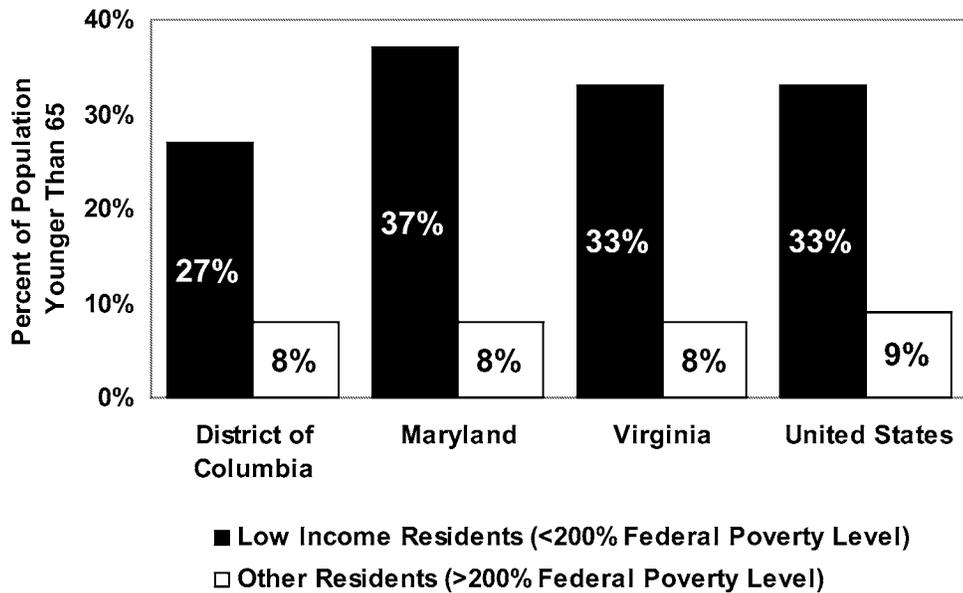


**Percent Residents Without Health Insurance  
Non-Elderly Younger Than 65  
2002-2003**



SOURCES: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys. Data are available on line at [www.statehealthfacts.org](http://www.statehealthfacts.org).

**Health Care Safety Net Administration Program**

The Health Care Safety Net Administration (HCSNA) Program primarily supports the Citywide Strategic Priority area of Making Government Work. The purpose of the HCSNA is to provide Fiscal and Managerial Services to the DC Health Care Alliance Program verifying that Health Care Services are Appropriate and rendered as billed; that services are provided by qualified providers to eligible recipients; that payments for those services are correct; so they can identify, prevent and deter fraud, abuse and/or misuse of funds.

The following table summarizes total expenditures and full time equivalent employees for this program.

**TOTAL EXPENDITURES (000's) AND FULL TIME EQUIVALENT EMPLOYEES BY  
FY2004 ACTUAL, FY2005 REVISED BUDGET, AND FY2006 PROPOSED BUDGET**

Department of Health		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
<b>Health Care Safety Net Administration</b>	<b>Total Expenditures</b>	<b>\$74,071</b>	<b>\$100,626</b>	<b>\$94,835</b>
	<b>Total FTEs</b>	<b>14</b>	<b>17</b>	<b>16</b>
HCSNA Oversight (6510)	Expenditures	\$3,370	\$16,795	\$11,148
	FTEs	14	17	16
DC Alliance Contract ( 6520)	Expenditures	\$70,701	\$83,831	\$83,687
	FTEs	0	0	0

**Health Care Safety Net Oversight**

The purpose of the Health Care Safety Net Oversight Activity is to ensure services are provided according the contractual requirements and approved standards of care. The HCSNA oversight activity monitors the DC Alliance contract with respect to its mission to provide care to the “eligible uninsured” residents in the District. This includes the enrollment and eligibility functions, as well as the clinical and fiscal monitoring of the program.

Funding is used for personal costs, pharmaceutical procurement, and a portion of school health costs, auditing, and other operating expenses.

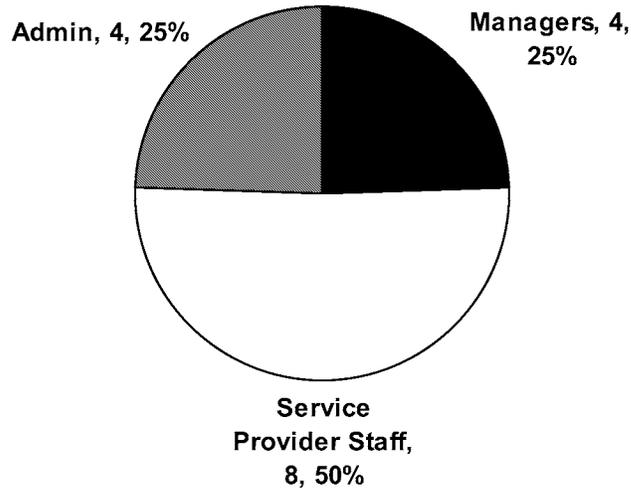
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
HCSNA Oversight (6510)	Expenditures	\$3,370	\$16,795	\$5,242
	FTEs	14	17	16

**Employees**

For FY 2006, there are 16 employees budgeted for this activity. Half of the employees, or 8 employees, are Service Provider staff. Twenty-five percent (25%), or 4 employees, are Managers. Twenty-five percent (25%), or 4 employees, are Administrative Support staff.

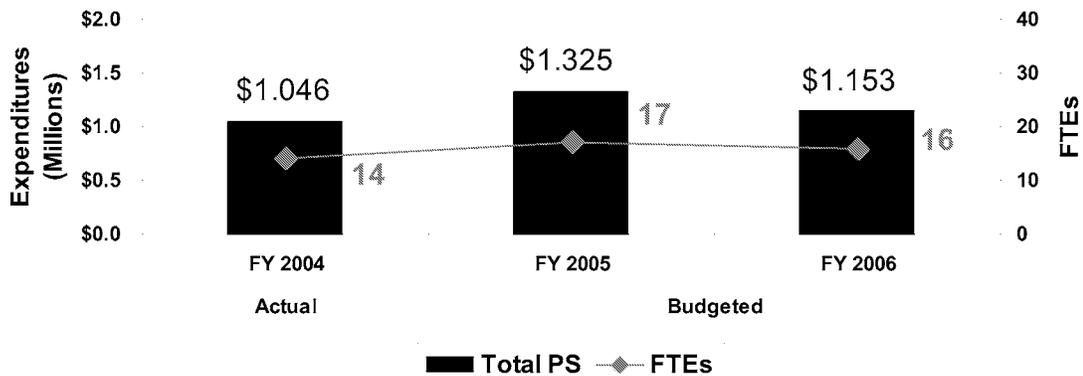
**Positions by Span of Control, FY2006  
(Category, Number, Percent)**



**Compensation**

Total Personal Services expenditures increased 27% from an actual of \$1.0 million in FY 2004 to a budgeted \$1.3 million in FY 2005, and are projected to decrease 13% in FY 2006 from \$1.2 million. Along the same lines, budgeted FTEs increased 21% from an actual of 14 in FY 2004 to 17 in FY 2005, but are expected to decrease 6% (1 FTE) in FY 2006.

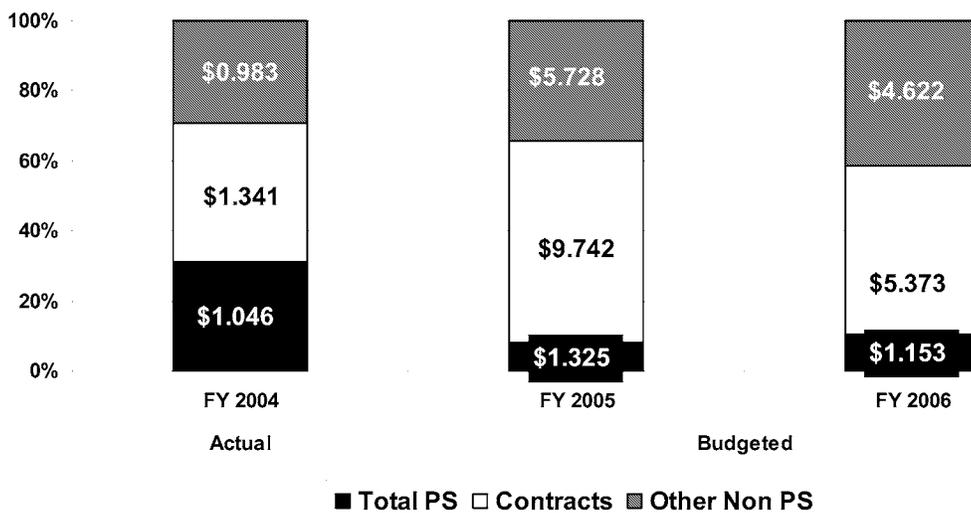
**Personal Service Expenditures and FTEs, FY2004-FY2006**



## Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

FY 2005 Contract budgeted expenditures are projected to increase more than 600% (to \$9.7 million) from FY 2004 actual expenditures (\$1.3 million), while in FY 2006, Contract expenses are projected to decrease 45% from the FY 2005 budgeted amount (\$5.4 million), for an overall increase of 301%. In FY 2006, Contract expenses are expected to account for 48% of total expenditures (\$5.4 million). Other Non Personal Services (Supplies & Equipment, Fixed Costs and Other) budgeted expenditures are projected to increase 483% (to \$5.7 million) in FY 2005, from FY 2004 actual expenditures (of \$1.0 million), while in FY 2006, they are projected to decrease 19% (to \$4.6 million), for an overall increase of 370%. In FY 2006, Other Non Personal Services budgets are projected to account for 41% of total expenditures (\$4.6 million).

Expenditure Distribution, FY2004-FY2006  
(Expenditure Amounts in Millions)



## Health Care Safety Net Patient Care

The purpose of the Health Care Safety Net Patient Care Activity is to provide funding to ensure that eligible uninsured residents of the District of Columbia are provided open access to condition appropriate, quality health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate system.

The Health Care Safety Net Patient Care Activity, formerly known as the DC Alliance Contract, provides comprehensive quality health care through its partnerships with area hospitals and several group practices and individual providers, serving approximately 25,000 members on an annual basis.

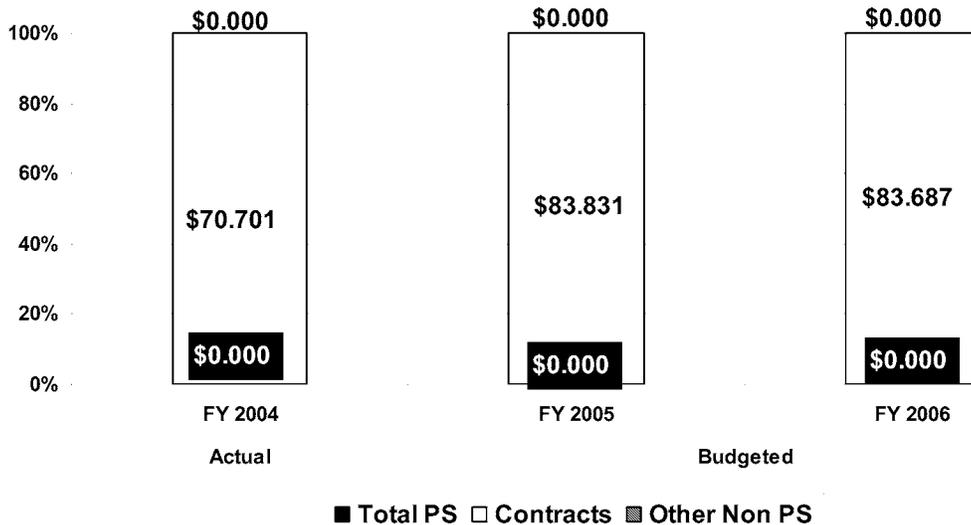
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
DC Alliance	Expenditures	\$70,701	\$83,831	\$0
Contract ( 6520)	FTEs	0	0	0

### Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contracts account for 100% of the Non Personal Services FY 2004 actual expenditures for this activity and are projected to account for 100% of the FY 2005 and FY 2006 budgeted expenditures.

Expenditure Distribution, FY2004-FY2006  
(Expenditure Amounts in Millions)



## Medical Assistance Administration Program

The Medical Assistance Administration Program primarily supports the Citywide Strategic Priority area of Making Government Work. The purpose of the Medical Assistance Administration is to develop, finance and implement a comprehensive plan for an accessible, efficient, high quality, cost-effective health care service delivery system that meets the health needs of uninsured and under-insured residents of the District of Columbia; to develop policy and provide fiscal and management oversight of the State Medicaid Program, State Children's Health Insurance Program (SCHIP), the Immigrant Children Program, the Medical Charities Program, and other programs designed to expand access to care; and to advance excellence in health promotion,