District of Columbia Managed Care Program Features, as of 2020

Features	Medicaid Managed Care Program	Child and Adolescent Supplemental Security Income Program	Non-Emergency Medical Transportation
Program type	Comprehensive MCO	Comprehensive MCO	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a),1945 Health Homes	1915(a)	1902(a)(70) NEMT
Program start date	04/01/1994	01/01/1996	10/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Children with Special Health Care Needs		Voluntary	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Mandatory

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Populations enrolled: Enrollment choice period	30 days	Other	
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Benefits covered: Partial hospitalization	X	X	
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	X	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized Health Home	X		
Benefits covered: Home health services (services in home)	X	X	

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Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X	X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Freestanding birth centers	Freestanding birth centers	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA	NCQA	

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Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant	Qlarant	
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	AmeriHealth Caritas District of Columbia; Amerigroup District of Columbia; CareFirst Community Health Plan District of Columbia; MedStar Family Choice	Health Services for Children with Special Needs	Medical Transportation Management, Inc.

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Notes: Program notes	The managed care P4P program is funded through a 2% withhold of each MCO's actuarially sound capitation payments for non-delivery DCHFP rate cells for the corresponding period. The 2% withhold is the profit margin for each MCO that is factored into the base per member per month payment rate. Actual P4P results are based on MCO experience during a performance year compared to the baseline. The baseline period used to set the target remains April 1, 2015 through March 31, 2016, with runout through September 2016. MCOs must meet the minimum threshold for improvement for all three performance measures in order to earn any portion of the withhold. The capitation withhold was not in effect for the FY 2019-2020 measurement years, though DHCF plans to reinstitute quality incentive requirements in future years. D.C. terminated its contract with AmeriGroup District of Columbia on 9/30/2020, and effectuated a contract with MedStar Family Choice on 10/1/2020.	Aged, Blind, or Disabled children and adults are eligible up to the age of 26. DHCF's CASSIP contract is a comprehensive managed care program under 1915(a) authority. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and residential treatment services. Primarily, services are furnished through the EPSDT benefit, as described in 42 USC 1905(a)(4)(B) and 1905(r), 42 C.F.R. § 440.40(b) and Subpart B of 42 C.F.R. Part 441, unless otherwise excluded.	The DC Department of Health Care Finance pays for non-emergency medical transportation only for its fee-for-service members; non-emergency medical transportation for managed care members is paid by the District's Medicaid managed care organizations for low-income adults and children.