

## DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2016 Repl. & 2018 Supp.)) and Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2018 Repl.)), hereby gives notice of the adoption of an amendment to Chapter 102 (*My Health GPS* Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

The *My Health GPS* program was established as a Health Home program under the authority of Section 1945 of the Social Security Act for District Medicaid beneficiaries who have three (3) or more chronic conditions. The *My Health GPS* program was developed to address the unmet care management needs of Medicaid beneficiaries with multiple chronic conditions. In order to meet the healthcare needs of this vulnerable population, the comprehensive care management services offered through the *My Health GPS* program are delivered by an interdisciplinary team embedded in the primary care setting, that coordinates patient-centered and population-focused care for these beneficiaries.

DHCF is amending Section 10207 to establish a third PMPM rate that *My Health GPS* entities can claim for the months when the *My Health GPS* entity either develops the initial care plan or completes an annual update of the care plan. The third PMPM will support the increased level of effort required of *My Health GPS* entities to develop or annually evaluate and revise the person-centered care plan.

In addition, DHCF is amending the beneficiary risk stratification process set forth in Section 10207. Under the current process, DHCF uses a nationally-recognized risk stratification tool to determine the acuity of *My Health GPS* enrollees. DHCF has observed that using the risk stratification tool alone is not capturing all of the highest acuity, high-need, beneficiaries for inclusion in the higher acuity Group Two. Therefore, DHCF is proposing to amend Section 10207 to consider additional criteria, as outlined in published policy guidance that will ensure *My Health GPS* beneficiaries are appropriately assigned.

DHCF is also amending Section 10209 to delay implementation of the pay-for-performance program. Under the revised timeframe, DHCF will begin awarding performance payments in fiscal year (FY) 2021 based on a *My Health GPS* entity's performance in FY 2020. DHCF is changing the quality measures set forth in Section 10209. The Centers for Medicare and Medicaid Services (CMS) have retired the Timely Transmission of Transition Record measure, so DHCF is updating the rulemaking to reflect that change. DHCF is also removing the Medication Reconciliation measure due to complications in the development of the Electronic Clinical Quality Measurement Tool.

DHCF is amending Section 10206 to explicitly include the provision of support to children transitioning from a pediatric practice to an adult practice, as an activity under the Care Coordination service.

In addition, DHCF is amending the beneficiary assignment timeframe set forth in Subsection 10202.3. Currently, eligible beneficiaries who enter the program are assigned to a *My Health GPS* entity on a quarterly basis or within thirty (30) days of receipt of a referral. DHCF is proposing amendments to assign beneficiaries entering the program on a time-basis established in accordance with guidance published to the DHCF website.

The aggregate fiscal impact of the changes is a decrease in Medicaid expenditures of \$ 3,910,658 in FY 2019 and a decrease of \$ 2,512,424 in FY 2020.

These rules correspond to a related State Plan amendment (SPA), which was approved by CMS on December 31, 2018, with an effective date of December 1, 2018. A Notice of Emergency and Proposed Rulemaking was published in the *D.C. Register* on November 23, 2018 at 65 DCR 013078. No comments were received. DHCF is proposing two technical changes to this rulemaking. Subsection 10207.2 is amended to clarify that these rules are effective for services delivered on or after December 1, 2018. Subsection 10208.1(a) is amended to correct the link where information on the CMS “Core Set of Health Care Quality Measures for Health Home Programs” is located.

This rule was adopted on April 17, 2019 and shall become effective upon publication in the *D.C. Register*.

**Chapter 102, *MY HEALTH GPS* PROGRAM, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**Subsection 10201.1 of Section 10201, ELIGIBILITY CRITERIA, is amended to read as follows:**

10201.1 Except as set forth in § 10201.2, a Medicaid beneficiary shall be eligible to participate in the *My Health GPS* program if the beneficiary has current diagnoses of three (3) or more of the following chronic conditions:

- (a) Asthma;
- (b) Body Mass Index higher than thirty-five (35);
- (c) Cerebrovascular disease;
- (d) Chronic obstructive pulmonary disease;
- (e) Chronic renal failure, indicated by dialysis treatment;
- (f) Diabetes;

- (g) Heart disease including:
  - (1) Cardiac dysrhythmias;
  - (2) Conduction disorders;
  - (3) Congestive heart failure;
  - (4) Myocardial infarction; and
  - (5) Pulmonary heart disease;
- (h) Hepatitis;
- (i) Human Immunodeficiency Virus;
- (j) Hyperlipidemia;
- (k) Hypertension;
- (l) Malignancies;
- (m) Mental health conditions including:
  - (1) Depression;
  - (2) Bipolar Disorder;
  - (3) Manic Disorder;
  - (4) Schizophrenia; and
  - (5) Personality Disorders;
- (n) Paralysis;
- (o) Peripheral atherosclerosis;
- (p) Sickle cell anemia; and
- (q) Substance use disorder.

**Subsections 10202.3, 10202.9, and 10202.12 of Section 10202, BENEFICIARY ASSIGNMENT AND ENROLLMENT, are amended to read as follows:**

- 10202.3 The initial assignment of eligible beneficiaries shall occur after the initial application period described in § 10204.4(a) and shall be effective on the program implementation date. Eligible beneficiaries who enter the program after the initial assignment period shall be assigned on a time-basis established in accordance with guidance published to the DHCF website or within thirty (30) days of receipt of a referral.
- 10202.9 Any beneficiary assigned to a *My Health GPS* entity for whom the entity has not submitted an initial claim for a person-centered care plan in accordance with § 10207.12 within the first two (2) quarters following the effective date of the beneficiary assignment, as described in § 10202.3, may be re-assigned to another *My Health GPS* entity in accordance with the process described in § 10202.2.
- 10202.12 The effective date of a beneficiary's enrollment in the *My Health GPS* program shall be the date on which the *My Health GPS* provider completes the components of the beneficiary's person-centered plan of care in accordance with § 10207.12.

**Subsections 10205.3, 10205.4, and 10205.6 of Section 10205, MY HEALTH GPS PROVIDER REQUIREMENTS, are amended to read as follows:**

- 10205.3 Each *My Health GPS* provider serving lower-acuity (Group One) beneficiaries, as determined using the criteria set forth in § 10207.4, shall be comprised, at a minimum, of the following practitioners, or comparable practitioners as approved by DHCF on a case-by-case basis as set forth below:
- (a) A Health Home Director, who has a Master's level education in a health-related field;
  - (b) A Nurse Care Manager, who has an advanced practice nursing license or a Bachelor of Nursing degree with appropriate care management experience; and
  - (c) A Peer Navigator, who is a health educator capable of linking beneficiaries with the health and social services they need to achieve wellness, who has either completed at least forty (40) hours of training in, or has at least six (6) months of experience in, community health.
- 10205.4 In addition to the practitioners described in § 10205.3, each *My Health GPS* provider serving higher-acuity (Group Two) beneficiaries, as determined using the criteria set forth in § 10207.4, shall also include the following practitioners, or practitioners with comparable qualifications as approved by DHCF on a case-by-case basis:
- (a) A Care Coordinator, who has a Bachelor's degree in social work or has a Bachelor's degree in a health-related field with at least three (3) years' experience in a healthcare or human services field; and

- (b) A licensed Clinical Pharmacist, who is a Doctor of Pharmacy with experience in direct patient care environments, including but not limited to experience providing services in medical centers and clinics.

10205.6 Each *My Health GPS* entity shall demonstrate that all its *My Health GPS* providers comply with the minimum staffing ratios set forth in § 10205.5 no later than the end of the second quarter following the effective date of the entity's enrollment in the *My Health GPS* program. A *My Health GPS* entity shall continue to comply with all minimum staffing ratios for the duration of the entity's enrollment in the program.

**Subsection 10206.4 of Section 10206, *MY HEALTH GPS SERVICES*, is amended to read as follows:**

10206.4 Care Coordination shall consist of implementation of the person-centered plan of care through appropriate linkages, referrals, and coordination with needed services and supports. Care Coordination services include, but are not limited to, the following:

- (a) Scheduling appointments and providing telephonic appointment reminders;
- (b) Assisting the beneficiary in navigating health and social services systems, including behavioral health and housing supports as needed;
- (c) Providing community-based outreach and follow-up, including face-to-face contact with beneficiaries in settings in which they reside, which may include shelters, the streets or other locations for homeless beneficiaries;
- (d) Providing outreach and follow-up through remote means to beneficiaries who do not require in-person contact;
- (e) Ensuring that all regular screenings are conducted through coordination with primary care or other appropriate providers;
- (f) Ensuring medication reconciliation has been completed;
- (g) Assisting with transportation to routine and urgent care appointments;
- (h) Assisting with transportation for health-related activities;
- (i) Assisting with completion of requests for durable medical equipment;
- (j) Obtaining health records and consultation reports from other providers;

- (k) Participating in hospital and emergency department transitions of care;
- (l) Coordinating with Fire and Emergency Medical Services and DHCF initiatives to promote appropriate utilization of emergency medical and transport services;
- (m) Facilitating access to urgent care appointments and ensuring appropriate follow-up care;
- (n) Ensuring that the beneficiary is connected to and maintains eligibility for any public benefits to which the beneficiary may be entitled, including Medicaid; and
- (o) Providing support to children transitioning from a pediatric practice to an adult practice.

**Section 10207, REIMBURSEMENT, is amended to read as follows:**

**10207 REIMBURSEMENT**

- 10207.1 DHCF shall reimburse *My Health GPS* entities for the provision of covered *My Health GPS* services described in § 10206 using a per member per month (PMPM) payment structure.
- 10207.2 Effective upon December 1, 2018, DHCF shall establish three (3) distinct PMPM rates. A *My Health GPS* entity shall be eligible to receive only one of the following rates, per month, for each beneficiary enrolled in the *My Health GPS* program:
- (a) The PMPM rate to support the initial development of the person-entered care plan and annual, comprehensive re-evaluations of the beneficiary's care needs for both higher acuity and lower acuity beneficiaries. This PMPM shall only be available in the month in which the care plan is initially developed or an annual, comprehensive, re-evaluation of the beneficiary's care needs is performed;
  - (b) The PMPM rate for higher acuity (Group Two) beneficiaries; and
  - (c) The PMPM rate for lower acuity (Group One) beneficiaries.
- 10207.3 The PMPM rate set forth in § 10207.2(a) shall be higher than the acuity based PMPM rates set forth in §§ 10207.2(b) and (c). The PMPM rate for Group Two beneficiaries established in § 10207.2(b) shall be higher than the PMPM rate for Group One beneficiaries established in § 10207.2(c), reflecting the greater anticipated needs of Group Two beneficiaries for *My Health GPS* services and the

additional *My Health GPS* provider staff required to serve Group Two beneficiaries.

10207.4 Except as set forth in § 10207.6, DHCF shall use a nationally-recognized risk adjustment tool and other criteria to determine the acuity level of each beneficiary in accordance with guidance published on the DHCF website. Based upon the results of the analysis, DHCF shall place the beneficiary into the appropriate acuity group.

10207.5 DHCF shall publish guidance on the methodology used to determine the acuity level of beneficiary on the DHCF website at [dhcf.dc.gov](http://dhcf.dc.gov). DHCF shall publish any changes to the methodology on the DHCF website at least thirty (30) calendar days before the changes are scheduled to take effect.

10207.6 A *My Health GPS* entity may request re-determination of a beneficiary's assigned acuity level as follows:

- (a) If re-determination is requested, a *My Health GPS* entity shall submit clinical documentation of a significant change in the beneficiary's health status to DHCF in the manner specified in the *My Health GPS* manual; and
- (b) If the documentation submitted in accordance with the *My Health GPS* manual by the *My Health GPS* entity is complete, DHCF shall re-determine the beneficiary's acuity level in accordance with the procedure set forth in §§ 10207.4.

10207.7 DHCF shall provide the *My Health GPS* entity with written notification of the results of the re-determination described in § 10207.6, including a copy of the re-determination analysis.

10207.8 The base PMPM rates for the rates set forth in § 10207.2 shall be established based on the staffing model described in §§ 10205.3 through 10205.5, and adjusted to take into account regional salaries, including fringe benefits. The rates shall also take into account the average expected service intensity for beneficiaries and shall be determined in accordance with the requirements of 42 USC § 1396a(a)(30)(A).

10207.9 Two (2) payment enhancements shall be added to the each PMPM rate set forth in § 10207.2 to:

- (a) Reflect the *My Health GPS* provider's overhead or administrative costs; and
- (b) Support the *My Health GPS* provider in procuring, using, or modifying health information technology.

- 10207.10 DHCF shall review the PMPM rates set forth in § 10207.2 on an annual basis to ensure that the rates are consistent with requirements set forth in 42 USC § 1396a(a)(30)(A).
- 10207.11 The PMPM rates set forth in § 10207.2 shall be listed in the D.C. Medicaid fee schedule, available at: [www.dc-medicaid.com](http://www.dc-medicaid.com).
- 10207.12 In order to receive the first PMPM payment for an eligible beneficiary, a *My Health GPS* provider shall:
- (a) Inform the beneficiary about available *My Health GPS* program services;
  - (b) Obtain the beneficiary's informed consent to receive *My Health GPS* program services in writing; and
  - (c) Complete the following components of the person-centered plan of care in accordance with the standards for Comprehensive Care Management set forth in § 10206.3:
    - (1) Conduct an in-person needs assessment in accordance with § 10206.3(a);
    - (2) Enter available clinical information and information gathered at the in-person needs assessment into the person-centered plan of care which shall include individualized goals pursuant to § 10206.3(b)(4); and
    - (3) Retain documentation demonstrating the delivery of each of the activities described in (1) and (2) above.
- 10207.13 In order to receive a subsequent PMPM payment for an eligible beneficiary, a *My Health GPS* provider shall complete the person-centered plan of care in accordance with the standards set forth in § 10206.3, provide a copy of the completed plan of care to the beneficiary, and deliver at least one (1) *My Health GPS* program service to the beneficiary within the calendar month as follows:
- (a) For Group One beneficiaries, the service(s) provided during the month may be delivered face to face or remotely; and
  - (b) For Group Two beneficiaries, at least one (1) service provided during the month shall be delivered face to face.
- 10207.14 *My Health GPS* entities shall be eligible for the PMPM payment set forth in § 10207.2(a) for the development of an initial person-centered care plan for each eligible beneficiary in Group One and Group Two. In order for the entity to



receive the initial PMPM payment, the *My Health GPS* provider(s) shall meet all requirements set forth in § 10207.12 for each qualifying beneficiary.

- 10207.15 *My Health GPS* entities shall be eligible for the PMPM payment set forth in § 10207.2(a) for annual, comprehensive re-evaluations of the beneficiary's care needs for each eligible beneficiary in Group One and Group Two. In order for the entity to receive the annual PMPM payment, the *My Health GPS* provider(s) shall meet all requirements set forth in § 10207.12(c) for each qualifying beneficiary.
- 10207.16 For the initial and annual PMPM payment set forth in § 10207.2(a), *My Health GPS* entities shall be eligible to receive a maximum of one (1) payment per twelve (12) month period per beneficiary. If a *My Health GPS* entity received an incentive payment set forth in § 10209.2 for a beneficiary, no *My Health GPS* entity shall be eligible to receive an initial or annual PMPM payment set forth in § 10207.2(a) for the same beneficiary, until the twelfth (12<sup>th</sup>) month following the original month of service.
- 10207.17 For the initial and annual PMPM payments set forth in § 10207.2(a), a maximum of one (1) initial and annual PMPM payment is claimable per twelve (12) month period per beneficiary, regardless of a beneficiary's election to receive services from a different *My Health GPS* entity or "opt-out" of the program.
- 10207.18 Each *My Health GPS* provider shall document each program service and activity provided in each beneficiary's EHR. Any Medicaid claim for program services shall be supported by written documentation in the EHR which clearly identifies the following:
- (a) The specific service(s) rendered and descriptions of each identified service sufficient to document that each service was provided in accordance with the requirements set forth in § 10206;
  - (b) The date and time the service(s) were rendered;
  - (c) The *My Health GPS* provider staff member who provided the services;
  - (d) The setting in which the service(s) were rendered;
  - (e) The beneficiary's person-centered plan of care provisions related to the service(s) provided; and
  - (f) Documentation of any further action required for the beneficiary's well-being as a result of the service(s) provided.
- 10207.19 Each claim for a *My Health GPS* service shall meet the requirements of § 10206 and shall be documented in accordance with § 10207.18 in order to be reimbursed.

Section 10208, QUALITY REPORTING REQUIREMENTS, is amended to read as follows:

**10208 QUALITY REPORTING REQUIREMENTS**

10208.1 Each *My Health GPS* entity shall report to DHCF, quarterly, on the following two (2) measure sets:

- (a) CMS “Core Set of Health Care Quality Measures for Health Home Programs” which may be located at the CMS website at: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/Health-Home-Information-Resource-Center/quality-reporting/index.html>, in accordance with 42 USC § 1396w-4(g); and
- (b) The performance measures set forth in the table below:

My Health GPS Pay-for-Performance Measures				
Measure Name	Measure Domain	National Quality Forum Number	Steward	Description
1.Total Resource Use	Efficiency	1598	Health Partners	A risk adjusted measure of the frequency and intensity of services utilized by <i>My Health GPS</i> beneficiaries. Resource use includes all resources associated with treating <i>My Health GPS</i> beneficiaries including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.
2. Total Cost of Care	Efficiency	1604	Health Partners	A risk adjusted measure of <i>My Health GPS</i> entity’s cost effectiveness at managing <i>My Health GPS</i> beneficiaries. Total cost of care includes all costs associated with treating <i>My Health GPS</i> beneficiaries including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.

3. Plan All-Cause Readmission	Utilization	1768	NCQA	For <i>My Health GPS</i> patients eighteen (18) years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within thirty (30) calendar days and the predicted probability of an acute readmission. Data is reported in the following categories: 1. Count of Index Hospital Stays (denominator) 2. Count of thirty (30)-Day Readmissions (numerator) 3. Average adjusted Probability of Readmission
4. Potentially Preventable Hospitalization	Utilization	N/A	Agency for Healthcare Research and Quality	Percentage of inpatient admissions among <i>My Health GPS</i> beneficiaries for specific ambulatory care conditions that may have been prevented through appropriate outpatient care.
5. Low-Acuity Non-Emergent Emergency Department Visits	Utilization	N/A	DHCF	Percentage of avoidable low-acuity non-emergent ED visits among <i>My Health GPS</i> beneficiaries.

- 10208.2 DHCF shall notify *My Health GPS* entities of any changes in the performance measures or measure specifications in § 10208.1(b) through transmittals issued to *My Health GPS* entities at least ninety (90) days before the reporting of the data required for the measure begins.
- 10208.3 The baseline measurement period to determine the initial attainment and individualized improvement thresholds for measures outlined in § 10208.1(b) shall begin January 1, 2018 and end on December 31, 2018.
- 10208.4 All subsequent attainment and individualized improvement thresholds shall be determined for measures outlined in § 10208.1(b) on an annual basis from January 1 through December 31, unless otherwise specified by DHCF.
- 10208.5 Each *My Health GPS* entity shall utilize certified EHR technology to collect and report all data required for the quality measures described in §§ 10208.1(a) and 10208.1(b).
- 10208.6 Each *My Health GPS* entity shall submit hybrid data as required by CMS and DHCF in accordance with protocols outlined in the *My Health GPS* provider manual.

- 10208.7 Each *My Health GPS* entity shall report each sentinel event to DHCF within twenty-four (24) hours of occurrence in accordance with the procedure set forth in the *My Health GPS* provider manual.
- 10208.8 Each *My Health GPS* entity may also be required to submit an annual program evaluation report to DHCF, which may include, but is not limited to, the following components:
- (a) The *My Health GPS* entity's approach to delivering services;
  - (b) Barriers to the current delivery of *My Health GPS* services;
  - (c) Interventions unique to the *My Health GPS* entity; and
  - (d) Strategies to improve future delivery of *My Health GPS* services.

**Subsections 10209.2, 10209.3, 10209.6, 10209.11 and 10209.13 of Section 10209, INCENTIVE PAYMENTS, are amended to read as follows:**

- 10209.2 During the period beginning July 1, 2017 and ending October 31, 2017, all *My Health GPS* entities shall be eligible for a single incentive payment for each eligible beneficiary to support development of the person-centered plan of care. In order for the entity to receive the incentive payment, its *My Health GPS* provider(s) shall meet all requirements of § 10207.12 for each qualifying beneficiary within the period beginning July 1, 2017 and ending October 31, 2017.
- 10209.3 Each *My Health GPS* entity shall participate in the *My Health GPS* pay-for-performance incentive program for all four (4) quarters of each measurement year. If an entity is not enrolled in the *My Health GPS* program for all four (4) quarters of a measurement year, the following provisions regarding participation in the pay-for-performance incentive program apply:
- (a) If a *My Health GPS* entity enrolls in the *My Health GPS* program after the first day of the first quarter of the measurement year, the entity shall not be eligible for the performance payment described in § 10209.13 for that measurement year, but shall receive the full amount of the percentage withheld for that measurement year, as described in § 10209.6; and
  - (b) If a *My Health GPS* entity is enrolled in the *My Health GPS* program on the first (1<sup>st</sup>) day of the first quarter of the measurement year but is no longer enrolled in the program on the last day of the last quarter of the measurement year, the entity shall not be eligible for either the performance payment described in § 10209.13 or any portion of the percentage withheld for that measurement year, as described in § 10209.6.

10209.6 The first (1<sup>st</sup>) measurement year for the pay-for-performance incentive program shall begin on October 1, 2019. *My Health GPS* entities shall be subject to a percentage withheld from every PMPM payment for services rendered during the measurement year, as follows:

- (a) Measurement Year One (Fiscal Year 2020): Ten percent (10%);
- (b) Measurement Year Two (Fiscal Year 2021): Fifteen percent (15%); and
- (c) Measurement Year Three (Fiscal Year 2022) and all subsequent performance periods: Twenty percent (20%).

10209.11 To determine the *My Health GPS* entity’s annual performance in the pay-for-performance incentive program, DHCF shall score each participating *My Health GPS* entity’s performance in three (3) measurement domains. This scoring will be determined as follows:

- (a) A maximum of one hundred (100) points will be awarded to each *My Health GPS* entity’s across the efficiency, utilization, and process domains described in § 10208.1(b);
- (b) Each measure in the domain is assigned points by dividing the total points by the number of measures in each domain. Points for each domain are described in the table set forth in (c);
- (c)

<i>My Health GPS</i> Entity Performance Measure Point Distribution Methodology	Measurement Year 1 (FY 2020)	Measurement Year 2 (FY 2021)	Measurement Year 3 and on (FY 2022)
Total Efficiency Domain Points <i>(allowed points per measure)</i>	50 <i>(25)</i>	50 <i>(25)</i>	50 <i>(25)</i>
Total Utilization Domain Points <i>(allowed points per measure)</i>	50 <i>(16.66)</i>	50 <i>(16.66)</i>	50 <i>(16.66)</i>
<b>Total Performance Points</b>	<b>100</b>	<b>100</b>	<b>100</b>

- (d) Points for each measure shall be awarded in cases where a *My Health GPS* entity meets either the attainment or improvement threshold based on the prior measurement year’s performance as described below:

- (1) A *My Health GPS* entity shall receive points if it met or exceeded the seventy-fifth (75th) percentile attainment benchmark;
  - (2) A *My Health GPS* entity performing below the attainment benchmark may be able to receive the allowed points per measure as described in (c) for each measure if it has met or exceeded its improvement threshold described in § 10209.7(b); and
  - (3) If a *My Health GPS* entity neither attains nor improves performance on a given measure, zero (0) points will be awarded for that measure;
- (e) The amount of the incentive payment that a *My Health GPS* entity shall be eligible to receive shall be calculated as follows:
- (1) Sum points awarded for each measure in the domain to determine the domain totals;
  - (2) Sum domain totals to determine total performance points;
  - (3) Divide total performance points by the maximum allowed points to determine the performance period percentage; and
  - (4) The amount in (3) shall be multiplied by one and one-half (1.5) times the performance period withhold amount for the *My Health GPS* entity, calculated in accordance with the withhold amount percentage for the measurement year, as set forth in § 10209.6.

10209.13 Beginning with FY 2020, and annually thereafter, performance payments for the pay-for-performance incentive program shall be calculated and distributed after the conclusion of each measurement year once all measures are calculated and have been validated for each *My Health GPS* entity.

**Subsection 10210.3 of Section 10210, AUDITS AND REVIEWS, is amended to read as follows:**

10210.3 DHCF shall perform audits of claims submitted by *My Health GPS* entities, including using statistically valid scientific sampling, to determine the appropriateness of *My Health GPS* services rendered and billed to Medicaid to ensure that Medicaid payments can be substantiated by documentation that meets the requirements set forth in § 10207.18 and are made in accordance with all requirements of this chapter and all other applicable federal and District laws.

**Section 10299, DEFINITIONS, is amended to read as follows:**

10299      **DEFINITIONS**

10299.1

**Beneficiary** - An individual deemed eligible for and in receipt of services provided through the District Medicaid program.

**Corporate Entity** – An organization that holds a single Employer Identification Number, as defined in 26 CFR § 301.7701-12.

**Fair Hearing** – A procedure whereby the District provides an opportunity for a hearing to any person whose claim for assistance is denied consistent with the requirements set forth in 42 CFR §§ 431.200 *et seq.*

**Federally Qualified Health Center** - An organization that meets the definition set forth in Section 1905(l)(2)(B) of the Social Security Act (42 USC § 1396d(1)(2)(B)).

**District Fiscal Year** - A twelve (12) month period beginning on October 1<sup>st</sup> and ending on September 30<sup>th</sup>.

**Hybrid Data** – A combination of administrative data (i.e. claims, encounters, and vital records) and clinical data contained in medical records.

**My Health GPS Entity** – A primary care clinical individual practice, primary care clinical group practice, or Federally Qualified Health Center currently enrolled as a District Medicaid provider that incorporates a *My Health GPS* provider into its primary care service delivery structure.

**My Health GPS Provider** – An approved interdisciplinary team that delivers *My Health GPS* services within a *My Health GPS* entity.

**Opt Out** – The process by which a beneficiary chooses not to participate in the *My Health GPS* program.

**Outreach** - Active and progressive attempts at beneficiary engagement, including direct communication (*i.e.* face-to-face, mail, email, telephone) with the beneficiary or the beneficiary's designated representative.

**Performance Period** – A full District fiscal year, beginning in Fiscal Year 2019.

**Sentinel Event** – Any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient and which is not related to the natural course of the patient's illness.