

Managed Care in District of Columbia

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, over two thirds of Medicaid beneficiaries in the District of Columbia were enrolled in some form of managed care. Since 1994, the District has enrolled children and families, pregnant women, and children with special needs in its **Medicaid Managed Care Program**, which covers acute, primary, specialty, and behavioral health services. All participants except children with special needs are enrolled on a mandatory basis. In 1996, the state implemented the **Children and Adolescent Supplemental Security Income Program** for children and youth who have special needs and receive SSI benefits or have SSI-related needs on a voluntary basis. This program provides acute, primary, specialty, and behavioral health services through a single, prepaid limited benefit plan.

Beginning in 2010, the District transitioned low-income childless adults between 133 and 200 percent of the Federal Poverty Level from the locally-funded DC Alliance program to Medicaid managed care through its **Childless Adults 1115 Demonstration**. This demonstration provides childless adults with all Medicaid services, including primary, acute, specialty, and behavioral health services. The District has also operated a **Non-Emergency Medical Transportation Program** since 2008, which is mandatory for all fee-for-service Medicaid participants, including dual eligibles.

Participating Plans, Plan Selection, and Rate Setting

The District of Columbia contracts with four plans to provide managed health care services. The plans include **one national, for-profit health plan** (Amerihealth); **two local, non-profit health plans** (MedStar Family Choice and Health Services for Children with Special Needs); and **one local, for-profit health plan** (Trusted Health plan). The District selects plans through a competitive bidding process and sets rates through an administrative rate setting process using actuarial analysis and negotiations with the health plans.

Quality and Performance Incentives

The District requires managed care organizations to report HEDIS, CAHPS, and other performance data and reports the scores in Performance Report Cards which are shared with enrollees. The District does not currently have a pay-for-performance program in place.

Table: Managed Care Program Features, as of August 2014

Program Name	Medicaid Managed Care Program		Children and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation Program
Program Type	MCO		Medical-only PIHP	Transportation PAHP
Program Start Date	April 1994	November 2010	February 1996	October 2008
Statutory Authorities	1932(a)	1115(a)	1915(a)	1902(a)(70)
Geographic Reach of Program	Statewide		Statewide	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)				
Aged				X
Disabled Children & Adults	X (special needs children)		X (special needs children)	X
Children	X			
Low-Income Adults	X	X (childless adults at 133-200% FPL)		
Medicare-Medicaid Eligibles ("duals")				X
Foster Care Children				X
American Indians/Alaska Natives				
Mandatory or Voluntary enrollment?	Varies	Mandatory	Voluntary	Mandatory (except special needs children)
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)				
Inpatient Hospital	X	X	X	
Primary Care and Outpatient services	X	X	X	
Pharmacy	X	X	X	
Institutional LTC				
Personal Care/ HCBS	X (home health only)	X (home health only)	X (home health only)	
Inpatient Behavioral Health Services	X	X	X	
Outpatient Behavioral Health Services	X	X	X	
Dental	X	X		
Transportation	X	X	X	X
Participating Plans or	1. Amerihealth		1. Health Services For Children with	1. Medical Transportation Management

Program Name	Medicaid Managed Care Program	Children and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation Program
Organizations	2. MedStar Family Choice 3. Trusted Health Plan	Special Needs, Inc.	
Uses HEDIS Measures or Similar	X	X	
Uses CAHPS Measures or Similar	X	X	X
State requires HMOs to submit HEDIS or CAHPS data to NCQA	X	NA	NA
State Requires HMO Accreditation	X	NA	NA
External Quality Review Organization	Delmarva Foundation for Medical Care		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.