

District of Columbia Managed Care Program Features, as of 2014

Features	Non-Emergency Medical Transportation Program	Health Services for Children with Special Needs	Medicaid Managed Care Program	Childless Adult 1115 Demonstration Waiver
Program type	Non-Emergency Medical Transportation	Comprehensive MCO	Comprehensive MCO	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1902(a)(70) NEMT	1915(a)	1932(a)	1115(a) (Medicaid demonstration waivers)
Program start date	10/1/2007	1/1/1996	4/1/1994	11/1/2010
Waiver expiration date (if applicable)				12/31/2015
If the program ended in 2014, indicate the end date				
Populations enrolled				
Low-income Adults not eligible under ACA Section VIII			Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory			
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)			Mandatory	
Individuals receiving Limited Benefits	Mandatory			
Low-income adults eligible under ACA Section VIII			Mandatory	
Full Duals	Mandatory			
Partial Duals				
Children with Special Health Care Needs	Mandatory	Voluntary	Voluntary	
Native American/Alaskan Natives	Mandatory	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Voluntary	Voluntary	Exempt
Enrollment choice period	Pre-assigned	Other	30 days	30 days
Enrollment broker name (if applicable)				
Notes on enrollment choice period		Enrollment is voluntary, else beneficiary stays in fee-for-service.		
Benefits covered				
Inpatient hospital physical health		X	X	X
Inpatient hospital behavioral health (MH and/or SUD)		X	X	X
Outpatient hospital physical health		X	X	X

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Outpatient hospital behavioral health (MH and/or SUD)		X	X	X
Partial hospitalization		X	X	X
Physician		X	X	X
Nurse practitioner		X	X	X
Rural health clinics and FQHCs		X	X	X
Clinic services		X	X	X
Lab and x-ray		X	X	X
Prescription drugs and prosthetic devices		X	X	X
EPSDT		X	X	X
Case management		X	X	X
Health home (SSA 1945)			.	
Family planning		X	X	X
Dental services (medical/surgical)		X	X	X
Dental (preventative or corrective)		X	X	X
Home health agency services		X	X	X
Personal care (state plan option)		X	X	X
HCBS waiver services		X	.	
Private duty nursing		X	.	
ICF-IDD		X	.	
Nursing facility services		X	.	
Hospice care		X	X	X
Non-Emergency Medical Transportation	X	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Freestanding birth centers	Freestanding birth centers	Freestanding birth centers
Quality assurance and improvement				
HEDIS data required?	No	Yes	Yes	Yes
CAHPS data required?	No	Yes	Yes	Yes
Accreditation required?	No	No	Yes	Yes
Accrediting organization			NCQA	NCQA

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EQRO contractor name (if applicable)		Delmarva	Delmarva	Delmarva
Performance incentives?				
Payment bonuses/differentials to reward plans				
Preferential auto-enrollment to reward plans				
Public reports comparing MCO performance on key metrics				
Withholds tied to performance metrics				
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods				
Provider Value-Based Purchasing				
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods				
Participating plans and regions served				
Plans in Program	Medical Transportation Management Inc.	Health Services for Children with Special Needs	AmeriHealth District of Columbia; Medstar Family Choice; Trusted Health Plan	AmeriHealth District of Columbia; Medstar Family Choice; Trusted Health Plan
Notes				
Program notes				