



## **D.C. MEDICAL CARE ADVISORY COMMITTEE**

### **Department of Health Care Finance**

Wednesday, April 8th, 2015 at 1:00 pm to 2:30pm

*441 4<sup>th</sup> Street NW*

### **Budget Questions**

#### **General:**

- 1.) Can the Department give a breakdown of the divisions receiving the 15.6 new FTEs and how many each department will receive?
- 2.) For right-sizing and costs savings:
  - a. The \$3.9 million in local savings as a result of right sizing provider payment expenditures – is that for the fee-for-service program (e-183)? Is this a right sizing of a specific type(s) of payment?
  - b. The Department found \$6.4 million in savings from MCO rate setting – can the Department describe what led to the establishment of lower payments?
  - c. Given the Department continues to see savings from Federal and District efforts to prevent fraud in PCA services (\$25 million in FY 2015 supplemental), how is the District determining the level of unmet need and the possibility that savings could impact ability of unserved to get access to services?
  - d. E-184: The 100% federal match for CHIP results in \$4.1M savings in local funds. What effect will this change have? What divisions does this change impact (is it Health Care Finance only)?
  - e. E-183: Can you provide more detail about the \$1.2M reduction in local funds to the Division of Health Care Delivery Management?
- 3.) What is the year-over-year projected growth in enrollment (end of FY 2015 to end of FY 2016 projections) for each DHCF public insurance program (Medicaid MCO, Fee-for-Service, Alliance)?
- 4.) E-180: \$61K decrease / 1 FTE decrease to HCDM--Preventive and Acute Care. Can you provide more detail about this change?
- 5.) E-176 and E-184 show that dedicated taxes saw a net decrease of \$12 million based on revenue projections of the three funding sources. However, revenue estimates for FY 2016 (page 3-9) do not show revenue or transfers to funds (Healthy DC, NFQCF, or Stevie Sellows) changing by that degree. Can the Department clarify the difference?

- 6.) How will the nursing facility quality of care funds be used in FY 2016?
- 7.) Table 4 appears to zero out funding for program integrity & utilization management. Was funding and staff moved to the Agency Management division of Office of Contract & Procurement in support of procurement reform initiatives? If not, where was it reallocated?
- 8.) Can you give estimates for the regional and national averages for hospital fee-for-service inpatient rates as a percentage of costs (both cited in E-184 and mayor's press conference)?

**Alliance:**

- 9.) The latest Alliance enrollment numbers show a slightly upward trend in enrollment, but Alliance was basically flat funded when compared to the FY 2015 approved budget, after adjusting for inflation. How much is the Department projected to spend in FY 2015, including the pharmacy benefit, and how does that compare to the FY 2016 proposal? What is driving the difference (if there is a difference), enrollment growth, utilization, or both?
- 10.) In fall of 2014, the Department convened a meeting and received recommendations from the community on changing the recertification period for Alliance. Was there an attempt to cost out the recommended changes? If so, can the Department share that fiscal impact with the MCAC? If not, at what stage is the Department in policy development for the Alliance?

**Performance:**

- 11.) What is driving the projected 30% reduction in the number of consumers served by Ombudsman? (Page E-187)
- 12.) How is the Department projecting 5,000 people enrolled in health homes for FY15, when program isn't slated to start until October 1? (Page E-190)