fed Qualified Health	47,558	26,742
Clinic, Mental Health	5,197	1,049
Clinic, Private	2,021	926
Clinic, Youth Alc/Subst Abuse	115	33
Crossover Claims Only 1500	1,097	305
Day Treatment	0	0
Dentist	10,031	7,550
Dentist, Group Practice	18,337	14,586
Dentist, Waiver	11	11
Doctor Of Osteopathy	8	7
DOULA Group	2	1
Dual, Special Needs Plan	0	0
Durable Medical Equipment	19,223	7,731
Early Intervention	0	0
EPD Waiver	5,869	906
General Non-Billing	1,589	746
Hearing Aid Dealer	159	72
Hemodialysis, Freestanding	832	356
Home Health Agency	20,161	1,894
Hospice	21	16
Hospital, Emergency Access	26	18
Hospital, General	67,899	38,451
Hospital, LTAC	23	17
Hospital, Psychiatric Private	1,335	356
Hospital, Psychiatric Public	4	4
Housing Supportive Services	0	0
ICF/IDD	99	3
IDD Waiver	1,600	354
Ind Xray And Lab	13	7
Independent Lab	23,851	15,238
Independent Social Worker	888	102
Independent Social Worker Grp	1,773	432

**MCP Medicaid Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent X-Ray	1,774	946
Lic Independ Clinical Social	12	2
Managed Care Organization	204	200
Marriage/Family Therapist	278	34
Marriage/Family Therapist Grp	17	8
MCO, Special Needs	73	9
Medical Transportation Broker	292,576	7,796
Mental Health Rehab Services	53,944	9,759
Nurse Midwives	344	192
Nurse Practitioner	21,127	5,141
Nursing Facility	4,294	1,112
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	4,938	4,076
Optometrist	9,996	8,399
Optometrist Group	3,344	2,589
Participant Directed	34,257	793
Pharmacy, Institutional	2,297	110
Pharmacy, Retail	2,227,765	155,038
Physician Assistant	124	91
Physician MD	110,377	21,354
Physician, Group Practice	934,481	143,104
Podiatrist	5,105	2,046
Podiatry Group	1,909	854
Professional Counselor	2,022	223
Professional Counselor Group	31,764	2,398
Psychologist	262	50
Psychologist Group	7,574	545
Rehabilitation Center	15,030	2,057
Residential Treatment Center	53	7
School Based ORP	43	25
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	5,511,840	214,478

**MCP Medicaid Utilization
FY2025 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent X-Ray	425	292
Lic Independ Clinical Social	4	3
Managed Care Organization	0	0
Marriage/Family Therapist	75	16
Marriage/Family Therapist Grp	2	1
MCO, Special Needs	0	0
Medical Transportation Broker	22,241	2,954
Mental Health Rehab Services	9,586	3,582
Nurse Midwives	57	30
Nurse Practitioner	4,294	1,687
Nursing Facility	369	228
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	1,024	922
Optometrist	1,603	1,527
Optometrist Group	690	680
Participant Directed	6,274	698
Pharmacy, Institutional	511	42
Pharmacy, Retail	350,199	73,675
Physician Assistant	16	8
Physician MD	14,783	5,769
Physician, Group Practice	141,997	52,246
Podiatrist	639	475
Podiatry Group	432	279
Professional Counselor	214	82
Professional Counselor Group	5,318	1,177
Psychologist	102	33
Psychologist Group	1,432	277
Rehabilitation Center	2,547	621
Residential Treatment Center	4	4
School Based ORP	51	26
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	849,574	121,576

Source: DHCF Medicaid Management Information System (MMIS) data extracted January 17, 2025.

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

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
LEE MONTESSORI PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 1,849.27	\$ 1,409.19	\$ -	51
LEE MONTESSORI PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 2,993.52	\$ 2,353.97	\$ -	88
LEE MONTESSORI PUBLIC CHARTER SCHOOL				\$ 4,842.79	\$ 3,763.16	\$ -	139
STATESMEN COLLEGE PREPARATORY ACADEMY	2024-02	PAID	01 - 30 DAYS	\$ 6,122.08	\$ 4,746.77	\$ -	299
STATESMEN COLLEGE PREPARATORY ACADEMY	2024-09	PAID	01 - 30 DAYS	\$ 731.00	\$ 557.00	\$ -	26
STATESMEN COLLEGE PREPARATORY ACADEMY	2024-11	PAID	01 - 30 DAYS	\$ 4,649.16	\$ 3,580.09	\$ -	198
STATESMEN COLLEGE PREPARATORY ACADEMY	2024-12	PAID	01 - 30 DAYS	\$ 58.48	\$ 44.56	\$ -	1
STATESMEN COLLEGE PREPARATORY ACADEMY				\$ 11,560.72	\$ 8,928.42	\$ -	524
ACHIEVEMENT PREPARATORY ACADEMY	2023-10	PAID	01 - 30 DAYS	\$ 9,844.54	\$ 7,501.30	\$ -	245
ACHIEVEMENT PREPARATORY ACADEMY	2024-06	PAID	01 - 30 DAYS	\$ 809.19	\$ 616.58	\$ -	15
ACHIEVEMENT PREPARATORY ACADEMY	2024-09	PAID	01 - 30 DAYS	\$ 3,443.48	\$ 2,641.55	\$ -	159
ACHIEVEMENT PREPARATORY ACADEMY	2024-11	PAID	01 - 30 DAYS	\$ 4,529.95	\$ 3,451.64	\$ -	109
ACHIEVEMENT PREPARATORY ACADEMY				\$ 18,627.16	\$ 14,211.07	\$ -	528
SAINT ELIZABETH HOSPITAL	2023-10	PAID	01 - 30 DAYS	\$ 48,204.00	\$ 6,266.52	\$ 3,600.00	2
SAINT ELIZABETH HOSPITAL	2023-12	PAID	01 - 30 DAYS	\$ 148,320.00	\$ 32,630.40	\$ -	4
SAINT ELIZABETH HOSPITAL	2024-01	PAID	01 - 30 DAYS	\$ 111,240.00	\$ 16,686.00	\$ -	3
SAINT ELIZABETH HOSPITAL	2024-02	PAID	01 - 30 DAYS	\$ 527,772.00	\$ 121,387.56	\$ -	7
SAINT ELIZABETH HOSPITAL	2024-07	PAID	01 - 30 DAYS	\$ 1,355,892.00	\$ 366,090.84	\$ -	33
SAINT ELIZABETH HOSPITAL	2024-08	PAID	31-90 DAYS	\$ 111,240.00	\$ 24,472.80	\$ -	3
SAINT ELIZABETH HOSPITAL	2024-09	PAID	01 - 30 DAYS	\$ 227,424.00	\$ 56,856.00	\$ -	5
SAINT ELIZABETH HOSPITAL	2024-10	PAID	01 - 30 DAYS	\$ 337,428.00	\$ 94,479.84	\$ -	8
SAINT ELIZABETH HOSPITAL	2024-10	PAID	31-90 DAYS	\$ 38,316.00	\$ 10,728.48	\$ -	1
SAINT ELIZABETH HOSPITAL	2024-11	PAID	01 - 30 DAYS	\$ 580,920.00	\$ 92,947.20	\$ -	12
SAINT ELIZABETH HOSPITAL				\$ 3,486,756.00	\$ 822,545.64	\$ 3,600.00	78
DC PUBLIC SCHOOLS	2023-10	PAID	01 - 30 DAYS	\$ 30,987.60	\$ 7,550.91	\$ -	174
DC PUBLIC SCHOOLS	2023-11	PAID	01 - 30 DAYS	\$ 1,249,334.60	\$ 961,054.70	\$ -	7,223
DC PUBLIC SCHOOLS	2023-12	PAID	01 - 30 DAYS	\$ 472.26	\$ 279.98	\$ -	4
DC PUBLIC SCHOOLS	2023-12	PAID	91+ DAYS	\$ 4,600.76	\$ 913.62	\$ -	32
DC PUBLIC SCHOOLS	2024-02	PAID	01 - 30 DAYS	\$ 241.92	\$ 128.28	\$ -	1
DC PUBLIC SCHOOLS	2024-02	PAID	91+ DAYS	\$ 16,419.20	\$ 2,977.75	\$ -	50
DC PUBLIC SCHOOLS	2024-03	PAID	01 - 30 DAYS	\$ 155,034.03	\$ 119,228.82	\$ -	393
DC PUBLIC SCHOOLS	2024-05	PAID	01 - 30 DAYS	\$ 1,556,964.36	\$ 1,196,746.81	\$ -	9,427
DC PUBLIC SCHOOLS	2024-06	PAID	01 - 30 DAYS	\$ 4,331,361.21	\$ 3,333,244.15	\$ -	22,309
DC PUBLIC SCHOOLS	2024-08	PAID	01 - 30 DAYS	\$ 7,923,776.55	\$ 6,091,681.50	\$ -	38,171

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
DC PUBLIC SCHOOLS	2024-09	PAID	01 - 30 DAYS	\$ 446,260.12	\$ 342,940.81	\$ -	2,260
DC PUBLIC SCHOOLS	2024-10	PAID	01 - 30 DAYS	\$ 1,387,184.82	\$ 1,065,316.59	\$ -	6,581
DC PUBLIC SCHOOLS				\$ 17,102,637.43	\$ 13,122,063.92	\$ -	86,625
DC FIRE DEPT AMBULANCE SVC	2023-10	PAID	01 - 30 DAYS	\$ 5,333,607.54	\$ 3,324,988.78	\$ 72,024.59	6,609
DC FIRE DEPT AMBULANCE SVC	2023-10	PAID	91+ DAYS	\$ 3,748.15	\$ 623.13	\$ -	6
DC FIRE DEPT AMBULANCE SVC	2023-11	PAID	01 - 30 DAYS	\$ 6,385,293.07	\$ 3,746,620.98	\$ 87,036.35	7,943
DC FIRE DEPT AMBULANCE SVC	2023-12	PAID	01 - 30 DAYS	\$ 5,336,886.62	\$ 3,253,757.86	\$ 89,835.96	6,551
DC FIRE DEPT AMBULANCE SVC	2023-12	PAID	31-90 DAYS	\$ 1,589.03	\$ 1,210.84	\$ -	2
DC FIRE DEPT AMBULANCE SVC	2023-12	PAID	91+ DAYS	\$ 4,815.21	\$ 578.54	\$ -	6
DC FIRE DEPT AMBULANCE SVC	2024-01	PAID	01 - 30 DAYS	\$ 4,799,128.10	\$ 2,900,155.59	\$ 85,862.72	5,895
DC FIRE DEPT AMBULANCE SVC	2024-01	PAID	31-90 DAYS	\$ 1,253.75	\$ 112.51	\$ -	2
DC FIRE DEPT AMBULANCE SVC	2024-02	PAID	01 - 30 DAYS	\$ 6,033,126.09	\$ 3,889,026.83	\$ 86,825.40	6,665
DC FIRE DEPT AMBULANCE SVC	2024-02	PAID	91+ DAYS	\$ 17,334.50	\$ 2,840.25	\$ -	20
DC FIRE DEPT AMBULANCE SVC	2024-03	PAID	01 - 30 DAYS	\$ 1,647,807.90	\$ 78,317.53	\$ 178,883.16	2,065
DC FIRE DEPT AMBULANCE SVC	2024-03	PAID	31-90 DAYS	\$ 1,661.21	\$ 301.28	\$ -	2
DC FIRE DEPT AMBULANCE SVC	2024-03	PAID	91+ DAYS	\$ 16,164.58	\$ 1,842.91	\$ -	29
DC FIRE DEPT AMBULANCE SVC	2024-04	PAID	01 - 30 DAYS	\$ 1,631,726.59	\$ 58,366.65	\$ 167,003.13	2,007
DC FIRE DEPT AMBULANCE SVC	2024-04	PAID	91+ DAYS	\$ 5,985.78	\$ 441.78	\$ -	10
DC FIRE DEPT AMBULANCE SVC	2024-05	PAID	01 - 30 DAYS	\$ 17,450,284.33	\$ 12,394,726.95	\$ 149,791.45	15,431
DC FIRE DEPT AMBULANCE SVC	2024-05	PAID	91+ DAYS	\$ 14,902.97	\$ 2,082.53	\$ -	18
DC FIRE DEPT AMBULANCE SVC	2024-06	PAID	01 - 30 DAYS	\$ 5,979,535.03	\$ 3,708,100.77	\$ 71,174.84	5,524
DC FIRE DEPT AMBULANCE SVC	2024-06	PAID	91+ DAYS	\$ 5,352.55	\$ 784.49	\$ -	8
DC FIRE DEPT AMBULANCE SVC	2024-07	PAID	01 - 30 DAYS	\$ 5,802,022.00	\$ 3,424,631.49	\$ 98,970.72	5,395
DC FIRE DEPT AMBULANCE SVC	2024-07	PAID	91+ DAYS	\$ 14,051.33	\$ 1,835.39	\$ -	22
DC FIRE DEPT AMBULANCE SVC	2024-08	PAID	01 - 30 DAYS	\$ 8,139,664.85	\$ 4,856,071.41	\$ 128,647.04	7,474
DC FIRE DEPT AMBULANCE SVC	2024-08	PAID	31-90 DAYS	\$ 1,648.50	\$ 100.27	\$ -	2
DC FIRE DEPT AMBULANCE SVC	2024-08	PAID	91+ DAYS	\$ 8,306.05	\$ 1,356.82	\$ -	10
DC FIRE DEPT AMBULANCE SVC	2024-09	PAID	01 - 30 DAYS	\$ 7,413,893.85	\$ 4,689,142.05	\$ 95,297.88	6,720
DC FIRE DEPT AMBULANCE SVC	2024-09	PAID	91+ DAYS	\$ 6,428.30	\$ 723.71	\$ -	8
DC FIRE DEPT AMBULANCE SVC	2024-10	PAID	01 - 30 DAYS	\$ 8,517,478.98	\$ 5,483,887.24	\$ 137,984.32	7,617
DC FIRE DEPT AMBULANCE SVC	2024-10	PAID	31-90 DAYS	\$ 5,654.48	\$ 5,089.03	\$ -	4
DC FIRE DEPT AMBULANCE SVC	2024-10	PAID	91+ DAYS	\$ 6,303.76	\$ 414.05	\$ -	8
DC FIRE DEPT AMBULANCE SVC	2024-11	PAID	01 - 30 DAYS	\$ 6,556,214.47	\$ 4,180,459.16	\$ 71,574.81	5,949
DC FIRE DEPT AMBULANCE SVC	2024-11	PAID	91+ DAYS	\$ 12,865.10	\$ 2,090.47	\$ -	14

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-12	PAID	01 - 30 DAYS	\$ 7,554,012.76	\$ 4,908,957.53	\$ 75,648.04	6,802
DC FIRE DEPT AMBULANCE SVC	2024-12	PAID	31-90 DAYS	\$ 5,041.45	\$ 2,353.64	\$ -	4
DC FIRE DEPT AMBULANCE SVC	2024-12	PAID	91+ DAYS	\$ 8,584.34	\$ 1,117.68	\$ -	12
DC FIRE DEPT AMBULANCE SVC	2025-01	PAID	01 - 30 DAYS	\$ 5,270,377.99	\$ 3,219,681.07	\$ 61,289.77	4,830
DC FIRE DEPT AMBULANCE SVC				\$ 103,992,751.21	\$ 64,142,791.21	\$ 1,657,850.18	103,664
SEED SCHOOL OF WASHINGTON,DC	2023-10	PAID	01 - 30 DAYS	\$ 7,751.56	\$ 6,030.36	\$ -	224
SEED SCHOOL OF WASHINGTON,DC	2023-12	PAID	01 - 30 DAYS	\$ 2,324.97	\$ 1,810.70	\$ -	62
SEED SCHOOL OF WASHINGTON,DC	2024-09	PAID	01 - 30 DAYS	\$ 2,144.90	\$ 1,700.21	\$ -	58
SEED SCHOOL OF WASHINGTON,DC	2024-11	PAID	01 - 30 DAYS	\$ 482.18	\$ 384.01	\$ -	12
SEED SCHOOL OF WASHINGTON,DC				\$ 12,703.61	\$ 9,925.28	\$ -	356
PAUL PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 19,204.09	\$ 14,939.79	\$ -	808
PAUL PUBLIC CHARTER SCHOOL	2023-12	PAID	01 - 30 DAYS	\$ 546.70	\$ 428.40	\$ -	29
PAUL PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 9,439.13	\$ 7,297.35	\$ -	302
PAUL PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 20,796.02	\$ 16,111.94	\$ -	643
PAUL PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 4,514.57	\$ 3,481.98	\$ -	124
PAUL PUBLIC CHARTER SCHOOL				\$ 54,500.51	\$ 42,259.46	\$ -	1,906
DC SCHOLARS PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 17,714.40	\$ 13,686.07	\$ -	511
DC SCHOLARS PUBLIC CHARTER SCHOOL	2023-12	PAID	01 - 30 DAYS	\$ 15,748.14	\$ 12,128.99	\$ -	404
DC SCHOLARS PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 2,662.19	\$ 2,043.29	\$ -	91
DC SCHOLARS PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 3,281.45	\$ 2,528.25	\$ -	120
DC SCHOLARS PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 7,281.39	\$ 5,585.87	\$ -	261
DC SCHOLARS PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 2,009.62	\$ 1,531.32	\$ -	51
DC SCHOLARS PUBLIC CHARTER SCHOOL				\$ 48,697.19	\$ 37,503.79	\$ -	1,438
DC DEPARTMENT OF MENTAL HEALTH	2023-10	PAID	01 - 30 DAYS	\$ 150,698.38	\$ 64,396.79	\$ 27,257.22	439
DC DEPARTMENT OF MENTAL HEALTH	2023-11	PAID	01 - 30 DAYS	\$ 14,425.86	\$ 5,698.29	\$ 6,744.44	94
DC DEPARTMENT OF MENTAL HEALTH	2023-12	PAID	01 - 30 DAYS	\$ 321,984.44	\$ 128,828.24	\$ 67,569.93	1,033
DC DEPARTMENT OF MENTAL HEALTH	2024-01	PAID	01 - 30 DAYS	\$ 721,201.70	\$ 353,083.53	\$ 25,045.89	1,484
DC DEPARTMENT OF MENTAL HEALTH	2024-01	PAID	31-90 DAYS	\$ 2,378.99	\$ 1,812.79	\$ -	3
DC DEPARTMENT OF MENTAL HEALTH	2024-02	PAID	01 - 30 DAYS	\$ 520,798.29	\$ 303,159.82	\$ 87,086.41	1,725
DC DEPARTMENT OF MENTAL HEALTH	2024-02	PAID	31-90 DAYS	\$ 2,722.92	\$ 1,237.07	\$ -	3
DC DEPARTMENT OF MENTAL HEALTH	2024-03	PAID	01 - 30 DAYS	\$ 280,527.38	\$ 148,437.24	\$ 52,743.69	1,069
DC DEPARTMENT OF MENTAL HEALTH	2024-03	PAID	91+ DAYS	\$ 14,320.99	\$ 9,478.11	\$ -	48
DC DEPARTMENT OF MENTAL HEALTH	2024-04	PAID	01 - 30 DAYS	\$ 357,971.56	\$ 244,032.58	\$ 12,723.04	1,064
DC DEPARTMENT OF MENTAL HEALTH	2024-05	PAID	01 - 30 DAYS	\$ 659,942.56	\$ 403,685.84	\$ 97,393.45	2,934

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-06	PAID	01 - 30 DAYS	\$ 418,418.26	\$ 226,035.92	\$ 72,594.36	1,576
DC DEPARTMENT OF MENTAL HEALTH	2024-07	PAID	01 - 30 DAYS	\$ 412,179.08	\$ 230,160.41	\$ 34,834.56	1,147
DC DEPARTMENT OF MENTAL HEALTH	2024-08	PAID	01 - 30 DAYS	\$ 578,326.88	\$ 314,257.54	\$ 33,051.69	1,095
DC DEPARTMENT OF MENTAL HEALTH	2024-09	PAID	01 - 30 DAYS	\$ 459,515.83	\$ 275,720.28	\$ 28,821.76	1,141
DC DEPARTMENT OF MENTAL HEALTH	2024-09	PAID	31-90 DAYS	\$ 180.40	\$ 137.46	\$ -	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	PAID	01 - 30 DAYS	\$ 575,464.19	\$ 338,354.02	\$ 45,216.37	1,828
DC DEPARTMENT OF MENTAL HEALTH	2024-10	PAID	31-90 DAYS	\$ 5,719.04	\$ 2,658.18	\$ -	3
DC DEPARTMENT OF MENTAL HEALTH	2024-11	PAID	01 - 30 DAYS	\$ 1,445,550.65	\$ 876,051.25	\$ 54,179.05	3,400
DC DEPARTMENT OF MENTAL HEALTH	2024-12	PAID	01 - 30 DAYS	\$ 188,915.94	\$ 95,574.87	\$ 29,532.22	729
DC DEPARTMENT OF MENTAL HEALTH	2024-12	PAID	31-90 DAYS	\$ 2,325.62	\$ 1,932.59	\$ -	2
DC DEPARTMENT OF MENTAL HEALTH	2025-01	PAID	01 - 30 DAYS	\$ 9,042.13	\$ -	\$ 8,612.36	99
DC DEPARTMENT OF MENTAL HEALTH				\$ 7,142,611.09	\$ 4,024,732.82	\$ 683,406.44	20,917
ELSIE W. STOKES COMMUNITY FREEDOM	2023-10	PAID	01 - 30 DAYS	\$ 6,628.46	\$ 5,106.54	\$ -	230
ELSIE W. STOKES COMMUNITY FREEDOM	2024-09	PAID	01 - 30 DAYS	\$ 5,614.09	\$ 4,382.76	\$ -	142
ELSIE W. STOKES COMMUNITY FREEDOM	2024-11	PAID	01 - 30 DAYS	\$ 11,220.42	\$ 8,787.87	\$ -	284
ELSIE W. STOKES COMMUNITY FREEDOM	2024-12	PAID	01 - 30 DAYS	\$ 438.80	\$ 334.35	\$ -	5
ELSIE W. STOKES COMMUNITY FREEDOM				\$ 23,901.77	\$ 18,611.52	\$ -	661
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 382.44	\$ 291.43	\$ -	9
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL	2023-12	PAID	01 - 30 DAYS	\$ 311.75	\$ 237.56	\$ -	6
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 1,537.98	\$ 1,173.17	\$ -	25
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 5,004.64	\$ 3,813.68	\$ -	72
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 1,346.80	\$ 1,026.30	\$ -	21
KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL				\$ 8,583.61	\$ 6,542.14	\$ -	133
EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 38,461.24	\$ 29,726.22	\$ -	941
EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 37.42	\$ 28.51	\$ -	2
EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 7,345.93	\$ 5,652.08	\$ -	185
EAGLE ACADEMY PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 8,043.96	\$ 6,272.39	\$ -	219
EAGLE ACADEMY PUBLIC CHARTER SCHOOL				\$ 53,888.55	\$ 41,679.20	\$ -	1,347
TWO RIVERS PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 23,612.77	\$ 18,157.02	\$ -	673
TWO RIVERS PUBLIC CHARTER SCHOOL	2023-12	PAID	01 - 30 DAYS	\$ 37,228.63	\$ 28,706.58	\$ -	979
TWO RIVERS PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 11,840.59	\$ 9,146.47	\$ -	354
TWO RIVERS PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 18,458.39	\$ 14,329.74	\$ -	546
TWO RIVERS PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 2,001.47	\$ 1,529.99	\$ -	45
TWO RIVERS PUBLIC CHARTER SCHOOL				\$ 93,141.85	\$ 71,869.80	\$ -	2,597

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
THURGOOD MARSHALL ACADEMY PCS	2024-02	PAID	01 - 30 DAYS	\$ 1,760.22	\$ 1,351.92	\$ -	56
THURGOOD MARSHALL ACADEMY PCS	2024-09	PAID	01 - 30 DAYS	\$ 1,450.82	\$ 1,110.77	\$ -	61
THURGOOD MARSHALL ACADEMY PCS	2024-11	PAID	01 - 30 DAYS	\$ 3,777.45	\$ 2,924.45	\$ -	120
THURGOOD MARSHALL ACADEMY PCS	2024-12	PAID	01 - 30 DAYS	\$ 124.70	\$ 95.02	\$ -	3
THURGOOD MARSHALL ACADEMY PCS				\$ 7,113.19	\$ 5,482.16	\$ -	240
OFFICE OF THE STATE SUPERINTENDENT	2023-10	PAID	01 - 30 DAYS	\$ 183,511.84	\$ 140,772.91	\$ -	882
OFFICE OF THE STATE SUPERINTENDENT	2023-11	PAID	01 - 30 DAYS	\$ 788,033.28	\$ 604,927.50	\$ -	3,061
OFFICE OF THE STATE SUPERINTENDENT	2023-12	PAID	01 - 30 DAYS	\$ 1,302,511.04	\$ 1,000,721.44	\$ -	4,210
OFFICE OF THE STATE SUPERINTENDENT	2024-01	PAID	01 - 30 DAYS	\$ 1,395,173.44	\$ 1,071,874.37	\$ -	4,312
OFFICE OF THE STATE SUPERINTENDENT	2024-02	PAID	01 - 30 DAYS	\$ 1,619,174.72	\$ 1,245,107.90	\$ -	4,974
OFFICE OF THE STATE SUPERINTENDENT	2024-02	PAID	91+ DAYS	\$ 4,028.80	\$ 730.67	\$ -	13
OFFICE OF THE STATE SUPERINTENDENT	2024-03	PAID	01 - 30 DAYS	\$ 1,209,923.60	\$ 929,879.71	\$ -	3,614
OFFICE OF THE STATE SUPERINTENDENT	2024-04	PAID	01 - 30 DAYS	\$ 1,467,848.78	\$ 1,128,200.84	\$ -	4,401
OFFICE OF THE STATE SUPERINTENDENT	2024-06	PAID	01 - 30 DAYS	\$ 1,412,736.20	\$ 1,084,419.90	\$ -	4,032
OFFICE OF THE STATE SUPERINTENDENT	2024-07	PAID	01 - 30 DAYS	\$ 1,611.52	\$ 1,227.96	\$ -	4
OFFICE OF THE STATE SUPERINTENDENT	2024-08	PAID	01 - 30 DAYS	\$ 815,429.12	\$ 625,480.00	\$ -	2,429
OFFICE OF THE STATE SUPERINTENDENT	2024-09	PAID	01 - 30 DAYS	\$ 40,288.00	\$ 30,900.61	\$ -	122
OFFICE OF THE STATE SUPERINTENDENT	2024-10	PAID	01 - 30 DAYS	\$ 3,273,578.04	\$ 2,516,237.33	\$ -	9,777
OFFICE OF THE STATE SUPERINTENDENT	2024-11	PAID	01 - 30 DAYS	\$ 976,581.12	\$ 750,721.59	\$ -	2,846
OFFICE OF THE STATE SUPERINTENDENT	2024-12	PAID	01 - 30 DAYS	\$ 950,752.30	\$ 731,457.62	\$ -	2,818
OFFICE OF THE STATE SUPERINTENDENT	2025-01	PAID	01 - 30 DAYS	\$ 907,081.98	\$ 697,216.99	\$ -	2,641
OFFICE OF THE STATE SUPERINTENDENT				\$ 16,348,263.78	\$ 12,559,877.34	\$ -	50,136
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2023-10	PAID	01 - 30 DAYS	\$ 821.64	\$ 626.06	\$ -	33
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2023-12	PAID	01 - 30 DAYS	\$ 647.16	\$ 493.12	\$ -	32
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2024-06	PAID	01 - 30 DAYS	\$ 175.52	\$ 133.75	\$ -	4
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2024-09	PAID	01 - 30 DAYS	\$ 204.40	\$ 155.75	\$ -	5
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2024-11	PAID	01 - 30 DAYS	\$ 1,682.94	\$ 1,341.02	\$ -	42
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2024-12	PAID	01 - 30 DAYS	\$ 65.82	\$ 54.85	\$ -	2
GIRLS GLOBAL ACADEMY PUBLIC CHARTER				\$ 3,597.48	\$ 2,804.55	\$ -	118
KIPP DC	2023-10	PAID	01 - 30 DAYS	\$ 199,413.09	\$ 153,681.49	\$ -	5,299
KIPP DC	2023-12	PAID	01 - 30 DAYS	\$ 31,871.18	\$ 24,604.91	\$ -	1,021
KIPP DC	2024-06	PAID	01 - 30 DAYS	\$ 26,410.67	\$ 20,341.62	\$ -	725
KIPP DC	2024-09	PAID	01 - 30 DAYS	\$ 112,546.65	\$ 86,606.52	\$ -	3,193
KIPP DC	2024-11	PAID	01 - 30 DAYS	\$ 96,107.10	\$ 74,054.67	\$ -	2,930

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
KIPP DC	2024-12	PAID	01 - 30 DAYS	\$ 25,259.00	\$ 19,388.22	\$ -	484
KIPP DC				\$ 491,607.69	\$ 378,677.43	\$ -	13,652
DC BILINGUAL PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 22,375.20	\$ 17,187.84	\$ -	759
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 743.58	\$ 572.85	\$ -	16
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 9,405.12	\$ 7,269.70	\$ -	331
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 14,744.88	\$ 11,455.51	\$ -	465
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 1,453.20	\$ 1,116.76	\$ -	17
DC BILINGUAL PUBLIC CHARTER SCHOOL				\$ 48,721.98	\$ 37,602.66	\$ -	1,588
DC CHILD & FAMILY SERVICES AGENCY	2023-10	PAID	01 - 30 DAYS	\$ 13,307.28	\$ 8,323.71	\$ 2,341.78	76
DC CHILD & FAMILY SERVICES AGENCY	2023-11	PAID	01 - 30 DAYS	\$ 4,019.44	\$ 2,670.70	\$ 472.44	23
DC CHILD & FAMILY SERVICES AGENCY	2023-12	PAID	01 - 30 DAYS	\$ 4,864.50	\$ 3,690.73	\$ -	25
DC CHILD & FAMILY SERVICES AGENCY	2024-02	PAID	01 - 30 DAYS	\$ 11,387.06	\$ 7,839.59	\$ 991.25	60
DC CHILD & FAMILY SERVICES AGENCY	2024-03	PAID	01 - 30 DAYS	\$ 3,216.16	\$ 2,332.07	\$ 134.66	16
DC CHILD & FAMILY SERVICES AGENCY	2024-04	PAID	01 - 30 DAYS	\$ 5,479.50	\$ 3,820.76	\$ 125.84	26
DC CHILD & FAMILY SERVICES AGENCY	2024-04	PAID	31-90 DAYS	\$ 1,744.00	\$ 1,328.96	\$ -	8
DC CHILD & FAMILY SERVICES AGENCY	2024-05	PAID	01 - 30 DAYS	\$ 13,730.75	\$ 10,002.14	\$ 107.95	69
DC CHILD & FAMILY SERVICES AGENCY	2024-06	PAID	01 - 30 DAYS	\$ 3,735.50	\$ 2,830.43	\$ -	18
DC CHILD & FAMILY SERVICES AGENCY	2024-07	PAID	01 - 30 DAYS	\$ 7,189.30	\$ 5,430.02	\$ -	45
DC CHILD & FAMILY SERVICES AGENCY	2024-08	PAID	01 - 30 DAYS	\$ 9,250.53	\$ 4,923.91	\$ 2,397.48	46
DC CHILD & FAMILY SERVICES AGENCY	2024-09	PAID	01 - 30 DAYS	\$ 17,641.66	\$ 11,038.40	\$ 1,977.96	90
DC CHILD & FAMILY SERVICES AGENCY	2024-10	PAID	01 - 30 DAYS	\$ 12,366.78	\$ 5,822.86	\$ 4,577.68	60
DC CHILD & FAMILY SERVICES AGENCY	2024-11	PAID	01 - 30 DAYS	\$ 7,349.50	\$ 5,552.20	\$ -	37
DC CHILD & FAMILY SERVICES AGENCY	2024-12	PAID	01 - 30 DAYS	\$ 11,510.10	\$ 6,323.35	\$ 2,417.38	66
DC CHILD & FAMILY SERVICES AGENCY	2025-01	PAID	01 - 30 DAYS	\$ 12,158.61	\$ 9,200.77	\$ -	78
DC CHILD & FAMILY SERVICES AGENCY				\$ 138,950.67	\$ 91,130.60	\$ 15,544.42	743
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 23,153.27	\$ 17,849.39	\$ -	623
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2023-12	PAID	01 - 30 DAYS	\$ 1,697.07	\$ 1,312.51	\$ -	70
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 133.02	\$ 101.34	\$ -	6
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 2,318.90	\$ 1,802.96	\$ -	66
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 3,123.31	\$ 2,399.66	\$ -	108
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 175.44	\$ 137.86	\$ -	6
MONUMENT ACADEMY PUBLIC CHARTER SCHOOL				\$ 30,601.01	\$ 23,603.72	\$ -	879
THE CHILDRENS GUILD LTD	2023-10	PAID	01 - 30 DAYS	\$ 5,287.14	\$ 4,042.26	\$ -	185
THE CHILDRENS GUILD LTD	2023-12	PAID	01 - 30 DAYS	\$ 10,377.66	\$ 7,929.42	\$ -	380

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
THE CHILDRENS GUILD LTD	2024-06	PAID	01 - 30 DAYS	\$ 546.46	\$ 416.37	\$ -	21
THE CHILDRENS GUILD LTD	2024-09	PAID	01 - 30 DAYS	\$ 5,704.98	\$ 4,374.81	\$ -	229
THE CHILDRENS GUILD LTD	2024-11	PAID	01 - 30 DAYS	\$ 6,484.61	\$ 5,001.80	\$ -	243
THE CHILDRENS GUILD LTD	2024-12	PAID	01 - 30 DAYS	\$ 74.82	\$ 57.00	\$ -	3
THE CHILDRENS GUILD LTD				\$ 28,475.67	\$ 21,821.66	\$ -	1,061
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER	2023-10	PAID	01 - 30 DAYS	\$ 10,824.65	\$ 8,323.26	\$ -	409
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER	2024-06	PAID	01 - 30 DAYS	\$ 1,137.24	\$ 866.57	\$ -	29
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER	2024-09	PAID	01 - 30 DAYS	\$ 3,664.44	\$ 2,820.40	\$ -	136
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER	2024-11	PAID	01 - 30 DAYS	\$ 9,714.35	\$ 7,562.45	\$ -	346
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER	2024-12	PAID	01 - 30 DAYS	\$ 372.07	\$ 289.76	\$ -	8
EARLY CHILDHOOD ACADEMY PUBLIC CHARTER				\$ 25,712.75	\$ 19,862.44	\$ -	928
OFFICE OF THE STATE SUPERINTENDENT	2023-10	PAID	01 - 30 DAYS	\$ 35,881.08	\$ 27,470.79	\$ -	738
OFFICE OF THE STATE SUPERINTENDENT	2024-06	PAID	01 - 30 DAYS	\$ 21,493.89	\$ 16,590.23	\$ -	586
OFFICE OF THE STATE SUPERINTENDENT	2024-08	PAID	01 - 30 DAYS	\$ 289,486.47	\$ 222,308.90	\$ -	7,845
OFFICE OF THE STATE SUPERINTENDENT	2024-09	PAID	01 - 30 DAYS	\$ 50,397.94	\$ 38,792.39	\$ -	1,497
OFFICE OF THE STATE SUPERINTENDENT	2024-10	PAID	01 - 30 DAYS	\$ 20,610.23	\$ 15,976.19	\$ -	601
OFFICE OF THE STATE SUPERINTENDENT	2024-11	PAID	01 - 30 DAYS	\$ 8,029.62	\$ 6,181.90	\$ -	224
OFFICE OF THE STATE SUPERINTENDENT				\$ 425,899.23	\$ 327,320.40	\$ -	11,491
MERIDIAN PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 1,878.84	\$ 1,459.76	\$ -	104
MERIDIAN PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 5,305.29	\$ 4,103.74	\$ -	191
MERIDIAN PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 8,179.13	\$ 6,282.60	\$ -	306
MERIDIAN PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 394.90	\$ 300.94	\$ -	11
MERIDIAN PUBLIC CHARTER SCHOOL				\$ 15,758.16	\$ 12,147.04	\$ -	612
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL	2024-02	PAID	01 - 30 DAYS	\$ 8,784.42	\$ 6,901.52	\$ -	235
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 12,026.40	\$ 9,382.30	\$ -	354
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 24,040.81	\$ 18,882.07	\$ -	744
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 2,609.45	\$ 2,018.32	\$ -	70
EUPHEMIA L HAYNES PUBLIC CHARTER SCHOOL				\$ 47,461.08	\$ 37,184.21	\$ -	1,403
INGENUITY PREP PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 6,513.98	\$ 4,963.60	\$ -	145
INGENUITY PREP PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 852.93	\$ 652.02	\$ -	18
INGENUITY PREP PUBLIC CHARTER SCHOOL				\$ 7,366.91	\$ 5,615.62	\$ -	163
CESAR CHAVEZ PCS FOR PUBLIC POLICY	2024-09	PAID	01 - 30 DAYS	\$ 4,121.18	\$ 3,186.42	\$ -	134
CESAR CHAVEZ PCS FOR PUBLIC POLICY	2024-11	PAID	01 - 30 DAYS	\$ 5,150.84	\$ 3,990.90	\$ -	155
CESAR CHAVEZ PCS FOR PUBLIC POLICY				\$ 9,272.02	\$ 7,177.32	\$ -	289

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
HARMONY DC PUBLIC CHARTER SCHOOLS	2023-12	PAID	01 - 30 DAYS	\$ 25,710.92	\$ 19,594.08	\$ -	642
HARMONY DC PUBLIC CHARTER SCHOOLS	2024-09	PAID	01 - 30 DAYS	\$ 4,309.50	\$ 3,293.10	\$ -	135
HARMONY DC PUBLIC CHARTER SCHOOLS	2024-11	PAID	01 - 30 DAYS	\$ 8,938.99	\$ 6,846.78	\$ -	249
HARMONY DC PUBLIC CHARTER SCHOOLS	2024-12	PAID	01 - 30 DAYS	\$ 1,044.68	\$ 802.28	\$ -	30
HARMONY DC PUBLIC CHARTER SCHOOLS				\$ 40,004.09	\$ 30,536.24	\$ -	1,056
WASHINGTON LEADERSHIP ACADEMY PCS	2024-12	PAID	01 - 30 DAYS	\$ 5,015.56	\$ 3,929.07	\$ -	146
WASHINGTON LEADERSHIP ACADEMY PCS				\$ 5,015.56	\$ 3,929.07	\$ -	146
FRIENDSHIP PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 47,329.97	\$ 36,517.82	\$ -	1,662
FRIENDSHIP PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 862.78	\$ 665.81	\$ -	30
FRIENDSHIP PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 13,908.20	\$ 10,698.67	\$ -	290
FRIENDSHIP PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 25,136.81	\$ 19,430.06	\$ -	784
FRIENDSHIP PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 8,390.04	\$ 6,493.14	\$ -	107
FRIENDSHIP PUBLIC CHARTER SCHOOL				\$ 95,627.80	\$ 73,805.50	\$ -	2,873
ROCKETSHIP EDUCATION	2023-10	PAID	01 - 30 DAYS	\$ 24,681.98	\$ 18,942.13	\$ -	907
ROCKETSHIP EDUCATION	2024-09	PAID	01 - 30 DAYS	\$ 6,457.62	\$ 4,945.78	\$ -	210
ROCKETSHIP EDUCATION	2024-11	PAID	01 - 30 DAYS	\$ 13,037.50	\$ 9,997.21	\$ -	511
ROCKETSHIP EDUCATION	2024-12	PAID	01 - 30 DAYS	\$ 8,728.19	\$ 6,690.38	\$ -	305
ROCKETSHIP EDUCATION				\$ 52,905.29	\$ 40,575.50	\$ -	1,933
DC PREPARATORY ACADEMY	2023-10	PAID	01 - 30 DAYS	\$ 19,895.54	\$ 15,300.23	\$ -	535
DC PREPARATORY ACADEMY	2024-06	PAID	01 - 30 DAYS	\$ 1,399.68	\$ 1,066.53	\$ -	27
DC PREPARATORY ACADEMY	2024-09	PAID	01 - 30 DAYS	\$ 5,294.38	\$ 4,049.81	\$ -	190
DC PREPARATORY ACADEMY	2024-11	PAID	01 - 30 DAYS	\$ 12,054.01	\$ 9,277.11	\$ -	413
DC PREPARATORY ACADEMY	2024-12	PAID	01 - 30 DAYS	\$ 1,649.99	\$ 1,260.38	\$ -	53
DC PREPARATORY ACADEMY				\$ 40,293.60	\$ 30,954.06	\$ -	1,218
BRIDGES PUBLIC CHARTER SCHOOL	2023-10	PAID	01 - 30 DAYS	\$ 24,889.84	\$ 19,319.97	\$ -	670
BRIDGES PUBLIC CHARTER SCHOOL	2024-06	PAID	01 - 30 DAYS	\$ 124.27	\$ 94.69	\$ -	7
BRIDGES PUBLIC CHARTER SCHOOL	2024-09	PAID	01 - 30 DAYS	\$ 13,822.70	\$ 10,687.65	\$ -	434
BRIDGES PUBLIC CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 20,119.11	\$ 15,527.07	\$ -	667
BRIDGES PUBLIC CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 1,730.18	\$ 1,344.47	\$ -	56
BRIDGES PUBLIC CHARTER SCHOOL				\$ 60,686.10	\$ 46,973.85	\$ -	1,834
OFFICE OF THE STATE SUPERINTENDENT	2023-10	PAID	01 - 30 DAYS	\$ 300.00	\$ 124.76	\$ -	2
OFFICE OF THE STATE SUPERINTENDENT	2023-12	PAID	01 - 30 DAYS	\$ 27,254.58	\$ 26,697.08	\$ -	196
OFFICE OF THE STATE SUPERINTENDENT	2024-01	PAID	01 - 30 DAYS	\$ 150.00	\$ 150.00	\$ -	1
OFFICE OF THE STATE SUPERINTENDENT	2024-02	PAID	01 - 30 DAYS	\$ 17,150.52	\$ 17,150.52	\$ -	127

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS
OFFICE OF THE STATE SUPERINTENDENT	2024-03	PAID	01 - 30 DAYS	\$ 16,078.54	\$ 14,746.04	\$ -	121
OFFICE OF THE STATE SUPERINTENDENT	2024-04	PAID	91+ DAYS	\$ 150.00	\$ 150.00	\$ -	1
OFFICE OF THE STATE SUPERINTENDENT	2024-05	PAID	01 - 30 DAYS	\$ 51,821.74	\$ 51,509.24	\$ -	369
OFFICE OF THE STATE SUPERINTENDENT	2024-06	PAID	01 - 30 DAYS	\$ 19,475.72	\$ 19,475.72	\$ -	139
OFFICE OF THE STATE SUPERINTENDENT	2024-07	PAID	01 - 30 DAYS	\$ 31,644.16	\$ 31,644.16	\$ -	221
OFFICE OF THE STATE SUPERINTENDENT	2024-08	PAID	01 - 30 DAYS	\$ 22,667.44	\$ 22,612.44	\$ -	159
OFFICE OF THE STATE SUPERINTENDENT	2024-10	PAID	01 - 30 DAYS	\$ 34,159.68	\$ 34,159.68	\$ -	236
OFFICE OF THE STATE SUPERINTENDENT	2024-11	PAID	01 - 30 DAYS	\$ 440.00	\$ 440.00	\$ -	4
OFFICE OF THE STATE SUPERINTENDENT	2024-12	PAID	01 - 30 DAYS	\$ 17,033.54	\$ 16,908.54	\$ -	117
OFFICE OF THE STATE SUPERINTENDENT				\$ 238,325.92	\$ 235,768.18	\$ -	1,693
ST COLETTA SPECL ED CHARTER SCHOOL	2024-02	PAID	01 - 30 DAYS	\$ 109,387.93	\$ 83,501.43	\$ -	4,020
ST COLETTA SPECL ED CHARTER SCHOOL	2024-11	PAID	01 - 30 DAYS	\$ 30,812.30	\$ 23,478.69	\$ -	1,099
ST COLETTA SPECL ED CHARTER SCHOOL	2024-12	PAID	01 - 30 DAYS	\$ 14,141.61	\$ 10,793.56	\$ -	485
ST COLETTA SPECL ED CHARTER SCHOOL				\$ 154,341.84	\$ 117,773.68	\$ -	5,604
APPLETREE EARLY LEARNING PUBLIC CHARTER	2024-06	PAID	01 - 30 DAYS	\$ 547.35	\$ 448.41	\$ -	7
APPLETREE EARLY LEARNING PUBLIC CHARTER	2024-09	PAID	01 - 30 DAYS	\$ 1,601.95	\$ 1,222.17	\$ -	28
APPLETREE EARLY LEARNING PUBLIC CHARTER	2024-11	PAID	01 - 30 DAYS	\$ 1,599.58	\$ 1,224.80	\$ -	51
APPLETREE EARLY LEARNING PUBLIC CHARTER				\$ 3,748.88	\$ 2,895.38	\$ -	86
DC DEPT OF BEHAVIORAL HEALTH	2023-10	PAID	01 - 30 DAYS	\$ 3,898.22	\$ 1,354.69	\$ 1,975.41	29
DC DEPT OF BEHAVIORAL HEALTH	2023-11	PAID	01 - 30 DAYS	\$ 4,321.40	\$ 1,551.57	\$ 2,081.70	28
DC DEPT OF BEHAVIORAL HEALTH	2023-12	PAID	01 - 30 DAYS	\$ 996.29	\$ -	\$ 866.83	9
DC DEPT OF BEHAVIORAL HEALTH	2024-01	PAID	01 - 30 DAYS	\$ 167.25	\$ -	\$ 127.31	1
DC DEPT OF BEHAVIORAL HEALTH	2024-02	PAID	01 - 30 DAYS	\$ 934.70	\$ -	\$ 848.80	7
DC DEPT OF BEHAVIORAL HEALTH	2024-03	PAID	01 - 30 DAYS	\$ 132.69	\$ -	\$ 128.70	1
DC DEPT OF BEHAVIORAL HEALTH	2024-05	PAID	01 - 30 DAYS	\$ 121.11	\$ 92.29	\$ -	1
DC DEPT OF BEHAVIORAL HEALTH	2024-06	PAID	01 - 30 DAYS	\$ 2,013.57	\$ -	\$ 1,626.62	15
DC DEPT OF BEHAVIORAL HEALTH	2024-07	PAID	01 - 30 DAYS	\$ 14,184.25	\$ 1,777.85	\$ 10,500.94	138
DC DEPT OF BEHAVIORAL HEALTH	2024-08	PAID	01 - 30 DAYS	\$ 2,382.17	\$ 503.22	\$ 1,414.25	17
DC DEPT OF BEHAVIORAL HEALTH	2024-09	PAID	01 - 30 DAYS	\$ 3,772.04	\$ 1,685.51	\$ 1,681.62	45
DC DEPT OF BEHAVIORAL HEALTH	2024-10	PAID	01 - 30 DAYS	\$ 3,659.80	\$ 1,661.62	\$ 1,428.23	30
DC DEPT OF BEHAVIORAL HEALTH	2024-11	PAID	01 - 30 DAYS	\$ 6,718.06	\$ 4,464.47	\$ 997.50	59
DC DEPT OF BEHAVIORAL HEALTH	2024-12	PAID	01 - 30 DAYS	\$ 3,436.84	\$ -	\$ 2,474.71	25
DC DEPT OF BEHAVIORAL HEALTH				\$ 46,738.39	\$ 13,091.22	\$ 26,152.62	405

NAME	MONTH	STATUS	TIMETABLE	BILLED	FFS_PAID	MCO_PAID	# OF CLAIMS

GRAND TOTAL				\$ 150,421,692.58	\$ 97,316,582.90	\$ 2,386,553.66	321,064

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
ACHIEVEMENT PREPARATORY ACADEMY	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 786.60	2
ACHIEVEMENT PREPARATORY ACADEMY						\$ 786.60	2
SAINT ELIZABETH HOSPITAL	2023-10	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 12,636.00	6
SAINT ELIZABETH HOSPITAL	2023-11	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 21,528.00	3
SAINT ELIZABETH HOSPITAL	2023-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 111,240.00	3
SAINT ELIZABETH HOSPITAL	2023-12	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 114,972.00	26
SAINT ELIZABETH HOSPITAL	2024-01	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 14,274.00	3
SAINT ELIZABETH HOSPITAL	2024-02	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 111,240.00	3
SAINT ELIZABETH HOSPITAL	2024-04	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 2,418.00	1
SAINT ELIZABETH HOSPITAL	2024-04	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 73,710.00	17
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	51	SUM OF ACCM DYS NOT=TOT DYS	\$ 63,036.00	4
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 383,160.00	10
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	132	SUBM CHARGE IS MISSING	\$ -	2
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 227,424.00	2
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 981,384.00	15
SAINT ELIZABETH HOSPITAL	2024-07	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 830,592.00	11
SAINT ELIZABETH HOSPITAL	2024-08	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 150,792.00	4
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	132	SUBM CHARGE IS MISSING	\$ -	1
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	384	UNGROUPABLE DRG CODE	\$ 112,476.00	1
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	593	DRG INV PRIN DIAG	\$ 112,476.00	1
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	3243	IMD 60 DAY STAY EXCEEDED	\$ 112,476.00	1
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 177,852.00	7
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 76,632.00	2
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 352,092.00	107
SAINT ELIZABETH HOSPITAL	2024-09	DENIED	01 - 30 DAYS	5675	ATTEND NPI MISSING OR INVALID	\$ 112,476.00	1
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	51	SUM OF ACCM DYS NOT=TOT DYS	\$ 39,552.00	4
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	132	SUBM CHARGE IS MISSING	\$ -	2
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	3243	IMD 60 DAY STAY EXCEEDED	\$ 226,188.00	2
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 43,152.00	2
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 128,028.00	20
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	01 - 30 DAYS	5675	ATTEND NPI MISSING OR INVALID	\$ 74,160.00	2
SAINT ELIZABETH HOSPITAL	2024-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 76,632.00	2
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	51	SUM OF ACCM DYS NOT=TOT DYS	\$ 33,372.00	3
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 37,080.00	1
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	132	SUBM CHARGE IS MISSING	\$ -	1
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	718	NO DED/COINS ON XOVER CLM	\$ 56,856.00	1
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 2,340.00	1
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 38,316.00	1

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
SAINT ELIZABETH HOSPITAL	2024-11	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 32,760.00	14
SAINT ELIZABETH HOSPITAL	2024-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 2,418.00	1
SAINT ELIZABETH HOSPITAL	2024-12	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 35,100.00	15
SAINT ELIZABETH HOSPITAL						\$ 4,980,840.00	303
DC PUBLIC SCHOOLS	2023-11	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 2,395.12	14
DC PUBLIC SCHOOLS	2023-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 21,619.25	130
DC PUBLIC SCHOOLS	2024-03	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 237.26	1
DC PUBLIC SCHOOLS	2024-03	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 8,555.00	4
DC PUBLIC SCHOOLS	2024-03	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 2,296.48	12
DC PUBLIC SCHOOLS	2024-05	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,180.62	9
DC PUBLIC SCHOOLS	2024-05	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 9,022.13	9
DC PUBLIC SCHOOLS	2024-05	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 26,097.52	180
DC PUBLIC SCHOOLS	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 677.28	5
DC PUBLIC SCHOOLS	2024-06	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 2,294.22	22
DC PUBLIC SCHOOLS	2024-06	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 85,038.69	543
DC PUBLIC SCHOOLS	2024-08	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 4,041.78	33
DC PUBLIC SCHOOLS	2024-08	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 670.16	4
DC PUBLIC SCHOOLS	2024-08	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 147,237.61	857
DC PUBLIC SCHOOLS	2024-08	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 1,768.66	18
DC PUBLIC SCHOOLS	2024-09	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 474.52	2
DC PUBLIC SCHOOLS	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 37,725.57	122
DC PUBLIC SCHOOLS	2024-09	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 2,315.88	18
DC PUBLIC SCHOOLS	2024-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 2,982.60	2
DC PUBLIC SCHOOLS	2024-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 51,985.82	243
DC PUBLIC SCHOOLS	2024-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 637.44	8
DC PUBLIC SCHOOLS	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,586.48	6
DC PUBLIC SCHOOLS						\$ 410,840.09	2242
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 17,831.93	23
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 30,046.74	36
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	142	BENFC NOT ELIG - RECYCLE	\$ 1,276.25	2
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 16,048.88	22
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 12,880.59	14
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 1,540.91	1
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 7,758.24	48
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 1,998.25	2
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,589.03	2
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,304.38	2
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 6,471.26	9

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 22,390.51	26
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 39,458.41	48
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 14,620.19	18
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRGS LES TPL IS ZER	\$ 1,540.91	1
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	31-90 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,283.75	2
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 14,501.74	18
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 67.50	1
DC FIRE DEPT AMBULANCE SVC	2023-10	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,564.97	2
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	77	SERV DATE SPAN MORE ONE DOS	\$ 24.38	1
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,505.11	5
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 43,157.10	55
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 1,637.15	2
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 24,517.56	32
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 10,785.70	12
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,281.88	2
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 5,452.16	5
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 13,402.18	124
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 1,411.25	2
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 9,513.99	13
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 1,637.15	2
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 15,211.58	20
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 33,969.25	40
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 24,920.74	30
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 18,056.97	22
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRGS LES TPL IS ZER	\$ 2,537.50	3
DC FIRE DEPT AMBULANCE SVC	2023-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 23,112.71	26
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 9,240.56	13
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 28,976.33	37
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 1,637.15	2
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 38,385.04	48
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 30,645.61	36
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 16,076.60	124
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 1,974.19	2
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 20,547.13	25
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 1,637.15	2
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,276.25	2
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 25,971.08	32
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 101,962.90	115

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 26,236.32	32
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 22,053.47	26
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 19,968.36	26
DC FIRE DEPT AMBULANCE SVC	2023-12	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 75.00	2
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 6,994.68	11
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 18,266.01	22
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 35,296.59	46
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 40,014.76	45
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 1,974.19	2
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 10,851.24	101
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 3,370.54	4
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 45,820.20	54
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 43,275.75	50
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 156,813.11	178
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 17,142.22	19
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 17,286.38	20
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 1,250.00	1
DC FIRE DEPT AMBULANCE SVC	2024-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 18,973.00	22
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 5,945.46	7
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 19,733.71	20
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 41,186.42	48
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 40,448.25	45
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	596	DIAG RELATED CODE INVALID	\$ 1,306.25	2
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 2,863.09	3
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 6,232.28	72
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 21,888.77	28
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 32,319.08	36
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 153,419.93	168
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 21,696.77	24
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 29,702.28	31
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 52,269.99	61
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 91.88	1
DC FIRE DEPT AMBULANCE SVC	2024-02	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,637.15	2
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	32	CLAIM TYPE CANNOT BE ASSIGNED	\$ 14,951.09	18
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 9,020.02	14
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 7,499.51	10
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 2,885.75	4
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 10,535.92	84

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,090.00	2
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 3,461.88	6
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 14,543.13	22
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 1,030.00	2
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 5,751.26	8
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 4,936.92	6
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 26,513.20	32
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 3,202.12	4
DC FIRE DEPT AMBULANCE SVC	2024-03	DENIED	91+ DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 26.20	1
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 16,214.15	23
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 10,728.25	16
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 1,306.25	2
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,613.09	2
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	610	WEB X-OVER MANUAL REVIEW	\$ 1,306.25	2
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,306.25	2
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 1,500.00	1
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 6,221.31	51
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 2,633.13	4
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 10,291.13	14
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,572.00	2
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 22,687.77	32
DC FIRE DEPT AMBULANCE SVC	2024-04	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 226.89	3
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 49,889.17	142
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 70,298.20	61
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 5,279.73	4
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 77,759.38	73
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 38,196.37	34
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,291.25	2
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 8,216.68	49
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 16,870.83	19
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 32,927.63	40
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 5,279.73	4
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 97,600.35	102
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 367,988.39	335
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 115,956.27	95
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 76,955.44	74
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 3,446.37	4
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	31-90 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,306.25	2

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 16,958.01	23
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 103.50	2
DC FIRE DEPT AMBULANCE SVC	2024-05	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,542.75	2
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 382,147.63	467
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 58,498.28	60
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 4,464.39	4
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	142	BENFC NOT ELIG - RECYCLE	\$ 1,646.25	2
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 33,642.22	34
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 31,226.45	27
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	610	WEB X-OVER MANUAL REVIEW	\$ 1,675.50	2
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,291.25	2
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 5,623.75	6
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 8,872.03	66
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 4,932.00	6
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 25,684.34	32
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 4,464.39	4
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,306.25	2
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 43,409.75	49
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 123,782.59	104
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 49,473.97	43
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 83,094.15	82
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRGS TPL IS ZER	\$ 2,650.00	3
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 43,026.78	41
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 31.88	1
DC FIRE DEPT AMBULANCE SVC	2024-06	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 2,248.25	2
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 112,527.63	144
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 23,571.78	20
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 2,282.29	2
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	142	BENFC NOT ELIG - RECYCLE	\$ 504.03	2
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 84,249.08	77
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 12,116.57	12
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	437	PROC NOT VALID FOR SERV DATE	\$ 11.25	1
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	1211	XOVER DEDUCT EXCLS ALLOW MAX	\$ 3,207.00	4
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 3,695.92	3
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 4,808.63	44
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 23,681.58	28
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 22,583.19	26
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 2,282.29	2

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 20,000.29	24
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 79,486.20	68
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 44,609.18	36
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 23,019.63	20
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 63,664.22	67
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 74.63	2
DC FIRE DEPT AMBULANCE SVC	2024-07	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 8,423.96	10
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 12,446.88	13
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 23,265.73	18
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 38,529.76	40
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 23,197.28	18
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 1,533.75	2
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 20,944.90	188
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 3,274.50	4
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 52,917.81	66
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 79,425.10	87
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 157,997.35	130
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 61,505.65	50
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 41,126.59	42
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRGS LES TPL IS ZER	\$ 128.25	1
DC FIRE DEPT AMBULANCE SVC	2024-08	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 44,576.39	44
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 87,261.13	109
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 34,746.88	30
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 54,215.67	52
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 13,012.26	10
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 1,500.00	1
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 9,543.77	106
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 4,484.74	4
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 37,374.62	44
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,556.25	2
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 28,978.49	33
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 122,220.61	98
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 38,798.19	30
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 59,543.52	62
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRGS LES TPL IS ZER	\$ 1,736.25	3
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 11,134.94	12
DC FIRE DEPT AMBULANCE SVC	2024-09	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 14,572.37	14
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 58,047.04	75

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 21,732.63	18
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	117	INVALID 1ST PROC CODE MODIFIER	\$ 2,623.00	2
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 61,487.17	58
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 22,277.89	18
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,574.25	2
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 3,000.00	2
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 12,236.63	133
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 5,279.73	4
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 18,048.63	22
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5217	UNABLE TO PRICE MODIFIER	\$ 2,623.00	2
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 48,201.62	46
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 181,950.21	147
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 51,265.56	42
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 70,845.57	68
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 1,385.80	3
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 46,588.53	50
DC FIRE DEPT AMBULANCE SVC	2024-10	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 573.75	5
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 59,604.26	74
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 45,215.54	40
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	142	BENFC NOT ELIG - RECYCLE	\$ 1,637.25	2
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 20,766.63	22
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 9,145.17	8
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 7,102.50	70
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 13,626.92	16
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 39,116.38	44
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 86,684.57	71
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 21,698.59	18
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 44,340.29	42
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 47,609.01	48
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 173.25	1
DC FIRE DEPT AMBULANCE SVC	2024-11	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 7,808.16	8
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 78,474.87	97
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 33,996.07	28
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 28,252.13	26
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 26,092.97	22
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 6,177.75	6
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 6,269.63	65
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 3,930.79	4

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 24,701.94	28
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 25,139.48	26
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 107,085.76	85
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 78,480.48	68
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 36,822.26	32
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 1,612.50	2
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 22,391.64	20
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 22.50	1
DC FIRE DEPT AMBULANCE SVC	2024-12	DENIED	31-90 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 1,558.50	2
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 6,733.86	10
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	102	SUSPECT DUPLICATE CLAIM	\$ 38,389.77	32
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 20,816.45	20
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 9,776.23	8
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,587.75	2
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 9,770.25	72
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 8,692.56	10
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 21,509.39	22
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 60,462.80	50
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 55,185.89	50
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 34,023.38	32
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 24,248.72	24
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 1,612.50	2
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	31-90 DAYS	2090	NO DED/COINS ON XOVER CLM LINE	\$ 477.00	4
DC FIRE DEPT AMBULANCE SVC	2025-01	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 4,666.70	4
DC FIRE DEPT AMBULANCE SVC						\$ 7,116,734.82	8713
PAUL PUBLIC CHARTER SCHOOL	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 87.29	3
PAUL PUBLIC CHARTER SCHOOL	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 87.76	1
PAUL PUBLIC CHARTER SCHOOL						\$ 175.05	4
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 13,758.13	15
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 4,524.56	2
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 432.22	2
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,240.40	3
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 1,548.04	7
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 41,428.29	24
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 12,442.54	5
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 2,541.73	3
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 950.67	3
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 244.53	1

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 1,548.04	7
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	6302	MHRS MED/SOMATIC & ACT CONTRA	\$ 533.70	5
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 1,759.66	4
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 1,005.52	1
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 4,015.23	8
DC DEPARTMENT OF MENTAL HEALTH	2023-10	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 4,015.23	8
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,614.01	15
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 106.74	2
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 106.74	2
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	366	PROC/PROV/SPEC MISMATCH	\$ 57,134.44	42
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 8,535.99	52
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 3,286.28	18
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 1,707.84	18
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 106.74	2
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 2,343.83	26
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 8,535.99	52
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 6,786.84	2
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	366	PROC/PROV/SPEC MISMATCH	\$ 3,393.42	1
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 17,597.35	27
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 309.24	6
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 36,931.56	46
DC DEPARTMENT OF MENTAL HEALTH	2023-11	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 36,442.50	45
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 15,062.29	20
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 764.43	4
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 910.74	5
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,989.49	3
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	332	DIAG/RELATED DIAG CODE MISSING	\$ 864.44	4
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 394.32	4
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 1,693.46	15
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 116,422.74	130
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 87,643.49	119
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 5,756.08	51
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	596	DIAG RELATED CODE INVALID	\$ 864.44	4
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 519.21	3
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 37,892.52	29
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 147,281.92	168
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 1,693.46	15

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 2,262.28	1
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 2,582.50	2
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 116,422.74	130
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	01 - 30 DAYS	6304	MHRS COMMUNITY SUPPORT CONTRA	\$ 103.08	1
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 884.32	6
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 19,222.61	145
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 3,561.45	51
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 32,752.86	386
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 419.64	6
DC DEPARTMENT OF MENTAL HEALTH	2023-12	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 30,089.00	375
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 92,330.79	56
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 3,818.01	10
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 14,429.05	36
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 10,451.65	13
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	332	DIAG/RELATED DIAG CODE MISSING	\$ 2,325.62	2
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 2,495.50	20
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 1,556.20	14
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 86,849.06	228
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 99,586.58	198
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 16,181.38	195
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	596	DIAG RELATED CODE INVALID	\$ 2,325.62	2
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 76,794.62	71
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 51.54	1
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 87,788.81	231
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 1,556.20	14
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 907.44	38
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 71.64	3
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 13,599.81	17
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 5,434.83	8
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 29,189.60	136
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 86,849.06	228
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	6302	MHRS MED/SOMATIC & ACT CONTRA	\$ 320.22	3
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 1,494.58	5
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 16,253.57	11
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 3,553.53	2
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 244.53	1
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 193,822.03	169

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 1,459.32	14
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 160.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 203,165.40	182
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 12,136.50	9
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	3822	SERVICE COVERED BY PACE	\$ 718.87	2
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 203,058.66	180
DC DEPARTMENT OF MENTAL HEALTH	2024-01	DENIED	31-90 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 2,751.34	3
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 16,741.49	23
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,618.58	6
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 667.07	7
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	332	DIAG/RELATED DIAG CODE MISSING	\$ 2,325.62	2
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 1,901.90	17
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 5,868.61	51
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 18,840.60	63
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 6,369.34	25
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 1,025.03	10
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	596	DIAG RELATED CODE INVALID	\$ 2,325.62	2
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	727	PRIOR AUTH # NOT ON FILE	\$ 74.30	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 7,972.06	12
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 25.77	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 18,840.60	63
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 6,317.63	53
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 648.33	3
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 2,022.00	46
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 360.80	2
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 2,589.32	12
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 785.73	4
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 4,934.17	8
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 18,840.60	63
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 1,005.52	2
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	01 - 30 DAYS	6941	S9485 LIMIT	\$ 4,651.24	4
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	77	SERV DATE SPAN MORE ONE DOS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	112	DOS CANNOT SPAN MONTHS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 13,535.14	22
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 213.48	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	366	PROC/PROV/SPEC MISMATCH	\$ 3,488.43	3
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 4,894.33	18

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 530.04	5
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	437	PROC NOT VALID FOR SERV DATE	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 9,301.43	40
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 8,138.62	39
DC DEPARTMENT OF MENTAL HEALTH	2024-02	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 269.48	2
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	77	SERV DATE SPAN MORE ONE DOS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 11,397.46	11
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,685.95	8
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 2,589.01	13
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 1,792.82	11
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 7,718.61	65
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 766.89	21
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 2,325.62	2
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 1,863.21	22
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 122.36	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 14,899.15	14
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 502.76	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 766.89	21
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 7,943.12	66
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 3,204.98	31
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 177.44	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 2,512.66	15
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 4,762.71	8
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 180.40	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 766.89	21
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 2,011.04	4
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 3,967.07	14
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 754.14	1
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 4,147.56	2
DC DEPARTMENT OF MENTAL HEALTH	2024-03	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 4,147.56	2
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 8,564.55	10
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 3,328.82	12
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 6,194.37	44
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 8,083.50	8
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 9,011.13	67
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 4,527.36	49
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 36,703.08	63
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 5,893.54	44

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 640.44	7
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 142.68	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 331.25	2
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 5,995.56	30
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 51.54	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 36,703.08	63
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 6,499.21	60
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 3,091.64	31
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 84.99	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 4,519.51	23
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 4,020.28	11
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 263.87	3
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 25.77	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 36,703.08	63
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	6302	MHRS MED/SOMATIC & ACT CONTRA	\$ 106.74	1
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 1,759.66	3
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 16,223.84	18
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,343.21	2
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 1,343.21	2
DC DEPARTMENT OF MENTAL HEALTH	2024-04	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 1,343.21	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 13,937.16	49
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	127	LAST DOS AFTER RECEIPT DATE	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 5,539.15	24
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 2,316.16	14
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 7,277.20	16
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 4,223.48	27
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 12,068.40	97
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 8,835.30	28
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 69,269.65	81
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 1,285.03	13
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 107.01	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 224.51	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 648.33	3
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 12,474.70	23
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 328.00	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 12,037.19	42
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 15,803.45	117

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 99,250.26	387
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 2,365.49	26
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 2,469.61	11
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 18,149.24	22
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 897.99	5
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 77.31	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 8,835.30	28
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	6302	MHRS MED/SOMATIC & ACT CONTRA	\$ 53.37	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 6,787.26	15
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	77	SERV DATE SPAN MORE ONE DOS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,488.43	3
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 11,213.35	24
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 267.65	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 160.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 15,332.09	52
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 314.73	4
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 15,332.09	52
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 360.80	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 13,006.47	50
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 360.80	2
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 180.40	1
DC DEPARTMENT OF MENTAL HEALTH	2024-05	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 467.49	2
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 4,070.79	6
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 756.27	4
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 759.02	5
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 432.22	2
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 895.21	6
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 2,556.48	18
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 20,364.59	23
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 95,186.22	163
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 103.08	2
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 856.52	8
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 19,254.60	15
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 23,420.91	34
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 2,859.57	19
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 2,614.95	24

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 742.79	4
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 2,062.85	10
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,505.11	7
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 20,364.59	23
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 3,770.70	6
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 7,285.10	25
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 990.22	5
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 1,127.30	7
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 1,127.30	7
DC DEPARTMENT OF MENTAL HEALTH	2024-06	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 404.91	2
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 28,330.23	181
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 4,641.85	18
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 4,263.88	21
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 1,058.89	2
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 9,592.05	63
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 6,782.37	57
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 28,044.37	138
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 81,096.64	345
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 7,051.69	55
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 6,316.00	15
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 1,105.18	6
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	845	CLAIM HAS BEEN VOIDED/ADJUSTED	\$ 180.40	1
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 17,656.93	23
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 164.00	1
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 83,919.75	280
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 9,798.73	72
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 4,617.67	45
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 84.99	1
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 8,604.49	40
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 14,562.06	18
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,115.82	5
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 2,288.05	2
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 28,044.37	138
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 277.14	2
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 7,290.02	11
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	01 - 30 DAYS	6941	S9485 LIMIT	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 6,159.55	12
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 2,822.53	10

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 3,290.02	12
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 3,290.02	12
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 525.60	3
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 180.40	1
DC DEPARTMENT OF MENTAL HEALTH	2024-07	DENIED	31-90 DAYS	6941	S9485 LIMIT	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 15,776.42	15
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 734.18	5
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 8,665.25	23
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,956.03	13
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 6,825.65	38
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 6,817.79	54
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 23,454.72	82
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,155,417.71	1981
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 533.70	2
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 1,123.37	10
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 6,881.26	11
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 117.03	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 102,894.70	70
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	3245	INVLD DIAG FOR PSY & OLP PROVS	\$ 103.08	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 64,466.79	193
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 8,800.33	61
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 22,598.58	81
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 4,841.53	49
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 1,146.43	6
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 21,061.25	30
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 8,924.98	11
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 2,513.66	2
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 23,454.72	82
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 1,702.81	36
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 1,005.52	3
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	01 - 30 DAYS	6941	S9485 LIMIT	\$ 2,262.28	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 13,489.89	47
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 838.22	4
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 3,172.94	16
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 864.44	4
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 164.80	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 365,891.79	1086

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 6,875.64	77
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 671,488.13	1652
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 31,435.00	21
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 671,488.13	1652
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 558.98	4
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 224.51	1
DC DEPARTMENT OF MENTAL HEALTH	2024-08	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,481.41	3
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,712.94	4
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 1,961.53	13
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 2,959.56	12
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 4,191.65	25
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 5,108.68	40
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 21,508.27	63
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 15,249.66	26
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 658.14	5
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 502.76	1
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	750	TPL-FOR BENFC-RESUB W/TPL EOB	\$ 25.77	1
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 7,031.24	16
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 754.14	2
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 31,762.27	103
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 6,720.38	44
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 13,566.19	54
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 4,641.12	51
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 747.09	4
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 3,851.04	8
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 4,147.17	6
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 21,508.27	63
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 11,198.87	17
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 10,809.34	14
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 16,787.92	35
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 683.60	3
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 3,633.67	14
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,307.70	11
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 787,698.20	1855
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 4,506.42	37
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	433	PROVIDER LICENSE EXPIRED >30D	\$ 251.38	1

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 1,235,115.66	2568
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	1253	CLAIM DOS/BENFC DOD CONFLICT	\$ 718.87	2
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 70,427.31	42
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	3822	SERVICE COVERED BY PACE	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 1,235,115.66	2568
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 172,096.59	272
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 406.38	3
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 7,646.19	8
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 1,437.74	4
DC DEPARTMENT OF MENTAL HEALTH	2024-09	DENIED	31-90 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,035.77	16
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 873.49	3
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 1,832.31	17
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,629.48	6
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 2,072.22	12
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 8,521.90	71
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 17,302.91	32
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 46,088.32	143
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 549.40	4
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 489.44	4
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 2,577.00	3
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 19,474.50	36
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 26,600.98	48
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 8,521.90	71
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 3,230.16	11
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 4,590.50	50
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 11,606.17	11
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 5,951.42	12
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 251.38	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 17,302.91	32
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 11,437.16	9
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 17,345.22	31
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	01 - 30 DAYS	6941	S9485 LIMIT	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 15,119.18	17
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 1,080.55	5
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 1,512.77	7

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 8,693.80	28
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 108,850.69	398
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 1,975.77	3
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 108,850.69	398
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 97,754.80	357
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 134.17	1
DC DEPARTMENT OF MENTAL HEALTH	2024-10	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 23.88	1
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 81,646.44	431
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	127	LAST DOS AFTER RECEIPT DATE	\$ 1,162.81	1
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	142	BENFC NOT ELIG - RECYCLE	\$ 180.40	1
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 2,812.71	19
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 15,825.62	47
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 9,062.90	25
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 4,174.44	25
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 7,813.50	58
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 40,658.63	80
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 220,209.81	232
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 502.92	3
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 1,345.96	12
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 44,555.08	22
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 75,582.88	79
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 75,004.88	121
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 16,696.74	105
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,595.03	3
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 10,615.80	88
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 1,082.40	6
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 20,904.56	39
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 10,131.00	25
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 40,658.63	80
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 21,491.80	17
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	6312	MHRS COMMUNITY SUPPORT LIMIT	\$ 51.54	1
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	6786	S9485 CONTRA	\$ 25,389.38	50
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	01 - 30 DAYS	6941	S9485 LIMIT	\$ 9,144.13	5
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 7,371.86	13
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 7,078.12	12
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 7,812.69	16
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 7,812.69	16

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2024-11	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 204.28	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 268.34	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,429.66	10
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 574.74	6
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 3,858.87	10
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 1,375.49	10
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 31,433.62	28
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,552.25	10
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 750.78	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 11,282.22	22
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	3822	SERVICE COVERED BY PACE	\$ 216.11	1
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 31,433.62	28
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 2,615.53	17
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 5,311.40	50
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 946.11	5
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 2,658.79	3
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 957.14	6
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 31,433.62	28
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	5672	MULTIPLE REND/ATTEND PIDS FND	\$ 28,404.26	14
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	6312	MHRS COMMUNITY SUPPORT LIMIT	\$ 25.77	1
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	01 - 30 DAYS	6358	MHRS COMMUNITY SUPPORT CONTRA	\$ 77.31	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 27,677.29	50
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 586.84	3
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	253	DIAG NOT VALID FOR DOS	\$ 3,473.59	24
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	266	QMB BENFC/ BILL XOVER ONLY	\$ 432.22	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 1,051.12	8
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 416,684.86	1329
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	432	PROC CODE REQUIRES REVIEW	\$ 7,878.93	65
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	433	PROVIDER LICENSE EXPIRED >30D	\$ 251.38	1
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	439	PROC NOT A BENEFIT FOR DOS	\$ 244.72	2
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 420,538.55	1351
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	2718	BH CLAIM MUST HAVE BH DX CODE	\$ 12,188.48	19
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 420,538.55	1351
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 14,757.04	60
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,202.73	8
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	5283	INELIGIBLE PROGRAM CODE	\$ 1,759.66	3
DC DEPARTMENT OF MENTAL HEALTH	2024-12	DENIED	31-90 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 718.87	2
DC DEPARTMENT OF MENTAL HEALTH	2025-01	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 5,618.79	10

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPARTMENT OF MENTAL HEALTH	2025-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 3,453.27	12
DC DEPARTMENT OF MENTAL HEALTH	2025-01	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 5,277.47	19
DC DEPARTMENT OF MENTAL HEALTH	2025-01	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 5,277.47	19
DC DEPARTMENT OF MENTAL HEALTH	2025-01	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 5,277.47	19
DC DEPARTMENT OF MENTAL HEALTH						\$ 13,415,996.08	32598
OFFICE OF THE STATE SUPERINTENDENT	2023-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 31,021.76	141
OFFICE OF THE STATE SUPERINTENDENT	2023-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 342,649.44	1218
OFFICE OF THE STATE SUPERINTENDENT	2023-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 805.76	4
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,021.60	9
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 604.32	3
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 138,389.28	486
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 201.44	1
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 805.76	4
OFFICE OF THE STATE SUPERINTENDENT	2024-01	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,410.08	6
OFFICE OF THE STATE SUPERINTENDENT	2024-01	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 34,043.36	129
OFFICE OF THE STATE SUPERINTENDENT	2024-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 402.88	2
OFFICE OF THE STATE SUPERINTENDENT	2024-02	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 402.88	2
OFFICE OF THE STATE SUPERINTENDENT	2024-02	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 5,036.00	14
OFFICE OF THE STATE SUPERINTENDENT	2024-02	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 522,938.24	1605
OFFICE OF THE STATE SUPERINTENDENT	2024-02	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 201.44	1
OFFICE OF THE STATE SUPERINTENDENT	2024-03	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 4,834.56	16
OFFICE OF THE STATE SUPERINTENDENT	2024-03	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 604.32	3
OFFICE OF THE STATE SUPERINTENDENT	2024-04	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 5,036.00	16
OFFICE OF THE STATE SUPERINTENDENT	2024-05	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 201.44	1
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,208.64	4
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 805.76	4
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 149,267.04	446
OFFICE OF THE STATE SUPERINTENDENT	2024-09	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,812.96	6
OFFICE OF THE STATE SUPERINTENDENT	2024-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 201.44	1
OFFICE OF THE STATE SUPERINTENDENT	2024-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,611.52	4
OFFICE OF THE STATE SUPERINTENDENT	2024-11	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 2,417.28	6
OFFICE OF THE STATE SUPERINTENDENT	2024-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 1,812.96	5
OFFICE OF THE STATE SUPERINTENDENT	2025-01	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 402.88	1
OFFICE OF THE STATE SUPERINTENDENT	2025-01	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 2,014.40	5
OFFICE OF THE STATE SUPERINTENDENT						\$ 1,254,165.44	4143
GIRLS GLOBAL ACADEMY PUBLIC CHARTER	2023-11	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 1,022.58	6
GIRLS GLOBAL ACADEMY PUBLIC CHARTER						\$ 1,022.58	6
KIPP DC	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 351.04	1

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
KIPP DC	2024-09	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 65.81	2
KIPP DC						\$ 416.85	3
DC BILINGUAL PUBLIC CHARTER SCHOOL	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 29.24	2
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,064.34	31
DC BILINGUAL PUBLIC CHARTER SCHOOL	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 247.86	8
DC BILINGUAL PUBLIC CHARTER SCHOOL						\$ 1,341.44	41
DC CHILD & FAMILY SERVICES AGENCY	2023-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2023-10	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2023-11	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 23.00	1
DC CHILD & FAMILY SERVICES AGENCY	2023-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,891.50	11
DC CHILD & FAMILY SERVICES AGENCY	2023-12	DENIED	01 - 30 DAYS	6505	UR-NEW PATIENT EDITS/LIMITS	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-04	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 3,953.50	19
DC CHILD & FAMILY SERVICES AGENCY	2024-05	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,004.50	6
DC CHILD & FAMILY SERVICES AGENCY	2024-05	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 324.91	5
DC CHILD & FAMILY SERVICES AGENCY	2024-05	DENIED	01 - 30 DAYS	3234	PROC/EPSTDT AGE RESTRICTION	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-05	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-06	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 13.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-07	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 5,225.75	28
DC CHILD & FAMILY SERVICES AGENCY	2024-07	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 324.91	5
DC CHILD & FAMILY SERVICES AGENCY	2024-07	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 343.83	3
DC CHILD & FAMILY SERVICES AGENCY	2024-08	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 655.20	9
DC CHILD & FAMILY SERVICES AGENCY	2024-09	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 478.50	4
DC CHILD & FAMILY SERVICES AGENCY	2024-09	DENIED	01 - 30 DAYS	6505	UR-NEW PATIENT EDITS/LIMITS	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-09	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 218.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 218.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-10	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 879.98	16
DC CHILD & FAMILY SERVICES AGENCY	2024-10	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 109.18	2
DC CHILD & FAMILY SERVICES AGENCY	2024-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 478.50	4
DC CHILD & FAMILY SERVICES AGENCY	2024-10	DENIED	01 - 30 DAYS	6505	UR-NEW PATIENT EDITS/LIMITS	\$ 436.00	1
DC CHILD & FAMILY SERVICES AGENCY	2024-11	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 553.78	11
DC CHILD & FAMILY SERVICES AGENCY	2024-11	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,362.00	6
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	77	SERV DATE SPAN MORE ONE DOS	\$ 219.10	2
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 109.55	1
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	112	DOS CANNOT SPAN MONTHS	\$ 219.10	2
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	126	FIRST DOS AFTER LAST DOS	\$ 438.20	4
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 600.53	10
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 437.10	3
DC CHILD & FAMILY SERVICES AGENCY	2024-12	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 438.20	4

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC CHILD & FAMILY SERVICES AGENCY	2025-01	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 110.65	5
DC CHILD & FAMILY SERVICES AGENCY	2025-01	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 934.00	7
DC CHILD & FAMILY SERVICES AGENCY						\$ 24,616.47	178
MONUMENT ACADEMY PUBLIC CHARTER SCH	2023-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 24.96	3
MONUMENT ACADEMY PUBLIC CHARTER SCH						\$ 24.96	3
THE CHILDRENS GUILD LTD	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 164.36	6
THE CHILDRENS GUILD LTD	2023-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 282.99	11
THE CHILDRENS GUILD LTD	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 228.81	10
THE CHILDRENS GUILD LTD	2024-06	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 117.00	2
THE CHILDRENS GUILD LTD	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 108.23	4
THE CHILDRENS GUILD LTD	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 158.54	6
THE CHILDRENS GUILD LTD						\$ 1,059.93	39
EARLY CHILDHOOD ACADEMY PUBLIC CHAR	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 157.32	2
EARLY CHILDHOOD ACADEMY PUBLIC CHAR						\$ 157.32	2
OFFICE OF THE STATE SUPERINTENDENT	2023-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 65.82	1
OFFICE OF THE STATE SUPERINTENDENT	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 116.96	7
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 102.38	3
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 14.62	1
OFFICE OF THE STATE SUPERINTENDENT	2024-08	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 175.20	7
OFFICE OF THE STATE SUPERINTENDENT	2024-09	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 222.06	6
OFFICE OF THE STATE SUPERINTENDENT						\$ 697.04	25
EUPHEMIA L HAYNES PUBLIC CHARTER SC	2024-02	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 43.88	1
EUPHEMIA L HAYNES PUBLIC CHARTER SC	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 87.72	6
EUPHEMIA L HAYNES PUBLIC CHARTER SC	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 87.76	2
EUPHEMIA L HAYNES PUBLIC CHARTER SC	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 351.04	8
EUPHEMIA L HAYNES PUBLIC CHARTER SC						\$ 570.40	17
CESAR CHAVEZ PCS FOR PUBLIC POLICY	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 249.40	6
CESAR CHAVEZ PCS FOR PUBLIC POLICY	2024-12	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 149.64	4
CESAR CHAVEZ PCS FOR PUBLIC POLICY						\$ 399.04	10
FRIENDSHIP PUBLIC CHARTER SCHOOL	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 1,966.50	8
FRIENDSHIP PUBLIC CHARTER SCHOOL						\$ 1,966.50	8
ROCKETSHIP EDUCATION	2023-11	DENIED	01 - 30 DAYS	5302	INELIGIBLE PROVIDER COS	\$ 612.36	3
ROCKETSHIP EDUCATION	2024-06	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 131.38	6
ROCKETSHIP EDUCATION						\$ 743.74	9
DC PREPARATORY ACADEMY	2024-11	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 102.38	3
DC PREPARATORY ACADEMY						\$ 102.38	3
BRIDGES PUBLIC CHARTER SCHOOL	2023-10	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 438.80	9
BRIDGES PUBLIC CHARTER SCHOOL	2024-06	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 658.13	18

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
BRIDGES PUBLIC CHARTER SCHOOL	2024-09	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 175.46	10
BRIDGES PUBLIC CHARTER SCHOOL						\$ 1,272.39	37
OFFICE OF THE STATE SUPERINTENDENT	2023-10	DENIED	01 - 30 DAYS	5318	CALC ALLOW CHRG LES TPL IS ZER	\$ 150.00	1
OFFICE OF THE STATE SUPERINTENDENT	2023-12	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 600.00	4
OFFICE OF THE STATE SUPERINTENDENT	2024-02	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 150.00	1
OFFICE OF THE STATE SUPERINTENDENT	2024-03	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 150.00	1
OFFICE OF THE STATE SUPERINTENDENT	2024-05	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 330.00	3
OFFICE OF THE STATE SUPERINTENDENT	2024-05	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 780.00	6
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 220.00	2
OFFICE OF THE STATE SUPERINTENDENT	2024-06	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,940.00	14
OFFICE OF THE STATE SUPERINTENDENT	2024-07	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 410.00	3
OFFICE OF THE STATE SUPERINTENDENT	2024-08	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 220.00	2
OFFICE OF THE STATE SUPERINTENDENT	2024-08	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 150.00	1
OFFICE OF THE STATE SUPERINTENDENT	2024-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,030.00	9
OFFICE OF THE STATE SUPERINTENDENT	2024-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 1,080.00	8
OFFICE OF THE STATE SUPERINTENDENT						\$ 7,210.00	55
ST COLETTA SPECL ED CHARTER SCH	2024-02	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 87.48	4
ST COLETTA SPECL ED CHARTER SCH	2024-03	DENIED	31-90 DAYS	143	BENFC NOT ELIGIBLE/NOT FOUND	\$ 606.87	20
ST COLETTA SPECL ED CHARTER SCH	2024-12	DENIED	01 - 30 DAYS	5284	INELIGIBLE PROGRAM CODE	\$ 116.64	8
ST COLETTA SPECL ED CHARTER SCH						\$ 810.99	32
APPLETREE EARLY LEARNING PUBLIC CHA	2024-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,182.38	32
APPLETREE EARLY LEARNING PUBLIC CHA						\$ 1,182.38	32
DC DEPT OF BEHAVIORAL HEALTH	2023-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 178.53	1
DC DEPT OF BEHAVIORAL HEALTH	2023-10	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 167.25	1
DC DEPT OF BEHAVIORAL HEALTH	2023-10	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 167.25	1
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 346.30	2
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 159.44	1
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	412	SERV PROV NOT ON FILE	\$ 332.59	2
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,212.05	7
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 332.59	2
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	5228	SERVICE COVERED BY D-SNP	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 346.30	2
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	01 - 30 DAYS	5410	TREATING PROVIDER MISSING	\$ 332.59	2
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 178.53	1
DC DEPT OF BEHAVIORAL HEALTH	2023-11	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 178.53	1
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 173.15	1

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 66.13	1
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 365.64	4
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 365.64	4
DC DEPT OF BEHAVIORAL HEALTH	2023-12	DENIED	31-90 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 167.25	1
DC DEPT OF BEHAVIORAL HEALTH	2024-01	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2024-04	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 68.54	1
DC DEPT OF BEHAVIORAL HEALTH	2024-05	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 1,034.73	15
DC DEPT OF BEHAVIORAL HEALTH	2024-05	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 373.43	5
DC DEPT OF BEHAVIORAL HEALTH	2024-05	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 661.30	10
DC DEPT OF BEHAVIORAL HEALTH	2024-05	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 319.50	4
DC DEPT OF BEHAVIORAL HEALTH	2024-06	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 134.17	1
DC DEPT OF BEHAVIORAL HEALTH	2024-06	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 180.40	1
DC DEPT OF BEHAVIORAL HEALTH	2024-06	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 134.17	1
DC DEPT OF BEHAVIORAL HEALTH	2024-06	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 958.56	13
DC DEPT OF BEHAVIORAL HEALTH	2024-06	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 958.56	13
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 187.24	2
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 980.80	14
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 6,324.05	77
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 1,869.38	17
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 3,811.11	39
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 2,512.94	38
DC DEPT OF BEHAVIORAL HEALTH	2024-07	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 914.67	13
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 550.57	5
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	365	PROC/PLACE OF SVC CNFL	\$ 164.80	1
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 3,596.86	43
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 175.04	2
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 2,241.72	24
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 1,355.14	19
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5145	DC PUBLIC PROV. PAST TIMELY LT	\$ 120.21	1
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 455.44	3
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 334.50	2
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	31-90 DAYS	221	BENFC NAME MISMATCH	\$ 132.26	2
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 330.65	5
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 426.03	6
DC DEPT OF BEHAVIORAL HEALTH	2024-08	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 426.03	6
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 908.70	12
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 2,164.65	30
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 618.42	6

NAME	MONTH	STATUS	TIMETABLE	EXCEPTION CODE	EXCEPTION DESCRIPTION	BILLED	# OF CLAIMS
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 1,701.74	23
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 462.91	7
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 87.52	1
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 66.13	1
DC DEPT OF BEHAVIORAL HEALTH	2024-09	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 66.13	1
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 224.51	1
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 402.36	6
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 901.53	10
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 180.40	1
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 769.27	8
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 132.26	2
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 619.33	6
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	31-90 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 118.34	2
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 118.34	2
DC DEPT OF BEHAVIORAL HEALTH	2024-10	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 118.34	2
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	101	EXACT DUPLICATE CLAIM	\$ 1,162.72	16
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	221	BENFC NAME MISMATCH	\$ 1,749.01	8
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	253	DIAG NOT VALID FOR DOS	\$ 460.23	5
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	367	PROC/SERV PROV TYPE CNFL	\$ 2,018.61	23
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	423	SERV PROV NOT IN BILLING GROUP	\$ 2,086.72	10
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 1,621.83	17
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	3906	BH - INVALID SERVICE	\$ 462.91	7
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5218	SERVICE COVERED BY MCO.	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	01 - 30 DAYS	5237	MEDICARE ELIG/NOT XOVER	\$ 173.15	1
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	31-90 DAYS	721	SERVICING PROVIDER NOT ENROLL	\$ 268.34	2
DC DEPT OF BEHAVIORAL HEALTH	2024-11	DENIED	31-90 DAYS	3905	BH - INVALID SERV PROV TYPE	\$ 268.34	2
DC DEPT OF BEHAVIORAL HEALTH						\$ 57,601.05	634
GRAND TOTAL						\$ 27,280,733.54	49139

EXCEPTION CODE	EXCEPTION DESCRIPTION	EXCEPTION REASONS (UNDUPLICATED COUNT ALL AGENCIES)	RANK
5302	INELIGIBLE PROVIDER COS	117	1
5284	INELIGIBLE PROGRAM CODE	74	2
101	EXACT DUPLICATE CLAIM	59	3
0221	BENFC NAME MISMATCH	59	3
5145	DC PUBLIC PROV. PAST TIMELY LT	55	4
5218	SERVICE COVERED BY MCO.	53	5
143	BENFC NOT ELIGIBLE/NOT FOUND	50	
3905	BH - INVALID SERV PROV TYPE	46	
423	SERV PROV NOT IN BILLING GROUP	45	
266	QMB BENFC/ BILL XOVER ONLY	36	
5237	MEDICARE ELIG/NOT XOVER	34	
5283	INELIGIBLE PROGRAM CODE	33	
721	SERVICING PROVIDER NOT ENROLL	30	
367	PROC/SERV PROV TYPE CNFL	27	
2090	NO DED/COINS ON XOVER CLM LINE	27	
253	DIAG NOT VALID FOR DOS	24	
5228	SERVICE COVERED BY D-SNP	24	
432	PROC CODE REQUIRES REVIEW	22	
2718	BH CLAIM MUST HAVE BH DX CODE	22	
5318	CALC ALLOW CHRG LES TPL IS ZER	21	
3906	BH - INVALID SERVICE	19	
365	PROC/PLACE OF SVC CNFL	18	
3822	SERVICE COVERED BY PACE	17	
412	SERV PROV NOT ON FILE	16	
5410	TREATING PROVIDER MISSING	16	
1253	CLAIM DOS/BENFC DOD CONFLICT	15	
102	SUSPECT DUPLICATE CLAIM	14	
750	TPL-FOR BENFC-RESUB W/TPL EOB	12	
6786	S9485 CONTRA	12	
439	PROC NOT A BENEFIT FOR DOS	9	
117	INVALID 1ST PROC CODE MODIFIER	6	
3245	INVLD DIAG FOR PSY & OLP PROVS	6	
5217	UNABLE TO PRICE MODIFIER	6	
5672	MULTIPLE REND/ATTEND PIDS FND	6	
6941	S9485 LIMIT	6	
77	SERV DATE SPAN MORE ONE DOS	5	
142	BENFC NOT ELIG - RECYCLE	5	
132	SUBM CHARGE IS MISSING	4	
596	DIAG RELATED CODE INVALID	4	
6302	MHRS MED/SOMATIC & ACT CONTRA	4	

EXCEPTION CODE	EXCEPTION DESCRIPTION	EXCEPTION REASONS (UNDUPLICATED COUNT ALL AGENCIES)	RANK
51	SUM OF ACCM DYS NOT=TOT DYS	3	
332	DIAG/RELATED DIAG CODE MISSING	3	
366	PROC/PROV/SPEC MISMATCH	3	
6505	UR-NEW PATIENT EDITS/LIMITS	3	
112	DOS CANNOT SPAN MONTHS	2	
127	LAST DOS AFTER RECEIPT DATE	2	
433	PROVIDER LICENSE EXPIRED >30D	2	
437	PROC NOT VALID FOR SERV DATE	2	
610	WEB X-OVER MANUAL REVIEW	2	
3243	IMD 60 DAY STAY EXCEEDED	2	
5675	ATTEND NPI MISSING OR INVALID	2	
6312	MHRS COMMUNITY SUPPORT LIMIT	2	
32	CLAIM TYPE CANNOT BE ASSIGNED	1	
126	FIRST DOS AFTER LAST DOS	1	
384	UNGROUPABLE DRG CODE	1	
593	DRG INV PRIN DIAG	1	
718	NO DED/COINS ON XOVER CLM	1	
727	PRIOR AUTH # NOT ON FILE	1	
845	CLAIM HAS BEEN VOIDED/ADJUSTED	1	
1211	XOVER DEDUCT EXCDS ALLOW MAX	1	
3234	PROC/EPSTD AGE RESTRICTION	1	
6304	MHRS COMMUNITY SUPPORT CONTRA	1	
6358	MHRS COMMUNITY SUPPORT CONTRA	1	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Attachment 2 to Question 30:

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
1	T01 - Mental Health Rehab Services	H0036 - staff documentation on deceased beneficiary and for services not provided	Self audit findings: staff documentation on deceased beneficiary and for services not provided	CAP- Provider has recommendations as a result of this self audit to include: (See page 6 of document titled Final IIR Staff #472G O.A.) termination of staff reassignment of caseload MUI submission to DBH Retraction for disputed claims identified during investigation Refreshment training for all CSW Regular supervision meetings	Limited	\$489.63	\$489.63	\$489.63	
2	H00 - Pharmacy, Retail	Contacted Audit with Magellan	No Discrepancies found	As a result of this review of the documentation submitted, DHCF has determined that your pharmacy was found to have no reclaim discrepancies during the audit.	Moderate	\$0.00	\$0.00		
3	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$1,356.11	\$1,356.11		\$1,356.11
4	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$250.00	\$65.27		
5	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
6	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
7	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
8	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
9	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
10	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
11	H00 - Pharmacy, Retail	Contracted audit with Magellan	No Appeal Documentation Provided		Moderate	\$1,860.59	\$1,860.59	\$1,860.59	
12	H00 - Pharmacy, Retail	Contracted audit with Magellan	No Appeal Documentation Provided	Please review the case for closure.	Moderate	\$600.60	\$600.60	\$600.60	
13	H00 - Pharmacy, Retail	Contracted audit with Magellan	Documentation Submitted Supports Discrepancy: Audit Report indicates that eRx was used to generate Rx, but no original electronic prescription image with eRx tracer, message id, or authorization info provided.		Moderate	\$45,715.01	\$3,437.81	\$2,576.26	\$861.55
14	H00 - Pharmacy, Retail	Contracted audit with Magellan	Documentation Submitted Supports Discrepancy		Moderate	\$28,530.98	\$2,060.44	\$2,060.44	
15	H00 - Pharmacy, Retail	Contracted audit with Magellan	No Appeal Documentation Provided		Moderate	\$3,690.35	\$3,690.35	\$3,690.35	
16	H00 - Pharmacy, Retail	Contracted audit with Magellan	Documentation Submitted Supports Discrepancy		Moderate	\$32,921.69	\$3,745.72	\$0.00	\$3,745.72
17	H00 - Pharmacy, Retail	Contracted audit with Magellan	Documentation Submitted Supports Discrepancy		Moderate	\$15,942.99	\$166.14	\$166.14	
18	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Documentation Submitted Supports Discrepancy		Moderate	\$31,043.04	\$9,871.61	\$0.00	\$9,871.61
19	H00 - Pharmacy, Retail	Contracted audit with Magellan	"No Discrepancies Noted After Appeal"		Moderate	\$0.00	\$0.00		
20	H00 - Pharmacy, Retail	Contacted audit with Magellan	No Discrepancies Noted After Appeal		Moderate	\$0.00	\$0.00		

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
21	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: - Insufficient documentation - Encounter note does not substantiate - Medically unnecessary - False Documentation - Missing documentation - Claim Passed	Final Determination Reasons: - Insufficient documentation - Encounter note does not substantiate - Medically unnecessary - False Documentation - Missing documentation - Claim Passed	Moderate	\$2,016.15	\$2,016.15	\$0.03	
22	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: - Insufficient documentation - Encounter note does not substantiate - Medically unnecessary - False Documentation - Missing documentation - Claim Passed	Final Determination Reasons: - Insufficient documentation - Encounter note does not substantiate - Medically unnecessary - False Documentation - Missing documentation - Claim Passed	Moderate	\$2,016.15	\$2,016.15	\$2,016.12	\$0.03
23	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation, Encounter note does not substantiate claim, False Documentation, Service improperly billed, claim passed	Final Determination Reasons: Insufficient Documentation, Encounter note does not substantiate claim, False Documentation, Service improperly billed, claim passed	Moderate	\$2,175.67	\$2,175.67	\$2,175.67	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
24	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient documentation Missing Documentation Invalid treatment plan Service improperly billed False Documentation Medically unnecessary Encounter not does not substantiate claim	Final Determination Reasons: Insufficient documentation Missing Documentation Invalid treatment plan Service improperly billed False Documentation Medically unnecessary Encounter not does not substantiate claim	Moderate	\$3,031.71	\$3,031.71	\$3,031.71	
25	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim	Moderate	\$4,900.48	\$4,900.48	\$1,633.52	
26	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim	Moderate	\$4,900.48	\$4,900.48	\$3,266.96	\$1,633.52

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
27	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation, Invalid Treatment Plan, Service improperly billed, Medically unnecessary, Encounter note does not substantiate claim	Final Determination Reasons: Insufficient Documentation, Invalid Treatment Plan, Service improperly billed, Medically unnecessary, Encounter note does not substantiate claim	Moderate				
28	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determinations Reasons: Insufficient Documentation, Medically unnecessary	Final Determinations Reasons: Insufficient Documentation, Medically unnecessary	Moderate	\$675.17	\$675.17	\$675.17	
29	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for P&G Behavioral Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan 7. Claim Voided	Final Determination Reasons for P&G Behavioral Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan 7. Claim Voided	Moderate	\$2,354.19	\$2,354.19	\$2,354.19	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
30	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for District Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. Service Improperly Billed 5. Invalid Treatment Plan	Final Determination Reasons for District Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. Service Improperly Billed 5. Invalid Treatment Plan	Moderate	\$2,326.92	\$2,326.92	\$1,137.69	
31	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for District Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. Service Improperly Billed 5. Invalid Treatment Plan	Final Determination Reasons for District Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. Service Improperly Billed 5. Invalid Treatment Plan	Moderate	\$2,326.92	\$2,326.92	\$1,189.23	\$1,137.69
32	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for Neighbors Consejo MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. False Documentation 4. Service Improperly Billed 5. Missing Documentation	Final Determination Reasons for Neighbors Consejo MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. False Documentation 4. Service Improperly Billed 5. Missing Documentation	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
33	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for One Care DC MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan 7. Missing Documentation	Final Determination Reasons for One Care DC MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan 7. Missing Documentation	Moderate	\$2,354.19	\$2,354.19		\$2,466.29
34	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for Family Preservation MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed	Final Determination Reasons for Family Preservation MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate claim 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed	Moderate	\$5,609.65	\$5,609.65	\$5,609.65	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
35	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for New Hope Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan	Final Determination Reasons for New Hope Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan	Moderate	\$2,139.20	\$2,139.20	\$1,045.66	
36	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Final Determination Reasons for New Hope Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan	Final Determination Reasons for New Hope Health Services MHRS 2022 Focused Case 1. Insufficient Documents 2. Encounter Note does not substantiate 3. Medically Unnecessary 4. False Documentation 5. Service Improperly Billed 6. Invalid Treatment Plan	Moderate	\$2,139.20	\$2,139.20	\$1,093.54	\$1,045.66

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
37	T01 - Mental Health Rehab Services	H0039- Inappropriate documentation in the form of copy and pasted notes (Staff member- Nyonkah Fomungen-TACT Team Recovery Specialist)	CAP- Provider stated at the time of discovery of the inappropriate documentation, that they had been following their own internal plan of correction for improving progress note documentation that involved increased monitoring of progress notes and training by the clinical and compliance teams. Per provider, compliance reviews of progress notes are on-going and they continue to increase supervisory oversight of progress notes/.	CAP- Provider stated at the time of discovery of the inappropriate documentation, that they had been following their own internal plan of correction for improving progress note documentation that involved increased monitoring of progress notes and training by the clinical and compliance teams. Per provider, compliance reviews of progress notes are on-going and they continue to increase supervisory oversight of progress notes/.	Limited	\$27,851.70	\$27,851.70	\$27,851.70	
38	T01 - Mental Health Rehab Services	H0039- Inappropriate documentation in the form of copy and pasted notes (Staff member- Abayomi Afolayan-TACT Team Recovery Specialist)	Provider's Plan of Correction Staff member resigned prior to discovery of inappropriate documentation Continued compliance reviews of progress notes (clinical and compliance teams) Increased supervisory oversight of progress notes	Provider's Plan of Correction Staff member resigned prior to discovery of inappropriate documentation Continued compliance reviews of progress notes (clinical and compliance teams) Increased supervisory oversight of progress notes	Limited	\$47,418.90	\$47,418.90	\$47,418.90	
39	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
40	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Resolution Description to: Final Determination Reasons for MBI Health Services MHRS 2022 Focused Case 1. Insufficient Documents 1% 2. Encounter Note does not substantiate claim 13% 3. Invalid Treatment Plan 3% 4. Missing Documentation 1% 5. Claim Passed 46% Resolution Outcome to: Recovery of overpayment	Resolution Description to: Final Determination Reasons for MBI Health Services MHRS 2022 Focused Case 1. Insufficient Documents 1% 2. Encounter Note does not substantiate claim 13% 3. Invalid Treatment Plan 3% 4. Missing Documentation 1% 5. Claim Passed 46% Resolution Outcome to: Recovery of overpayment	Moderate				
41	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Resolution Description to: Final Determination Reasons for McClendon Center MHRS 2022 Focused Case 1. Insufficient Documents 14% 2. Missing Documentation 1% 3. Invalid Treatment Plan 4% 4. Service Improperly Billed 2% 5. False Documentation 5% 6. Medically Unnecessary 1% 7. Encounter Note does not substantiate claim 8% Resolution Outcome to: Recovery of overpayment	Resolution Description to: Final Determination Reasons for McClendon Center MHRS 2022 Focused Case 1. Insufficient Documents 14% 2. Missing Documentation 1% 3. Invalid Treatment Plan 4% 4. Service Improperly Billed 2% 5. False Documentation 5% 6. Medically Unnecessary 1% 7. Encounter Note does not substantiate claim 8% Resolution Outcome to: Recovery of overpayment	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
42	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Resolution Description to: Final Determination Reasons for New Living Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 5% 2. Encounter Note does not substantiate claim 7% 3. Medically Unnecessary 3% 4. False Documentation 1% 5. Invalid Treatment Plan 2% 6. Missing Documentation 1% 7. Claim Passed 52% Resolution Outcome to: Recovery of overpayment	Resolution Description to: Final Determination Reasons for New Living Health Care Services MHRS 2022 Focused Case 1. Insufficient Documents 5% 2. Encounter Note does not substantiate claim 7% 3. Medically Unnecessary 3% 4. False Documentation 1% 5. Invalid Treatment Plan 2% 6. Missing Documentation 1% 7. Claim Passed 52% Resolution Outcome to: Recovery of overpayment	Moderate				
43	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Lack of documentation to support billing and reimbursement		Moderate				
44	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Resolution Description to: Final Determination Reasons for PSI MHRS 2022 Focused Case 1. Insufficient Documents 5% 2. Encounter Note does not substantiate claim 3% 3. Service Improperly Billed 3% 4. Claim Voided 4% 5. Claim Passed 27% Resolution Outcome to: Recovery of overpayment	Resolution Description to: Final Determination Reasons for PSI MHRS 2022 Focused Case 1. Insufficient Documents 5% 2. Encounter Note does not substantiate claim 3% 3. Service Improperly Billed 3% 4. Claim Voided 4% 5. Claim Passed 27% Resolution Outcome to: Recovery of overpayment	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
45	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Resolution Description to: Final Determination Reasons for Psychiatric Center Chartered MHRS 2022 Focused Case 1. Insufficient Documents 1% 2. Encounter Note does not substantiate claim 19% 3. Service Improperly Billed 5% 4. Claim Passed 40% Resolution Outcome to: Recovery of overpayment	Resolution Description to: Final Determination Reasons for Psychiatric Center Chartered MHRS 2022 Focused Case 1. Insufficient Documents 1% 2. Encounter Note does not substantiate claim 19% 3. Service Improperly Billed 5% 4. Claim Passed 40% Resolution Outcome to: Recovery of overpayment	Moderate				
46	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Lack of documentation to support billing and reimbursement		Moderate				
47	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Lack of documentation to support billing and reimbursement		Moderate				
48	T01 - Mental Health Rehab Services	Supported Employment Annual 2022	Claim Passed 64% Medically Unnecessary 1% Encounter does not substantiate claim 4% Insufficient documentation 1%	Claim Passed 64% Medically Unnecessary 1% Encounter does not substantiate claim 4% Insufficient documentation 1%	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
49	T01 - Mental Health Rehab Services	MHRS Focused 2022	Claim Passed 21% Claim Voided Missing Documentation Invalid Treatment Plan Service improperly billed 11% False Documentation 7% Medically unnecessary 1% Encounter note not substantiate claim 11% Insufficient documentation 21% Other	Claim Passed 21% Claim Voided Missing Documentation Invalid Treatment Plan Service improperly billed 11% False Documentation 7% Medically unnecessary 1% Encounter note not substantiate claim 11% Insufficient documentation 21% Other	Moderate				
50	T01 - Mental Health Rehab Services	MHRS Focused 2022	Claim Passed 58% Claim Voided Missing Documentation Invalid Treatment Plan 3% Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim 3% Insufficient documentation 8% Other	Claim Passed 58% Claim Voided Missing Documentation Invalid Treatment Plan 3% Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim 3% Insufficient documentation 8% Other	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
51	T01 - Mental Health Rehab Services	MHRS Focused 2022	Claim passed 37% Claim Voided Missing documentation Invalid treatment Plan 4% Service improperly billed 4% False Documentation 7% Medically unnecessary 1% Encounter note does not substantiate claim 6% Insufficient documentation 9%	Claim passed 37% Claim Voided Missing documentation Invalid treatment Plan 4% Service improperly billed 4% False Documentation 7% Medically unnecessary 1% Encounter note does not substantiate claim 6% Insufficient documentation 9%	Moderate				
52	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim		Moderate				
53	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
54	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim		Moderate				
55	T01 - Mental Health Rehab Services	Supported Employment Annual 2022	Claim Passed 30% Claim Voided Missing Documentation 2% Invalid Treatment Plan 9% Service improperly billed 1% False Documentation Medically unnecessary Encounter note does not substantiate claim 5% Insufficient documentation	Claim Passed 30% Claim Voided Missing Documentation 2% Invalid Treatment Plan 9% Service improperly billed 1% False Documentation Medically unnecessary Encounter note does not substantiate claim 5% Insufficient documentation	Limited	\$651.35	\$651.35	\$651.35	
56	T01 - Mental Health Rehab Services	MHRS Focused 2022	Claim passed 37% Claim Voided Missing Documentation Invalid Treatment Plan 3% Service improperly billed 7% False Documentation 8% Medically unnecessary Encounter note does not substantiate claim 10% Insufficient Documentation Other	Claim passed 37% Claim Voided Missing Documentation Invalid Treatment Plan 3% Service improperly billed 7% False Documentation 8% Medically unnecessary Encounter note does not substantiate claim 10% Insufficient Documentation Other	Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
57	T01 - Mental Health Rehab Services	MHRS Focused 2022	Final Determination Reasons: Insufficient Documentation Service improperly billed False Documentation Medically unnecessary Encounter note does not substantiate claim		Moderate				
58	U08 - EHR Incentive Paymnt Financial	Housing Up is out of compliance with not only the terms of the program but also with the terms of the vendor contract as it relates to invoicing	Lack of documentation to support billing and reimbursement	Recoupment was mailed in on April 26,2024 Check will be deposited today May 15,2024	Moderate	\$22,500.00	\$22,500.00	\$22,500.00	
59	T01 - Mental Health Rehab Services	DBH Collab MHRS 2022	Insufficient Documentation	Resolution Description to: Final Determination Reasons for Woodley House MHRS 2022 Focused Case 1. Insufficient Documents 9% 2. Encounter Note does not substantiate claim 1% 3. Medically Unnecessary 4% 3. Service Improperly Billed 3% 4. Invalid Treatment Plan 1% 5. Claim Voided 2% 6. Claim Passed 50% Resolution Outcome to: Recovery of overpayment	Moderate	\$667.45	\$667.45		\$667.45
60	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Service improperly billed	Audit results: No appeal documentation provided. Last payment(s) received 06/24/2024. Recoupment Balance is \$0.	Moderate	\$11,127.42	\$11,127.42	\$11,127.42	
61	H00 - Pharmacy, Retail	Contacted Audit with Magellan	False Documentation		Moderate	\$6,585.06	\$2,160.68	\$2,160.68	
62	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Medically unnecessary		Moderate	\$14,960.36	\$6,882.08		\$6,882.08
63	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Encounter note does not substantiate claim	\$0 identified for recovery	Moderate	\$0.00	\$0.00		
64	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
65	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$0.00	\$0.00		
66	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$0.00	\$0.00		
67	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$54,925.16	\$0.00		
68	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$0.00	\$0.00		
69	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$11,456.32	\$7,680.12		\$7,680.12
70	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate	\$22,196.87	\$175.81		\$175.81
71	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
72	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
73	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
74	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
75	U08 - EHR Incentive Paymnt Financial	EHR Incentive Payment Review			Moderate				
76	T01 - Mental Health Rehab Services	False Claims Act Review			Moderate				
77	W01 - IDD Waiver	False Claims Act Review			Moderate				
78	D00- Hospital, General	False Claims Act Review			Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
79	U08 - EHR Incentive Paymnt Financial	False Claims Act	Humanity in Transition is out of compliance with the expectations and corresponding incentive amounts associated with Milestone 3, Track 1. HIT cancelled the contract on 2/20/2024 to implement the EHR record.	Humanity in Transition is out of compliance with the expectations and corresponding incentive amounts associated with Milestone 3, Track 1. HIT cancelled the contract on 2/20/2024 to implement the EHR record.	Moderate	\$22,500.00	\$22,500.00	\$22,500.00	
80	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
81	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
82	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
83	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
84	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
85	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
86	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
87	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
88	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
89	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
90	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
91	H00 - Pharmacy, Retail	Contacted Audit with Magellan	Lack of documentation to support billing and reimbursement		Moderate				
92	W02 - EPD Waiver	Assisted Living	Lack of documentation to support billing and reimbursement		Moderate				
93	W02 - EPD Waiver	EPD Quarterly Audit-Assisted Living Facility-T2031-U3	Documentation for beneficiaries was collected electronically to support the claims paid. Based on the 75 sample claims reviewed, billing deficiencies were identified and 100% of the claims failed. • The provider does not maintain billing documentation to support claims billed. • The provider does not maintain a daily/weekly resident census. • The provider does not have maintain written or electronic billing tracking record to verify and provide to billing personnel. • There were no beneficiaries prior authorized for Personal Care Aide (PCA) services concurrently with ALS to supplement services provided by the assisted living facility. The provider submitted documentary evidence and written plan of corrections that was acceptable for review and a final determination was made.	Provider submitted overpayment via check and a plan of corrections that was accepted.	Moderate	\$424.26	\$424.26	\$424.26	
94	W02 - EPD Waiver	Assisted Living Facility	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
95	I00 - Durable Medical Equipment	Amerihealth MCO claims -To verify that claims were paid appropriately in accordance with regulations, billing manual for codes A6250 and A4554.	• 719A form is not valid for date of service (DOS) • Sections of 719A form appear to be altered • Discrepancy between units billed and units delivered • Face to face encounter not documented within 6 months of start of service • Incomplete 719A form • Item not prescribed by physician or LP of healing arts • Lack of documentation to support billing and reimbursement • Incomplete face to face certification • NPI not provided on 719A form • Number of Units/Items ordered does not reflect Units/Items delivered • Number of Units ordered not documented on the 719A form • Proof of delivery missing		High	\$30,580.12			

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
96	W01 - IDD Waiver	Billing Deficiencies for In Home Support (99509) and Companion Service (S5135)	*More units billed than units of service documented *Billing for service on days not authorized *Overlapping hours with service *Service not identified on the ISP/POC/Service authorization *Progress note (PN) does not contain information per DCMR 1909.2 (m)(1) and/or DCMR 1909.2 (m)(3) *Discrepancy in documentation sources *Lack of documentation - PN/TS/EVV missing *PN documentation appears to be copy and paste for several dates of services (T. McCrary). *Manual EVV Adjustments		Moderate	\$30,795.42	\$28,507.90	\$22,372.38	
97	W01 - IDD Waiver	Overbilling Rate	*Progress Note Missing Start/End Time (Recoup)(Plan of Correction) *EVV Manually adjusted (Plan of Correction) *More units billed than units of service documented (Recoup) (Plan of Correction) *Discrepancy in documentation sources (Plan of Correction)	Received Recoupment of Overpayment \$577.60 on 02/29/2024 via hand delivered check to me by Provider's Quality Assurance personnel Mr. Karim Diop.	Moderate	\$577.60	\$577.60		\$577.60

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
98	W01 - IDD Waiver	In Home Support IFS Services	Lack of Documentation PN/TS - 15 claims =48% Discrepancy in documentation sources -24 claims = 77% Progress Note Missing Start/End Time - 16 claims = 52% Progress Note does not contain information required per DCMR 9006.2 - 16 claims = 52% EVV manually adjusted - 100% entries - 31 claims = 100% Incomplete DOS (Without year) -8 claims =25%		Moderate	\$6,873.44	\$6,873.44	\$6,873.44	
99	W01 - IDD Waiver	100% manual EVV entries for In home supports svc 99509, IDD waiver provider	• Person not eligible to receive Waiver services per DCMR 1902.1 (d) and DC Official Code § 7-1301.03(22) • Claims paid for discrepancy in documentation sources		Moderate	\$5,082.88	\$5,082.88	\$5,082.88	
100	W01 - IDD Waiver	Companion Services and In Home Support	Lack of documentation- PN/TS/EVV missing Discrepancy in doc. sources PN missing start /end time PN does not contain information per DCMR 1909.2 (m)(3) EVV manually entered Cloning of documentation		Moderate	\$8,674.72	\$8,674.72	\$8,674.72	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
101	F00 - Nursing Facility	Nursing Facility Add On Payments-Behavioral Complex	Recoupment paid in full from Inspire Rehabilitation Health Center LLC for the behaviorally complex care audit results (0919)- AUD-24-0014		Moderate	\$3,027.50	\$3,027.50	\$3,027.50	
102	F00 - Nursing Facility	NF Add on Payment Rev Code 0919 - Behaviorally Complex Care	Lack of documentation to support billing and reimbursement		Limited				
103	Z02 - Medical Transportation Broker	Deliver Services for Cy 2023	Lack of documentation to support billing and reimbursement		Moderate				
104	W01 - IDD Waiver	Billing Deficiencies for S5135	* Billing for services not authorized *Service not identified on the ISP/POC/Service Authorization		Moderate	\$195,493.24	\$141,425.68	\$11,666.61	
105	W01 - IDD Waiver	Billing Deficiencies for S5135	* Billing for services not authorized *Service not identified on the ISP/POC/Service Authorization		Moderate	\$195,493.24	\$141,425.68	\$129,759.07	\$11,666.61
106	W01 - IDD Waiver	Audit expansion - In home support (99509) services provided to a beneficiary who was not a resident of D.C. (dates excluded 10/1/23-10/22/23)	Person not eligible to receive Waiver services per DCMR 1902.1 (d) and DC Official Code § 7-1301.03(22) Discrepancy in billed units in comparison with allowed units by electronic visit verification (EVV)	On October 30th, DHCF filed Joint Motion to Dismiss because the parties have reached agreements. /	Moderate	\$65,314.20	\$65,314.20		\$65,314.20
107	W01 - IDD Waiver	Companion (S5135) and IDS (T2021) services provided to a beneficiary who was not a resident of D.C	* Person not eligible to receive Waiver services per 29 DCMR § DCMR 1902.1 (d) and DC Official Code § 7-1301.03(22)	On September 25, 2024, OAH received the parties' Joint Motion to Dismiss	Moderate	\$47,315.84	\$47,315.84		\$47,315.84
108	W02 - EPD Waiver	EPD Waiver Services Review	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
109	W02 - EPD Waiver	EPD Waiver Case Management Services Initial/Monthly Coord.	Lack of documentation to support billing and reimbursement		Moderate				
110	W01 - IDD Waiver	Companion Services, In Home Support, Supported Living Services	Lack of documentation to support billing and reimbursement		Moderate	\$26,469.10	\$26,469.10	\$1,200.00	\$25,269.10
111	W01 - IDD Waiver	Companion Services, In Home Support, Supported Living Services	Lack of documentation to support billing and reimbursement		Moderate	\$26,469.10	\$26,469.10	\$16,800.00	\$8,469.10
112	F00 - Nursing Facility	Behavioral Health-Add On Payments	Recoupment paid in full for Behaviorally Complex Audit - Serenity Rehabilitation and Health Center, LLC		Moderate	\$1,211.00	\$1,211.00	\$1,211.00	
113	F00 - Nursing Facility	NF Add on Payment Rev Code 0229 Bariatric Care	Lack of documentation to support billing and reimbursement		Limited	\$1,261.50	\$1,261.50	\$1,261.50	

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
114	W01 - IDD Waiver	Billing Deficiencies for Companion Service (S5135)	1 Beneficiary: M. Childress; Audit Period: October 1, 2023 - January 31, 2024; Number of Claims: 78 (100% Universe); Universe Amount: \$19,371.52 Identified Deficiencies: - Lack of Documentation- PN/TS Missing - PN does not contain information per DCMR 1909.2(m)(1) and/or DCMR 1909.2(m)(3) -Billing for more hours than authorized -Companion Services may not be used outside of regular Monday to Friday daytime hours in combination with 24-Hour Supported Living with Transportation Services per DCMR 1939.6 -To be eligible for Medicaid reimbursement, companion services shall not: (d) be provided to a person who requires 24-hour medical one-to-one supports at home or in the community per DCMR 1939.7 -PN missing signature -PN missing Start/End Time -Discrepancy in documentation sources		Moderate	\$19,371.52	\$19,371.52		\$19,371.52

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
115	W01 - IDD Waiver	Ensuring proper documentation that supports reported services and procedures for 99509 (In-Home Supports) & (Respite Services) T1005	Discrepancies in documentation sources: Documentation submitted by the provider Progress Note (PN) and Timesheet (TS) to support billing and reimbursement did not match. Discrepancy in documentation sources 7 \$1,617.28 PN Missing start/end time 1 \$54.64 Electronic Visit Verification (EVV) manually entered 65 Recoup \$0 Total 8 claims , amount to recoup \$1,671.92		Moderate	\$1,671.92			
116	F00 - Nursing Facility	NF Add on Payment Rev Code 0229- Bariatric Expansion	Lack of documentation to support billing and reimbursement		Limited				
117	A01 - Physician, Group Practice	EPSDT Services Review	Lack of documentation to support billing and reimbursement		Limited				
118	A01 - Physician, Group Practice	EPSDT Services Review	Lack of documentation to support billing and reimbursement		Limited				
119	W01 - IDD Waiver	Companion Services (S5135) provided by family member post PHE	Person's relative provided Medicaid reimbursable companion services to a person post PHE (public health emergency). Per DCMR 1939.12, an employee may not provide companion services to a person if he or she is the person's relative.		Moderate	\$18,288.00	\$18,288.00	\$9,144.00	\$9,144.00

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
120	W01 - IDD Waiver	Companion Services (S5135) provided by family member post PHE	Person's relative provided Medicaid reimbursable companion services to a person post PHE (public health emergency). Per DCMR 1939.12, an employee may not provide companion services to a person if he or she is the person's relative.		Moderate	\$18,288.00	\$18,288.00	\$9,144.00	
121	A01 - Physician, Group Practice	EPSDT Services Review	Lack of documentation to support billing and reimbursement		Limited				
122	F00 - Nursing Facility	NF Add on Payment Rev Code 0229 Bariatric Care	Lack of documentation to support billing and reimbursement		Limited				
123	W01 - IDD Waiver	Companion Service S5135	Discrepancy between Frequency of Companion Service stated on the ISP and Svc Auth Billing for more units than authorized Billing without authorization Double billing on the same DOS with other provider Billing for Saturday and Sunday (This finding occurred just one time)		Moderate	\$686,168.38	\$565,109.06	\$11,500.00	\$553,609.06
124	W01 - IDD Waiver	Companion Service S5135	Discrepancy between Frequency of Companion Service stated on the ISP and Svc Auth Billing for more units than authorized Billing without authorization Double billing on the same DOS with other provider Billing for Saturday and Sunday (This finding occurred just one time)		Moderate	\$686,168.38	\$565,109.06	\$126,500.00	\$427,109.06

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
125	W01 - IDD Waiver	Supported Living w/Skilled Nursing w/Transportation T2017 HI TE & Companion Services S5135	* Discrepancy in Documentation Sources * To be eligible for Medicaid reimbursement, Companion Services shall not: (d) be provided to a person who requires 24-hour medical one-to-one supports at home or in the community per DCMR 1939.7 *Lack of documentation to support billing and reimbursement- PN/TS Missing *Progress Note does not contain information per DCMR 1909.2 (m)(1) *Progress Note Late Entries (Provider Education) - did not recoup *Progress Note mislabeled with incorrect service being rendered (recouped - not able to verify what service was rendered) *Billing for more hours than authorized	E-mailed Offset Memo Request to Kris Price - Operations as of 09/20/2024 to start weekly offsets from provider in the amount of \$1,464.21 for 12 weeks until full recoupment is completed.	Moderate	\$17,570.57	\$17,570.57	\$5,856.84	\$11,713.73
126	W01 - IDD Waiver	In Home Support 99509	*PN does not contain information per DCMR 9006.2 (m)(1) and/or 9006.2 (m)(3) *Discrepancy in documentation sources *EVV inappropriately adjusted		Moderate	\$231.04	\$231.04		\$231.04

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
127	W01 - IDD Waiver	EVV, Manual verified visits for In-Home Supports- 99509 U4 CR	Discrepancy in documentation sources Cloning of documentation EVV visit manually entered and manually verified Progress Note does not contain information per DCMR 1909.2 (m)(1) Progress note does not contain information per DCMR 1909.2 (m)(3)		Moderate	\$690.56	\$690.56	\$690.56	
128	W01 - IDD Waiver	EVV- Manual verified visits for Periodic Supported Living- T2017 U1	Cloning of documentation Discrepancy in documentation sources Lack of documentation Documentation does not support units billed Documentation of service delivery during time when person was at work EVV visit manually entered and manually verified Progress note does not contain information per DCMR 1909.2 (m)(1) EVV manually adjusted for time in/out		Moderate	\$12,270.08	\$12,270.08	\$2,045.02	\$10,225.06
129	W02 - EPD Waiver	EPD Waiver PCA Services (T1019-NP-U3)	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
130	W01 - IDD Waiver	Companion Services S5135	Service not identified in the persons ISP Billed with incorrect Modifier, does not match level of service authorized Billing for services not authorized Billing more units than authorized Duplicate claim billed for same DOS Companion services may not be used outside of regular Mon to Fri daytime hours		Moderate	\$224,903.55	\$200,397.87		\$200,397.87
131	W02 - EPD Waiver	PCA Services	Lack of documentation to support billing and reimbursement		Moderate				
132	F00 - Nursing Facility	Behavioral Health-Add On Payments	Lack of documentation to support billing and reimbursement		Limited				
133	H00 - Pharmacy, Retail	False Claims Act Annual Provider Audit	Lack of documentation to support billing and reimbursement		Moderate				
134	L00 - Home Health Agency	State Plan PCA Services (T1019-NP)	Lack of documentation to support billing and reimbursement		High				
135	T01 - Mental Health Rehab Services	Services Billed After Date of Death	Lack of documentation to support billing and reimbursement		Moderate				
136	T01 - Mental Health Rehab Services	Services Billed After Date of Death	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
137	W01 - IDD Waiver	Double billing of service with another provider (99509 In Home Support)	• Service canceled in person's Individual Support Plan (ISP) and transferred to another provider • Discrepancy in documentation sources to support billing and reimbursement • EVV- Manual visit entry and/or manually verified visit (Provider manually entered EVV call in/call out, Provider manually verified EVV visit, EVV inappropriately adjusted for time in/out) • Progress note does not contain documentation on the progress in meeting goals in ISP		Moderate	\$4,775.68	\$4,775.68		\$4,775.68
138	X04 - Clinic, Adlt Alc/Subst Abuse	ASURS	Lack of documentation to support billing and reimbursement		Moderate	\$1,514.62	\$1,514.62		\$1,514.62
139	X04 - Clinic, Adlt Alc/Subst Abuse	ASURS	Lack of documentation to support billing and reimbursement		Moderate				
140	X04 - Clinic, Adlt Alc/Subst Abuse	ASURS - H0002-TG	Lack of documentation to support billing and reimbursement		Moderate	\$373.78	\$0.00		
141	X04 - Clinic, Adlt Alc/Subst Abuse	ASURS	Lack of documentation to support billing and reimbursement		Moderate	\$576.39	\$576.39		\$576.39
142	X04 - Clinic, Adlt Alc/Subst Abuse	SURS	Lack of documentation for services billed.		Moderate	\$904.60	\$904.60		\$904.60
143	X04 - Clinic, Adlt Alc/Subst Abuse	Substance Use Disorder Review	Lack of documentation to support billing and reimbursement		Moderate				
144	X04 - Clinic, Adlt Alc/Subst Abuse	Substance Abuse Assessments	Lack of documentation to support billing and reimbursement		Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
145	X04 - Clinic, Adlt Alc/Subst Abuse	Substance Abuse	Lack of documentation to support billing and reimbursement		Moderate				
146	X04 - Clinic, Adlt Alc/Subst Abuse	Substance Abuse	Lack of documentation to support billing and reimbursement		Moderate				
147	W01 - IDD Waiver	100% EVV Manual Entries- Periodic Supported Living T2017 & T2016 Supported Living	Billing for incorrect Service Progress note lacks detailed information on the progress in meeting goals in the Individual Support Plan (ISP) Progress note appears to be a clone of documentation Documentation completed at start of shift Lack of documentation to support billing and recoupment Discrepancy in documentation sources to support billing Manual Electronic Visit Verification (EVV) entries Billing more units than documented Person is not receiving direct care staff support from the DSP The number of hours of service documented does not support the rate billed for Supported Living services	Check has been received for the identified overpayment amount of \$26,378.88	Moderate	\$26,378.88	\$26,378.88	\$26,378.88	
148	I00 - Durable Medical Equipment	Claim(s) paid for services after the death of a beneficiary.	Lack of documentation to support billing and reimbursement		High				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
149	W01 - IDD Waiver	Ensuring proper documentation that supports reported services and procedures for 99509 (In-Home Supports Services) & S5135 (Companion Services) & T1005 (Respite Services)	Deficiency Number of Claims Number of Claims to Recoup Amount to Recoup Lack of documentation to support billing and reimbursement 4 \$516.72 progress note appears to be a clone of documentation 7 \$1,219.20 progress note signed and dated prior to service delivery 1 \$231.04 Missing progress note end time 1 \$231.04 Missing progress note signature 1 \$203.20 Electronic Visit Verification (EVV) manually entered 600 \$0.00 Total 12 claims \$2,401.20 to recoup It was observed by reviewing the PN, that the same DSP was providing both services. In Home Support from 3:30 pm-11:30 pm, and Respite from midnight 12 am to 8 am. However, the spelling of the DSP name, the signature, and the handwriting were different. (The respite notes were written in print. The In-Home Support notes were written in cursive). Based on the identified deficiencies and observations from the first audit, DPI decided to conduct an expansion of the audit to determine if the same identified deficiencies were found among other beneficiaries or other services.		Moderate	\$2,401.20			

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
150	W01 - IDD Waiver	Two providers billing for In home supports (99509) for the same DOS and same beneficiary	• Discrepancy in documentation sources to support billing and reimbursement • Progress note signed and dated prior to date of service (DOS) • Progress notes lacks detail on the progress in meeting the specific goals in the ISP and Plan of Care		Moderate	\$1,434.24	\$1,434.24		\$1,434.24
151	W01 - IDD Waiver	Audit Expansion regarding suspected fraudulent documentation submitted for services rendered for In Home Support (99509)	progress note appears to be a clone of documentation 11 \$2,541.44 Electronic Visit Verification (EVV) manually entered 11 \$0 recoupment Total 11 claims \$2,541.44 All DSP penmanship looked similar, not able to verify who rendered the service • Cross outs & white outs were used on weekly Timesheets and Progress Notes • DSP names written in different variations on all supporting documents (Timesheets, EVV, and Progress Notes) • DSP names spelled differently on all documents: Progress Notes, Timesheet, EVV		Moderate	\$2,541.11			

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
1	T01 - Mental Health Rehab Services	MHRS Services Review			Moderate				
2	T01 - Mental Health Rehab Services	MHRS Services Review			Moderate				
3	T01 - Mental Health Rehab Services	MHRS Services Review			Moderate				
4	T01 - Mental Health Rehab Services	Staff documentation on deceased client - H0036		Will refer to investigations for review. provider has voided claims identified as overpayment due to staff's fraudulent documentation (please see notes and files section for more details) Provider QI Department recommendations: Terminate staff and Reassign staff's workload to ensure continuity of care Clinical Team >Wellness check on all consumers in workload MUI submission to DBH Notification to DHCF/DPI Retract claims Refresher training for all CSW Supervision meetings by the clinical team	High				
5	T01 - Mental Health Rehab Services	ACT Services							
6	W02 - EPD Waiver	Chore Services- S5120			Moderate				
7	W02 - EPD Waiver	EPD Waiver Review			Moderate				
8	W01 - IDD Waiver	T2016 HI UA (Supported Living w/ Transport)			Moderate				
9	W01 - IDD Waiver	S5135 -Companion Services			Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Report Index	Provider Type	Audit Focus	Summary of Identified Deficiencies (Brief)	Resolution Description	DHCF Identified Risk Level	Proposed Recoupment Amount	Sum Final Recoupment Amount	Amount Recovered Current Fiscal year	Recoupment Balance Due
10	W01 - IDD Waiver	T2021 HI - Individualized Day Support 1:2			Moderate	\$2,714.40			
11	W02 - EPD Waiver	EPD Waiver Chore Aide Service/Homemaker Services			Moderate				
12	W01 - IDD Waiver	Companion Services S5135			Moderate				
13	W01 - IDD Waiver	High percentage of manually verified EVV visits and manual EVV visits; audit with focus on 3 services rendered on same day- In Home Supports, Companion, Respite			Moderate				
14	W01 - IDD Waiver	Companion Services			Moderate				

Department of Health Care Finance
FY2024 Performance Oversight Questions

Attachment 1 to Question 30:

Provider Type	Date Referred	Referred To	Status
LCSW - MHRS	2/7/2024	MFCU and L.E.	Pending Criminal Investigation
LCSW - MHRS	2/7/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	2/1/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	2/1/2024	MFCU and L.E.	Pending Criminal Investigation
DDS/DSW	2/1/2024	MFCU and L.E.	Pending Criminal Investigation
DENTAL	2/1/2024	MFCU and L.E.	Pending Criminal Investigation
CSA	5/7/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	2/1/2024	MFCU and L.E.	Pending Criminal Investigation
CSA	10/1/2023	MFCU and L.E.	Pending Criminal Investigation
Pharmacy	6/25/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	6/25/2024	MFCU and L.E.	Pending Criminal Investigation
Pharmacy	6/25/2024	MFCU and L.E.	Pending Criminal Investigation
Physician	8/13/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	7/17/2024	MFCU and L.E.	Pending Criminal Investigation
Pharmacy	10/16/2024	MFCU and L.E.	Pending Criminal Investigation
PCA	12/17/2024	MFCU and L.E.	Pending Criminal Investigation
PCA	12/17/2024	MFCU and L.E.	Pending Criminal Investigation
PDW	12/17/2024	MFCU and L.E.	Pending Criminal Investigation
DENTAL	--	--	On-going
DBH	--	--	On-going
PCA/SMW	--	--	On-going
DDS-Supported Employment	--	--	On-going
Nurse-PCA	--	--	On-going
Beneficiary Recruiter / PCA	--	--	On-going
PCA Beneficiary	--	--	On-going
SMW PDW	--	--	On-going
HHA/PCA	--	--	On-going
Unlicensed Dentist	--	--	On-going
SMW-Mult.	--	--	On-going
SMW PDW	--	--	On-going
SMW PDW	--	--	On-going
	--	--	
Transportation	--	--	On-going
SMW PDW	--	--	On-going

Department of Health Care Finance
FY2024 Performance Oversight Questions

DENTAL	--	--	On-going
DBH Core Svc Psychiatry	--	--	On-going
Physician	--	--	On-going
PDWs	--	--	On-going
SMW PDW	--	--	On-going
DENTAL	--	--	On-going
	--	--	
PCA	--	--	On-going
DENTAL	--	--	On-going
Beneficiary PCA	--	--	On-going
	--	--	
PCA	--	--	On-going
DENTAL	--	--	On-going
MD - Allergist	--	--	On-going
Mental Health	--	--	On-going
HSCSN/Medical Dr.	--	--	On-going
CSW	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PDW	--	--	On-going
PDW	--	--	On-going
PDW	--	--	On-going
Pharmacy	--	--	On-going
DBH	--	--	On-going
DME	--	--	On-going
PCA	--	--	On-going

Department of Health Care Finance
FY2024 Performance Oversight Questions

DBH	--	--	On-going
PCA	--	--	On-going
DBH	--	--	On-going
Beneficiary	--	--	On-going
PCA	--	--	On-going
	--	--	
PDW	--	--	On-going
PDW	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
HHA/PCA	--	--	On-going
PDW/CDDC Employee	--	--	On-Going
	--	--	
	--	--	
PDW	--	--	On-Going
PDW	--	--	On-Going
CSW	--	--	On-going
DENTIST	--	--	On-Going
PDW	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
DME	--	--	On-going
PDW	--	--	On-going
PDW	--	--	On-going
DENTAL	--	--	On-going
Ophthalmology	--	--	On-going
PDW/Estate	--	--	On-going
CSA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PCA	--	--	On-going
PDW	--	--	On-going
Psychologist	--	--	On-going
PCA	--	--	On-going
DENTAL	--	--	On-going
PDW	--	--	On-going
PDW	--	--	On-going
PDW	--	--	On-going
HHA	--	--	On-going
PCA	--	--	On-going

Department of Health Care Finance
FY2024 Performance Oversight Questions

PCA	--	--	On-going
LCSW	--	--	On-going
PDW	--	--	On-going
DME	--	--	On-going
DME	--	--	On-going
DME	--	--	On-going
Pharmacy	--	--	On-going
DDS	--	--	On-going
DDS	--	--	On-going
LAB - MCO/MedStar	--	--	On-going
Physician	--	--	On-going
Dental	--	--	On-going
CFDC	--	--	On-going
Lab	--	--	On-going
DBH CSW	--	--	On-going
DDS/IDD	--	--	On-going
DENTAL	--	--	On-going
DBH	--	--	On-going
HHA	--	--	On-going
PCA	--	--	On-going
Dentist	--	--	On-going
DBH	--	--	On-going
MCO	--	--	On-going
DBH	--	--	On-going
PDW	--	--	On-going
DENTAL	--	--	On-going
DENTAL	--	--	On-going
Physician	--	--	On-going
PCA	--	--	On-going
CSA	--	--	On-going
Pharmacy	--	--	On-going
MHRS	--	--	On-going
CASE MGMT	--	--	On-going
Pharmacy	--	--	On-going
LAB	--	--	On-going
PDW	--	--	On-going
PCA	--	--	On-going
PDW/PCA	--	--	On-going
HHA	--	--	On-going
HHA	--	--	On-going

Department of Health Care Finance
FY2024 Performance Oversight Questions

	--	--	
HHA	--	--	On-going
HHA	--	--	On-going
Pharmacy	--	--	On-going
CSA	--	--	On-going
PCA	--	--	On-going
Prov Creds Issue	--	--	On-going
CSA	--	--	On-going
DENTAL	--	--	On-going
Physician	--	--	On-going
DBH	--	--	On-going
DBH	--	--	On-going
Pharmacy	--	--	On-going
CSA	--	--	On-going
Behavioral Health	--	--	On-going
Pharmacy	--	--	On-going
Pharmacy	--	--	On-going
DENTAL	--	--	On-going
	--	--	
Pharmacy	--	--	On-going
CSW	--	--	On-going
	--	--	
	--	--	
PDW	--	--	On-going

EPD Waiver	Reimbursement Amounts
PERSONAL CARE SER PER 15 MIN	\$252,620,382.21
ASSIST LIVING WAIVER/DIEM	\$16,008,259.68
PROGRAM INTAKE ASSESSMENT	\$12,023,550.88
HOMAKER SERVICE NOS PER 15M	\$400,583.42
SKILLED NURSING (RN) VISIT	
ADULT DAYCARE SERVICES 15MIN	\$429,202.59
COORDINATED CARE FEE, INITIAL RATE	
CHORE SERVICES PER 15 MIN	\$28,236.23
RESPIRE CARE SERVICE 15 MIN	\$29,276.19
IN-HOME SUPPORTS (PDS), EXTENSIONS	
Totals	\$281,539,491.20

Unique Beneficiaries 5612

Per Capita Cost \$50,167.41

Notes:

Expenditures for MCOs included in the number above represent encounter paid amounts, not capitation.

If capitation was used, the per capita cost would be higher.

IDD Waiver	Reimbursement Amounts
HABIL RES WAIVER PER DIEM	\$186,753,345.51
IN-HOME SUPPORTS (PDS), EXTENSIONS	\$37,999,835.53
RES, NOS WAIVER PER DIEM	\$27,823,774.83
DAY HABILITATION WAIVER PER 15	\$25,790,686.46
ADULT COMPANIONCARE PER 15M	\$15,981,428.33
BEHAVIORAL HEALTH PREVENTION	\$16,233,480.69
HABIL RES WAIVER 15 MIN	\$9,046,609.71
HABIL SUP EMPL WAIVER 15MIN	\$4,531,957.23
EXERCISE CLASS	\$2,302,578.56
RESPIRE CARE SERVICE 15 MIN	\$2,004,051.36
HHCP-SVS OF S/L PATH,EA 15MN	\$1,017,877.27
NUTRITIONAL COUNSELING, DIET	\$933,731.75
LPN/LVN SERVICES UP TO 15MIN	\$734,763.69
PARENTING CLASS	\$717,448.13
HHCP-SERV OF PT,EA 15 MIN	\$660,009.08
RESPIRE CARE, IN THE HOME, P	\$629,010.45
HABILITATION, PREVOCATIONAL, WAIVER	\$410,283.53
HHCP-SERV OF OT,EA 15 MIN	\$317,483.96
SPECIAL MED EQUIP, NOSWAIVER	\$112,037.78
MASSAGE THERAPY	\$105,124.56
OPPS/PHP/IOP; ACTIVITY THRPY	\$103,218.73
MEALS PER DIEM	\$79,658.97
PT EDUCATION NOC INDIVID	\$47,774.60
INTERVENE HLTH/BEHAVE INDIV	
MH HEALTH ASSESS BY NON-MD	\$0.00
COMM TRANS WAIVER/SERVICE	\$5,000.00
FAMILY HOMECARE TRAINING 15M	\$1,142.96
HOMEDELIVERED PREPARED MEAL	\$0.00
MEDICAL NUTRITION INDIV IN	\$0.00
MED NUTRITION INDIV SUBSEQ	\$0.00
Total	\$334,342,313.67

Unique Beneficiary Count
Per Capita Cost

Project Name	Purpose
District Direct Improvements P2	This initiative delivered increased user autonomy, improved operational efficiency, and enhanced engagement. By simplifying complex processes and promoting transparency, it fostered a more user-friendly system, resulting in better outcomes for recipients and more efficient resource management for administrators.
R1 and R3 Static Text Notice Updates P4	The project enhanced operational efficiency by reducing processing errors and inquiry volumes. It also improved communication accuracy and fostered better engagement with recipients, delivering measurable returns on investment through streamlined workflows and increased compliance.
CMS Corrective Action: Update MAGI Medicaid Re	The release reduced administrative burden, stabilized Medicaid coverage, and prevented unnecessary terminations. It enhanced service continuity for recipients, which led to cost savings by minimizing renewal processing, and improved healthcare outcomes for children and their families.
Timeliness Short Term	The expected return on investment from this release is enhanced processing speed and efficiency for both Expedited SNAP (ESNAP) and regular SNAP applications. By implementing technical enhancements that consider application type and submission date, caseworkers and supervisors will be able to process applications more effectively. This will improve timeliness in delivering essential benefits, reduce processing delays, and increase overall operational efficiency, leading to better service for constituents and potential cost savings.

PARIS Mail Merge	The improvements in the District Direct Partner Portal enhanced efficiency, reduced administrative/staff burdens, and optimized resource utilization. By streamlining processes and improving system reliability, the release supported more effective service delivery and increased overall operational performance.
SDX Interface Phase 2	The project improved the accuracy and reliability of the SDX interface, reducing wrongful terminations and enhancing operational efficiency. This led to cost savings, better service delivery, and a more streamlined and reliable system for managing SSI benefits.
R1 and R3 Static Text Notice Updates P5	Who: Medicaid and SNAP recipients, appeals staff, and District Direct Call Center (DDCC) agents managing inquiries. How: Recipients gained clearer, more accurate information, reducing confusion and improving their ability to navigate the appeals process. Appeal staff and DDCC handled fewer inquiries, enabling them to focus on other inquiries and provide faster assistance. Value: The improvements enhanced operational efficiency by streamlining the appeals process, minimizing errors, and reducing inquiry volumes. Additionally, the improvements enhanced customer/recipient satisfaction and fostered better communication, creating a more empathetic and user-friendly experience.

Tech Project P4	The improvements to prevent stuck threads and application errors increased system reliability, reduced downtime, and enhanced overall performance. These changes led to higher user productivity, fewer support issues, and lower operational costs, optimizing resource utilization and improving organizational efficiency.
FNS AWL CAP P4 - SNAP Notices and Prorated Ben	Improved the District's performance with CAPER, Payment Error Rates, and Application/Re-certification Timeliness for SNAP notices. Enhancements such as accurate prorated SNAP benefits, dynamic language inclusions, and batch issue corrections improved operational efficiency, accuracy, and compliance. These changes resulted in better service delivery, streamlined caseworker workflows, reduced administrative burden, and greater user satisfaction, aligning with the agency's mission to ensure effective, equitable program administration.
Unborn Child Chip Updates	The expected return on investment from improvements to Unborn Child CHIP notices includes increased accuracy in communication, reducing errors and misunderstandings about eligibility and coverage. These updates will enhance recipient satisfaction, lower the volume of inquiries and clarifications, and streamline the enrollment process, ultimately leading to cost savings and more efficient service delivery.

Master Rate Table Updates: Spousal Allowance / I	Updating the rate table to CY 2024 standards enhanced accuracy in financial calculations, reducing errors and streamlining processes. These improvements resulted in cost savings, better resource allocation, and improved user satisfaction, contributing to overall operational efficiency and more reliable service delivery.
Partner Portal Updates P1.2	The expected return on investment from improvements made to address the LOC (Level of Care) document issue in DCAS includes increased processing accuracy, reduced errors, and faster eligibility determinations. These improvements will streamline workflows, lower administrative costs, and enhance service delivery, ultimately leading to greater efficiency and cost savings.
GSAR	The initiative increased food security , addressing hunger-related challenges and reducing reliance on local programs. By mitigating the effects of food insecurity, it contributed to potential cost savings in healthcare and social services, fostering a healthier and sustained community.
District Direct Improvements P 2.5	Improvements to the District Direct Resident Portal and Mobile App enhanced the efficiency and accuracy of the submission process, reducing errors and processing delays. These fixes led to streamlined operations, better service delivery, improved user satisfaction, and potential cost savings.
SDX Interface P2 and SSI Enhancements	The project enhanced system reliability and operational efficiency, aligning with agency goals for effective program management. It streamlined case handling, optimized resource utilization, and improved beneficiary satisfaction, leading to better overall program outcomes.

Continuous Eligibility Technical Release	the updates bolstered system functionality and reliability, enhancing overall performance. This led to improved user experience, reduced processing challenges, and ensured alignment with the CE policy for better overall program management.
Automatic Extension of Outstanding Renewal "Car"	the data fixes improved system synchronization, ensuring compliance with policies and enhancing operational efficiency. By reducing processing workloads and improving the renewal process, the initiative strengthened program reliability and beneficiary satisfaction.
SDX Interface P2.1 SSI Renewal Enhancements	the project addressed data translation gaps, enhancing operational efficiency and minimizing processing errors. These improvements strengthened system reliability, optimized utilization, and increased beneficiary satisfaction, aligning with the agency's mission to deliver effective, timely, and accurate services.
Partner Portal 1.1X	the improvements to the District Direct Partner Portal enhanced efficiency, reduced administrative/staff burden, and optimized resource utilization. By streamlining processes and improving system reliability, the changes supported more effective service delivery, better end-user satisfaction, and greater operational performance.
Tech Project P5	Tech Release P5 strengthened system functionality by addressing production issues through Triage Analysis, QA Testing, and Performance Assessments. These improvements reduced operational inefficiencies, decreased maintenance costs, and increased user satisfaction, supporting organizational goals for consistent and reliable performance.

Low Frequency R2 Notice Translations	The bundled release optimized resource utilization and promoted equitable program administration. By translating notices into multiple languages and addressing critical communication gaps, the project improved operational efficiency, elevated user satisfaction, and strengthened compliance with inclusivity standards, aligning with the agency's goals for effective and accessible service delivery.
Guided Change -Mark Complete throws Unhandle	the emergency release decreased CSL creation by 5 per week, addressing a significant portion of weekly errors. This improvement streamlined operations, reduced error-related inefficiencies, and enhanced the overall accuracy and reliability of case processing, aligning with goals for operational excellence.
Informatica System Upgrade	The upgrade to Informatica V10.5.5 will enhance system stability, reduce processing errors, and improve data exchange efficiency with external agencies such as SSA, CMS, and IRS. This leads to optimized operations, minimizing delays, and ensuring compliance with data-sharing standards, offering long-term operational savings and improved service reliability.
DD Mobile Only release-Migrate from legacy HTTP	the upgrade to the Firebase Cloud Messaging API (HTTPv1) enhanced operational efficiency and user engagement. By reducing reliance on outdated technology and optimizing app functionality, the modernization contributed to long-term cost savings, improved service delivery, and more reliable user experience.

Summer EBT	The Summer EBT project improved operational efficiency by automating data exchange, reducing staff /administrative costs, and ensuring accurate and timely benefit distribution. These enhancements strengthened the program's effectiveness, supporting eligible families and improving overall service delivery.
Tech Project P5.2	The system enhancements improved operational efficiency, reduced errors, and increased user satisfaction by ensuring accurate and timely communication. These improvements saved time, increased reliability, and fostered a more streamlined and effective process.
Upgrade Curam from v7.0.11.0_iFix3 to v8.1.1.0	Upgrading to Curam v8.1.1.0 improved operational efficiency by addressing bugs and defects, enhancing user satisfaction, and optimizing resource utilization. These improvements ensured continued system reliability and product support, contributing to more effective case management and streamlined operations.
Curam Upgrade Defect Resolutions	the upgrade ensured a more stable and efficient case management system, reducing downtime, enhancing end-user satisfaction, and improving operational effectiveness by streamlining processes and preventing system-related disruptions.
Priority Participant Process Project (Non-Binary Gender)	the implementation of the non-binary gender option improved data accuracy, compliance with updated policies, and inclusivity. These improvements fostered operational efficiency, minimized disruptions, and promoted a positive end-user experience while aligning with evolving regulatory requirements.

HBX Batch Enhancement	the update increased compliance with District regulations, promoted inclusivity, and improved end-user satisfaction. It demonstrated a commitment to equity, modernized system functionality, and aligned with broader social values, ultimately strengthening public trust and enhancing the end-user experience.
Faux Parte P1 (corrections to Notice 361)	The "no-touch" renewal category minimized manual efforts, reduced administrative costs, and enhanced operational efficiency. This resulted in long-term savings, uninterrupted coverage for residents, and improved system reliability, contributing to greater end-user satisfaction and cost effective operations.
CMS Feedback P2	the project improved the medical application process, enhanced functionality for authorized representatives, and ensured better data alignment, resulting in more accurate eligibility assessments. The updates led to a reduced error rate, a better end-user experience, and increased operational efficiency, while also ensuring regulatory compliance.
SNAP/Cash Rate Table Notices for FY2025	The automation of income limits, deductions, and utility allowances for SNAP and TANF/Cash led to improved efficiency, compliance, and recipient/resident satisfaction. The project reduced manual work, ensured accurate benefit distribution, and enhanced service delivery, ultimately improving the agency's effectiveness and fostering recipient trust.

FNS AWL CAP P4 - SNAP Notices and Prorated Ben	improved the District's performance with CAPER, Payment Error Rates, and Application/Re-certification Timeliness for SNAP notices. Enhancements such as accurate prorated SNAP benefits, dynamic language inclusions, and batch issue corrections improved operational efficiency, accuracy, and compliance. These changes resulted in better service delivery, streamlined caseworker workflows, reduced administrative burden, and greater user satisfaction, aligning with the agency's mission to ensure effective, equitable program administration.
District Direct Improvements P3 (French and Chin	The inclusion of French and Chinese translations, along with system performance improvements led to increased end-user engagement and satisfaction. These enhancement resulted in more efficient use of the Resident Portal and Mobile applications, contributing to greater operational effectiveness and inclusivity.
Curam Upgrade Defect Resolutions	Improved system reliability and user productivity led to faster processing times, fewer support tickets, and more efficient case management. These improvements saved time and resources, enhancing overall efficiency.
Tech Project P6	the resolution of these defects led to increased operational efficiency, reduced errors, and enhanced end-user satisfaction, ultimately contributing to a more reliable and effective system.

SSI Renewals and Enhancements	The expected return on investment includes increased operational efficiency and reduced manual effort. By automating processes like the No Touch Renewal batch and fixing CIC Evidence for reassessments, the project will save time, reduce errors, and improve processing speed, leading to better resource utilization and faster service delivery.
TMSIS	the enhanced data quality and fewer compliance issues contributed to more accurate reporting, improved efficiency in resolving issues, and better alignment with CMS requirements, ultimately saving time and resources.
Mid-Cert Change Form	the streamlined process led to significant cost savings, enhanced productivity, and the ability to handle a higher volume of applications, ultimately boosting operational efficient and capacity.
Timeliness Long Term	Who: the agency's staff, management, and applicants. How: the automation of Mid-Cert and SNAP application processing reduced manual labor, improving processing times and increasing the agency's capacity to handle more applications. This allowed staff to focus on more complex tasks and handle higher volumes of work efficiently. Value: the enhanced operational efficiency and cost savings enabled by automation resulted in faster processing, higher productivity, and the ability to manage a larger workload, leading to overall better service delivery.
App Harmonization Quick Win	the streamlined operations and time savings resulted in improved accuracy, reduced errors, and faster case processing, ultimately contributing to more effective service delivery.

Tech Project P7	the streamlined operations and time savings resulted in improved accuracy, reduced errors, and faster case processing, ultimately contributing to more effective service delivery.
SNAP Expiring Waivers SUA	the improvements led to significant time savings, lower operational costs, and improved service delivery, ultimately enhancing the quality of care for Long Term Care residents.
AQHP Renewals	the initiative resulted in cost savings, improved accuracy, smoother transitions into ACA open enrollment, and enhanced operational efficiency, ensuring a more reliable and compliant process for beneficiaries.
Expiring SNAP/Cash Program Waivers: Resume SN	by completing the renewals in time, the initiative ensures continuous coverage, accurate APTC eligibility, and supports HBX in meeting regulatory deadlines, enhancing operational efficiency and ensuring uninterrupted healthcare access for enrollees.
Tech Project P8	the resolution of these defects enhances system stability, reduces error rates, and improves operational performance, ultimately leading to more efficient case management, reduced manual intervention, and better service delivery.
SSA COLA	> The SSA COLA changes affect all SSA beneficiaries who receive Medical, Food and/or Cash assistance. At least one-third of those who receive benefits through DCAS are affected by this change annually and are notified via notices. > Update notices C105, C110, C111 (Benefit Change Notices) so that the COLA trigger results in a notice with household income reason code. > Report to capture and compare decisions pre and post COLA bulk reassessment batch

Master Rate Tables	The LTC updates allow DCAS to calculate / determine eligibility for LTC related program, patient payability, and how much incomes and resources can be allocation to an LTC beneficiaries' spouse. SSI Federal Benefit rates are used to calculate the special income standard (SIS). The SIS is used to determine income eligibility for all Long Term Care Programs including Institutionalized, Waiver and Katie Beckett?
Dynamic Values Translation	Currently, notice template content (both static and conditional text) is written in English, and translated into Spanish, Amharic, French, and Chinese for those who choose to receive those language. However, the dynamic content that pulls from the cases (i.e., pending verifications), gets printed only in English even in notices translated in other languages. The project extends the translations of the dynamic values into the corresponding language in the notice.
Gender Non Binary	This implentation will allow residents to select non-binary gender as an option for applicants and beneficiaries in DCAS, aligning with District regulations to ensure compliance and inclusivity.
Tech 10	Addresses the defects found in Faux Parte P1, which must be completed prior to launch Faux Parte P2
CFSA	To update the fields that are transmitted between the organizations. Also, CFSA is upgrading their system (timing TBD), which will require some coordination between DCAS DRAM and CFSA.
E-SNAP Overhaul	ESNAP case processing to improve timeliness and payment error rates, while also addressing current inefficiencies in the screening, validation, and reporting of ESNAP applications

Release Date	Status
Jan. 14,2024	Completed
Jan. 14,2024	Completed
Jan. 14,2024	Completed
Jan. 14,2024	Completed

Jan. 22,2024

Completed

Feb. 11,2024

Completed

Feb. 11,2024

Completed

Feb. 11,2024

Completed

Feb. 11,2024

Completed

Feb. 11,2024

Completed

Feb. 11,2024	Completed
Feb. 11,2024	Completed
Feb. 17,2024	Completed
Feb. 25,2024	Completed
Feb 11 and Mar 1, 2024	Completed

March 24,2024
April 15,2024
April 21,2024
April 21,2024
April 21,2024

Completed

Completed

Completed

Completed

Completed

April 21,2024

Completed

May 1,2024

Completed

June 8,2024

Completed

June 9,2024

Completed

June 11,2024
June 23,2024
July 7,2024
July 28,2024
y 28,2024 and Aug 25,20

Completed

Completed

Completed

Completed

Completed

July 28,2024	Completed
August 25,2024	Completed
Sept. 06, 2024	Completed
Sept. 06, 2024	Completed

Sept. 06, 2024

Completed

Sept. 06, 2024

Completed

Sept. 06, 2024

Completed

Sept. 06, 2024

Completed

Sept. 06, 2024	Completed
Sept. 09, 2024	Completed
Oct. 27,2024	Completed
Oct. 27,2024	Completed
Oct. 27,2024	Completed

Oct. 27,2024
Oct. 27,2024
Oct. 31,2024
Dec 1,2024
Dec 1,2024
Dec 6,2024

Completed

Completed

Completed

Completed

Completed

Completed

Dec 22,2024	Completed
Dec 22,2024	Completed
Jan. 19, 2025	Pending Go Live
Jan. 19, 2025	Pending Go Live
13-Apr-25	In Progress
11-May-25	In Progress

48. Please detail all software upgrades made to the DC Access System (DCAS) in FY 2024 and FY 2025, to date, including the date of the upgrade, the problem being addressed, and the status of the upgrade (completed, pending, paused, etc.)

Project	Purpose	Date	Status
Upgrade Curam from v7.0.11.0_iFix3 to v8.1.1.0	To ensure compliance with Merative releases and integration with other compliant systems.	July 7th 2024	Done
Informatica Upgrade 10.4.1 to 10.5.5	The upgrade to Informatica V10.5.5 will enhance system stability, reduce processing errors, and improve data exchange efficiency with external agencies such as SSA, CMS, and IRS. This leads to optimized operations, minimizing delays, and ensuring compliance with data-sharing standards, offering long-term operational savings and improved service reliability.	June 8th 2024	Done

Batch Scheduler Migration (Control M)	Transition batch scheduling operations from UC4 to Control-M, enhancing job scheduling efficiency, monitoring, and automation capabilities. Migrate the DCAS (Curám) application from an on-premises environment to AWS Cloud to enhance scalability, flexibility, and performance. To access improved performance, enhanced security, and the latest features while extending hardware life and modernizing the environment.	2025	Pending
AWS Cloud Migration	Enhance and modernize the Oracle Identity and Access Management (OIAM) environment through a comprehensive upgrade and migration.	2025	Pending
RHEL Upgrade 7.9 to 8.10		2025	Pending
OIAM Upgrade & Migration		2025	Pending

Cost Center	Cost Center	Cost Center	Account	Account Description
			7132002	IT CONSULTANT CONTRACTS
			7171009	IT SOFTWARE ACQUISITIONS
Grand Total				

Department of Health Care Finance
Performance Oversight Hearing
Q49 DCAS Information Technology Management Division
Budget vs Expenditure

FY2024			FY2025 (Thru Decem		
Total Budget	Expenditure	Available Budget	Total Budget	Commitment	Obligation
\$30,192,343	\$28,992,137.43	\$1,200,204.99	\$37,349,656	\$0.00	\$8,643,788.33
\$10,272,178	\$8,694,012.14	\$1,578,165.26	\$11,992,014	\$1,394,186.89	\$1,155,163.98
\$40,464,520	\$37,686,150	\$2,778,370	\$49,341,670	\$1,394,187	\$9,798,952

ber)	
Expenditure	Available Budget
\$5,792,046.97	\$22,913,820
\$553,801.20	\$8,888,862
\$6,345,848	\$31,802,683

Alliance Utilization
FY2024

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	0	0
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	0	0
Ambulance, Private	7,473	250
Ambulance, Public	931	630
Ambulatory Surgical Centers	268	214
Audiologist	6	6
Behavioral Hlth Stabilization	0	0
Birth Centers	0	0
Clinic, Adlt Alc/Subst Abuse	1	1
Clinic, Dental	0	0
Clinic, Family Planning	81	42
Clinic, Fed Qualified Health	66,396	14,025
Clinic, Mental Health	23	2
Clinic, Private	309	143
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	160	25
Day Treatment	3	3
Dentist	7,244	3,467
Dentist, Group Practice	4,061	2,209
Dentist, Waiver	0	0
Doctor Of Osteopathy	12	6
DOULA Group	0	0
Dual, Special Needs Plan	0	0
Durable Medical Equipment	5,583	2,078
Early Intervention	0	0
EPD Waiver	0	0
General Non-Billing	18	7
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	2,620	145
Home Health Agency	235	62
Hospice	56	12
Hospital, Emergency Access	5	5
Hospital, General	34,282	9,940
Hospital, LTAC	18	4
Hospital, Psychiatric Private	10	2
Hospital, Psychiatric Public	0	0
Housing Supportive Services	0	0
ICF/IDD	0	0
IDD Waiver	38	23
Ind Xray And Lab	0	0
Independent Lab	26,074	9,227
Independent Social Worker	0	0

Alliance Utilization
FY2024

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Social Worker Grp	2	2
Independent X-Ray	44	28
Lic Independ Clinical Social	0	0
Managed Care Organization	8	7
Marriage/Family Therapist	0	0
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	21	1
Medical Transportation Broker	2,197	73
Mental Health Rehab Services	373	225
Nurse Midwives	17	15
Nurse Practitioner	780	289
Nursing Facility	29	15
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	5	5
Optometrist	77	74
Optometrist Group	6	6
Participant Directed	0	0
Pharmacy, Institutional	45	5
Pharmacy, Retail	224,911	15,261
Physician Assistant	4	4
Physician MD	4,269	1,349
Physician, Group Practice	85,487	11,852
Podiatrist	101	42
Podiatry Group	40	19
Professional Counselor	0	0
Professional Counselor Group	0	0
Psychologist	0	0
Psychologist Group	0	0
Rehabiliataion Center	998	171
Residential Treatment Center	0	0
School Based ORP	0	0
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	475,321	19,963

Source: DHCF Medicaid Management Information System (MMIS) data extracted January 17, 2025.

Notes: Reflects claims by date of service.

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

Alliance Utilization
FY2025 Q1

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	0	0
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	0	0
Ambulance, Private	1,796	118
Ambulance, Public	173	145
Ambulatory Surgical Centers	65	60
Audiologist	2	1
Behavioral Hlth Stabilization	0	0
Birth Centers	0	0
Clinic, Adlt Alc/Subst Abuse	0	0
Clinic, Dental	0	0
Clinic, Family Planning	31	21
Clinic, Fed Qualified Health	11,428	6,315
Clinic, Mental Health	8	3
Clinic, Private	132	36
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	24	7
Day Treatment	0	0
Dentist	1,153	909
Dentist, Group Practice	812	623
Dentist, Waiver	0	0
Doctor Of Osteopathy	0	0
DOULA Group	0	0
Dual, Special Needs Plan	0	0
Durable Medical Equipment	1,066	667
Early Intervention	0	0
EPD Waiver	5	1
General Non-Billing	29	13
Hearing Aid Dealer	0	0
Hemodialysis, Freestanding	423	116
Home Health Agency	67	20
Hospice	2	2
Hospital, Emergency Access	1	1
Hospital, General	6,683	3,549
Hospital, LTAC	3	1
Hospital, Psychiatric Private	0	0
Hospital, Psychiatric Public	0	0
Housing Supportive Services	0	0
ICF/IDD	0	0
IDD Waiver	12	8
Ind Xray And Lab	0	0
Independent Lab	5,537	3,449
Independent Social Worker	0	0

Alliance Utilization
FY2025 Q1

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Social Worker Grp	0	0
Independent X-Ray	25	11
Lic Independ Clinical Social	0	0
Managed Care Organization	0	0
Marriage/Family Therapist	0	0
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	2	1
Medical Transportation Broker	80	19
Mental Health Rehab Services	78	62
Nurse Midwives	1	1
Nurse Practitioner	150	89
Nursing Facility	4	4
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	42	26
Optometrist	10	10
Optometrist Group	2	2
Participant Directed	0	0
Pharmacy, Institutional	14	3
Pharmacy, Retail	34,108	7,931
Physician Assistant	0	0
Physician MD	643	347
Physician, Group Practice	14,388	4,618
Podiatrist	9	9
Podiatry Group	30	17
Professional Counselor	0	0
Professional Counselor Group	1	1
Psychologist	0	0
Psychologist Group	0	0
Rehabiliataion Center	119	38
Residential Treatment Center	0	0
School Based ORP	0	0
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	79,158	12,766

**Immigrant Children's Program (ICP) Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	0	0
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	0	0
Ambulance, Private	330	35
Ambulance, Public	5	5
Ambulatory Surgical Centers	31	25
Audiologist	36	3
Behavioral Hlth Stabilization	0	0
Birth Centers	0	0
Clinic, Adlt Alc/Subst Abuse	0	0
Clinic, Dental	0	0
Clinic, Family Planning	9	5
Clinic, Fed Qualified Health	9,881	3,088
Clinic, Mental Health	225	10
Clinic, Private	148	45
Clinic, Youth Alc/Subst Abuse	13	2
Crossover Claims Only 1500	53	1
Day Treatment	0	0
Dentist	981	523
Dentist, Group Practice	2,092	986
Dentist, Waiver	0	0
Doctor Of Osteopathy	1	1
DOULA Group	5	2
Dual, Special Needs Plan	0	0
Durable Medical Equipment	709	190
Early Intervention	0	0
EPD Waiver	0	0
General Non-Billing	5	4
Hearing Aid Dealer	1	1
Hemodialysis, Freestanding	6	1
Home Health Agency	419	6
Hospice	0	0
Hospital, Emergency Access	2	1
Hospital, General	4,227	1,594
Hospital, LTAC	0	0
Hospital, Psychiatric Private	90	6
Hospital, Psychiatric Public	0	0
Housing Supportive Services	0	0
ICF/IDD	0	0
IDD Waiver	12	6
Ind Xray And Lab	0	0
Independent Lab	2,322	1,323
Independent Social Worker	5	2

**Immigrant Children's Program (ICP) Utilization
FY2024**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Social Worker Grp	104	19
Independent X-Ray	1	1
Lic Independ Clinical Social	0	0
Managed Care Organization	7	7
Marriage/Family Therapist	0	0
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	0	0
Medical Transportation Broker	6	4
Mental Health Rehab Services	57	17
Nurse Midwives	5	2
Nurse Practitioner	54	27
Nursing Facility	14	4
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	28	23
Optometrist	159	150
Optometrist Group	137	102
Participant Directed	0	0
Pharmacy, Institutional	0	0
Pharmacy, Retail	9,258	2,079
Physician Assistant	0	0
Physician MD	452	96
Physician, Group Practice	7,620	1,892
Podiatrist	1	1
Podiatry Group	6	3
Professional Counselor	0	0
Professional Counselor Group	241	11
Psychologist	0	0
Psychologist Group	0	0
Rehabiliataion Center	62	7
Residential Treatment Center	0	0
School Based ORP	0	0
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	39,820	4,322

Source: DHCF Medicaid Management Information System (MMIS) data extracted January 17, 2025.

Notes: Reflects claims by date of service.

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

Immigrant Children's Program (ICP) Utilization
FY2025 Q1

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Adult Day Care	0	0
Adult Day Health 1915(i)	0	0
Adv Practice Registered Nurse	0	0
Ambulance, Air Transport	0	0
Ambulance, Private	62	16
Ambulance, Public	0	0
Ambulatory Surgical Centers	4	4
Audiologist	15	2
Behavioral Hlth Stabilization	0	0
Birthing Centers	0	0
Clinic, Adlt Alc/Subst Abuse	0	0
Clinic, Dental	0	0
Clinic, Family Planning	0	0
Clinic, Fed Qualified Health	1,656	1,042
Clinic, Mental Health	8	4
Clinic, Private	52	14
Clinic, Youth Alc/Subst Abuse	0	0
Crossover Claims Only 1500	7	1
Day Treatment	0	0
Dentist	118	89
Dentist, Group Practice	444	358
Dentist, Waiver	0	0
Doctor Of Osteopathy	0	0
DOULA Group	0	0
Dual, Special Needs Plan	0	0
Durable Medical Equipment	102	48
Early Intervention	0	0
EPD Waiver	0	0
General Non-Billing	2	1
Hearing Aid Dealer	4	1
Hemodialysis, Freestanding	6	1
Home Health Agency	42	1
Hospice	0	0
Hospital, Emergency Access	0	0
Hospital, General	801	504
Hospital, LTAC	0	0
Hospital, Psychiatric Private	1	1
Hospital, Psychiatric Public	0	0
Housing Supportive Services	0	0
ICF/IDD	0	0
IDD Waiver	30	4
Ind Xray And Lab	0	0
Independent Lab	464	334
Independent Social Worker	1	1

**Immigrant Children's Program (ICP) Utilization
FY2025 Q1**

Provider type description	Total paid claims	Total unique beneficiaries with at least one claim
Independent Social Worker Grp	25	9
Independent X-Ray	1	1
Lic Independ Clinical Social	0	0
Managed Care Organization	1	1
Marriage/Family Therapist	0	0
Marriage/Family Therapist Grp	0	0
MCO, Special Needs	0	0
Medical Transportation Broker	0	0
Mental Health Rehab Services	25	7
Nurse Midwives	0	0
Nurse Practitioner	6	5
Nursing Facility	0	0
Office State Superinten of Ed	0	0
Optician/Optical Dispensary	6	5
Optometrist	36	36
Optometrist Group	22	22
Participant Directed	0	0
Pharmacy, Institutional	0	0
Pharmacy, Retail	1,311	580
Physician Assistant	0	0
Physician MD	113	29
Physician, Group Practice	1,527	614
Podiatrist	0	0
Podiatry Group	0	0
Professional Counselor	0	0
Professional Counselor Group	43	5
Psychologist	0	0
Psychologist Group	0	0
Rehabiliataion Center	27	5
Residential Treatment Center	0	0
School Based ORP	0	0
Schools, DC Public	0	0
Schools, DC Public Charter	0	0
TOTAL UNIQUE	6,962	2,029

Department of Health Care Finance
Performance Oversight Hearing
Response to Question 74

Healthy DC Dedicated Tax

Cost Center	Cost Center Description	Account Group (Parent Level 1)	Account Group (Parent Level 1) Description	FY24 Budget	FY24 Expenditure
70200	MANAGED CARE ORGANIZATIONS (MCO)	714100C	GOVERNMENT SUBSIDIES & GRANTS	\$77,666,155.86	\$77,665,275.78
70267	AFFORDABLE CARE REFORM AND GRANTS DEVELOPMENT DIVISION	701100C	CONTINUING FULL TIME	\$197,558.94	\$197,558.94
		701200C	CONTINUING FULL TIME - OTHERS	\$17,292.57	\$0.00
		701400C	FRINGE BENEFITS - CURR PERSONNEL	\$31,688.34	\$45,772.87
		701500C	OVERTIME PAY	\$0.00	\$3,208.04
70268	HIT/HIE PROJECT MANAGEMENT DIVISION	701100C	CONTINUING FULL TIME	\$271,272.61	\$208,080.37
		701200C	CONTINUING FULL TIME - OTHERS	\$0.00	\$73,240.81
		701300C	ADDITIONAL GROSS PAY	\$0.00	\$565.73
		701400C	FRINGE BENEFITS - CURR PERSONNEL	\$70,342.31	\$59,728.01
		701500C	OVERTIME PAY	\$0.00	\$0.00
70269	HEALTH CARE REFORM AND INNOVATIVE SUPPORT SERVICES DIVISION	701100C	CONTINUING FULL TIME	\$44,895.75	\$44,935.66
		701400C	FRINGE BENEFITS - CURR PERSONNEL	\$2,571.49	\$6,078.15
		711100C	SUPPLIES & MATERIALS	\$1,540.00	\$0.00
		713100C	OTHER SERVICES & CHARGES	\$6,501.38	\$5,874.27
		717100C	PURCHASES EQUIPMENT & MACHINERY	\$1,379.46	\$0.00
Grand Total				\$78,311,198.71	\$78,310,318.63

FY25 Budget	FY25 Expenditure (Thru Dec.)
\$73,935,181.67	(\$8,414.91)
\$221,535.20	\$56,891.38
\$0.00	\$0.00
\$49,180.82	\$11,979.01
\$0.00	\$551.58
\$255,213.67	\$34,346.43
\$74,063.55	\$18,719.39
\$0.00	\$1,027.83
\$73,099.54	\$10,751.27
\$0.00	\$551.58
\$55,623.70	\$12,064.18
\$12,348.46	\$1,603.93
\$2,090.00	\$0.00
\$9,185.55	\$886.61
\$2,479.46	\$0.00
\$74,690,001.62	\$140,958.28

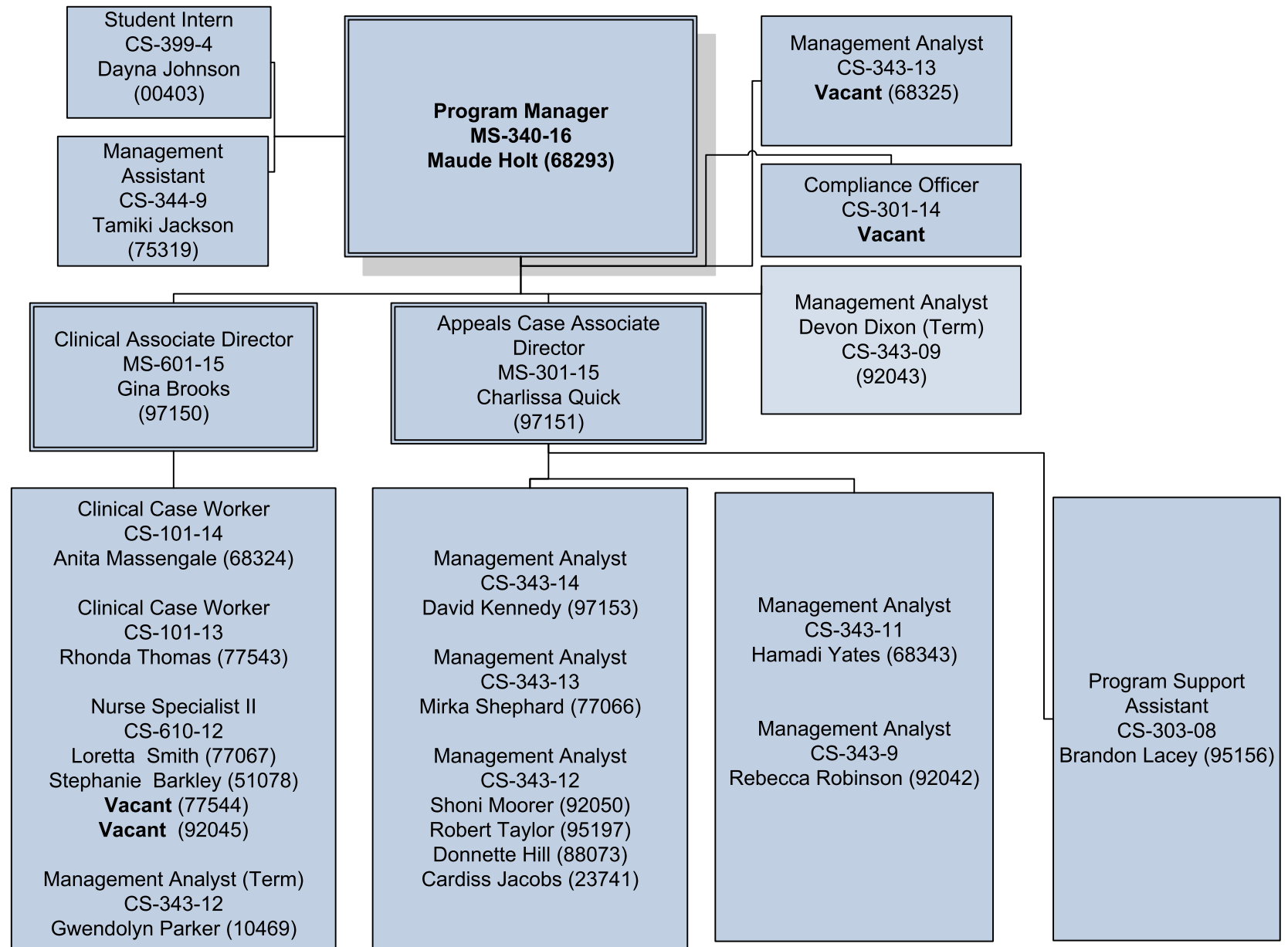
Department of Health Care Finance
Performance Oversight Hearing
Q84 Local Medicaid Match for DBH Mental and Behavioral Health Services
Utilization, Expenditure, and Projections

	Unique Beneficiaries	Expenditures	Projection
Clinic, Adult Alc/Subst Abuse	3,087	\$9,753,964.79	
Clinic, Youth Alc/Subst Abuse	41	\$80,884.85	
Mental Health Rehab Services	37,831	\$362,461,178.16	
Recovery Support Services	1	\$51,500.00	
FY2024	38,705	\$372,347,527.80	
Clinic, Adult Alc/Subst Abuse	1,855	\$3,740,465.55	\$14,961,862.20
Clinic, Youth Alc/Subst Abuse	65	\$37,278.59	\$151,415.88
Mental Health Rehab Services	30,057	\$98,637,740.02	\$371,786,453.63
FY2025	30,759	\$102,415,484.16	\$386,899,731.71
Grand Total	41,593	\$474,763,011.96	\$386,899,731.71

**DC FFS ACTIVE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES
CURRENT PER DIEM RATES AS OF 10/28/2024**

PID	NAME	STATE	ORIGINAL ENROLLMENT DATE	CURRENT RATE	EFFECTIVE DATE
019197300	DEVEREUX HOSP & CHILDRENT CTR	FL	07/01/91	\$586.43	01/01/24
020005745	THE DEVEREUX FOUNDATION, INC.	GA	08/14/20	\$507.59	10/01/22
031456600	HARBOR POINT BEHAVIORAL HEALTH INC	VA	08/30/90	\$442.67	07/01/24
032305400	GULF COAST YOUTH SERVICES DBA GULF COAST TREATMENT CENTER	FL	08/01/97	\$586.43	01/01/24
035597400	NEWPORT NEWS BEHAVIORAL HEALTH CTN	VA	04/04/03	\$560.95	07/01/24
036315800	NEW HOPE CAROLINAS, INC.	SC	09/04/03	\$500.00	10/01/22
037056100	UHS OF SAVANNAH, LLC. (Formerly COASTAL HARBOR TREATMENT CENTER)	GA	09/30/05	\$351.62	10/01/19
038227400	UHS OF LAUREL HEIGHTS, LP	GA	01/30/07	\$597.65	10/01/22
038678700	KEYSTONE CONTINUUM, LLC DBA NATCHEZ TRACE YOUTH ACADEMY	TN	04/25/07	\$450.00	05/04/21
056540700	WOODBOURNE CENTER, INC.	MD	06/01/15	\$826.43	10/01/24
058363200	CORNELL ABRAXAS GROUP, INC	PA	01/08/16	\$537.47	01/01/24
073390300	GRAFTON SCHOOL INC	VA	11/01/02	\$560.95	07/01/24
077087822	11100 BILLINGSLEY ROAD OPCO LLC DBA RECOVERY CENTERS OF AMERICA AT CAPI	MD	10/23/24		10/23/24

DHCF Organizational Chart – Ombudsman & Health Care Bill of Rights



**TEN -YEAR (2010 - 2020)
PERFORMANCE
EVALUATION**

**OFFICE OF HEALTH
CARE OMBUDSMAN
& BILL OF RIGHTS**

UNIVERSITY^{OF}
THE
DISTRICT OF
COLUMBIA
—1851

TEN-YEAR PERFORMANCE EVALUATION
OFFICE OF HEALTH CARE OMBUDSMAN AND BILL OF RIGHTS



Submitted by

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2022

ACKNOWLEDGEMENTS

The University of the District of Columbia has been privileged to conduct the first performance evaluation of the Office of Health Care Ombudsman & Bill of Rights, District of Columbia Government, Department of Health Care Finance. Several people facilitated our effort in implementing this evaluation, and this report would not have been possible without their willing support, participation, and advice. The evaluation team extends its sincere appreciation and gratitude to the stakeholders, consumers, and government officials who participated in the interviews and the survey. The team is especially grateful for the support and assistance provided by the leadership and staff of the Office of the Health Care Ombudsman & Bill of Rights and the Department of Health Care Finance.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	1
LIST OF TABLES.....	3
LIST OF ILLUSTRATIONS.....	3
EXECUTIVE SUMMARY.....	5

I. INTRODUCTION	
A. EVALUATION PROCESS AND REPORT.....	24
B. REPORT COMPONENTS.....	22
C. INTENDED AUDIENCE.....	25
D. ETHICS STATEMENT OF EVALUATORS.....	25
E. LIMITATIONS.....	26
II. EVALUATION METHODOLOGY	
A. LITERATURE-BASED EVALUATION STRATEGY.....	27
B. EVALUATION TEAM LOGIC MODEL.....	29
III. EVALUATION FINDINGS	
A. EVALUATION OF ANNUAL REPORTS-2010-2020.....	32
B. OPERATIONAL, LEGAL, AND ETHICAL POLICIES AND PROCEDURES.....	36
C. ADVISORY COUNCIL AND SUBCOMMITTEES.....	44
D. OUTREACH AND COMMUNITY EDUCATION ACTIVITIES.....	52
E. STAKEHOLDERS & POLICYMAKERS.....	60
F. CONSUMER SATISFACTION SURVEY.....	68
IV. EVALUATION CONCLUSIONS AND RECOMMENDATIONS	
V. CONCLUSION.....	77
VI. RECOMMENDATIONS.....	77
VII. APPENDICES	
A. Appendix A - PROJECT EVALUATION TEAM.....	82
B. Appendix B - SURVEY INSTRUMENT.....	85
C. Appendix C - SELECTED REFERENCES.....	93

LIST OF TABLES

Table 1	Non-Commercial & Commercial Cases: Number of all Opened Cases by Insurance Category.....	34
Table 2	Non-Commercial Cases: Status & Resolution of Closed and Open Cases at Year-End.....	35
Table 3	Non-Commercial Cases: Analysis of Days to Close a Case.....	35
Table 4	Commercial Cases: Status & Resolution of Closed and Open Cases at Year-End.....	36
Table 5	Commercial Cases: Analysis of Days to Close a Case.....	37
Table 6	OCHOBR Policies and Procedures Review.....	39
Table 7	OHCOBR Legislative Mandates and Actions.....	53
Table 8	Outreach & Education Events by Wards.....	57
Table 9	OHCOBR Contacts by Wards.....	57

LIST OF ILLUSTRATIONS

Evaluation Team Logic Model.....	29
Types of OHCOBR Stakeholders.....	62

Executive Summary & Recommendations

EXECUTIVE SUMMARY

The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is charged with the mission of providing advocacy, education, and community outreach services to residents of the District of Columbia by helping them navigate health care programs, understand health care coverage, and appeal health insurance decisions. It is organizationally located within the DC Department of Health Care Finance (DHCF) but has the authority to operate with full autonomy and independence. It is guided by two legislative mandates, The Ombudsman's Program, which established the Office and its duties (D.C. Law 15-331; D.C. Official Code 7-2701.01); and The Health Benefits Plan Members Bill of Rights Act, which established grievance procedures for health benefits plans (D.C. Law 19-546; D.C. Official Code 44-301). The Council of the District of Columbia fully supports the OHCOBR with approved funding from several sources and its Committee on Health, responsible for matters concerning health, exercises jurisdiction over DHCF and thus legislative oversight of OHCOBR.

The Department of Health Care Finance (DHCF) contracted with the University of the District of Columbia through a Memorandum of Understanding to conduct a ten (10) year comprehensive performance evaluation of the Office of Health Care Ombudsman and Bill of Rights (OHCOBR). Under the Health Care Ombudsman Program Establishment Act of 2004, D.C. Law 15-331, effective April 12, 2005, DHCF is mandated to obtain bi-annually an independent performance evaluation of the OHCOBR. This Report represents the initial effort to address the "program evaluation" mandate of the legislation and is a ten (10) year performance review of the agency. This performance evaluation was guided by legislative metrics explicitly identified in Section 4: Program Evaluation, of the Establishment Act and other metrics implicitly identified in other sections of the legislation. Based on Program Evaluation metrics, the Act states that the evaluation shall consider:

- (A) The number of consumer problems handled.
- (B) The success in resolving the consumer problems handled.
- (C) Outreach and community education activities.
- (D) Satisfaction of consumers served by the program.

(E) The extent to which information was provided to the public and policymakers about problems faced by the consumers served.

Overview of Evaluation Purpose & Methodology

The purpose of this report is as follows:

- 1) To evaluate the legislative mandates of OHCOBR as identified in sections 4 (b) (1) (Program Evaluation), 5 (Duties), 6 (Public Outreach), 7 (Data Collection and reporting, and 12 (Advisory Council).
- 2) To provide recommendations emanating from the evaluation, designed to improve the efficacy of OHCOBR operation and service delivery to its consumers.
- 3) To establish model criteria for continuous, bi-annual program performance evaluations in compliance with OHCOBR'S legislative mandate.

The methodology for the OHCOBR performance evaluation integrates literature and industry guidelines, including best practices from the International Ombudsman Association, to design the evaluation process. This integration produced a process that aligned the topics for evaluation with the evidence that can substantiate whether metrics contained in the legislative mandate have been met. In addition to a descriptive overall evaluation methodology, each major section of the report focusing on its separate category includes a relevant methodology to describe the analysis utilized to obtain evidence that addresses its specific evaluation metric. The evaluation questions review four distinct areas of an ombudsman entity: 1) the office profile, 2) the organization's logic model, 3) an evaluation strategy, and 4) a reporting strategy. These categories help to understand the effectiveness of the structure and practice that supports the service delivery of OHCOBR.

EVALUATION FINDINGS

A. EVALUATION OF ANNUAL REPORTS 2010-2020

OHCOBR, in compliance with its legislative mandate requiring data collection and reporting to policymakers, stakeholders, and consumers, prepares an annual report of its program activities. The annual report is a comprehensive portrait of the service delivery performance, activities, and accomplishments of OHCOBR. Three (3) of the five (5) evaluation metrics are addressed in the annual reports. They are (A) The number of consumer problems handled, (B) The success in resolving the consumer problems handled, and (E) The extent to which information was provided to the public and policymakers about problems faced by the consumers served.

The findings are:

The number of consumer problems handled

- ❖ OHCOBR handled 87,119 non-commercial and commercial cases for consumers in all wards of the District of Columbia, Maryland, and Virginia.

The success in resolving the consumer problems handled-

- ❖ OHCOBR efficiently resolved and closed 83,423 non-commercial and 2,210 commercial cases during the evaluation period. Narratives of success stories further documents OHCOBR's success in resolving consumer problems.
- ❖ OHCOBR closed 85% of its non-commercial cases during the same day with an overall average number of 2 days to close the remaining cases. Its commercial case closures beginning FY 2013-2020 indicates that 1510 cases or 88% were closed during an average of 90.3 days while 171 commercial cases were closed on the same day.

The extent to which information was provided to the public and policymakers about problems faced by the consumers served.

- ❖ Annual reports are distributed to policymakers and healthcare system stakeholders, available to DC residents and consumers on the OHCOBR website.

The annual report has been an important tool for capturing and cataloging the performance outcomes of OHCOBR as it fulfills its mission. It validates to key policymakers and the public the

value of OHCOBR service delivery impact while educating and serving DC residents as they navigate the health care system.

RECOMMENDATION: Annual Reports

Continue the publication of the annual reports available to the Advisory Council, stakeholders, policymakers, and consumers. Expand the distribution of e-copies of the annual report to the forty-one (41) Neighborhood Advisory Commissions located in the city's eight (8) wards. Also, expand the visibility of OHCOBR utilizing the annual report by announcing its availability through social media channels (Facebook & Twitter).

B. OPERATIONAL, LEGAL, AND ETHICAL POLICIES AND PROCEDURES

The operational evaluation of OHCOBR was designed to determine whether key structures have been implemented to ensure its efficiency in adhering to its roles and responsibilities. It includes three areas of review: 1) office policies and procedures for comprehensiveness and relevance; 2) staff comprehension of the organization's mission and goal, operational morale, and sufficient training; and 3) ethics and values and compliance with discipline-related standards.

The findings are:

Office policies and procedures for comprehensiveness and relevance

- ❖ Many office policies have been updated recently, possibly motivated by this performance evaluation and /or an attempt to use this inquiry as a direction to support critical aspects of operations. The fact that many of the policies were recently updated may also suggest that if there were changes to the policies, there may not have been sufficient time to disseminate policy changes to staff. However, the comprehensiveness of the policies and procedures suggests that employees have a wealth of documentation to ensure those common problems are handled similarly and consistently.

Staff comprehension of the organization's mission and goal, operational morale, and sufficient training

- ❖ The size of OHCOBR staff at 17 reflects consistency over the previous years, but the number and complexity of cases have increased exponentially. A need for additional clinical staff could become necessary.
- ❖ Staff interviews suggest comprehension of the overall goal of the agency as helping residents, advocating, and assisting with health care services. Perception of the organizational goals evidences a variety of different answers showing that most did not know specifically the office goals but only have general impressions about the goals.
- ❖ A new hire training manual is provided to all new employees and is a valuable tool for acclimating them to the operations of OHCOBR. Staff reported participating in a myriad of training related to their specific roles and mandatory training required for all District employees. In addition to training, staff identified teamwork involving shared information to resolving issues and problems as a valuable support interaction.

Ethics and values and compliance with discipline-related standards.

- ❖ OHCOBR's Code of Ethics aligns with the Code of Ethics of the International Ombudsman Association (IOA) and four (4) of its most important principles: 1) independence; 2) neutrality and impartiality; 3) confidentiality; and 4) informality.
- ❖ OHCOBR adheres to ethical standards and attends the mandatory training of the District of Columbia Government Board of Ethics and Government Accountability.
- ❖ OHCOBR aligns with the Standards of Practice of the International Ombudsman Association by 1) being a safe, credible space where clients can share and discuss their concerns; 2) consistently capturing and analyzing case processing data in annual reports; and 3) identifying trends beyond individual case-related resolutions and integrating best practices from case resolution into future advice to insurers and health plans.
- ❖ OHCOBR adhered to all DC government restrictions and protocols during the COVID-19 pandemic. It efficiently and effectively pivoted to a teleworking schedule, implementing an online telephone system and new email policies and procedures that allowed staff to handle

the influx of email contacts. Team meetings, Webex, and telephone conferences provided customer service remotely. Supervisory staff returned to the office during the pandemic on a full-time basis from August 2020-July 2021. During this period which includes office closure, the number of cases continued to increase (FY 20-11,905; FY2019-11,654). Additionally, OHCOBR provided services to a new cohort of DC residents, returning citizens, who required support navigating the health care system.

RECOMMENDATION

Implement a monitoring process designed to validate the completeness of the data entered into the Standardized Health Care Ombudsman In-Take Tracking Log. A periodic data review should be conducted of a sample of cases to determine if all pertinent information is complete. The review should be conducted within a timeframe determined by OHCOBR data staff. If data is missing, staff should investigate the process on the case level to improve data entry processes. Incomplete information in the database was revealed as a major issue in the administering of the Consumer Satisfaction survey because phone numbers, email addresses, and residential addresses of consumers were missing.

C. ADVISORY COUNCIL AND SUBCOMMITTEES

OHCOBR was legislatively mandated to establish an Advisory Council consisting of members representing consumers, consumer advocacy organizations, health benefit plans, health care facilities, health care providers, government agencies, and physicians. Its minimum functions were (1) to Advise the Ombudsman on program design and operational issues; (2) to Recommend the criteria to be used in evaluating the performance of the Ombudsman Program; (3) to Recommend Changes in the Ombudsman Program, and (4) Review data on cases handled by the Ombudsman and make recommendations based on this data.

The findings are:

- ❖ The Advisory Council was established in compliance with its legislative mandate in 2009. To carry out its mandated functions, there are four subcommittees: 1) Policies and Procedures

and Legal; 2) Clinical; 3) Education and Outreach and 4) Special Needs. The two ad hoc committees are Behavioral Health and Returning Citizens.

- ❖ The Advisory Council and subcommittees are valuable resources to OHCOBR, representing a broad spectrum of the health care community and residents. These individuals, through their professional expertise and participation, have contributed to the continuous and consistent improvement of the operations of OHCOBR.
- ❖ The Advisory Council has maintained consistent and collaborative relationships with the various health care providers during the past eight (8) years. Interviews with subcommittee members revealed that members were satisfied with their roles and what the OHCOBR represents and accomplishes.

Clinical Subcommittee

- ❖ The Clinical Subcommittee coordinates with OHCOBR's clinical team to improve clinical practices through medical and professional reviews and opinions about the Ombudsman's office's complex clinical cases. The Committee also evaluates commercial appeals and insurance denials and provides follow-up on denial letters, calls, or other inquiries for assistance. To improve OHCOBR's efficiency, it developed the Mental Health Treatment Peer Review Checklist and the Non-Behavioral Peer Review Checklist that document reviewers' qualifications during the appeal of an adverse decision in commercial insurance cases. These forms ensure that the insurance company's reviewers have education, experience, and credentials similar to the member's treating provider for mental and non-mental health cases.
- ❖ OHCOBR staff has successfully handled commercial appeal cases. It has developed a tracking system to determine outcomes for commercial cases across fiscal years to ensure that all cases are closed regardless of when they were opened or referred elsewhere for resolution.
- ❖ OHCOBR handled 2,210 commercial cases during the evaluation period with an exponential increase (FY 2010 - 9 cases to 289 cases in FY 2020) of these cases since 2010.
- ❖ The increased number of commercial cases and the length of time for case closures portends the need for additional nurses to increase the capacity of the clinical team.

Special Needs Subcommittee

- ❖ Initially created as an ad hoc to review and recommend improved access to quality comprehensive care for children with special needs, this committee is presently a standing subcommittee. It has helped to increase awareness and availability of government-sponsored programs for DC residents who need specialized services.

RECOMMENDATION

As the volume of commercial appeal cases has increased, more clinical staff may be needed. Including more robust documentation of appeals, including detailing the tasks within the hours being counted can justify filling vacant positions and possibly hiring additional clinical staff.

D. EDUCATION AND OUTREACH

Outreach and community education activities are critical legislatively mandates required of OHCOBR and explicitly identified in Section 4: Program Evaluation as a metric for evaluating program performance; Section 6: Public Outreach and Section 12: Advisory Council. The mandates support the important role of OHCOBR to inform consumers and help them understand their health care rights and responsibilities. The effectiveness and impact of education and outreach activities are determined by 1) heightening the visibility of OHCOBR, 2) informing and educating consumers of their healthcare rights and responsibilities, and 3) developing collaborative relationships with healthcare stakeholders.

The findings are:

Heightening the visibility of OHCOBR

- ❖ Under the auspices of the Education and Outreach Subcommittee, developed a Strategic Plan and implemented goals to operationalize outreach and community education activities.
- ❖ OHCOBR implemented innovative strategies and tools to maximize its outreach to consumers such as a recognizable office logo, a media campaign, a toll-free telephone

number, internet, and website access, in-person counseling, culturally competent educational materials brochures in 7 languages, and video content.

Informing and educating consumers on their healthcare rights and responsibilities

- ❖ OHCOBR launched an outreach activity, Health Care on Tap (2014) in Ward 5 with a subsequent outcome of the largest number of requests for assistance originating from Ward 5.
- ❖ Two-hundred-Twenty-nine (229) ward-specific education and outreach events were held during the evaluation period of which the highest number of events (51) was held in Ward 5 and the least number of events in Ward 1 (12) and 7 (16).
- ❖ The total number of DC residents seeking OHCOBR services increased annually and by the end of the evaluation period was threefold, from 3,727 contacts during the fiscal year 2010 to 11,653 contacts by fiscal 2020.
- ❖ The largest number of DC residents who contacted OHCOBR were from Ward 7 at 13,337 contacts followed by 11,849 from Ward 8. Ward 3 residents represent the lowest number of contacts at 2,971.
- ❖ A comparison of ward-specific outreach events to ward-specific contacts show that despite the lowest number of outreach events occurring in Wards 7 (16 events) and Ward 8 (29 events), the largest number of contacts or DC residents, 13,337 and 11, 849, respectively, utilizing OHCOBR services were from these wards during the evaluation period.
- ❖ OHCOBR education and outreach staff of only two (2) persons, is insufficient to address OHCOBR's representation at an increasing number of Outreach events.

Developing collaborative relationships with healthcare stakeholders

- ❖ Except for the Health Care on Tap initiative, OHCOBR does not sponsor outreach events but receives invitations from collaborative stakeholders, community organizations, and various district government agencies i.e., the Office on Aging to attend events. Education and outreach events are primarily ward-specific while others such as NBC and Telemundo Health Expo and the Mayor's Senior Symposium are city-wide events.

- ❖ During the COVID-19 pandemic, healthcare stakeholders pivoted to virtual events, allowing OHCOBR to continue its services to DC residents and expanding its service delivery to new clients, such as returning citizens.

RECOMMENDATION

Update and expand the utilization of Social Media Presence. Facebook and Twitter are social media platforms that can be utilized to heighten the visibility of OHCOBR because residents can access it by telephone, iPad, laptop, or computer. Utilizing these social media more effectively (Facebook, Twitter, and Website) to promote Education and Outreach events sponsored by stakeholders will give consumers another channel to reach the office. These platforms should be regularly updated to reflect current programs and activities and remove past events (i.e., “Health Care on Tap” program).

E. STAKEHOLDERS & POLICYMAKERS

The collaboration and coordination of OHCOBR with other health care agencies and organizations, known as “Stakeholders,” are explicitly identified in its mandates under Section 5, its Duties. Among the ten (10) duties stated, duties 7, 8, and 9, require that the OHCOBR collaborate and coordinate with various consumer organizations, health care providers, and local and federal government agencies to fulfill its mandated responsibilities. These stakeholders have an interest in the successful outcomes of the program. As affirmed in OHCOBR annual reports, “the cooperative relationships that we cultivate ensure highly effective and responsive action when consumers are referred for assistance.”

Interviews were conducted with OHCOBR leadership and staff about the importance of stakeholder relationships. A qualitative survey administered by email and telephone interviews was conducted with sixteen (16) OHCOBR stakeholders who are presently (2022) actively involved and representative of the spectrum of the healthcare system.

Stakeholders

The findings are:

- ❖ OHCOBR leadership and staff indicated that stakeholders 1) provide expertise and perspectives that help OHCOBR efficiently finalize complaints and access health services; and 2) provide information that allows for prompt and improved decision-making of ongoing processes, services, and policies.
- ❖ Of the sixteen (16) stakeholders, fourteen (14) were contacted, and six (6) or 43% completed the survey.
 - All stakeholders reported satisfaction with their communication and engagement with OHCOBR and indicated that it has been broadly consistent. They also reported satisfaction with the performance of the OHCOBR and indicated they have a strong working relationship with the staff.
 - During the peak of COVID-19, 100% of all responding stakeholders indicated they were able to continue their usual relationship with OHCOBR, noting that their staff continued to interact with OHCOBR about collaborative discussions at various levels and in a variety of ways.
 - Stakeholders report involvement with the Advisory Council and subcommittees and that overall engagement with OHCOBR is thorough and consistent.
 - All Stakeholders indicated consistent attendance of OHCOBR staff at their sponsored education and outreach activities, including all virtual events due to COVID-19 restrictions.

RECOMMENDATION

Provide a monthly or quarterly email report to stakeholders focusing on policy changes, staff changes, events, and other updated information. An update will assist the stakeholders in communicating with their office and team members in preparation for calls, meetings, or other interactions with OHCOBR.

Policymakers

The final metric of Section 4: Program Evaluation states, “The extent to which information was provided to the public and policymakers about problems faced by the consumers served.”

OHCOR annual reports have been an important tool for capturing and cataloging the performance outcomes of OHCOR as it fulfills its mission. They also validate to key policymakers and the public OHCOR’s value in educating and serving DC residents as they navigate the health care system. The annual reports fulfill the “reporting requirement” of the legislation to policymakers and the public. They are distributed to all policymakers, including the Office of the Mayor, DC Council and its Committee on Health, and all collaborating district and federal government agencies and stakeholders. The annual reports are also available to the public through the OHCOR website.

The finding is:

- ❖ Key policymakers that exercise legislative jurisdiction and oversight of OHCOR expressed praise and positive interactions with its leadership and staff. They are strong advocates and supporters and are pleased with the service delivery outcomes to their constituents.

RECOMMENDATION

Increase proactivity by preparing to respond to emerging health-related issues, i.e., monkeypox, reproductive rights, new COVID variants, and protected populations, i.e., DC homeless and returning citizens, that have the potential of increasing demands for its services.

F. CONSUMER SATISFACTION SURVEY

An important requirement of the evaluation is assessing the effectiveness and impact of the operations of the Office of the Health Care Ombudsman & Bill of Rights in helping residents navigate the health care system. A mandated criterion for evaluating its performance in Section 4, Program Evaluation: “Satisfaction of consumers served by the program.”

The findings are:

- ❖ The survey population selected represents consumers whose cases required 7 + days. The assumption was that if these consumers were satisfied with OHCOBR services, despite the length of time for closure, their perspective would represent a more valid indicator of consumer satisfaction and provide a better indication of the effectiveness and impact of OHCOBR's service delivery.
- ❖ There were 185 surveys completed. The 185 responses represented a 12.5% response rate for the total pool of 1,477 potential participants.
- ❖ The survey responses revealed that institutions such as health providers, DC and federal government agencies, insurance plan personnel, and case workers represent many of the referrals to the office. These individuals mostly contacted the office for the first time (81%) for themselves (77%) or family members (21%).
- ❖ OHCOBR Satisfaction Measures show the following:
 - Ease in contacting the office: 84% satisfied or 157/185
 - Promptness of answering their calls: 83% satisfied 155/185
 - Quality of call handling: 84% satisfied or 156/185
 - Keeping them informed of the status: 80% satisfied or 148/185
 - Overall satisfaction: 82% satisfied or 151/185
- ❖ Satisfaction outcomes suggest that survey participants were overwhelmingly satisfied with their interactions with OCHOBR, although their cases took longer to resolve.
- ❖ Survey responses about the challenges faced accessing care during the COVID-19 pandemic indicate: 67% had no difficulty or challenges contacting medical providers and none of the respondents cited access to DC government agencies as a challenge during the COVID-19 pandemic.

RECOMMENDATION

Increase opportunities for consumers to provide feedback to understand drivers of satisfaction. Consumer satisfaction feedback should be conducted on an ongoing basis by inviting *every* client to complete a brief survey *as their cases are closed/resolved*.

- Asking specific questions during the above brief survey will also allow the office to understand where most of the referrals originate, helping them to follow up and support these connections.
- Ask questions about consumer expectations to discern whether there is a gap between expectations and satisfaction.

RECOMMENDATION

Model Criteria for Ombudsman Evaluation

The major deliverable of the report is a set of evaluation criteria to satisfy the legislative mandate. The proposed criteria below suggest outcome measures that can be used to substantiate operational performance. This criterion establishes a baseline for future modifications.

Outreach and Education

Outreach and educational activities combine the actions from each tier to demonstrate the effectiveness of the agency's outreach and education activities.

Tier I Outcome: Consumers, the public, advocates, stakeholders, and agencies know about the ombudsman Office, are informed about the services the office provides, and know how to contact the office for assistance.

Tier II Outcome: Consumers report complaints, consult with, and make inquiries to the ombudsman office through referrals from partners or others and the office's participation in outreach activities and know where and how to access the office's services when needed.

Tier III Outcome: Consumers know how to access the office and know the scope of its services, and **refer** others to the office in need of similar services.

Measurement

The number of events participated in over the fiscal year was supplemented by:

- ❖ Feedback from conversations with consumers during the event.

- ❖ Conducting post-event surveys with questions about consumer needs
- ❖ Participate and advertise participation for events held by agencies in each of the Wards in the District
- ❖ Capture and understand why consumers attend specific events and refer others
- ❖ Engagement on social media to increase public and policy-maker awareness.

Case Handling

Complaints are effectively resolved or partially resolved within a reasonable period.

Measurement

First – Measure the difference between the **expected** and **actual** resolution rate.

1. The **expected rate** would be established based on aggregating **past performance over a designated period** into an annual number of cases resolved. The expected rate can and should be adjusted based on other factors the office determines.
2. The **actual rate** would be the number of cases handled in the target fiscal year.
3. The expected rate and the actual rate would be compared to determine the effectiveness of the case handling. *[The statistics that are currently being captured are compared year-over-year, as opposed to a comparison with the expected rate, which can include other strategic factors]*

Second – **Expected case handling statistics per employee** to understand capacity as a factor of effectiveness.

1. Evaluate the number of cases handled per employee based on calculating a fiscal year rate.
2. Evaluate the time cases take to resolve, considering face-to-face, hybrid, and fully remote case handling, including adjustments for cases requiring specialized services or additional training (clinical).
3. Compare the expected number of cases per employee to the actual number per employee for the fiscal year.

Advocacy

The ombudsman program promotes system change to address the access to health care and healthcare insurance coverage to District of Columbia consumers.

Measurement

1. The number of hours the ombudsman office staff, interns, and volunteers devote to advocacy activities.
2. The number of engagement activities with stakeholders enlisted as partners to promote advocacy efforts.
3. The number of hours spent through advisory activities to keep the program aligned with changes to the health care insurance environment by:
 - a. Capturing hours spent addressing legislative changes through advisory council meetings.
 - b. Capturing hours spent by the clinical committee establishing standards to address novel cases and adjusting the office's activities to address the changes.
 - c. Capturing changes in internal policy that address changes in external requirements and case resolution success.
4. Compare the hours spent on advocacy activities to a standard range of expected hours. Expected hours differ when significant legislation was enacted, where health plan coverage was extended to different groups, and where other changes could significantly impact the consumer.

Program Quality

The ombudsman services are accessible and effective for all DC residents

Measurement

First - The agency's past consumer satisfaction survey must represent more than 80% overall satisfaction with the program's activities. Data for this measurement should be collected immediately after service and compared with data collected biannually for all cases.

1. Evaluate data collected after every call with one or two satisfaction questions
 - a. Satisfaction will be related to each call topic
 - b. Satisfaction will be measured contemporaneously with its resolution or referral, which increases data validity
2. Survey and categorize participants based on **target consumer attributes*** and segregate the measurement of target consumer satisfaction

Second – The agency's staff is frequently and effectively trained to provide the level of satisfaction required by the program quality goals bolstered by ethical standards.

1. The agency should provide training and support ombudsman certification for agency leaders and key staff.
2. The agency should provide ongoing ethical training for key staff specifically related to ombudsman-related issues.

Third – **Identifying Target Consumer Attributes*** – Understanding the attributes of a “target consumer” through a review of consumer data will help the office prioritize its activities and efficiently use its resources. Using a target consumer strategy to direct activities will support office efficiency and increase satisfaction.

Evaluation Findings

I. INTRODUCTION

The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) was officially operationalized on April 1, 2009. For thirteen (13) years, it has implemented its mission of providing advocacy, education, and community outreach services to residents of the District of Columbia by helping them navigate health care programs, understand health care coverage, and appeal health insurance decisions. OHCOBR is organizationally located within the DC Department of Health Care Finance (DHCF) but has the authority to operate with full autonomy and independence. It is guided by two legislative mandates, The Ombudsman's Program, which established the Office and its duties (D.C. Law 15-331; D.C. Official Code 7-2701.01); and The Health Benefits Plan Members Bill of Rights Act, which established grievance procedures for health benefits plans (D.C. Law 19-546; D.C. Official Code 44-301). The Council of the District of Columbia fully supports the OHCOBR with approved funding from several sources: D. C. appropriations, Federal Medicaid matching funds, special purpose funds for Patient Bill of Rights expenses, and funds from assessments by commercial insurers. The Council's Committee of Health, responsible for matters concerning health, exercises jurisdiction over DHCF and, thus, legislative oversight of OHCOBR.

Under the Health Care Ombudsman Program Establishment Act of 2004, D.C. Law 15-331, effective April 12, 2005, DHCF is mandated to obtain bi-annually an independent performance evaluation of the OHCOBR. To address this mandate, DHCF contracted with the University of the District of Columbia through a Memorandum of Understanding to conduct a ten (10) year comprehensive performance evaluation of OHCOBR. Based on metrics in the legislation, the Act states that the evaluation shall consider:

- A. The number of consumer problems handled.
- B. The success in resolving the consumer problems handled.
- C. Outreach and community education activities.
- D. Satisfaction of consumers served by the program; and
- E. The extent to which information was provided to the public and policymakers about problems faced by the consumers served.

In conclusion, it is these metrics that guide this performance evaluation of the Office of the Health Care Ombudsman & Bill of Rights.

A. Evaluation Process and Report

This evaluation report was prepared in response to the legislative mandate and at the commissioning of DHCF and OHCOBR. It represents the first effort to address the “program evaluation” mandate of the legislation. However, in addition to conducting an evaluative program performance review of OHCOBR for the period of 2010-2020, its intent is also to serve as a model for conducting future, timely mandated evaluations of OHCOBR. Therefore, the purpose of this report is as follows:

- 1) To evaluate the legislative mandates of OHCOBR as identified in sections 4 (b) (1) (Program Evaluation), 5 (Duties), 6 (Public Outreach), 7 (Data Collection and reporting, and 12 (Advisory Council).
- 2) To provide recommendations from the evaluation designed to improve the efficacy of OHCOBR operation and service delivery to its consumers.
- 3) To establish model criteria for continuous, bi-annual program performance evaluations in compliance with OHCOBR’S legislative mandate.

B. Report Components

To fulfill the legislative mandate of the performance evaluation of OHCOBR, the report consists of several components, including 1) a description of its evaluation methodology; 2) a review of its annual reports for the period of 2010-2020 ; 3) a review of the office including management, operations, and reports, 4) a review of its Advisory Council and Subcommittees, 5) an evaluation of education and outreach activities, 6) a survey of stakeholders and key policymakers, 7) a satisfaction survey of consumers; and 8) presentation of the findings, conclusions, and recommendations.

C. Intended Audience

The intended audience of the Evaluation report includes but is not limited to the leadership and staff of OHCOBR and DHCF; key policymakers, i.e., the Office of the Mayor, DC City Council Committee on Health; district and federal government agencies; health benefit plans; health care providers; advocacy and community organizations; and the most important member of the Ombudsman's audience- its CONSUMERS.

D. Ethics Statement of Evaluators

A primary responsibility of the service of OHCOBR addresses consumer enrollment and coverage by health benefit plans, and as a result, its staff handles the confidential information of consumers. To support an evaluation process dealing with confidential information, the team and the student volunteers took extensive steps to understand their responsibilities if exposed to confidential data. Steps included the following:

- ❖ Trained and certified in the protection of Human Subject data.
- ❖ Submitted the Consumer Survey questions to the Institutional Review Board (IRB) of the University of the District of Columbia (UDC) and received approval to conduct the survey utilizing the questions.
- ❖ Worked in compliance with the Health Insurance Portability and Accountability Act (HIPAA) to ensure that the data requested for the survey did not include any protected health information.
- ❖ Adhered continuously to COVID-19 restrictions and protocols throughout the evaluation process.

Further, the UDC evaluation team communicated to the Ombudsman staff that the team is committed to maintaining the highest standards of ethical conduct during the evaluation process through the application of the following principles:

- ❖ Compliance with applicable laws and regulations as a minimum standard.

- ❖ Protection of organization intellectual property received or reviewed as a part of the evaluation process, including destroying any underlying documentation within a reasonable time after the report is accepted.
- ❖ Appropriate management of conflicts of interest if they arise.
- ❖ Not accepting payments or any gifts of any kind.
- ❖ Dealing with all ethical issues efficiently and transparently.

E. LIMITATIONS

The evaluation was launched in June 2021, when COVID-19 restrictions limited accessibility to in-person meetings, interviews with staff, stakeholders, and policymakers, and personal review of documents. These restrictions caused the evaluators to rely on virtual communication (telephone and electronic) and almost exclusively electronic documentation. These restrictions limited normal data collection activities, causing delays in receiving data typically gathered in person. These limitations are noted simply to indicate that recommendations for evaluation criteria, for example, in education and outreach activities, involved attending only two (2) outreach activities that did not occur until July 2022. Although COVID-19 restrictions and protocols prohibited the team's ability to convene focus groups of OHCOBR consumers, the successful administration of the Consumer Satisfaction surveys provides valuable insights into the impact and effectiveness of OHCOBR service delivery.

II. EVALUATION METHODOLOGY

The methodology for the performance evaluation of the OHCOBR integrates literature and industry guidelines, including best practices from the International Ombudsman Association, to design the evaluation process. This integration produced a process that aligned the topics for evaluation with the evidence that can substantiate whether metrics contained in the legislative mandate have been met. Although the overall evaluation methodology is described in this section, each major section of the report focusing on its separate category includes a relevant methodology to describe the analysis utilized to obtain evidence that addresses its specific evaluation metric. Each category will include recommendations that support the establishment of evaluation criteria for subsequent evaluations. This process seeks to promote transparency

and indicate any issues or obstacles linked to the findings and recommendations. In addition, while the framework is described in categories, the evaluation process did not follow a linear path, but tasks were completed more cyclically to enhance evaluation clarity.

The brief literature below represents the research-based approach employed to determine the evidence required to meet the evaluative metrics of the legislative mandate.

A. Literature-based Evaluation Strategy

Numerous studies focusing on best practices for evaluating Ombudsman programs were reviewed, some of which are cited in Appendix D. Ombudsman evaluations cover a wide variety of organizational types and required some modification for applicability to the legal and organizational mandates of the DC Office of Health Care Ombudsman & Bill of Rights. Many ombudsman's office structures focus on reducing or limiting case/complaint escalation to minimize litigation. OHCOBR's mandate focuses on increasing community awareness to help individuals navigate a complicated healthcare system that secures benefits instead of addressing cases that minimize government benefit costs. A win for OCHOBR happens when clients secure the benefits they were unfairly denied. The literature also points to the difficulties in measuring outcomes for ombudsman offices, specifically when attempting to capture a "maladministration in decision-making" (unfairly denying benefits). (Studhmcke 2020, and Grant, 2005).

Additionally, the literature suggests that highlighting approval of benefit coverage as monetary savings to consumers may prioritize monetization over a client or other satisfaction measures such as improved health. However, OCHOBR's mandate supports its focus on consumer access and satisfaction, and its practice of using savings works to gauge its effectiveness in doing so.

Integrating the OCHOBR's mandate with these studies suggest that criteria to measure the office's effectiveness must include how well its infrastructure drives increasing case volume and effectively resolves cases, including reversing benefit denials and increasing consumer satisfaction. Increasing community penetration, effective case resolution, and satisfaction requires effectively following established policies and procedures while ensuring that the policies and procedures reflect the changing legislative requirements for managing health benefits. (Bombin, 2014).

Therefore, the evaluation strategy integrates the above criteria with the methodological evaluation strategies proposed for an evaluation of an ombudsman office by Fowlie (2011). His substantive review of The Internet Corporation for Assigned Names and Numbers (ICANN) Ombudsman's Office used a Results-based Management Accountability Framework (RMAF) that incorporated a question-based criterion that can be employed in subsequent evaluations. The RMAF strategy identifies questions and performance indicators that support formative evaluation. By using these criteria, the evaluation process can be objective, credible, and performance-based, providing standardized evaluation metrics.

The evaluation questions review four distinct areas of an ombudsman entity: 1) the office profile, 2) the organization's logic model, 3) an evaluation strategy, and 4) a reporting strategy.

The following chart guides how Fowlie's strategies are mapped to this evaluation:

Fowlie Evaluation Criteria	OHCOCR
Office Profile	Operational, Legal, and Staff Review
Organization's Logic Model	Used as a Model for Future Evaluations
Evaluation Strategy	Specific items mapped to legislative mandates include a review of: • Stakeholder engagement • Operation of Advisory Council and Committees • Education and Outreach effectiveness • Consumer Survey results that support office effectiveness
Reporting Strategy	Review of Annual Reports to support the legislative mandate

The following report uses these categories to understand the effectiveness of OCHOBR's structure and practice to enable service delivery. These evaluation strategies include general factors such as staffing issues, database issues, and gaps between consumer expectations and office outcome levels. Fowlie also suggests that the evaluation considers the availability of data sources relevant to the indicators to support developing sufficient criteria for measurement. This evaluation process will highlight the criteria that support the legislative mandate and recommendations that, if implemented, will support bi-annual reviews using the same evaluative indicators. Additionally, as the organization's logic model changes, indicators, and

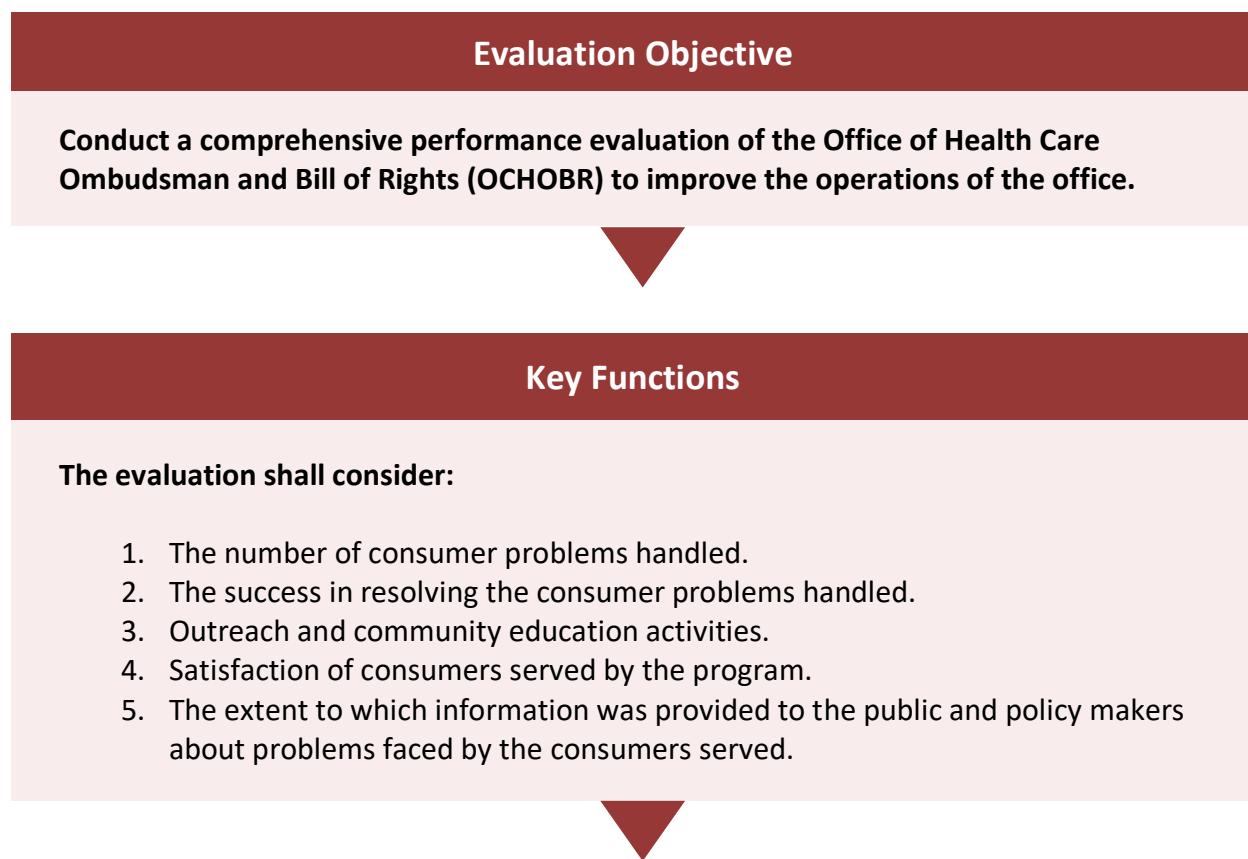
data to support new indicators should be considered. Therefore, the evaluation process adopts the following measures and considerations into its evaluative process from the RMAF framework and addresses measurement indicators included in the categories of this report.

B. Evaluation Team Logic Model

The logic model below illustrates the evaluation process utilized by the team in addressing the activities required to achieve the evaluation outcome.

OHCOBR Ten-Year (2010-2020) Comprehensive Evaluation Process

LOGIC MODEL



Activities

Evaluation Team will conduct the following:

- Staff reviews to evaluate organizational capacity, competency, and needs.
- Examine all organizational documents that support compliance with legal mandates and ethical guidelines.
- Review and operationalize agency standards for accessing success as it relates to consumer complaints/requests/etc.
- Review outreach and community education activities.
- Conduct consumer satisfaction evaluation activities.
- Evaluate relationship and interactions between OHCOBR and inter-agency and external stakeholders, policymakers, and Advisory Council subcommittees to assess levels of cooperation and collaboration.

Outputs

Evaluate the legislative mandates of OHCOBR:

- Develop and conduct an analysis of agency policy and operations.
- Gather additional data from office staff and validate data collection elements for evaluation activities.
- Ascertain outreach and community education performance.
- Collect and analyze all Annual Report from 2010 to 2020.
- Create, design, and provide training for the consumer interview surveys.
- Interview stakeholders and key policymakers.
- Provide evaluation updates via person to person or telephone conferences to senior staff.

Immediate Outcomes

Review and validate all inter-agency and external stakeholders, and collect names of active members of the Advisory Council affiliated with OHCOBR:

- Meet with office staff to update and validate listing of stakeholders and advisory council members as of 2021.
- Introduce the evaluation team via email to all stakeholders, inter-agency representatives, and advisory council and sub-committee members.
- Develop and submit interview survey for participating stakeholders, OHCOBR leadership and staff.
- Collect and review status of participating members of OHCOBR advisory council and subcommittee.
- Collect findings focusing on annual reports, operational, legal, and ethical policies, and procedures, in addition to education and outreach activities.

Intermediate Outcomes

- Meet preparation for final completion of all reviews, interviews, collection of necessary data analyses and organizational documents that support compliance, operational, legal, and ethical guidelines for OHCOBR to secure quality healthcare services for residents of the District of Columbia.
- Provide and review recommendations, emanating from the evaluation.
- Establish a model criterion for continuous bi-annual program performance evaluation in compliance of OHCOBR legislative mandate.

Final Outcomes

**Submit a final report with recommendations to
OFFICE OF HEALTH CARE OMBUDSMAN
& BILL OF RIGHTS (OHCOBR)**

III. EVALUATION FINDINGS

A. EVALUATION OF ANNUAL REPORTS 2010-2020

The Health Care Ombudsman Program Establishment Act of 2004 (D.C. Law 15-331; D.C. Official Code 7-2701.01), Section 7: Data Collection and Reporting, mandates the Ombudsman to “submit annually to the Council, the Mayor, the Department of Health, and the Department of Insurance, Securities, and Banking a report on the activities, performance, and fiscal accounts of the Ombudsman Program, issues of concern to consumers, and the Ombudsman’s recommendations to improve health access. “To address this mandate, OHCOBR prepares an annual report identifying its program activities. A review of the annual reports for the period 2010 to 2020 was conducted in this evaluation to assess three (3) of the five (5) metrics identified in Section 4: Program Evaluation. These metrics are: (A) The number of consumer problems handled; (B) The success in resolving the consumer problems handled; and (E) The extent to which information was provided to the public and policymakers about problems faced by the consumers served.

Ombudsman literature focusing on best practices indicates that Ombudsman reports should include 1) case resolution outcomes, whether informal, or through the formal process/appeal, whether cases are ongoing, and whether cases have been referred, identifying referral locations; 2) comparisons and trends over time and across the organization; 3) correlation with formal recourses if any; 4) visitors and/or consumer feedback, including information about the effectiveness of staff training over time; 5) education, outreach, and awareness-raising efforts; and 6) and follow-up on the recommendations made in previous years. (IOA Standards of Practice", 2009) Although OHCOBR annual reports incorporate to an extent all of these best practices, only the performance outcomes of OHCOBR that directly relate to the evaluation metrics will be highlighted in tables and analyzed in this section. However, other performance outcomes, for example, education and outreach and Advisory Council activities, also in OHCOBR annual reports, are discussed in specific areas of this report. This 10-year overview of the annual report aligns the OHCOBR performance with its legislative mandates, validates its role of intervening to assist consumers to navigate the health care system, and heightens its value and visibility to key policymakers and the public.

The Office of Health Care Ombudsman adhered to its legislative mandates through the publication of an annual report within less than two (2) years of its operation. Beginning in fiscal year 2011 to the present, except for an initial biennial annual report (FY-11-FY12), all subsequent annual reports have focused on a single fiscal year. The annual report is a comprehensive portrait of the service delivery performance, activities, and accomplishments of OHCOBR. Each report follows a format that includes: 1) Key policymaker messages, 2) Ombudsman staff, 3) Introduction, 4) Health Care Reform Update, 5) Advisory Council & Committees, 6) Collaboration-Stakeholder activities, 7) Success Stories, 8) Achievements, 9) Recommendations, and 10) Data Collection Summary & Highlights.

The annual report provides documented evidence of the service delivery impact of OHCOBR through its data collection summary and highlights. In collaboration with the Division of Analytics and Policy Research, Department of Health Care Finance, OHCOBR provides the statistics, tables, graphs, and accompanying analysis to demonstrate its performance achievements during a fiscal year. These reports fulfill the “reporting requirement” of the legislation to key policymakers and the public. The annual reports are distributed to all key policymakers such as the Office of the Mayor, DC City Council and its Committee on Health, and all collaborating district and federal government agencies and stakeholders. The annual reports and a summary of cases according to the fiscal year are also available to the public through the OHCOBR website.

OHCOBR fulfills its mission and legislative mandates through the resolution of “cases”. Cases and contacts are used interchangeably. They are individuals who contact OHCOBR, are insured or uninsured, and seeking help navigating the health system. The annual report indicates that OHCOBR receives “cases” through several methods, including telephone, email, letter, walk-in, appointments, its website, and outreach events. A review of the reports covering the evaluation period reveals that an average of 95% of contacts utilize the telephone to seek OHCOBR services. All contacts are recorded in a Standardized Health Care Ombudsman In-Take Tracking Log that has specific categories for classifying cases. Cases are categorized into two insurance categories: 1) Non-Commercial cases, which include all cases involving public health benefits including the DC Health Care Alliance (the Alliance), Fee-for-Service (FFS), Managed Care Organization (MCO),

Medicare, Dual Eligible (Medicaid/Medicare) and any other non-private insurance; and 2) Commercial Cases-Appeals and Grievances, that includes commercial health plans, also called private insurance plans. These cases involve individuals with health coverage through an employee-sponsored plan or individual. Grievances and appeals for these cases are handled differently by the OHCOBR than the cases involving public benefits programs. OHCOBR brokered for consumers appealing grievances against their private insurance carrier.

This review, illustrated as tables, is a comparative analysis of cases across fiscal years of the evaluation period. It focuses only on the following areas of non-commercial and commercial cases taken from the annual reports. They are 1) the number of all opened cases by insurance category, 2) the status and resolution of closed and opened cases at yearend, and 3) the analysis of days to close a case.

TABLE 1 NON-COMMERCIAL AND COMMERCIAL CASES NUMBER OF ALL OPENED CASES BY INSURANCE CATEGORY												
Insurance Category	*FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Total
NON-COMMERCIAL	3718	3313	4472	6233	7712	8241	8164	9009	11067	11395	11616	84,940
COMMERCIAL	9	131	120	274	192	197	256	241	242	259	289	2,210
TOTAL	3727	3444	4592	6507	7904	8438	8420	9,250	11,309	11,654	11,905	87,150

*No annual report available; only listing of accomplishments.

Table 1 (above) indicates the overall number of consumer problems handled by OHCOBR during the evaluation period. A total of 87,150 consumer problems were opened from FY 2010-2020 as non-commercial and commercial cases. Of the 87,150 cases, the majority, 84,940 or 97%, were non-commercial, while 2,210, or 3%, were commercial. It also shows an exponential increase in the number of consumer problems handled by OHCOBR from FY 2010-2020.

I. Non-Commercial Cases

TABLE 2 NON-COMMERCIAL CASES STATUS & RESOLUTION OF CLOSED AND OPEN CASES AT YEAR END											
Year-End Status & Resolution	FY 2010*	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Closed Cases-Successful (In favor of consumer)	3718	3273 99%	4444 99%	6200 99%	6550 85%	7,814 95%	7,676 95%	8,568 95%	11,001 99%	11,384 99%	11,562 99%
Closed Cases-Unsuccessful (Not in favor of the consumer)					60 1%	80 1%		53 1%	44 1%	11 1%	0 0%
Closed Cases (Referred Out) Resolution Undetermined					694 9%	66 1%	35 2%	0	0	0	0
Closed Cases-Sub-Total	3718 100%	3273 99%	4,444 99%	6,200 99%	7,304 95%	7,960 97%	7,901 97%	8,621 96%	11,045 99%	11,395 100%	11,562 99%
Open Cases-Still Pending Resolution	0	40 1%	28 1%	33 1%	408 5%	281 3%	263 3%	388 4%	22 1%	0	54 1%
Total All Non-Commercial Cases (Closed and Open)	3,718	3,313	4,472	6,233	7,712	8,241	8,164	9,009	11,067	11,395	11,616

*No annual report available; only listing of accomplishments.

Table 2 (above) indicates that during the evaluation period, of the 84,940 non-commercial cases opened by OHCOBR, 83,423, or 98 %, were closed, while 1,517, or 2% of the cases were pending resolution, in that they were not closed the same day. During FY2010 and FY2020, OHCOBR had 100% closures of its cases.

TABLE 3 NON-COMMERCIAL CASES ANALYSIS OF DAYS TO CLOSE A CASE -2010-2020											
	FY 2010*	FY ** 2011	FY ** 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Number of Cases Closed	3718	3,273	4,444	6,200	7,304	7,960	7,901	8,621	11,045	9,360	9,371
Average Number of Days to Close				3.6	2.0	1.4	1.6	1.8	1.8	1.5	2.1
Same Day Closures Cases				5200 84%	6472 84%	7350 89%	6999 86%	7683 85%	9393 85%	9360 82%	9371 81%

*No annual report available; only listing of accomplishments.

****Tables identifying the average number of days to close and same-day closures were not included in 2011/2012 Biennial report.**

Table 3 (previous page) further clarifies the status and resolution of closed non-commercial cases by comparing the average number of days to close a case and same-day case closures during the evaluation period. It begins with the FY 2013 annual report because of the comprehensiveness of the data reporting. However, it must be noted that despite FY 2010-FY 2012 being the initial operational years of OHCOBR, it was working to heighten its visibility to DC residents, noting that 11, 435 or 99% of the 11,503 cases handled during this period were closed. This was an impressive accomplishment by OHCOBR when its staff consisted of only nine (9) employees, of which three (3) were interns. During the evaluation period, OHCOBR closed 85% of its non-commercial cases during the same day with an overall average number of 2 days to close the remaining cases.

II. Commercial Cases

TABLE 4 COMMERCIAL CASES STATUS & RESOLUTION OF CLOSED AND OPEN CASES AT YEAR END											
Year-End Status and Resolution	FY10*	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Closed-Successful (In favor of the consumer)	9 100%	107 82%	93 78%	100 60%	68 11%	115 58%	120 47%	112 46%	124 51%	208 80%	250 86%
Closed Cases-Unsuccessful (Not in favor of the consumer)					7 4%	19 10%	69 27%	67 28%	51 21%	34 13%	38 13%
Closed Cases (Referred Out)-Resolution Undetermined				74 13%	16 32%	14 7%	24 11%	0	0	0	0
Closed Cases-Sub-Total	9 100%	107 82%	93 78%	174 73%	91 47%	148 75%	213 85%	179 74%	175 72%	242 93%	288 99%
Open Cases-Still Pending Resolution		24 18%	27 22%	69 27%	101 53%	49 25%	43 15%	62 26%	67 28%	17 7%	1 1%
Total All Commercial Cases-(Closed and Open)	9	131	120	273	192	197	256	241	242	259	289

***No annual report; FY10 listing of accomplishments**

Table 4 (above) indicates that during the evaluation period, of the 2,210 commercial cases opened by OHCOBR, 1,719 or 78% were closed, while 491 or 22% of the cases were pending resolution.

TABLE 5 COMMERCIAL CASES ANALYSIS OF DAYS TO CLOSE A CASE											
	FY 2010*	FY ** 2011	FY ** 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Number of Cases Closed		107	93	174	91	148	213	179	175	242	288
Average Number of Days to Close				91.6	37.1	81.3	110.4	114.3	99.5	112.3	75.7
Same-Day Closure Cases				70 40%	53 28%	10 5%	8 3%	8 5%	6 2%	7 3%	9 3%

*No annual report available; only listing of accomplishments.

**Tables identifying the average days to close and same-day closures were not included in the 2011/2012 Biennial report.

Table 5 (above) indicates commercial case closures beginning FY 2013-2020 indicate that 1510 or 88% of cases were closed during an average of 90.3 days, while 171 of commercial cases were closed on the same day.

CONCLUSION

This 10-year overview of the annual report aligns the OHCOBR performance with its legislative mandates, validates its role of intervening to assist consumers to navigate the health care system, and heightens its value and visibility to key policymakers and the public. The annual reports provide documented evidence to support the performance metrics required by Section 4: Program Evaluation of the Health Care Ombudsman Program Establishment Act of 2004. OHCOBR has handled 87,119 non-commercial and commercial cases for consumers in all wards of the District of Columbia, Maryland, and Virginia. Its staff has efficiently resolved and closed 83,423 non-commercial and 2,210 commercial cases during the evaluation period. Narratives of success stories further documents OHCOBR's success in resolving consumer problems. The annual reports have been an important tool for capturing and cataloging the performance outcomes of OHCOBR as it fulfills its mission and validating to key policymakers and the public its value in educating and serving DC residents as they navigate the health care system.

B. OPERATIONAL, LEGAL & ETHICAL POLICIES & PROCEDURES

An operational evaluation of the OHCOBR is designed to determine whether key structures have been implemented to ensure its efficiency in carrying out its role and responsibilities. This operational evaluation includes three areas of review, including 1) office policies and procedures for comprehensiveness and relevance; 2) staff comprehension of the organization's mission and goal, operational morale, and sufficient training; and 3) ethics and values and compliance with discipline-related standards.

I. Policies and Procedure Review – Comprehensiveness and Relevance

The Legal Subcommittee and the Policy and Procedures Subcommittee were combined in 2010, creating the Policy and Procedure and Legal Subcommittee. It was established to track and provide recommendations for new laws, policies, and regulations that impact day-to-day activities. The mandated activities and practice criteria of the Committee were:

- ❖ Assisting with developing operating policies and procedures for the Office of Health Care Ombudsman and Bill of Rights.
- ❖ Keeping OHCOBR abreast of health care policy and any new laws and regulations that may impact program operations.
- ❖ Providing recommendations for changes to health care policy legislation and other related health care programs or policies.

The review of policies and procedures was conducted under a request for information on the office policies and procedures. Indicators of policies and procedures include reviewing the scope of the procedures and evaluating whether the policies and procedures were accompanied by an indication of dissemination to staff and change updates. Interviews with staff noted that as policies are changed, they are updated, and staff meetings are held to inform the staff of the changes. A guide to the new procedures is kept in a folder for staff access. Staff report that policies and procedures are updated annually in connection with new laws and requirements, and if no changes are made, they “remain.” It appears that staff relies heavily on policies and procedures to guide critical activities such as case handling. However, the training documentation does not reflect that staff training has occurred in coordination with policy and

procedure changes. Information requests reveal that medical or clinical changes have occurred, but these specific changes were under the purview of the Clinical Committee.

Table 6 OCHOBR Policies and Procedures Review		
Policy Name	Origination Date	Date Updated
1. Telephone Etiquette	10/1/14	3/1/22
2. Voicemail and Email Retrieval	10/1/14	3/14/22
3. Case Assignment	10/1/14	3/15/22
4. Case Opening/Closing	10/1/14	3/15/22
5. File Management	10/1/14	3/17/22
6. Executive Office of the Mayor and Legislative Branch Requests	10/1/14	3/15/22
7. Collaboration with Other Department of Health Care Finance Staff	10/1/14	3/15/22
8. Medicaid and Alliance Eligibility Related Matters	10/1/14; 3/8/19	3/15/22
9. Referrals to the Long-Term Care Administration (LTCA)	10/1/14	3/15/22
10. Medicare-Related Matters	10/1/14	3/15/22
11. Commercial Insurance Related Matters	10/1/14	3/1/22
12. Clinical Review of Commercial Plan Cases by Ombudsman Advisory Council Clinical Subcommittee	10/1/14	3/1/22
13. In-Take Log for All Cases	10/1/14	3/15/22
14. Assistance with Administrative/Fair Hearing Request for Public Benefits within the Medicaid Programs and Health Care Alliance	10/1/14	3/15/22
15. Qualified Medicare Beneficiary (QMB) Card Requests	8/10/18	3/15/22
16. Requests for Reimbursement for Out-of-Pocket Expenses and Unpaid Medical Bills	10/22/19	3/15/22
17. Contact with Public Funded Providers, Facilities, and Health Plans	10/1/14	3/15/22
18. Out-of-State Medicaid-Related Cases	10/1/14	3/15/22
19. Personal Health Information, Privacy, and Security	10/1/14	3/15/22
20. Collaboration with Senior Leadership to Change Policy	10/1/14	3/15/22
21. Commercial Case Clinical Indicator Forms	10/1/14	3/1/22
22. DC HEALTH LINK INQUIRES AND ISSUES	10/1/14	3/15/22
23. Commercial Insurance Related to Forwarding to Department of Insurance, Securities and Banking	10/1/14	3/15/22
24. Summation of Cases Referred to the Department of Insurance, Securities, and Banking.	10/1/14	3/15/22
25. CLOSURE OF A COMMERCIAL CASE	10/1/14	3/1/22
26. Administrative Discharge/Closure of Commercial Insurance Cases	10/1/14	3/15/22
27. Commercial Cases-Submitting Independent Review Organization (IRO) Reports	No Date	No Date

28. MEDICAL EMERGENCY TRANSPORTATION COMMERCIAL CASE REVIEW	10/1/14	3/1/22
29. COMMERCIAL NON-COSMETIC BREAST REDUCTION CASE REVIEW	10/1/14	3/1/22
30. COMMERCIAL APPEALS – STANDARD OPERATING PROCEDURES IN FILING APPEALS FOR RICKETS	10/1/14	3/15/22
31. HUMAN GROWTH HORMONE	10/1/14	3/1/22
32. COMMERCIAL CASES MONTHLY NOTIFICATION	No Date	3/1/22
33. Retrieving and Filing of Commercial Appeal Cases	6/30/15	3/15/22
34. INTERNAL QUALITY REVIEW PROCESS	10/1/14	3/1/22
35. UNUSAL INCIDENT POLICY (For OHCOBR Use Only)	10/1/14	3/1/22
36. Expedited Appeals for Commercial Insurance Cases	10/1/14	under review 3/1/22
37. Short-Term and Long-Term Disability Cases	No date	3/1/22
38. Commercial Appeal Cases Held in Abeyance	7/17/17	3/1/22
39. PURGING OLD CASE FILES	8/16/18	3/3/22
40. CX BLADDER DETECT TEST	12/23/17	3/1/22
41. FILING CLOSED CASES	8/16/18	3/1/22
42. Commercial Cases- Reviewing Independent Review Organization (IRO) Reports	11/15/19	3/1/22
43. CLINICAL REVIEW FORM (DC Government)	No Date	No Date
44. E-mail Retrieval	10/22/19	3/15/22

The results from this review of policies and procedures indicate that many of the policies have been updated recently, possibly motivated by this performance evaluation and /or an attempt to use this inquiry as a direction to support critical aspects of operations. The fact that many of the policies were recently updated may also suggest that if there were changes to the policies, there may not have been sufficient time to disseminate policy changes to staff. However, the comprehensiveness of the policies and procedures suggests that employees have a wealth of documentation to ensure those common problems are handled similarly and consistently. Of note is a comprehensive policy on privacy/confidentiality and several policies address medical-related issues and outline how these issues are to be resolved. Several of the policies address the most common questions faced by staff, including initial resolution of Medicare and Medicaid issues, the issuance of QMB cards, etc. Using policy and procedures as a vehicle to address

common substantive problems can empower staff to be confident in addressing these issues when they are working with consumers.

II. Organization Staff

Since the establishment of the OHCOBR, the size of its office staff has increased. In 2009, its first operational year, the staff consisted of five (5) employees, expanding by 2011 to nine (9) of which three (3) were interns. By 2013, the office staff was 13, expanding to 17 in 2014 and remaining consistently between 16-18 until 2020 when it was reduced to 14. Since FY 2010, all OHCOBR professional staff hold membership in the International Ombudsman Association. Presently in 2022, the office staff is 17 employees. Since 2011, OHCOBR has consistently provided internship opportunities for students from local colleges and universities. Of ten (10) interns during the evaluation period, only two (2) have joined the professional staff while eight (8) were interns for a period of one (1) to seven (7) years, the latter an extremely long period as non-professional staff.

Information request responses regarding how consumers contact OHCOBR for services revealed that all contact, whether it is by telephone, fax, email, mail, or in person, is considered a case. Ninety-five (95%) percent of the consumer contacts are via telephone. All contacts are recorded in a Standardized Health Care Ombudsman In-Take Tracking Log that has specific categories for classifying cases as non-commercial or commercial. Each case is entered into the intake log which indicates the case worker. Unless otherwise assigned, the case worker who receives the is the staff person who handles the case until it is resolved. However, the number and complexity of cases managed by the office have increased exponentially. Comparing the average number of staff addressing consumer requests in FY 2014 (14 excluding executive staff of three (3)) to the average number of cases processed, (7904) results in an average of 565 cases per employee. In 2020 the number of cases (11,905) per employee rose to 850. The staff average resolution of cases over the past 10 years is almost 97% of cases, much of which (98%) are resolved within 24 hours. The increase in cases by employees coupled with the reduction in staff may strain future positive outcomes, especially if the caseloads are not analyzed to determine staff load efficiencies. Moreover, the increase in cases per employee can potentially increase the number

of more complex cases that remain unresolved beyond 24 hours. Since these cases are mostly handled by the clinical staff, the hiring of additional clinical staff could become necessary.

Staff Interviews

Ten (10) members of the office's professional staff, excluding interns, were interviewed. Each employee was asked the same ten (10) questions, and their responses were captured by the interviewer. Employees were told that the results of the interviews would be aggregated and de-identified. The results of the interviews suggest several themes about knowledge of the goals and mission of the agency, the importance of their duties to the mission, a typical day in their experience, and issues regarding teamwork and training.

The staff viewed the overall goal of the agency as helping residents, advocating, and assisting with health care services. Perception of the organizational goals evidences a variety of different answers showing that most did not know specifically the office goals but only have general impressions about the goals. A typical day for most employees included answering the phone, problem-solving, meeting with the public, and providing information. Employees reported task-related expectations like punctuality and phone answering, but there were many different answers, including accuracy, making follow-up calls, and emails. The majority reported that they worked as a team and that if there were team-related issues, they could handle them informally or get help from a supervisor. When dealing with difficult clients, most team members focused on calming the client down. Though they reported many cases of very difficult clients, they expressed that they knew why the person was upset, so they were able to be empathetic with the client. Anecdotally, some reported that they knew that many clients come to them as a last resort, and they wanted to provide an opportunity for the person to be heard, even if it meant taking their frustration out on the agency staff.

A new hire training manual is provided to all new employees and is a valuable tool for acclimating them to the operations of OHCOBR. The staff reported participating in training in customer service, Health Insurance Portability and Accountability Act (HIPAA), and Affordable Care Act (ACA) training. They also indicated that as District of Columbia employees, they participated in mandatory training required for all District employees. The staff can receive compliance or

professional training through the government's professional development programs. Recent training included "Introduction to Federal Tax Information," Cybersecurity, and Security Awareness. Employees can also request training, and in the past, these employees have had Ombudsman-related training. Employees learn a lot from each other and share the resolution of issues and problems.

III. Ethical Standards and Values, Discipline-Related Standards, and COVID-19 Concerns

Ethical Standards and Values

The last operational category addresses the alignment of OHCOBR's code of ethics with the ethical principles of the Code of Ethics of the International Ombudsman Association (IOA). IOA values are independence, neutrality and impartiality, confidentiality, informality, commitment, responsiveness, and respect for diversity. OHCOBR, as discussed below, is aligned with IOA values. Additionally, as an entity of the District of Columbia Government, OHCOBR is required to adhere to the ethical standards and training of the DC Board of Ethics and Government Accountability. Ethics training is provided annually, but interviews with OHCOBR executive staff indicate that mandatory ethics training is only required at the supervisory level and not for all office staff. HIPAA training, as previously noted, is also provided.

OHCOBR's code of ethics focuses on four of the most important ethical principles, independence, neutrality and impartiality, confidentiality, and informality. These principles support its mission and connect directly to its mission and vision statements. Though staff members used different words to explain their ethical behavior during their interviews, they spoke of many incidents where they worked diligently to solve problems for both residents and non-residents. They described themselves as compassionate listeners to others who did not have anyone else to explain their problems. The staff listened and attempted to help even when they could not.

Confidentiality and conflict of interest are addressed in the policies and procedure, and there is an indication that the policies have been recently updated. The confidential nature of health status requires requesting and receiving written consent to review HIPAA-related records. There

is no evidence that this policy has ever been breached, and it seems that the staff adheres to its requirement to carry out all interactions with consumers.

Alignment with Discipline-related Standards

As an ombudsman office, OHCOBR must align generally with the standards of practice in the discipline. The Standards of Practice of the International Ombudsman Association (2018) calls for Ombuds to identify trends, issues, and concerns about policies and procedures and provide recommendations for responsibly addressing those (“IOA Standards of Practice,” 2009). The article suggests that ombudsman offices capture and analyzes available data. However, they note that this is not limited to case processing data but that there would be an indication, even anecdotally, that the office is a safe, credible space where clients can share their views for discussing “even the most egregious concerns.” The office needs to be able to listen “compassionately, empathetically, non-judgmentally and then give voice to their concerns.” They need to demonstrate the ability to gather “rich perspectives from visitors, couple it with the data to enhance communication with decision makers and maximize opportunities for a meaningful response.” (“IOA Standards of Practice,” 2009).

There is evidence from the policy and procedure review that the agency has addressed trends beyond individual case-related resolutions and has integrated best practices from case resolution into future advice to insurers and health plans based on the compilation of case-related evidence. Additionally, OHCOBR has consistently captured and analyzed data on the cases it has addressed in its annual reports. Lastly, anecdotally, and as indicated by the survey results, there is evidence that the office seems to be a credible, “safe space” for consumers to share their concerns.

COVID-19 Operational Concerns

OHCOBR, like all government agencies, experienced the impact of the COVID -19 pandemic. In March 2020, the office was closed until August 2020 while the staff engaged in teleworking. Four (4) staff persons (supervisory) returned full-time to the office from August 2020 until July 2021, when all staff returned on a modified telework schedule. The COVID-19 protocols and restrictions eliminated walk-in traffic, and for a brief period, telephone calls decreased. Staff

utilized Team Meetings, Webex, and telephone conferences to provide customer service remotely. An online telephone system was implemented, as well as new email policies and procedures to handle the influx of email contacts.

When OHCOBR opened to walk-ins in late 2020, the Returning Citizens pilot program increased caseloads and service delivery. In 2019, the DC Council passed § 24–1303, Establishment of the Commission on Re-Entry and Returning Citizen Affairs, designed to advise the Mayor and Council on reintegrating individuals who had been incarcerated back into the community. The Mayor’s Office of Returning Citizen Affairs (MORCA) was also established under this legislation. One of the mandates of MORCA is to help individuals seek medical coverage through the Affordable Care Act or Medicaid based on their eligibility. OHCOBR staff assisted returning citizens with obtaining and navigating Medicaid coverage issues and completing Medicaid applications under a pilot program launched in late 2019. Since this review did not focus on the profile of consumers, it is not clear the number of returning citizens who were contacted or assisted by the office during this period. However, information about assistance to returning citizens was provided through staff interviews. Although the office was closed for a period due to the COVID-19 pandemic, the number of cases (11,905 -2020 v. 11,654 -2019) continued to increase, influenced by consumers seeking greater assistance to address COVID-19 health care services. Despite the lack of precise documentation, the inference is that the increase in OHCOBR cases during the COVID-19 pandemic is also attributed to returning citizens, a new consumer group, seeking health care services because of the new legislation and implemented pilot program.

CONCLUSION

The operational methodology and documentation of OHCOBR are sound and consistent with the requirements of the legislative mandate. However, the office is at a level of maturity that it needs to further document its processes and develop clear evidence of compliance. The evaluation team did not find evidence of non-compliance, but there were indications from discussions that not all employees consistently document case details. There may need to be a verifiable way to ensure that data collection processes capture the critical contact data needed for future

evaluations. This issue surfaced during the execution of the consumer survey, where there was a lack of contact information to follow up on cases after they were resolved.

C. ADVISORY COUNCIL & SUBCOMMITTEES

The Health Care Ombudsman Program Establishment Act of 2004 (D.C. Official Code 7-2701.01), Section 12 requires OCHOBR to establish an Advisory Council of members representing consumers, consumer advocacy organizations, health benefit plans, health care facilities, health care providers, government agencies and physicians. The Advisory Council, as noted in Sec.12(b), shall perform, at minimum, the following functions: (1) Advise the Ombudsman on program design and operational issues; (2) Recommend the criteria to be used in evaluating the performance of the Ombudsman Program; (3) Recommend Changes in the Ombudsman Program; and (4) Review data on cases handled by the Ombudsman and make recommendations based on this data.

I. Objectives, Scope, and Methodology

This section of the report focuses on the legislatively mandated and implemented activities of the Advisory Council. The following discussion focuses broadly on the role of the Advisory Council and explicitly on the roles of the Clinical and Special Needs subcommittees during the evaluation period of 2010-2020. It also includes an analysis of recent activities. The Policies and Procedures and Legal subcommittee and the Education and Outreach subcommittee, also entities of the Advisory Council, are discussed in specifically identified sections of the report. The evaluation team reviewed annual reports and related policy documents; and conducted interviews with the OHCOBR Clinical team and the Clinical and Special Needs subcommittees of the Advisory Council in conducting this phase of its evaluation.

II. Advisory Council Structure, Members, and Meetings

The Advisory Council of the OHCOBR was established in compliance with its legislative mandate in 2009, convening its first meeting on October 6, 2009, with thirty-nine (39) attendees. To carry out its mandated functions, initially, three (3) subcommittees were established. They are 1) Policies and Procedures and Legal, 2) Clinical, and 3) Education and Outreach. Ad hoc committees are established, as needed, to address specific issues and support the work of the

Advisory Council. To date, three (3) ad hoc committees have been established, Behavioral Health, Special Needs, and since January 2022, Returning Citizens. The Special Needs ad hoc committee became a standing Subcommittee of the Advisory Council during FY 2014.

Since its establishment, the Advisory Council has been a valuable resource to OHCOBR. As noted in his letter in the FY 2011/2012 Biennial report, DHCF Director Wayne Turnage recognized the OHCOBR Advisory Council stating that it “continues to play an integral role in guiding the Ombudsman’s Office staff with their input, expertise, and knowledge of the health care arena. Their contributions were used to improve the clinical review of cases, the amendments to the Bill of Rights laws, and the education of consumers about their health care coverage and benefits.” OHCOBR recruits members to serve on the Advisory Council who possess expertise in various areas of the health system/care community. Their expertise is critical when OHCOBR staff addresses issues that require their assistance. Members include doctors, lawyers, representatives from community organizations, health care organizations, other government entities, parents, and residents. Most members have diverse relationships or connections with DHCF or OHCOBR, as well as people with health care organizations in the community. Advisory Council members also recommend that new members serve on its subcommittees. There is a chairperson of each standing subcommittee who is selected from its membership. The present subcommittee memberships are Clinical (7 members), Children with Special Needs (19 members), Education and Outreach (8 members), Policy Procedures, and Legal (9 members).

There are two Special Ad Hoc committees: Behavioral Health (6 members) and Returning Citizens (10 members). Although there is no specific tenure for Advisory Council membership, most members have three (3) or more years of service, reflecting the tenacity, dedication, and consistency of their service to OHCOBR. Additionally, a review of Advisory Council minutes (2010 -2020) indicates that although council members attending meetings represent each subcommittee, most members do not consistently attend the Advisory Council meetings. In interviews, demanding professional schedules and other obligations were noted as impacting regular meeting attendance. As a result, some of the subcommittees were periodically chaired by OHCOBR staff. However, OHCOBR has solidified its relationship with council members by collaborating with them beyond the functions of Advisory Council subcommittees. This includes

collaborating in areas of specialty care with doctors, psychologists, and with health care organizations, DC government agencies, as well as for outreach activities, among others. The Advisory Council has maintained consistent relationships with these health care providers during the past eight (8) years. Interviews with subcommittee members revealed that members were satisfied with their roles and what the OHCOBR represents and accomplishes. An extrapolated conclusion is that although many Advisory Council members do not consistently attend meetings, their length of service on its various subcommittees, the satisfaction derived from their service, and collaborative relationships are indicators of their commitment to the mission of OHCOBR.

Clinical Subcommittee

The Clinical Subcommittee was established in 2010, and its role is to make recommendations for improving clinical practices within OHCOBR. The purpose of the Clinical Subcommittee-mandated activities include:

- ❖ Assist, file, and resolve individual cases. Collaborate with medical professionals to educate committee members about contemporary issues.
- ❖ Recommend policies and procedures to enhance continuous quality improvement regarding clinical practice.
- ❖ Develop a process for reviewing clinical complaints and grievances.
- ❖ Serve as external peer reviewers for Medicaid and complex medical cases.

The Clinical Subcommittee comprises health care professionals, including physicians, dentists, nurses, psychologists, clinical social workers, and other clinical healthcare stakeholders who possess the clinical expertise to assess and evaluate current health care standards, protocols, and best practices. It presently consists of seven (7) members, two of whom are members of the OHCOBR clinical team, and the others are external health care professionals. Although a member of the OHCOBR clinical team has previously served as co-chair of the Clinical Subcommittee, its present Chair is affiliated with the Medstar Washington Hospital Center. The OHCOBR clinical team comprises five (5) nurses, one of whom is the Associate Clinical Director. The OHCOBR clinical team closely coordinates with its Clinical Subcommittee's medical

professionals reviewing and providing opinions about the Ombudsman's office's complex clinical cases. It also evaluates commercial appeals, insurance denials, and follow-ups on denial letters, calls, or inquiries for assistance.

The Clinical Subcommittee has had many accomplishments during the evaluation period designed to improve the efficiency of OHCOBR. Among them are the (FY 2013) Mental Health Treatment Peer Review Checklist and the Non-Behavioral Peer Review Checklist to document reviewers' qualifications during the appeal of an adverse decision in commercial insurance cases. These forms provide a quality measure to ensure that the insurance company's reviewers have credentials like the member's treating provider regarding education and experience for mental and non-mental health cases. It is also responsible for handling commercial appeal cases assigned to the clinical staff by OHBOBR Appeals Case Associate Director or the Clinical Director. The assigned clinical staff person is responsible for the case until it is resolved.

Clinical Team-Commercial Cases-Appeal/Grievance

Commercial Cases involve commercial health plans, also called private insurance plans. These cases involve individuals with health coverage through an employer-sponsored plan or individual. Grievances and appeals for these cases are brokered by OHCOBR on behalf of the consumers appealing grievances against their private insurance carrier. During FY 2016, OHCOBR developed a tracking system to determine outcomes for commercial cases across fiscal years to ensure that all cases are closed regardless of when they were opened or referred elsewhere for resolution. This data is used to populate the closed Commercial Case Report, which details when each case was opened and closed and its disposition. Commercial cases handled by OHCOBR during the evaluation period are discussed under the section reviewing annual reports.

However, a synopsis of these cases revealed the following:

Insurance Category	*FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Total
COMMERCIAL	9	131	120	274	192	197	256	241	242	259	289	2,210

- OHCOBR handled 2,210 commercial cases during the evaluation period, with an exponential increase (FY 2010 - 9 cases to 289 cases in FY 2020) of these cases since 2010.
- Of the 2,210 commercial cases opened by OHCOBR, 1,719, or 78%, were closed, while 491, or 22%, were pending resolution.
- Commercial case closures beginning FY 2013-2020 indicate that of the 1719 cases closed, 1510 cases, or 88%, were closed during an average of 90.3 days, while 171 commercial cases were closed on the same day.

The increased number of commercial cases and the length of time for case closures, according to interviews, have placed a strain on OHCOBR clinical staff. In FY 2016, two (2) additional nurses were added to the OHCOBR clinical staff to assist with the commercial insurance caseload. Again, in FY2020, OHCOBR hired a nurse, who was a contractor, to assist with the closure of commercial cases. As evidenced by this previous need to hire additional nurses, the impact of the continuing increase of commercial cases, as well as additional consumers such as returning citizens and homeless residents seeking the services of OHCOBR, highlights the need for additional clinical staff to continue positive outcomes.

OHCOBR has developed templates and uses research articles to inform their decisions and recommendations, which helps efficiently resolve similar cases. For example, there was a need to help put in place special accommodations that integrate care and ensure coverage for certain patient groups “without delaying or reducing access while ensuring compliance with (the patient’s) confidentiality right” Annual Report (2014). To address this issue, members of the Clinical and Behavioral Health Subcommittee took the lead and introduced new disclosure forms for OHCOBR staff to use with mental health cases. This labor-intensive process resulted in new forms and recommendations representing innovative approaches that helped maximize service to vulnerable populations.

The Clinical Subcommittee and OHCOBR have efficiently reviewed commercial cases, demonstrating best practices. Additionally, the Subcommittee has incorporated legal guidance on mental health and dental cases, as noted in the annual reports.

Children with Special Needs Subcommittee

The Special Needs Subcommittee was initially created in mid-2013 as an ad hoc committee to review and recommend improved access to quality comprehensive care for children with special needs. It became a standing Subcommittee during FY 2014, and there are 19 members representing health care providers, physicians, and child service agencies addressing the needs of this population. The purpose of the Special Needs Subcommittee is to:

- ❖ Reviews and recommends ways to improve access to comprehensive care for children with special needs.
- ❖ Guides parents of children with special needs to obtain services.
- ❖ Proposes ways to improve performance and outcomes in care coordination among provider agencies, physicians, and other child service agencies.

According to Special Needs Subcommittee minutes, several recommendations have been made and approved by the Advisory Council so that OHCOBR staff can efficiently address the special needs of children. It has helped to increase awareness and availability of government-sponsored programs for DC residents who need specialized services. Some actions have been creating specific forms to obtain appropriate permission required in addressing the needs of minors and developing forms and a review process to track cases that meet special needs criteria.

CONCLUSION

The Advisory Council, in compliance with its legislative mandate and utilizing its four (4) Subcommittees, since 2009, has provided a significant role and shared interest in the outcomes of OHCOBR. It has made numerous recommendations that have been continuously and consistently implemented to improve the operations of OHCOBR to ensure that the health care rights of DC residents are addressed. It has been the bridge between OHCOBR and the health

care system responsible for forging relationships between consumers, consumer advocacy organizations, health benefit plans, healthcare facilities, healthcare providers, government agencies, and physicians. The professional expertise and participation of these individuals serving on the Advisory Council and its Subcommittees continue to ensure positive outcomes for OHCOBR.

The Clinical and Special Needs Subcommittees are two (2) of the subcommittees of the Advisory Council with special responsibilities. Their memberships consist of healthcare professionals with clinical expertise who assist OHCOBR in addressing clinical aspects of required cases and improving the quality of healthcare access for children with special needs. In addition, these professionals aid in researching and defining standard protocols and best clinical practices.

D. OUTREACH AND COMMUNITY EDUCATION ACTIVITIES

An important role of the OHCOBR is to inform consumers and help them understand their health care rights and responsibilities. The critical mandates specified in the Health Care Ombudsman Program Establishment Act of 2004 (D.C. Law 15-331; D.C. Official Code 7-2701.01) require outreach and community education activities. Section 6: Public Outreach explicitly states, “The Ombudsman Program shall implement innovative strategies and tools to maximize its outreach to consumers, including the provision of the following accessible information and services. “Identified are six (6) accessible information and services to ensure public outreach. They are discussed later in this evaluation. Additionally, under Section 4 (b) (1) C: Program Evaluation: Outreach and community education activities is a mandated criterion for evaluating program performance. Lastly, Section 12 allows the Ombudsman to establish an Advisory Council of members representing consumers, consumer advocacy organizations, health benefit plans, health care facilities, providers, government agencies, and physicians. To carry out these mandated functions, the Advisory Council established a subcommittee for Education and Outreach.

I. Objectives, Scope, and Methodology

This section of the report focuses on the legislatively mandated and implemented education and outreach activities. Although the evaluation period covers 2010-2020, the analysis will also discuss recent activities (2020-2022), where appropriate. The effectiveness and impact of education and outreach activities are determined by 1) heightening the visibility of OHCOBR, 2) informing and educating consumers of their healthcare rights and responsibilities, and 3) developing collaborative relationships with healthcare stakeholders. Stakeholders in this section focus on those involved in implementing education and outreach activities. The evaluation team reviewed education and outreach materials and annual reports. The team interviewed the Education and Outreach subcommittee and OHCOBR Outreach staff and attended outreach events.

II. Overview - Education and Outreach Subcommittee

The Education and Outreach Subcommittee comprises four (4) staff members. This subcommittee was formed to develop and provide information about health care coverage through outreach to individual consumers, health care providers, advocacy agencies, and other stakeholders.

The purpose of the Education and Outreach Subcommittee is to:

- ❖ Develop an education and outreach strategy and materials for District of Columbia residents about health care benefits plans, managed care plans, and health benefits plan options, or other health care options for uninsured residents; and
- ❖ Develop and provide information about health care coverage to residents of the District of Columbia through outreach to consumers, health care providers, advocacy organizations, and other stakeholders.
- ❖ Facilitate public outreach awareness by suggesting outreach strategies that increase awareness of government-sponsored programs such as DC Medicaid, HealthCare Alliance, Qualified Medicare Beneficiary (QMB), Medicare, and the Home and Community Based Waiver Programs.

The following activities were implemented to determine the effectiveness and impact of the education and outreach activities on DC residents 1) heightening the visibility of OHCOBR, 2) informing and educating consumers of their healthcare rights and responsibilities, and 3) developing collaborative relationships with healthcare stakeholders.

III. Accessibility of Information to Heighten Visibility

To heighten visibility and inform consumers about their health care rights, and services provided by the Ombudsman Office, Section 6: Public Outreach explicitly states, “The Ombudsman Program shall implement innovative strategies and tools to maximize its outreach to consumers, including the provision of the following accessible information and services. “Under the auspices of the Education and Outreach Subcommittee, a strategic plan with goals was developed and implemented in 2010 to operationalize its purpose. Table 7 below highlights the legislatively mandated activities and actions developed and executed by OHCOBR to provide accessibility of information about its services and heighten its visibility to DC residents and healthcare stakeholders.

TABLE 7 OHCOBR Legislative Mandates and Actions

	Mandated Activities	OHCOBR Actions
A.	Toll-free telephone number	The toll-free number, 1-877-685-6391, was created when the office officially opened in 2009. TTY services via DC Government link and other reasonable accommodations upon request. 711 or alternate number 1(877) 685-6391, 311, and language line. Receives telephone calls averaging 150 – 200 daily and 750 – 1000 calls weekly.
B.	Internet and website access	Website: healthcareombudsman.dc.gov and Email, healthcareombudsman@dc.gov, were both created in 2011. WebReader reads data to users who need accommodations. Facebook and Twitter Designed official logo
C.	In-person counseling;	Staff -Accommodates in-person counseling via walk-ins and at outreach events. Approximately fifteen (15) daily walk-ins. Provides Interpreters upon request.
D.	One-page Flyer describing program services	Brochures available in English, Spanish, Amharic, Chinese/Mandarin, French, Korean, and Vietnamese. One-page Health Care Ombudsman Fact Sheet in English and Spanish on the Website and distributed at outreach events. Health Care on Tap brochure (2015) (English and Spanish.); Your Health Care Advocate (2019), Health Coverage in DC: Appealing Health Insurance Decisions. A QR code on the bottom of the brochure opens directly to the Ombudsman Website. Produced Video “The Connection” in English and Spanish
E.	Establish relationships with organizations in each Ward of the city to provide outreach and receive referrals.	Participates in ward-specific education and outreach events sponsored by collaborative stakeholders and community organizations.
F.	Conduct public outreach by providing awareness and availability of government-sponsored programs such as DC Medicaid, HealthCare Alliance, Qualified Medicare Beneficiary (QMB), Medicare, and the Home and Community-Based Waiver Programs.	Collaborative and coordinated services with government-sponsored programs for participation in education and outreach events and service delivery. In-person counseling at education and outreach events.
G.	Educate consumers about health benefits plans, managed care health plans, and their health benefits plan options, or other health care options available for uninsured consumers in the District of Columbia.	Participates in ward-specific education and outreach events sponsored by collaborative stakeholders and community organizations.

IV. Informing and educating consumers about their healthcare rights and responsibilities

In collaboration with health care stakeholders, district government agencies, and community groups, OHCOBR has participated in outreach and education activities since FY 2009 and continues to reach thousands of DC residents. Initial outreach events were in collaboration with the DC Office on Aging. Securing federal award funds, OHCOBR heightens its visibility to DC residents by developing a uniquely recognizable office logo, executing a media campaign, and marketing culturally competent educational materials for distribution throughout the District of Columbia. Launched in October 2014 in Ward 5 and continuing through 2016, the grant-funded Health Care on Tap was a monthly neighborhood outreach program that involved OHCOBR staff bringing health care education into local restaurants, bars, and non-traditional public/private locations. In FY 2015, the largest number of requests for assistance from OHCOBR originated from Ward 5. It was an opportunity for residents to meet with health care professionals or service providers in an intimate setting to receive information about health insurance and seek answers to resolve any issues.

Besides the Health Care on Tap initiative, OHCOBR does not sponsor outreach events but receives invitations from collaborative stakeholders, community organizations, and various district government agencies, i.e., the Office on Aging, to attend events. In FY 2015, the largest number of requests for assistance from OHCOBR originated from Ward 5. Education and outreach events are primarily ward-specific, while others, such as NBC and Telemundo Health Expo and the Mayor's Senior Symposium, are city-wide. These education and outreach events are an important marketing opportunity for OHCOBR, allowing its outreach staff to promote its services to residents. Staff provides recertification information, addresses problems with health care, and provides information to people who might be unaware of services offered by the Ombudsman Office, among other issues. However, OHCOBR has only two (2) full-time education and outreach staff. Interns or other available staff assist when needed, but occasionally attendance at events depends on staff availability.

TABLE 8 OUTREACH & EDUCATION EVENTS BY WARDS									
	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	
Wards	Events	Events	Events	Events	Events	Events	Events	Events	Ward Event Totals
W1	1	1	1	3	3	1	0	2	12
W2	1	4	6	6	3	5	5	4	34
W3	3	2	1	8	1	3	7	1	26
W4	2	2	2	1	9	4	2	2	24
W5	1	6	4	10	4	7	13	6	51
W6	2	2	3	4	5	6	8	7	37
W7	1	1	1	5	2	4	1	1	16
W8	0	0	3	3	8	3	12	0	29
Total	11	18	21	40	35	33	48	23	229

Table 8 (above) shows that the number of outreach events has increased during the past ten (10) years. There were 229 ward-specific education and outreach events from 2010 to 2020. The least number of events were held in Ward 1, with 12 events, and Ward 7, with 16 events. The highest number of events was 51, held in Ward 5, followed by 30 events in Wards 2 and 6, and 20 events held in Wards 3 and 4. Although there were no events in Ward 8 during FY 2013, 2014, & 2020, it exceeded Wards 3 and 4 with 29 events during the evaluation period.

TABLE 9 OHCBR CONTACTS BY WARDS												
Wards	*FY 2010	FY 2011	FY 2012	**FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Total Contacts
1		377	498		733	867	857	947	1,199	1,354	1,743	8,575
2		439	652		883	975	951	1,124	1,258	1,240	1,026	8,548
3		154	210		358	378	370	341	459	367	334	2,971
4		410	578		1,046	1,045	1,121	1,259	1,406	1,536	2,006	10,407
5		526	686		1,249	1,375	1,386	1,332	1,658	1,796	1,718	11,726
6		347	433		900	830	830	900	1,142	1,077	998	7,757
7		504	670		1,358	1,459	1,381	1,597	2,183	2,127	2,058	13,337
8		431	625		1,168	1,320	1,261	1,546	1,782	1,946	1,770	11,849
Total Contacts	3,727	3,188	4,352	**6,507	7,695	8,249	8,157	9,046	11,087	11,443	11,653	81,377

*No annual report available; only listing of accomplishments.

****Ward breakout data was not available in the report.**

Table 9 (previous page) identifies the number of District of Columbia residents who contacted the OHCOBR according to Wards. The largest contacts were from Ward 7 at 13,337, followed by 11,849 from Ward 8. Ward 3 represents the lowest number of contacts at 2,971. However, the total number of DC residents seeking OHCOBR services increased annually and by the end of the evaluation period was threefold, from 3,727 contacts during the fiscal year 2010 to 11,653 contacts by the fiscal year 2020.

Although there is no data analysis in the annual reports, directly comparing the ward-specific outreach events (Table 8) to the number of residents from each ward who, as contacts, utilize the services of OHCOBR (Table (9), a relationship is extrapolated. A comparison of ward-specific outreach events to ward-specific contacts show that despite the lowest number of outreach events occurring in Wards 7 (16 events) and Ward 8 (29 events), the largest number of contacts or DC residents, 13,337 and 11, 849, respectively, utilizing OHCOBR services were from these wards during the evaluation period.

V. Developing collaborative relationships with healthcare stakeholders

Throughout the evaluation period and to the present, OHCOBR has consistently developed and cultivated collaborative relationships with health care stakeholders, district government agencies, and community organizations. These relationships have contributed tremendously to the positive impact of OHCOBR by 1) heightening its visibility among DC residents through its annual participation in education and outreach events sponsored by these stakeholders and 2) serving as the health care delivery resources required for it to effectively carry out its mandated functions. The onset of the COVID-19 pandemic in March 2020 challenged the effectiveness of the healthcare system. Despite an increased need for information about healthcare services, COVID-19 restrictions and protocols canceled all in-person education and outreach events. Healthcare stakeholders successfully pivoted to virtual events, thus allowing OHCOBR to continue its services to DC residents. Approximately (10) ten virtual education and outreach events were held in FY 2020. Although a viable option, the lack of accessibility to technology and knowledge of its utilization by segments of DC residents, were not issues overlooked by OHCOBR. Thus, staff teleworking during office closure and the return to the office by some staff during August 2020

allowed OHCOBR to address the increasing demands of this period. As of FY 2022, approximately seventeen (17) education and outreach events were held from March 2022 to August 2022. Three (3) virtual and fourteen (14) in-person outreach events have resumed but are required to adhere to COVID-19 protocols of masking and social distancing. Recent COVID-19 warnings necessitate the continuation of virtual events as a viable alternative. Recently in July 2022, OHCOBR participated in a virtual Qualified Medicare Beneficiary (QMB) outreach event held for DC senior residents that were observed by a team member. The event was sponsored by the Senior iPad Program of the District of Columbia Department of Aging and Community Living (DACL) and managed by WildTech. To help District of Columbia seniors stay connected during the COVID-19 pandemic, this program provided free Apple iPads with Internet, training, and support to seniors. The iPads allowed seniors to access virtual outreach events. Sixty-five (65) participants attended the event via telephone, iPad, laptop, or computer.

The evaluation team also attended an education and outreach event in July that targeted the Asian American community and an event sponsored by the District of Columbia Department of Aging and Community Living (DACL). The team observed OHCOBR's participation in the Community Health and Resource Fair at the Wah Luck House, a senior living facility for Asian Americans. Approximately 75 residents and individuals from the community attended. This event is an example of the outstanding collaborative relationships between OHCOBR and district government agencies, and healthcare service providers. It showcases its expansive outreach efforts to the District's diverse communities in carrying out its role of educating residents about how to navigate the healthcare system.

CONCLUSION

OHCOBR's strategic plan goals guided the implementation of the legislatively mandated requirements for outreach and community education activities. It has effectively heightened its visibility through the development and implementation of innovative strategies and tools and has maximized its outreach to DC. Residents. By developing brochures, its website, social media channel, and other resources, OHCOBR's outreach seeks to include the majority of diverse DC communities. In collaboration with health care stakeholders, district government

agencies, and community groups, OHCOBR has sponsored and consistently participates in outreach events that continue to reach thousands of DC residents annually. These collaborative relationships have also expanded the service delivery reach of OHCOBR to new consumers, such as returning citizens. Lastly, during the unexpected consequences of the COVID-19 pandemic, the adaptability of OHCOBR staff and innovative leadership, along with its solid collaborative relationships with health care stakeholders, led to a pivot to virtual outreach activities that allow them to continue to engage in outreach education activities and achieve positive outcomes.

E. STAKEHOLDERS AND POLICYMAKERS

I. Stakeholders

The Health Care Ombudsman Program Establishment Act of 2004 (D.C. Law 15-331; D.C. Official Code 7-2701.01), which established OHCOBR, also identifies under Section 5, its Duties. Among the ten (10) duties explicitly stated, duties 7, 8, and 9 implicitly allowed for the collaboration and coordination of OHCOBR with other health care agencies and organizations, known as “Stakeholders.” These specific duties are Section 7) refer consumers, when appropriate, to other existing organizations for assistance and work jointly with other consumer organizations, as appropriate; Section 8) work with health care providers to develop working relationships that enhance coordination and referrals; and Section 9) make appropriate referrals to the specific departments and agencies in the district.

These explicitly stated duties require that the OHCOBR collaborate and coordinate with various consumer organizations, health care providers, and various local and federal government agencies in fulfilling its mandated responsibilities. As stakeholders, these entities share a common interest in the outcomes of OHCOBR. These stakeholders have an interest in the success of the program and are important partners because their decisions are key to its daily operation and rights-based health care demands. As affirmed in OHCOBR annual reports, “the cooperative relationships that we cultivate ensure highly effective and responsive action when consumers are referred for assistance.”

OHCOR collaborates with numerous agencies and organizations to coordinate the delivery of health care and other valuable support services. It serves as an independent and confidential intermediary ensuring that District consumers have access to health benefits and that those benefits meet their needs. The role of OHCOR staff is to resolve complaints and facilitate appeals and grievance processes, as well as provide information about certified providers. This collaborative relationship maximizes consumer access to services and pertinent information.

A. Evaluation Methodology

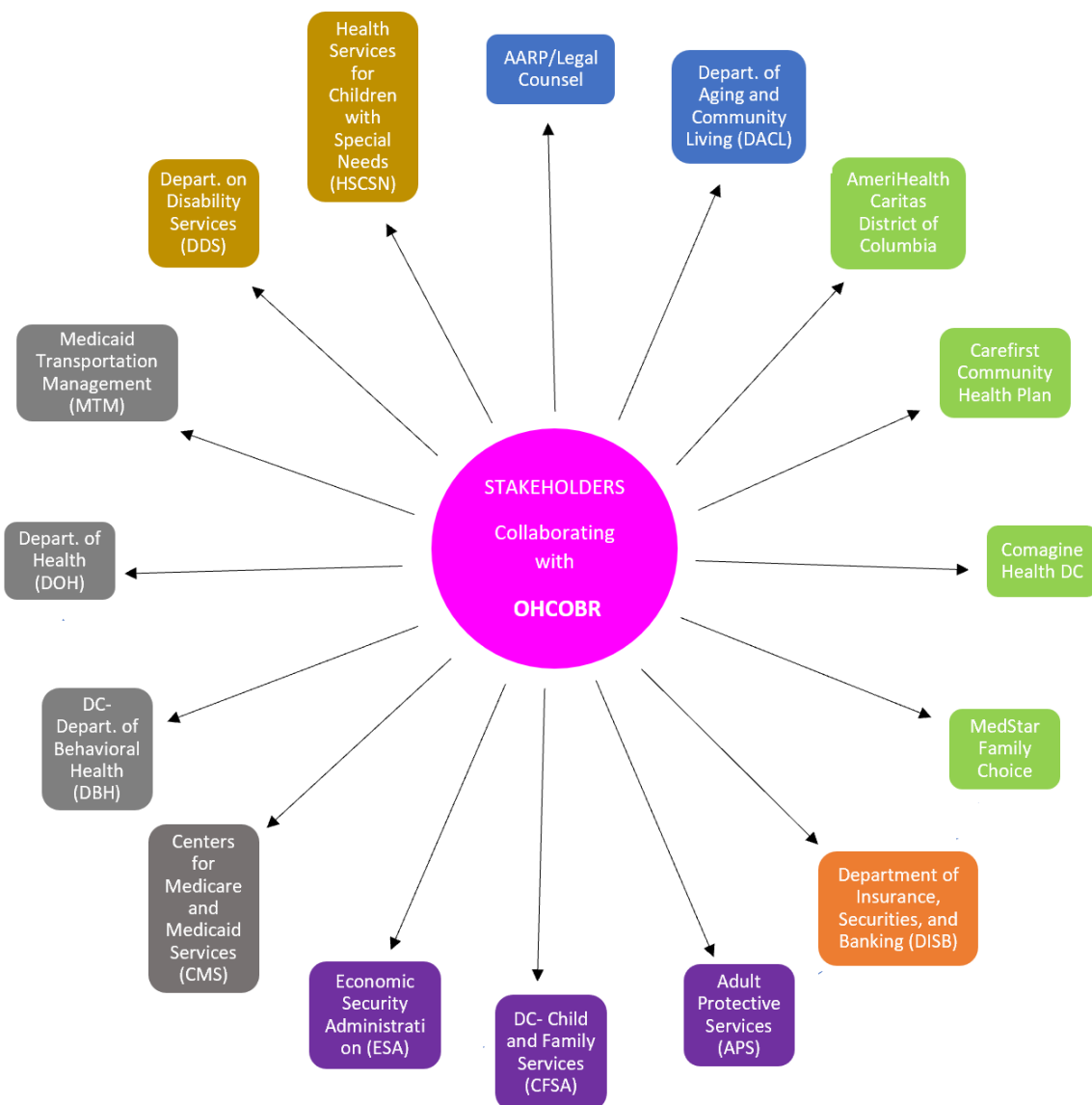
This report evaluates the relationship and interaction between OHCOR and inter-agency and external stakeholders to assess levels of cooperation and collaboration. A qualitative survey and interviews were designed and conducted to examine the relationship of OHCOR with its stakeholders during the evaluation period (2010-2020) and recently, where appropriate. A twelve (12) question survey was developed, and interviews of Stakeholders were conducted between February and April 2022 to determine the level of responsiveness and effectiveness of Stakeholders in supporting the mission of OHCOR. OHCOR provided a list of sixteen (16) Stakeholders who are presently (2022) actively involved and representative of the spectrum of the healthcare system in the District of Columbia. Survey responses were obtained through interviews conducted by phone and as responses to the questions online via e-mail. The 12 questions were designed for completion within 20-30 minutes. Ninety percent (90%) of the Stakeholders opted to complete the questionnaire via email. Of the sixteen (16) stakeholders attempted, fourteen (14) were contacted because the contact information for two (2) was incorrect. Of the stakeholders contacted, only six (6), or 43%, completed the survey questions.

B. Overview

During the evaluation review, a review of the annual reports and staff interviews indicate that healthcare stakeholders included members of DC and federal government agencies, non-profit advocacy groups, health care providers, health plan partners, and community-based service providers. The number of active key stakeholders has fluctuated from a high of thirty-two (32) in 2018 to its present of sixteen (16) in 2022. However, from 2013 to 2020, there were twenty-nine (29) to thirty-two (32) healthcare stakeholders consistently collaborating with OHCOR.

It is also important to note that stakeholders report that they have been integral active supporters of OHCOBR when acting as participants on the subcommittees of the Advisory Council and sponsors and participants of outreach activities. The present sixteen (16) stakeholders actively coordinating and collaborating with OHCOBR represent the spectrum of the healthcare system in the District of Columbia.

The following is an illustration of these stakeholders.



C. Analysis of Staff and Stakeholders Interviews

Staff Interviews

Stakeholder engagement is extremely beneficial to the effective operation and impact of the service delivery of OHCOBR. According to the Future of Healthcare, May 2020, the quality of the Healthcare systems depends heavily on how mobilized, concerned, and engaged Stakeholders and professional groups are serving as collaborators to ensure quality healthcare services policies and funding. Engaged stakeholders can contribute to and make an impact on policies, processes, and necessary changes that will affect the office and role of the Ombudsman.

Interviews with senior OHCOBR leadership validated the importance of stakeholder relationships and how crucial and essential it is to have actively engaged stakeholders for the success of the office. During several interviews with senior staff, including clinicians, examples were provided of perspectives and expertise from the stakeholders that helped OHCOBR efficiently finalize complaints and access health benefits or services. They further suggested that receiving additional information from stakeholders allows prompt and improved decision-making of ongoing processes, services, or policies. Staff interviews also indicated that the levels of positive feedback with stakeholders have remained broadly consistent during the past 10 years.

Stakeholder Interviews

The survey and interview responses of the Stakeholders also highlight opinions on the importance of their relationships and engagement with OHCOBR. As previously noted, of the fourteen (14) stakeholders contacted and sent the survey, only six (6) or 43% completed the survey questions. Therefore, the following reflects their opinions.

- ❖ Five (5) or 83% of stakeholders indicated that they completely understand the purpose, mission, and policy of OHCOBR. In comparison, one (1) or 17% of stakeholders indicated understanding the mission of OHCOBR but does not fully understand how OHCOBR operationalizes and implements its mission.

- ❖ All stakeholders reported satisfaction with their communication and engagement with OHCOBR and indicated that it has been broadly consistent. They also reported satisfaction with the performance of the OHCOBR and indicated they have a strong working relationship with the staff.
- ❖ Three (3) or 50% of stakeholders indicated meeting quarterly with OHCOBR staff; two (2) or 33% either attend regular meetings scheduled by the staff of OHCOBR or stakeholders. Additionally, because of the need for ongoing collaborative discussions, one key stakeholder indicated contacting OHCOBR daily.
- ❖ During the peak of COVID-19, 100% of all responding stakeholders indicated they could continue their usual relationship with OHCOBR, noting that their staff continued to interact with OHCOBR about collaborative discussions at various levels and in a variety of ways. The average time of interaction continues to be two (2) to three (3) times a month, while two (2) stakeholders indicated their interaction ranges from daily contact to ten (10) to twenty (20) times per week. More contact is scheduled when there are enrollee concerns, specific consumer complaints, or cases needing attention.
- ❖ Stakeholders report involvement with the Advisory Council and subcommittees and that overall engagement with OHCOBR is thorough and consistent.
- ❖ All Stakeholders indicated consistent attendance of OHCOBR staff at their sponsored education and outreach activities, including all virtual events due to COVID-19 restrictions.

Overall, according to the Stakeholder responses to the survey and interviews, there is effective communication with OHCOBR. The opportunities to work collaboratively with OHCOBR leadership and staff strengthen their relationship, develop trust, and engage in team building while addressing the needs of the consumers and residents of the District of Columbia.

CONCLUSION

Since 2013, stakeholders have provided a significant role and shared a common interest in the outcomes of OHCOBR. Because these stakeholders have an interest in the success of the Health Ombudsman Office in the District of Columbia, effective collaboration, communication, and coordination have continued to serve as a major focus in maintaining continuity in the operations and partnership. Results of the Stakeholders' survey clearly emphasize a forthright commitment and determination by stakeholders to provide quality and strategic decisions in their daily operation with OHCOBR.

II. Policymakers

The Mayor and DC Council are important policymakers who directly and indirectly support all district government agencies, including the OHCOBR. Although OHCOBR, under legislative authority, operates with full autonomy and independence, it is organizationally positioned within the Department of Health Care Finance (DHCF). DHCF, under the leadership of Director Wayne Turnage, is a cabinet-level agency of the Executive Office of the Mayor. DHCF, in addition to OHCOBR, administers the District's Medicaid program, Children's Health Insurance Program (CHIP), and other publicly funded health care benefits programs. These programs are collaborative partners with OHCOBR, facilitating access to the health care system by DC residents. The DC Council fully supports OHCOBR with approved funding from several sources: DC appropriations, Federal Medicaid matching funds, special purpose funds for Patient Bill of Rights expenses, and funds from assessments by commercial insurers. Additionally, the Committee on Health of the DC Council, responsible for matters concerning health, exercises legislative jurisdiction over DHCF and, thus, legislative oversight of OHCOBR.

This section of the report addresses the final evaluation metric of Section 4: Program Evaluation of the Health Care Ombudsman Program Establishment Act of 2004, which states the evaluation shall consider: "The extent to which information was provided to the public and policymakers about problems faced by the consumers served." As discussed in the section focusing on OHCOBR annual reports, these reports have been an important tool for capturing and cataloging the performance outcomes of OHCOBR as it fulfills its mission; and validates to

policymakers and the public its value in educating and serving DC residents as they navigate the health care system. The annual reports fulfill the “reporting requirement” of the legislation to policymakers and the public. They are distributed to all policymakers, including the Office of the Mayor, DC Council and its Committee on Health, and all collaborating district and federal government agencies and stakeholders. The annual reports are also available to the public through the OHCOBR website.

To ascertain insight into the interactions and level of satisfaction of policymakers with the performance of OHCOBR, contact through e-mail and phone interviews were conducted with the constituent services directors of the councilpersons serving on the DC Council Committee on Health. Constituent services directors, rather than the councilperson, were selected for interviews under the assumption that they were most likely to interact with OHCOBR because of their direct interactions with ward constituents addressing health care concerns. There are five members of the Committee on Health, one of whom, Councilman Vincent Gray, Ward 7, serves as Chair. Other members are Charles Allen (Ward 6), Brianne L. Nadeau (Ward 1), Mary Cheh (Ward 3), and Christina Henderson (at Large).

Four (4) constituent services directors and the Deputy Committee Director responded through emails or were interviewed. The following is a synopsis of responses:

All respondents praised the OHCOBR director and positive interactions with staff and services. Three responses capture the overall sentiment of the constituent service directors and the Deputy Committee Director. One Constituent Director stated, “Our experience with the OHCOBR, although limited, has been positive. Constituents who have reached out to our office needing assistance enrolling or unenrolling from benefits have expressed their satisfaction with OHCOBR’s response time and the outcome of the request.” While another noted, “I’m confident when I say Councilmember Allen’s Constituent Services team is thrilled with the service we receive from the Office of the Health Care Ombudsman. We have nothing but glowing reviews from our residents! The response is always immediate and complete and with a smile.” Lastly, one director indicated, “I think the Office is doing a fantastic job. I have not received any complaints about the many services OHCOBR provides.” These responses from

the staff of the Councilpersons on the Committee on Health are positively beneficial for OHCOBR's relationship with DC Council and these specific policymakers. Although funding appropriation was not a metric of this evaluation, one can extrapolate that members of the Committee on Health are strong advocates and supporters of adequate funding for the OHCOBR influencing their Council colleagues during the budgetary cycle. Constituent services directors and the Deputy Committee Director also provided insightful recommendations for improving OHCOBR services and expanding its outreach to residents. These recommendations included: 1) More community engagement designed to heighten OHCOBR's visibility that includes updating information on social media platforms; and invitations to attend Advisory Neighborhood meetings and Councilmember Gray's Leadership Council meetings. 2) Request that OHCOBR increase its engagement with Councilmember offices so that staff can acquire more information about its role and responsibilities on behalf of their constituents. 3) Recommend that OHCOBR is proactive by preparing to respond to emerging health-related issues, i.e., monkeypox, reproductive rights, new COVID variants, and protected populations, i.e., DC homeless and returning citizens, that have the potential of increasing demands for its services.

The relationship between the Director of the Department of Health Care Finance and the Ombudsman is integral to OHCOBR's effective performance. A discussion was held with Director Wayne Turnage and Chief of Staff, Ms. Melanie Williamson, about their perspectives on the leadership of the Ombudsman and the future of the office. Mr. Turnage indicated that the Ombudsman has demonstrated excellent leadership and programmatic outcomes since the office's inception. He reported that OHCOBR's staff has efficiently handled and resolved the various health-related issues. As a member of his leadership team, Mr. Turnage noted that Ms. Holt has been a dedicated leader who has resolutely sought resources to ensure the efficient operation of OHCOBR. Ms. Williamson, echoing the comments of Mr. Turnage, agreed that Ms. Holt, because of her experience and knowledge as an ombudsman, continues to be an invaluable resource. Hypothetically musing, Mr. Turnage pondered that he could not imagine OHCOBR without her leadership. Specifically asked about leadership succession planning, he acknowledges that this issue requires future discussion. Discussing the potential of increasing

OHCOR caseload due to the health care needs of protected populations, i.e., DC homeless and returning citizens, Mr. Turnage anticipates the need for additional financial resources.

CONCLUSION

Policymakers that exercise legislative jurisdiction and oversight of OHCOR expressed praise and positive interactions with its leadership and staff. They are strong advocates and supporters and are pleased with the service delivery outcomes to their constituents. Both emerging health-related issues and leadership succession planning are potential OHCOR concerns that require policymakers' immediate and future attention.

F. CONSUMER SATISFACTION SURVEYS

I. Overview

An important requirement of the evaluation is assessing the effectiveness and impact of the operations of the Office of the Health Care Ombudsman & Bill of Rights in helping residents navigate the health care system. A mandated criterion for evaluating its performance in the Health Care Ombudsman Program Establishment Act of 2004 is Section 4, Program Evaluation, subpart (b) (1) (D): "Satisfaction of consumers served by the program." This section also requires the OHCOR to biannually evaluate its activities, including the satisfaction of consumers. A Consumer Satisfaction Survey has been the primary instrument developed and administered to obtain this information. Since the operation of OHCOR, two consumer satisfaction surveys have been conducted. The first was in FY 2011 and during the evaluation period (2010-2020), and recently under the auspices of this evaluation process (FY22). A brief synopsis of the first Consumer Satisfaction Survey is included. However, there is no attempt to compare the (2) two survey responses because of substantial differences noted in the discussion of the hypothesis and variables of this evaluation survey. Consultation, support, and the data collection required for administering the survey were provided by the two (2) OHCOR Data Managers responsible for data collection and analytics.

Customer Satisfaction Survey – FY 2011

The first Customer Satisfaction Survey was administered by OHCOBR staff during FY 2011, approximately two (2) years after its operationalization. It was administered by telephone to a pool of 900 consumers to obtain a sample size of 331. Only 101 consumers responded to nine (9) questions focusing on the efficiency of office functions and procedures. Survey response rates were as follows:

- 33% of respondents heard about the Ombudsman's Office by word of mouth.
- 80% used the Ombudsman service for the first time.
- 89% were satisfied with the ease of contacting the Ombudsman.
- 64% were satisfied with the promptness of the calls returned.
- 70% were satisfied with the Ombudsman's efforts to follow up and provide a status update on their case.
- 81% indicated that their issue was resolved.
- 77% were overall satisfied with how their case was handled
- 86% were very likely to contact the Ombudsman again.

OHCOBR indicated that the results of the Consumer Satisfaction Survey were vital indicators of consumer content with its effectiveness and impact. It also indicated that results revealed other areas that should be utilized to assist with identifying alternative methodologies to remediate grievances and appeals and training, staff members. This report includes the results of this Consumer Satisfaction Survey only to establish context about the initial survey and because some of the questions were replicated in this survey. It does not attempt to provide an analysis of the 2011 responses.

II. Consumer Satisfaction Survey- 2022

Survey Instrument & Protocol

A Consumer Satisfaction Survey instrument was developed to measure consumer satisfaction with OCHOBR. To ensure professional and ethical practices of survey implementation that protect the rights of human subjects, the study procedure and the survey instrument was

reviewed and approved by the Institutional Review Board (IRB) of the University of the District of Columbia. Obtaining IRB approval required ethical training for all evaluation team members, expedited review of survey procedures, and implementation of informed consent protections for survey participants. Study participants could elect to receive a \$25 Walmart gift card after completing the survey by providing additional contact information. The survey monkey platform was utilized to complete the survey. Participants could take the survey by email, or evaluators could administer the survey by telephone. Five (5) team members, including one (1) who was bilingual (Spanish), administered the survey by reading the questions and capturing the response in the electronic survey instrument.

Survey Population

OCHOBOR consumers are represented interchangeably as “case or contact” and are defined as an unduplicated count of insured or uninsured individuals who contact the office. Each case may involve multiple interactions between OCHOBOR and the customer or the customer’s representative. The timeframe for case resolution is captured as an integer of “0, 1, 2 days or longer”. OCHOBOR’s case resolution statistics from its annual reports show that in most cases, 98% are solved within 0-2 days. Evaluators contend that these cases may not adequately measure the effectiveness and impact of program services or the engagement of OCHOBOR staff. Therefore, the survey population selected represents customers whose cases required 7 + days. The assumption was that if these consumers were satisfied with OCHOBOR services, despite the length of time for closure, their perspective would represent a more valid indicator of consumer satisfaction and provide a better indication of the effectiveness and impact of OCHOBOR’s service delivery.

Contact information data was provided by OCHOBOR data managers. Consumer cases representing 7+ days of closure between October 2018 and September 30, 2020, were randomly selected from its database. This stratified sample of cases represents the date and duration requirements. Of the 3,141 cases identified, only 1,477 cases qualified to be included in the survey population pool because of missing or incomplete telephone numbers and email addresses. Further, there were only (55) email addresses, which required the survey to be

administered predominantly by telephone. A calculation of the standard error for the study's sample is less than one (1) percent (.10%). The small value of the sampling error indicates that the results can be attributed to the population of the stratified sample drawn. However, the missing data from the original cases can skew the error estimate (Sharma, 2017). Sampling for future surveys should include additional steps to validate the error estimate.

Survey Barriers and Challenges

Challenges that **influenced administering the survey** included:

1) *Inability to launch an email survey because of the lack of email addresses and telephone numbers for consumers in the OHCOBR database.* As noted, 96 % of surveys were collected by telephone and conducted by team members who completed survey responses. There were only 55 email surveys sent, of which seven (7) were completed. Of the 55 email invitations sent, two (2) bounced, 38 were never opened despite three (3) follow-up reminders, and 15 were opened, resulting in seven (7) completed surveys.

2) *Unreliable telephone contact information in the population pool.* Of the 1477 cases that comprised the survey population, there were 434 (30%) non-working/disconnected phone numbers. Since much of the work done by the office is via telephone, there was an expectation of a greater number of valid telephone numbers. An additional 601 calls (40%) were made to consumers where the caller was not the intended participant and/or where the intended person was absent from home. Voice mail was left when possible. During the phone administration of the survey, 198 refused to participate by indicating "No" or hanging up the phone during the greeting protocol. Additionally, 11 cases in the survey pool represented someone who was now deceased or incarcerated.

3) *Language Barriers.* The random selection of consumer cases did not control for demographic indices such as race and ethnicity. Still, as the survey was being administered, it became clear that some participants spoke languages other than English. The evaluation team obtained translation services to administer the survey in Spanish but could not administer the survey in other languages. There were 51 cases in which the person contacted was neither English nor Spanish speaking.

Of the remaining 442 available in the pool, 185 surveys were completed. The 185 responses represented a 12.5% response rate for the total pool of 1,477 potential participants.

Comparing the actual participant pool because of data barriers is $[1477 - 434 - 601 = 442]$, plus 55 email addresses, the actual response rate $[192/497 = .396]$ could be around 40%. Comparing the response rate from the prior survey $(101/331=30\%)$, there is an increase in the response of about 10% in the 2022 survey. The standard response rate for phone surveys was 9% in 2016, and the non-working rate on landlines was also down to 40% (Dutwin and Lavrakas, 2016). These figures suggest that the 12% response rate in this survey is above the standard.

Moreover, telephone surveys are still considered one of the most important and cost-effective means of conducting surveys (Szolnoki and Hoffmann, 2013). The team's decision to use this modality to supplement its online strategy reduced the online bias of accessing only population subgroups while bolstering the survey modalities as representative of the general population. The team interviewers were trained to read the questions as written to avoid characterizations of the words but could provide limited clarification. These instructions were designed to reduce interviewer bias and increase visual cues.

Survey Responses Categories

The Survey instrument asked twenty-five (25) questions. Because of the confidentiality of the medical topics of potential participants, no demographic data was collected. Nineteen (19) of the questions captured where and how participants were connected to the office, participants' interaction with the office, and specific information about the cases they filed. Eight (8) of the nineteen (19) were skip-logic questions designed to get additional detail about the options presented in the original question. The other seven (7) questions were designed to measure satisfaction with the participant's experience with the office. Five satisfaction questions used a 5-point Likert scale of very satisfied, satisfied, neutral, dissatisfied, and very dissatisfied. The other two (2) used a 3-point Likert scale of very likely, somewhat likely, and not likely.

Analysis of Survey Responses

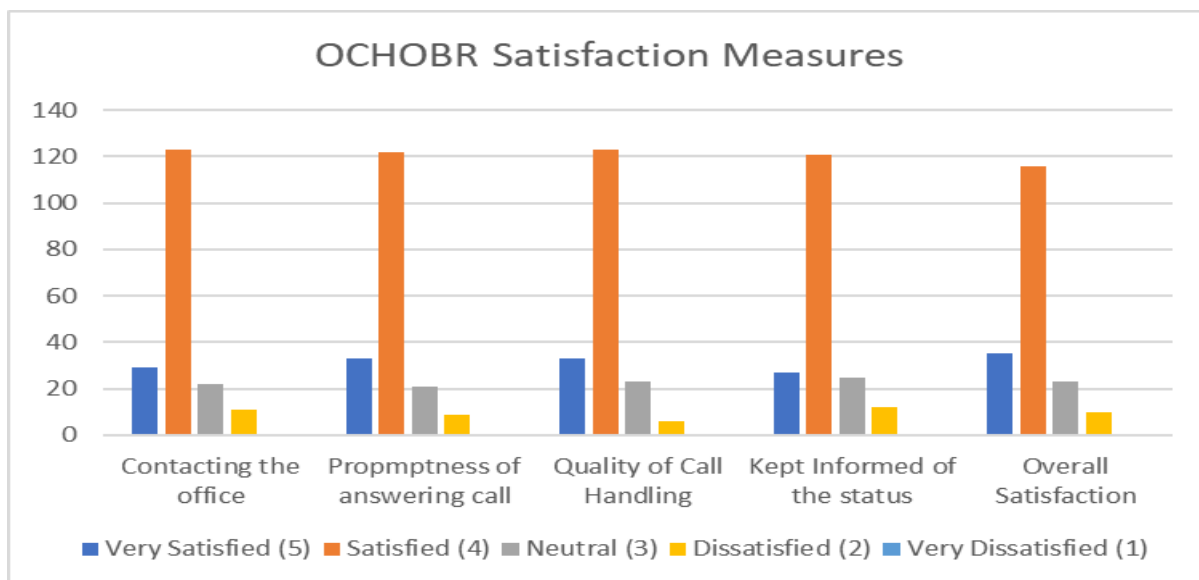
The team hypothesizes that consumers whose cases required 7+ days and multiple interactions for closure and satisfaction would represent a more valid indicator of the office's effectiveness and impact on the service delivery. The assumption that the length of resolution of their cases might impact satisfaction suggests that these cases might be more complicated or require internal and external collaboration to resolve.

The survey responses revealed that institutions such as health providers, DC and federal government agencies, insurance plan personnel, and case workers represent many referrals to the office. These individuals (81%) mostly contacted the office for the first time for themselves (77%) or family members (21%). Additionally, government-provided care through Medicaid (51%) and Medicare (13%) respectively represented the majority of contact referrals of this case type, though many (29%) did not know their case type. Prescription-related cases only accounted for 35% of cases. However, it appears that many older cases (7+) were resolved within 30 days (between 77 and 78%). Most of these individuals (90%) access their care through doctors' offices and clinics. Very few reported that they heard of the office from Outreach events (2%), brochures (2%), or word of mouth (6%). The fact that 23% of respondents did not recall their source of OHCOBR information may be attributed to the length of time, possibly 2-4 years, between their utilization of OHCOBR services and the administering of this survey.

Interestingly, 53% of the participants identified their residency as 'other,' failing to identify the Ward where they were living when filing their case. In the remaining responses, 47% indicate that the majority of consumers lived in Ward 5 (12%), Ward 7 (11%), and Ward 8 (9%).

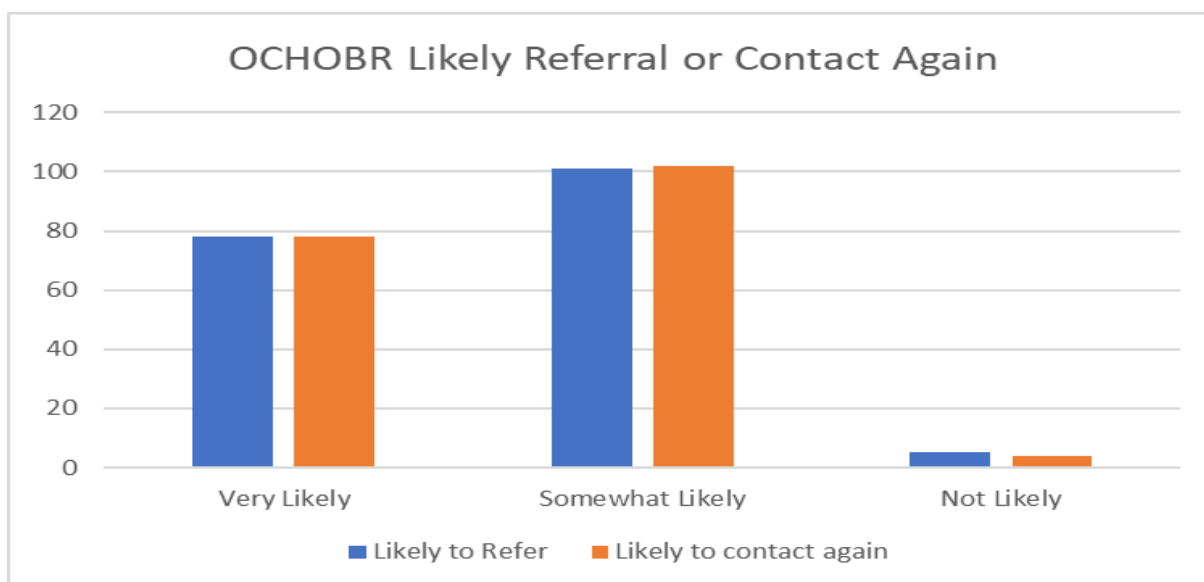
Satisfaction Measures

Satisfaction was measured by five (5) questions using the 5-point Likert scale and two (2) questions using a 3-point Likert scale. The two charts below provide a visual representation of their satisfaction.



The above **OCHOBR Satisfaction Measures** chart shows the following:

- Ease in contacting the office: 84% satisfied or 157/185
- Promptness of answering their calls: 83% satisfied 155/185
- Quality of call handling: 84% satisfied or 156/185
- Keeping them informed of the status: 80% satisfied or 148/185
- Overall satisfaction: 82% satisfied or 151/185



The above **OCHOBR Likely Referral or Contact Again** chart shows the following:

- Likely or somewhat likely to refer: 97% or 179/184
- Likely or somewhat likely to contact again: 98% or 180/184

These satisfaction outcomes and charts suggest that survey participants were overwhelmingly satisfied with their interactions with OCHOBR, although their cases took longer to resolve. As expected, some participants were not satisfied, even to the point of indicating that they would not refer to or contact the office again. Because of the need to preserve confidentiality, no further details were sought from survey participants. The suggestions below provide a way for OCHOBR to capture these issues in real-time while keeping the issues confidential.

The COVID-19 pandemic and its accompanying restrictions and protocols necessitated addressing this issue in the survey since OCHOBR needed to temporarily shift its services online. Respondents were asked about the challenges they faced accessing care during this period. Interestingly, 67% reported no difficulty or challenges, with only 16% having difficulty contacting medical providers and 12% accessing medical services or records. Understandably, thirteen (13%) percent of participants reported other challenges, such as illness, loss of work and insurance, and transportation access. None of the participants cited access to DC government agencies as challenges during the COVID-19 pandemic.

CONCLUSION

Consumers who have utilized the services of OHCOBR have been surveyed twice during the agency's tenure, in 2011 & 2022. Although there is no comparison of survey responses in this report, an important outcome in both surveys is overall satisfaction with the OCHOBR office. In 2011, 77% of respondents sampled from the entire population indicated satisfaction with the handling of their case. In this survey, 84% of participants with cases that took more than 7+ days to resolve expressed similar satisfaction. Both surveys indicate that consumers are pleased with the performance of OHCOBR staff in fulfilling its role of advocacy, education, and helping consumers navigate the health care system. The next evaluation should also explore how consumer expectations are formed about their interactions with the office. Do consumers expect their issues to be resolved? When there is no gap between expectations and satisfaction, service quality can be assured.

Evaluation Conclusions & Recommendations

IV. OVERALL EVALUATION CONCLUSIONS & RECOMMENDATIONS

CONCLUSION

The Office of Health Care Ombudsman and Bill of Rights, since its establishment in 2009, has effectively and efficiently adhered to its two legislative mandates, The Health Care Ombudsman Program Establishment Act of 2004, which established the Office and its duties (D.C. Law 15-331; D.C. Official Code 7-2701.01); and The Health Benefits Plan Members Bill of Rights Act, which established grievance procedures for health benefits plans (D.C. Law 19-546; D.C. Official Code 44-301). Additionally, it has operationalized the best practices of the International Ombudsman Association.

This Report represents a comprehensive performance evaluation of OHCOBR covering the period of 2010-2020. It concludes that OHCOBR has fulfilled its mission to guide, advocate, and help residents of the District of Columbia navigate the health care system. However, as in all agencies, there are always areas requiring improvement. The following represents a comprehensive list of recommendations from the OHCOBR performance evaluation. By working to implement these recommendations, the office will strengthen its effectiveness in delivering on the legislative mandate and will position itself to help an expanding pool of DC residents to navigate the changing healthcare landscape. The office staff should be commended for the passion and dedication shown in helping consumers.

RECOMMENDATIONS

ANNUAL REPORTS

Continue the publication of the annual reports available to the Advisory Council, stakeholders, policymakers, and consumers. Expand the distribution of e-copies of the annual report to the forty-one (41) Neighborhood Advisory Commissions located in the city's eight (8) wards. Also, expand the visibility of OHCOBR utilizing the annual report by announcing its availability through social media channels (Facebook & Twitter).

OPERATIONAL, LEGAL & ETHICAL POLICIES & PROCEDURES

1. Policy and procedures should be reviewed annually, citing policy updates and the origins of the changes. Policy changes recommended by the Policy and Procedure and Legal Subcommittee should include a final date for dissemination to staff. All policy changes should be communicated to the staff within 30 days of a policy change or a shorter timeframe determined by OHCOBR. Documentation of communication to staff should be included in the policy update.
2. Assess the number of cases per staff member and use the ratio to determine if there is a need to add or reduce professional staff and interns to maintain operational efficiency and performance.
3. Implement a monitoring process to validate the complete data entered into the Standardized Health Care Ombudsman In-Take Tracking Log. A periodic data review should be conducted of a sample of cases to determine if all pertinent information is complete. The review should be conducted within a timeframe determined by OHCOBR data staff. If data is missing, staff should investigate the process on the case level to improve data entry processes. Incomplete information in the database was revealed as a major issue in the administering of the Consumer Satisfaction survey because phone numbers, email addresses, and residential addresses of consumers were missing.
4. OHCOBR management noted a desire to expand Board of Ethics and Governmental Accountability training to all professional staff rather than only at the supervisory level. The favorable outcomes resulting from resolving consumer issues can lead to an expression of appreciation from consumers that potentially raises ethical violations (offering gifts, flowers, etc.) for staff. Ethical training of all professional staff and interns in OHCOBR would assist them in addressing these situations with consumers.

ADVISORY COUNCIL & SUBCOMMITTEES

1. As the volume of commercial appeal cases has increased, more clinical staff may be needed. Including more robust documentation of appeals, including detailing the tasks within the hours being counted, can justify filling vacant positions and possibly hiring additional clinical staff.

2. Continue to evaluate the clinical review process for training effectiveness and efficiency (the clinical director meets with staff to discuss issues of cases, and if there is a complex case, the whole team will discuss and review the cases to determine the next steps). In addition, create an electronic training manual for the clinical staff.

EDUCATION & OUTREACH

1. Update and expand the utilization of Social Media Presence. Facebook and Twitter are social media platforms that can be utilized to heighten the visibility of OHCOBR because residents can access it by telephone, iPad, laptop, or computer. Utilizing these social media more effectively (Facebook, Twitter, and Website) to promote Education and Outreach events sponsored by stakeholders will give consumers another channel to reach the office. These platforms should be regularly updated to reflect current programs and activities and remove past events(i.e., “Health Care on Tap” program).
2. Expand the OHCOBR experiential internship opportunities utilizing education outreach staff to mentor interns. Interns would serve as support staff for outreach events to mitigate the burden on staff while also acquiring career preparation as health advocacy professionals. Establish a collaborative relationship with local colleges and universities to accomplish this recommendation.

STAKEHOLDERS & POLICYMAKERS

1. Provide a list of OHCOBR staff with their position responsibilities and contact information. Information about the specific responsibilities assigned to each “Associate Health Care Ombudsman” would enhance the collaboration with Stakeholders.
2. Conduct an internal staff position review to determine if there is a need for additional positions to support stakeholders. While Sixty percent (60%) of Stakeholders report that the OHCOBR is staffed appropriately, 40% believe that OHCOBR is understaffed.
3. Provide a monthly or quarterly email report to stakeholders focusing on policy changes, staff changes, events, and other updated information. An update will assist the

stakeholders in communicating with their office and team members in preparation for calls, meetings, or other interactions with OHCOBR.

POLICYMAKERS

1. Increase community engagement designed to heighten OHCOBR's visibility which includes updating information on social media platforms and invitations to attend Advisory Neighborhood meetings and Councilmember Gray's Leadership Council meetings.
2. Increase its engagement with Councilmember offices so that staff can acquire more information about its role and responsibilities on behalf of their constituents.
3. Increase proactivity by preparing to respond to emerging health-related issues, i.e., money pox, reproductive rights, new COVID variants, and protected populations, i.e., DC homeless and returning citizens, that have the potential of increasing demands for its services.

CONSUMER SATISFACTION SURVEY

Increase opportunities for consumers to provide feedback to understand drivers of satisfaction.

- 1) Consumer satisfaction feedback should be conducted on an ongoing basis by inviting *every* client to complete a brief survey *as their cases are closed/resolved*.
 - a. Asking specific questions during the above brief survey will also allow the office to understand where most of the referrals originate, helping them to follow up and support these connections.
 - b. Ask questions about consumer expectations to discern whether there is a gap between expectations and satisfaction.
- 2) Compare the results of the ongoing satisfaction survey with the bi-annual survey to understand gaps and adjust fill the gaps.

Appendices

Appendix A. Biographical Profiles of Project Evaluation Team

Adams, Andrea, Ph.D., J.D., M.B.A., Assistant Professor of Crime, Justice & Security Studies, University of the District of Columbia, research expertise focuses on data privacy, gender-based violence, and emergency management ethics. She teaches ethics in the Criminal Justice Bachelors/Homeland Security Master's program. Dr. Adams is a licensed attorney in the District of Columbia, California, and Colorado. She has 25+ years of experience in the corporate arena focusing on employment issues, helping employers navigate legal and strategic issues, and managing the litigation of employment-related cases. She currently serves as the Curriculum Chairperson of the Higher Education Ethics Special Interest Group of the Federal Emergency Management Agency. Dr. Adams is also a coaching psychologist who has worked as an Executive Coach with a focus on creating and developing ethical leadership and is skilled in business evaluation. Dr. Adams holds a Ph.D. in industrial Organization Psychology from Capella University, and a J.D. from Loyola Law School.

Harmon Martin, Shiela, Ph.D., M.A., Professor of Political Science, University of the District of Columbia, possesses a diverse professional background that includes 48+ years of teaching in the discipline of Political Science at the undergraduate level, local and federal government service, and administrative leadership in higher education. She has extensive community-based research experience as a principal investigator and research associate on numerous DC, federal government, and non-profit projects. Dr. Harmon Martin specializes in American government, African American politics, and public policy analysis. She has held positions in two mayoral administrations in the District of Columbia government in the areas of international affairs and protocol and in presidential administration in the areas of public policy analysis and civil rights. Dr. Harmon Martin holds a Ph.D. in Political Science, from Clark Atlanta University.

Lea, Suzanne, Ph.D., Assistant Professor of Crime, Justice & Security Studies, University of the District of Columbia, research expertise focuses on research methodology, that includes survey design, coding, and analysis of participant observation and content analyses for thematic trends. She also specializes in race, gender, criminology, and social justice. Dr. Lea is the Think Do Tank Director for Red Dot Foundation Global (Safecity.in), which directs its global data

collection, standardization, and analysis efforts, an effort that was initiated in 2018. She also serves on the Advisory Board of #DontMuteDC, an organization dedicated to battling Black displacement and cultural erasure in Washington, DC, and provides data analysis of the changing residential landscape of DC. Dr. Lea holds a Ph.D. in Sociology, from Indiana University.

Miles, Annette, Ph.D., M.A., Assistant Professor of Human Development, University of the District of Columbia, research expertise focuses on family engagement and policies that impact the education of children. She is a retired special education teacher with 36 years of classroom instruction and consulting experience in Maryland, the District of Columbia, and Virginia. Dr. Miles specializes in teaching and assisting individuals with and without special needs to achieve educational, career, and life goals. Dr. Miles holds a Ph.D. in Human Development, with a concentration in Adult Learning, from Virginia Polytechnic Institute and State University, and an M.A. in Transition Special Education (Learning Disabilities) from George Washington University. Dr. Miles is an advocate for children and families.

Mills, M. Valerie, Ph.D., M.S.W., Evaluation Consultant, has thirty-four (34) years of federal and district government experience in public health and behavioral health issues. She has demonstrated proven innovative and knowledgeable skills and experiences in program evaluation in public health, behavioral, and mental health-related issues. Dr. Mills has extensive program management experience that include public health administration, program evaluation, and research, health information technology, and issues related to community health promotions. Her extensive experience and leadership also include knowledge of capacity-building strategies with broad-based competencies that include organizational assessment/development, training/staff development, program planning, and implementation utilizing the Logic Model design/research and evaluation. Dr. Mills has served in positions of leadership as the Deputy Administrator for the Administration for HIV/AIDS, Department of Health, District of Columbia, and at the federal level, as Senior Public Health Advisor, Department of Health & Human Services. Dr. Mills holds a Ph.D. in Community Health Services, Walden-Indiana University, and an M.S.W. from Rutgers University.

Mizelle, Nathalie, Ph.D., LPC, CRC, Associate Professor of Psychology & Counseling, University of the District of Columbia, research expertise focuses on issues of resilience, trauma, micro-aggression, ethnic identity, and mental health counseling. Dr. Mizelle has 26 years of professional experience as a rehabilitation and mental health practitioner and 20 years as a counselor educator. She conducts diagnostic assessments and evaluations and provides consulting services in the development and implementation of mental health, and social service research projects. Dr. Mizelle's background highlights a commitment to counseling advocacy, organizational goals in counseling, and a mission to impact the educational training experiences of professional counselors. Dr. Mizelle holds a Ph.D. in Rehabilitation Psychology from the University of Wisconsin-Madison.

Vargas, Alicia, Independent Consultant, is a bilingual, bicultural professional with over twenty (20) years of technical, managerial, and analytical work experience. She possesses an interdisciplinary background with experience in statistical analysis, database management, design, and implementation of bilingual culturally tailored surveys, focus groups, and other tools to capture the opinions of diverse communities. Ms. Vargas holds a B.S. degree in Statistics and Mathematics from The National University of San Marcos, Lima, Peru.

Student Researchers

Cooke-Johnson, Tamara, Crime, Justice & Security Studies Program.

Ferguson, Venecia, Political Science Program.

Finch, O' Jay, Crime, Justice & Security Studies Program.

Phillips, Devan, Crime, Justice & Security Studies Program.

Pryce, Okevia, Crime, Justice & Security Studies Program.

Appendix B. Consumer Satisfaction Survey Instrument

OHCOR Consumer Satisfaction Survey

Question Structure: *This survey was comprised of seventeen (17) main questions. In*

Question #1, the answers for c, d, e, f, and g use skip logic to ask an additional question about the selection which results in five (5) additional questions. Similarly, In Question 11, if (a) is selected, skip logic is used to ask two additional questions, either 11(a)(i) or 11(a)(ii). If in (b) is selected, skip logic is used to ask another question, 11(b)(i), which results in three (3) additional questions. Thus, there were seventeen (17) main questions in the full survey and eight (8) skip logic questions, for a total of twenty-five (25) questions.

1. Where did you hear or learn about the Office of Health Care Ombudsman and Bill of Rights (Ombudsman's Office)?
 - a. Found information online
 - b. Brochure / Poster / Advertisement
 - c. Referred by a government agency
 - d. Outreach event
 - e. Word of mouth
 - f. Health insurance plan
 - g. Social worker / Caseworker
 - h. Medical / Health provider
 - i. Do not recall
 - j. Other (Please specify) _____

IF (c) REFERRED BY GOVERNMENT AGENCY – SKIP LOGIC

1. Which agency referred you?

- a. Department of Aging and Community Living (DACL)
- b. Department of Behavioral Health (DBH)
- c. Department of Disability Services (DDS)
- d. Department of Health Care Finance (DHCF)
- e. Department of Insurance Securities and Banking (DISB)
- f. Economic Security Administration (ESA)
- g. Executive Office of the Mayor (EOM)
- h. Office of Administrative Hearings (OAH)
- i. Other (Please specify) _____

IF (d) OUTREACH EVENT – SKIP LOGIC

1. Do you recall who sponsored the event?

- a. No
- b. If you can recall, please specify: _____

IF (e) WORD OF MOUTH – SKIP LOGIC

1. Where did you hear about the Ombudsman's Office?

- a. Barber Shop or Salon
- b. Community Center
- c. Family Member or Friend
- d. Recreation Center
- e. Other (Please specify) _____

IF (f) HEALTH INSURANCE PLAN – SKIP LOGIC

1. Where did you find the information?

- a. ID card - back of Private Health Plan Card
- b. Back of Medicaid Card
- c. Back of Qualified Medical Beneficiary Card
- d. Insurance company appeal letter
- e. Denial for service letter from Comagine Health
- f. Determination Letter from Liberty Health Care
- g. Determination Letter from Private Health Plan (Please specify health plan name)
- h. Explanation of Benefits letter (EOB)

1. Which insurance plan do you have?

- a. Medicare
- b. Medicaid
- c. Other (please specify): _____

2. Did you contact the office as a(n):

- a. Family member of client
- b. Friend of client
- c. Individual (Self)
- d. Legal Guardian
- e. Power of Attorney
- f. Other (Please specify)_____

- 3. Was this the first time you had received assistance from this office?**
- a. Yes**
 - b. No**
 - c. Do not remember**
- 4. How satisfied were you with the ease of contacting the office?**
- a. Very Satisfied**
 - b. Satisfied**
 - c. Neutral**
 - d. Dissatisfied**
 - e. Very Dissatisfied**
- 5. How satisfied were you with the promptness with which your call was answered or returned?**
- a. Very Satisfied**
 - b. Satisfied**
 - c. Neutral**
 - d. Dissatisfied**
 - e. Very Dissatisfied**
- 6. How satisfied were you with the quality of how your call was handled?**
- a. Very Satisfied**
 - b. Satisfied**
 - c. Neutral**
 - d. Dissatisfied**

e. Very Dissatisfied

7. What type of case did you file?

a. Commercial

b. Medicare

c. Medicaid

d. Not sure

8. Was your case related to prescriptions?

a. Yes

b. No

9. How satisfied were you with efforts to follow up and keep you informed while your case was being handled?

a. Very Satisfied

b. Satisfied

c. Neutral

d. Dissatisfied

e. Very Dissatisfied

10. Were your issue(s)/concern(s) resolved?

a. Yes

b. No

c. Do not remember

11. Is your case resolution still pending?

a. Yes – *SKIP LOGIC*

i. Why is your case still pending?

1. Waiting for ESA response
2. Waiting for authorization
3. It was referred to another office
4. Not sure
5. Other (Please specify) _____

ii. How long have you been waiting for this issue to be resolved?

1. Less than a week
2. Less than 2 weeks
3. About a month
4. More than 2 months
5. Do not remember

b. No – SKIP LOGIC

i. . How long did it take for your issue to be resolved?

1. Less than a week
2. Less than 2 weeks
3. About a month
4. More than 2 months
5. Do not remember

12. In general, how would you rate your overall satisfaction with how the office handled your issue/complaint?

a. Very Satisfied

- b. Satisfied
- c. Neutral
- d. Dissatisfied
- e. Very Dissatisfied

13. How likely would you be to refer a friend, family member, or colleague to the office?

- a. Very Likely
- b. Somewhat Likely
- c. Not Likely

14. Where do you usually access medical care?

- a. Doctor's office
- b. Urgent care
- c. Pharmacy Clinic (e.g., CVS or Walgreen's)
- d. Community health clinic
- e. Emergency Room

15. Which DC Ward were you living in when you filed your case?

- a. Ward 1
- b. Ward 2
- c. Ward 3
- d. Ward 4
- e. Ward 5
- f. Ward 6
- g. Ward 7

h. Ward 8

i. Other (please specify)

16. How likely would you be to contact the office again if you need assistance on another issue?

a. Very Likely

b. Somewhat Likely

c. Not Likely

17. What challenges did you face during COVID? (Select all that apply)

a. Difficulty accessing medical services or records

b. Difficulty contacting your medical provider(s)

c. Difficulty contacting the Economic Security Administration (ESA)

d. Other (Please specify) _____

e. None

Appendix C. Selected References

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