District of Columbia Managed Care Program Features, as of 2016

| Features | Medicaid Managed Care Program | Non-Emergency Medical Transportation Program | Health Services for Children with Special Needs |
|---|-------------------------------|---|---|
| Program type | Comprehensive MCO | Non-Emergency Medical Transportation | Comprehensive MCO |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1932(a),1945 Health Homes | 1902(a)(70) NEMT | 1915(a) |
| Program start date | 04/01/1994 | 10/01/2007 | 01/01/1996 |
| Waiver expiration date (if applicable) | | | |
| If the program ended in 2016, indicate the end date | | | |
| Populations enrolled: Low-income adults <u>not</u> <u>covered</u> 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) | | | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | | 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 | Mandatory | Voluntary |
| Populations enrolled: Partial Duals | | | |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory | Voluntary |
| Populations enrolled: Native American/Alaskan Natives | Exempt | Exempt | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | | | Voluntary |
| 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) | Х | | Х |

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| Benefits covered: Outpatient hospital physical health | Х | riogiam | X |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | Х | | X |
| Benefits covered: Partial hospitalization | X | | Х |
| Benefits covered: Physician | X | | Х |
| Benefits covered: Nurse practitioner | Х | | Х |
| Benefits covered: Rural health clinics and FQHCs | Х | | X |
| Benefits covered: Clinic services | Х | | Х |
| Benefits covered: Lab and x-ray | Х | | Х |
| Benefits covered: Prescription drugs and prosthetic devices | Х | | X |
| Benefits covered: EPSDT | Х | | Х |
| Benefits covered: Case management | Х | | Х |
| Benefits covered: SSA Section 1945- authorized health home | Х | | |
| Benefits covered: Health home care (services in home) | Х | | Х |
| Benefits covered: Family planning | Х | | Х |
| Benefits covered: Dental services (medical/surgical) | Х | | Х |
| Benefits covered: Dental (preventative or corrective) | Х | | Х |
| Benefits covered: Personal care (state plan option) | Х | | Х |
| Benefits covered: HCBS waiver services | | | Х |
| Benefits covered: Private duty nursing | | | Х |
| Benefits covered: ICF-IDD | | | Х |
| Benefits covered: Nursing facility services | | | Х |
| Benefits covered: Hospice care | Х | | Х |
| Benefits covered: Non-Emergency Medical Transportation | Х | 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 | | |

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| 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 | No | Yes |
| Quality assurance and improvement: CAHPS data required? | Yes | No | Yes |
| Quality assurance and improvement: Accreditation required? | Yes | No | No |
| Quality assurance and improvement: Accrediting organization | NCQA | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Delmarva | | |
| Performance incentives: Payment bonuses/differentials to reward plans | Х | | |
| Performance incentives: Preferential auto- enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | Х | | |
| Performance incentives: Withholds tied to performance metrics | X | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | |
| Participating plans and regions served: Plans in Program | Trusted Health Plan; Medstar Family Choice; AmeriHealth District of Columbia | Medical Transportation Management Inc. | Health Services for Children with Special Needs |
| Notes: Program notes | Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household. | | |