

(HT0) DEPARTMENT OF HEALTH CARE FINANCE

MISSION

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

CAPITAL PROGRAM OBJECTIVES

Medicaid Management Information System (MMIS)

The Centers for Medicare and Medicaid Services (CMS) requires each Medicaid state and the 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 five years to ensure it is up to date and contracts are completed openly. To remain compliant with CMS, the District must begin procuring a new MMIS. There are two (2) sub-projects under the MMIS Capital Project: The Provider Data Management System (PDMS) is a system that assists the Medicaid program in tracking provider information such as name, location, and specialty. The Pharmacy Benefit Manager (PBM) manages prescription drug benefits on DHCF's insurance programs.

Enterprise Data Integration Systems/Medicaid Enterprise System & PAI

As part of its MITA 3.0 guidelines, CMS requires states to establish interoperability between their MMIS Core and modular systems, as well as between other systems and applications developed in support of other state Medicaid programs. In keeping with these federal requirements, the first phase of the EDIS will focus on compliance with the CMS Interoperability and Patient Access rule (CMS-9115-F) and accompanying mandates. This phase will prioritize the development of three interoperability APIs: 1) the Patient Interoperability API, the Provider Directory API and the Payer-to-Payer Data Exchange API. The second phase of the EDIS will comprise the establishment of a Trusted Interoperability Ecosystem (TIE) in support of the interoperability APIs, and the third phase of the project will establish the Interoperability Platform.

Cinical Case Management System (CCMS)

Every 5 years, DHCF is subject to a system refresh for its Medicaid Information Systems. CCMS is subject to this requirement as it will have a new technological infrastructure that enables it to interface directly with the new MMIS Core System. This project request allows the agency to comply with that requirement.

Cedar Hill Medical Center GW Health (Saint Elizabeth's Medical Center)

Cedar Hill Medical Center will be a 136-bed full-service hospital, providing a complete range of inpatient and outpatient services to all District residents, including maternal health and trauma care. The hospital will be built with the capacity to expand to 184 beds in the future. It is the first new hospital to be constructed in the District in 25 years.

Elements on this page of the Agency Summary include:

- **Funding Tables:** Past budget allotments show the allotment balance, calculated as allotments received to date less all obligations (the sum of expenditures, encumbrances, intra-District advances and pre-encumbrances). Agencies are allowed to encumber and pre-encumber funds up to the limit of a capital project’s budget authority, which might be higher than allotments received to date. For this reason, a negative balance on a project sheet does not necessarily indicate overspending or an anti-deficiency violation. A negative balance is permitted in this calculation of remaining allotment authority.
- **Additional Appropriations Data (\$000):** Provides a summary of the budget authority over the life of the project. The table can be read as follows:
 - › **Original 6-Year Budget Authority:** Represents the authority from the fiscal year in which budget was first appropriated through the next 5 years.
 - › **Budget Authority Through FY 2028 :** Represents the lifetime budget authority, including the 6-year budget authority for FY 2023 through FY 2028.
 - › **FY 2023 Budget Authority Revisions:** Represents the changes to the budget authority as a result of reprogramming, redirections and rescissions (also reflected in Appendix F) for the current fiscal year.
 - › **6-Year Budget Authority Through FY 2028 :** This is the total 6-year authority for FY 2023 through FY 2028 including changes from the current fiscal year.
 - › **Budget Authority Request Through FY 2029 :** Represents the 6-year budget authority for FY 2024 through FY 2029.
 - › **Increase (Decrease) :** This is the change in 6-year budget requested for FY 2024 - FY 2029 (change in budget authority is shown in Appendix A).
- **Estimated Operating Impact:** If a project has operating impacts that the agency has quantified, the effects are summarized in the respective year of impact.
- **FTE Data (Total budget in FTE Table might differ from actual budget due to rounding):** Provides the number for Full-Time Equivalent (FTE) employees approved as eligible to be charged to capital projects by, or on behalf of, the agency. Additionally, it provides the total budget for these employees (Personal Services), the non personnel portion of the budget in the agency’s capital plan, and the percentage of the agency CIP budget from either expense category.
- **Facility Location Map:** For those agencies with facilities projects, a map reflecting projects and their geographic location within the District of Columbia.

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding				Approved Funding							
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
(00) Feasibility Studies	41,501	41,445	55	0	1	0	0	0	0	0	0	0
(01) Design	5,482	4,445	49	0	989	0	0	0	0	0	0	0
(04) Construction	315,761	145,342	39,112	0	131,307	125,500	0	0	0	0	0	125,500
(06) IT Requirements Development/Systems Design	184,467	68,591	2,026	5	113,844	1,061	0	0	0	0	0	1,061
TOTALS	547,211	259,823	41,242	5	246,141	126,561	0	0	0	0	0	126,561

Source	Funding By Source - Prior Funding				Approved Funding							
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
GO Bonds - New (0300)	75,596	53,389	5,972	0	16,235	0	0	0	0	0	0	0
Pay Go (0301)	25,340	22,133	1,709	0	1,499	0	0	0	0	0	0	0
Short-Term Bonds – (0304)	51,895	39,825	998	5	11,067	1,061	0	0	0	0	0	1,061
Taxable Bonds – (0309)	276,976	118,043	31,568	0	127,365	125,500	0	0	0	0	0	125,500
Federal (0350)	117,404	26,434	995	0	89,975	0	0	0	0	0	0	0
TOTALS	547,211	259,823	41,242	5	246,141	126,561	0	0	0	0	0	126,561

Additional Appropriation Data		Estimated Operating Impact Summary						
First Appropriation FY	2010	Expenditure (+) or Cost Reduction (-)						
Original 6-Year Budget Authority	582,864	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
Budget Authority Through FY 2028	547,211	No estimated operating impact						
FY 2023 Budget Authority Changes	-327,697							
6-Year Budget Authority Through FY 2028	651,786							
Budget Authority Request Through FY 2029	673,771							
Increase (Decrease)	21,986							
Full Time Equivalent Data								
Object	FTE	FY 2024 Budget	% of Project					
Personal Services	0.0	0	0.0					
Non Personal Services	0.0	126,561	100.0					

HT0-CM103-CLINICAL CASE MANAGEMENT SYSTEM REFRESH

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: CM103
Ward:
Location: DISTRICT-WIDE
Facility Name or Identifier: IT
Status: Ongoing Subprojects
Useful Life of the Project:
Estimated Full Funding Cost: \$400,000



Description:

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.

Justification:

The CCMS houses all of the care plans for DHCF Medicaid beneficiaries who are in the fee-for-service program and receive long term care services. By establishing a system that has interoperability capacity with the MMIS Claims system, the agency will maximize the ability to ensure services provided and paid for are aligned with individual's needs. The lifespan of the current system is scheduled to expire, and the CMS requires that IT systems are updated every 5 years.

Progress Assessment:

N/A

Related Projects:

CM102,MMIS

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
(06) IT Requirements Development/Systems Design	200	0	0	0	200	200	0	0	0	0	0	200
TOTALS	200	0	0	0	200	200	0	0	0	0	0	200

Source	Funding By Source - Prior Funding					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
Short-Term Bonds - (0304)	200	0	0	0	200	200	0	0	0	0	0	200
TOTALS	200	0	0	0	200	200	0	0	0	0	0	200

Additional Appropriation Data

First Appropriation FY	2024
Original 6-Year Budget Authority	0
Budget Authority Through FY 2028	200
FY 2023 Budget Authority Changes	0
6-Year Budget Authority Through FY 2028	400
Budget Authority Request Through FY 2029	400
Increase (Decrease)	0

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2023	
Design Complete (FY)	07/30/2023	
Construction Start (FY)	07/30/2023	
Construction Complete (FY)	07/30/2024	
Closeout (FY)	09/30/2024	

Full Time Equivalent Data

Object	FTE	FY 2024 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	200	100.0

HT0-DIM01-ENTERPRISE DATA INTEGRATION SYSTEM/MEDICAID ENTERP



Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Project No: DIM01
Ward:
Location: DISTRICT-WIDE
Facility Name or Identifier: INFORMATION TECHNOLOGY
Status: Ongoing Subprojects
Useful Life of the Project: 5
Estimated Full Funding Cost: \$13,570,000

Description:

The Enterprise Data Integration System (EDIS) will allow the ability to look across programs and develop a more comprehensive (360°) view of its performance relative to its mission “to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare.” Current DHCF Medicaid Management Information Systems were built as independent solutions by different vendors using different foundational technologies and database systems and the full benefits of these investments will not be realized without their integration. The EDIS will allow DHCF to combine data residing in different sources to provide users with a real-time view of business performance.

DHCF's need to establish and situationally expand Medicaid Enterprise System (MES) is consistent with recent CMS guidance and encouragement for states to modularize their MMIS system and then integrate its modular components as the business need indicates and the technological solutions make feasible. DHCF's need for a well-integrated and interoperable suite of MMIS, MMIS-related and other essential program and key stakeholder IT systems, is also driven by our commitment to continuously seek ways of improving the efficiency and cost effectiveness of the District's overall Medicaid program.

Justification:

This project will allow the agency to capture each health-care-utilization touchpoint of each beneficiary and be able to look at their overall care utilization profiles to design the best case-appropriate and cost-effective program of care for each beneficiary and across the spectrum of beneficiaries. As we finalize the MMIS Core system and look to expand capabilities of the Medicaid Data Warehouse, this is the perfect time to initiate this project.

Progress Assessment:

N/A

Related Projects:

MPM03C, PDM01C, PBM01C, MES23C, MPM05C, CM102C

(Dollars in Thousands)

Phase	Funding By Phase - Prior Funding					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
(06) IT Requirements Development/Systems Design	12,710	10	628	0	12,072	861	0	0	0	0	0	861
TOTALS	12,710	10	628	0	12,072	861	0	0	0	0	0	861

Source	Funding By Source - Prior Funding					Approved Funding						
	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
GO Bonds - New (0300)	724	0	0	0	724	0	0	0	0	0	0	0
Short-Term Bonds – (0304)	1,475	1	63	0	1,411	861	0	0	0	0	0	861
Federal (0350)	10,510	9	565	0	9,936	0	0	0	0	0	0	0
TOTALS	12,710	10	628	0	12,072	861	0	0	0	0	0	861

Additional Appropriation Data

First Appropriation FY	2022
Original 6-Year Budget Authority	10,190
Budget Authority Through FY 2028	12,710
FY 2023 Budget Authority Changes	2,519
6-Year Budget Authority Through FY 2028	14,185
Budget Authority Request Through FY 2029	13,570
Increase (Decrease)	-614

Estimated Operating Impact Summary

Expenditure (+) or Cost Reduction (-)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
No estimated operating impact							

Milestone Data

	Projected	Actual
Environmental Approvals		
Design Start (FY)	10/1/2021	10/1/2022
Design Complete (FY)	11/30/2022	
Construction Start (FY)	10/1/2023	
Construction Complete (FY)	09/30/2024	
Closeout (FY)	03/31/2025	

Full Time Equivalent Data

Object	FTE	FY 2024 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	861	100.0

AM0-UMV01-SAINT ELIZABETHS MEDICAL CENTER

Agency: DEPARTMENT OF HEALTH CARE FINANCE (HT0)
Implementing Agency: DEPARTMENT OF GENERAL SERVICES (AM0)
Project No: UMV01
Ward: 8
Location: 2700 MARTIN LUTHER KING JR AVENUE SE
Facility Name or Identifier: CEDAR HILL REGIONAL MEDICAL CENTER, GW HEALTH
Status: Ongoing Subprojects
Useful Life of the Project: 30
Estimated Full Funding Cost: \$403,244,000

Description:

The Department of Health Care Finance and the Department of General Services will oversee the construction of a new, state of the art, full-service Hospital, Ambulatory Center and Garage at St. Elizabeth’s East to improve health care and address inequalities in health outcomes. The 136bed facility, with capacity for an additional 48 beds, (total of 184) will be operated by Universal Health Services under a 75-year lease. Physician services will be provided by the George Washington Medical Faculty Associates (GWMFA), the GW School of Medicine and Health Sciences and Children’s National through Agreements with Universal Health Services. The hospital, ambulatory center and garage will open together in early 2025.

The hospital will be part of a robust integrated health care system that includes two additional urgent care centers, one each in Ward 7 and 8, paid for by Universal Health Services, and partnership with local community providers and clinics to ensure a comprehensive strategy for providing high quality health services to all District residents - with a focus on the residents and communities of Ward 7 and 8.

Justification:

Building a new hospital with a robust system of care will help address health disparities and improve health outcomes for all District residents, with a focus on residents of Wards 7 and 8. In addition, construction of the hospital will continue the redevelopment of the Saint Elizabeth’s East campus.

Progress Assessment:

On-going project

Related Projects:

- Saint Elizabeth's Infrastructure (Project AWR01C)

(Dollars in Thousands)

Funding By Phase - Prior Funding						Approved Funding						
Phase	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
(04) Construction	277,744	118,043	31,568	0	128,134	125,500	0	0	0	0	0	125,500
TOTALS	277,744	118,043	31,568	0	128,134	125,500	0	0	0	0	0	125,500

Funding By Source - Prior Funding						Approved Funding						
Source	Allotments	Spent	Enc/ID-Adv	Pre-Enc	Balance	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
Pay Go (0301)	769	0	0	0	769	0	0	0	0	0	0	0
Taxable Bonds – (0309)	276,976	118,043	31,568	0	127,365	125,500	0	0	0	0	0	125,500
TOTALS	277,744	118,043	31,568	0	128,134	125,500	0	0	0	0	0	125,500

Additional Appropriation Data	
First Appropriation FY	2020
Original 6-Year Budget Authority	257,670
Budget Authority Through FY 2028	277,744
FY 2023 Budget Authority Changes	-88,127
6-Year Budget Authority Through FY 2028	380,644
Budget Authority Request Through FY 2029	403,244
Increase (Decrease)	22,600

Estimated Operating Impact Summary							
Expenditure (+) or Cost Reduction (-)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	6 Yr Total
No estimated operating impact							

Milestone Data	Projected	Actual
Environmental Approvals		03/8/2021
Design Start (FY)		03/8/2021
Design Complete (FY)		02/11/2022
Construction Start (FY)		01/3/2022
Construction Complete (FY)	09/1/2024	
Closeout (FY)	06/2/2025	

Full Time Equivalent Data			
Object	FTE	FY 2024 Budget	% of Project
Personal Services	0.0	0	0.0
Non Personal Services	0.0	125,500	100.0