

Department of Health Care Finance

Amended Request for Applications*

August 23, 2013

Section I: Funding Opportunity Description

Provider Stabilization and Beneficiary Access Program

The District of Columbia Department of Health Care Finance (DHCF) is soliciting applications from eligible health care providers for grants designed to improve the stability of the health care provider network that serves low-income beneficiaries enrolled in D.C. Medicaid and D.C. Health Care Alliance Program. These grants are designed to promote improved access to health care services for low-income Medicaid and Health Care Alliance beneficiaries by providing payment for unpaid claims to providers affected by the recent dissolution of the Chartered Health Plan, Inc. (CHP).

This grant process is not intended as a substitute/replacement of the claims submission process already in place with CHP.

Section II: Award Information

The amount available for this award period shall not exceed \$30,000,000 (thirty million dollars) and is subject to the availability of funds. Awards shall be made on a one time basis. CHP will provide DHCF with a list of remaining unpaid providers whose claims for are not disputed by CHP and the balance of the payments, excluding interest owed to the listed providers. DHCF will accept CHP's claim determinations and pay the balance of the undisputed claims on a pro-rata basis, in accordance with the determinations made by CHP, up to the \$30,000,000 fund ceiling.

Section III: Eligibility Information

1. Eligible Applicants

Eligible applicants must be providers who rendered services to D.C. Medicaid and D.C. Health Care Alliance beneficiaries enrolled in CHP, and who can demonstrate financial hardship based upon the existence of unpaid medical claims for services rendered. The provider's claims that have not been paid by CHP must be undisputed by CHP. A grantee who meets the above conditions is eligible to receive an award only if it also executes a release of claims against the District (*a full release*) and Chartered (*a partial release up to the amount of the payment on the claim that is accepted by Chartered*).

2. Cost Sharing or Match

There is no cost sharing or matching funds requirements.

3. Other

DHCF shall not be liable for any costs incurred in the preparation of applications in response to this RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.

*Amended language is in *italics*.

DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of this RFA, or to rescind this RFA.

DHCF reserves the right to accept or deny any or all applications if the Department determines it is in the best interest of the Department to do so.

- *Specific to Hospitals and FQHCs:* These grant payments will be an offset to the Medicaid MCO cost for the purposes of reporting *hospital* uncompensated care in the calculation of the hospital specific DSH (*Disproportionate Share Hospitals*) limits.
- These grants payments will be an offset to the FQHC (*Federally Qualified Health Center*) MCO cost in determining the wrap payments by DHCF.

Section IV: Application and Submission Information

1. Address to Request and Submit Application Package

Interested applicants may request an application packet from the DHCF, Office of the Chief Operating Officer by telephone or in writing. Applications are also available on at www.DHCF.DC.Gov. To contact the DHCF, Office of the Chief Operating Officer by telephone or in writing, please use the following contact information:

DHCF, Office of the Chief Operating Officer
Attention: Bidemi Isiaq
Department of Health Care Finance
899 North Capitol Street, N.E., 6th Floor
Washington, D.C. 20001
Reference: Provider Stabilization and Beneficiary Access Program
Telephone Number: 202-442-9533
Fax Number: 202-442-4790
Email: dhcf.grants@dc.gov

2. Application Forms and Content

An application packet shall include all of the following:

1. An executed and complete DHCF Grants Application Form;
2. A completed W-9 Form; *and*
3. *An OTR certificate of clean hands*

3. Submission Dates and Times

An application must be submitted for each entity with a federal tax-ID number that rendered services to DC Medicaid and DC Health Care Alliance beneficiaries. Application packets must be submitted to the DHCF Office of the Chief Operating Officer no later than **5:00 p.m. on September 17, 2013**. Incomplete application packets or packets received after the deadline based upon post mark or time stamp will not be accepted. Applications may be submitted in person, by email, by mail or by fax. Contact information is listed above in subsection 1.

4. Funding Restrictions

Grant awards are limited to the amount of undisputed unpaid claims owed to the applicant by CHP based upon the amount that CHP would have paid *to the provider for services rendered*.

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Grant awards are not subject to assignment and create no third party beneficiary rights.

5. Other Submission Requirements

Applications may be submitted in hard copy or by email.

Section V: Application and Review Information

1. Criteria, Review and Selection Process

The Office of the Chief Operating Officer will convene a panel to review all grant applications for compliance with eligibility criteria and completeness. Grant awards will be made eligible providers, as described in Section III, who submit timely and complete applications. *DHCF will utilize CHPs claims determinations to confirm eligible providers and award amounts.*

Section VI: Award Notification and Administration Information

1. Award Notices and Payment – DHCF shall make the payments within 45 days following the later of (a) the date the Superior Court issues an approval order in the payment plan described in *District of Columbia v. D.C. Chartered Health Plan., 2012 CA 8227* (b) the date Chartered provides to the DHCF the information described in Section II of this RFA; and (c) the date a provider has provided the release described in Section III and documentation set forth in the grant application.
2. DHCF will provide successful applicants with a Notice of Grant Award (NOGA) and release form. The NOGA and release must be signed and returned to DHCF within 10 business days. Unsuccessful applicants will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

Grants for providers who rendered services through DentaQuest and Beacon Health Strategies LLC, will be processed directly through those vendors. Such providers do not need to submit grant applications to DHCF.

Section VII: Terms and Conditions

This grant award is subject to the terms and conditions set forth in this RFA.

Any dispute over the grant agreement and compliance with the agreement shall be subject to the laws of the District of Columbia and any action brought to enforce an obligation shall be brought in Superior Court of the District of Columbia.

The District of Columbia may terminate the grant award at any time for any reason and if terminated before issuance of the NOGA and payment of the grant proceeds, the release signed by the applicant who is the recipient of the award shall be non-binding.

Section VIII: DC Agency Contacts

For more information about this Request for Application, please contact

Bidemi Isiaq
Department of Health Care Finance
899 North Capital Street, N.E., 6th Floor
Washington, D.C. 20001
Reference : Provider Stabilization and Beneficiary Access Program

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