DC

DISTRICT OF COLUMBIA MEDICAID FACTS

Who is covered in DC's Medicaid Program?

ELIGIBILITY GROUPS

FFS[1,2] MCOs[3]

FFS	MCOs
Current & Former Foster Care Children	Children (0-18 years)
Aged, Blind, and Disabled Adults	Parents and other Caretaker Relatives
Dual Eligibles	Pregnant Women
Qualified Non-Citizens*	Newly Eligible Adults
Undocumented Immigrants**	Disabled Children
Intellectual and Developmental Disabilities	

*Coverage provided for pregnant women and children up to age 19.

**Only through Emergency Medicaid.

Important News

April 2017 - DC passed legislation to maintain access to women's health services, such as cancer and STD/STI screenings and treatment, even if the ACA is repealed.[4]

May 2017 - DC's Department of Health Care Finance announced an intention to award a managed care contract to each of three companies: AmeriHealth Caritas, Trusted Health Plan, and Amerigroup. This ends DC's contract with MedStar Family Choice.[5]

Medicaid Medical Director's Network

DC expanded its value-based care initiatives by creating a Health Home program for people with chronic conditions.

Do Medicaid health plans provide coverage?[3]

☑ YES   ☐ NO

- Trusted Health Plan
- AmeriHealth Caritas of DC
- Amerigroup

How has DC's Medicaid program engaged in Managed Care?

DC currently has three MCOs providing coverage to the Medicaid population. At this time, there are no active or pending waivers.

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DISTRICT OF COLUMBIA MEDICAID FACTS

How is DC meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Health Homes are offered to those with serious mental illnesses (SMI) through capitation payments.[6] Benefits include comprehensive care management, health promotion, patient and family support, and referrals to community and social support services.[7]

Centers for Medicare & Medicaid Services (CMS) is collaborating with DC to support a new health service delivery and payment method known as the State Health Innovation Plan (SHIP) for the District. The program seeks to integrate care delivery, create alternative payment models, increase health equity by addressing social determinants of health, and enhance consumers' experience of care to make the health care system more accessible and user-friendly.[8]

Family Planning [2]

Pregnancy testing, counseling for women and couples, routine and emergency contraception, immunizations, screening for all sexually transmitted infections, treatment for all sexually transmitted infections, sterilization procedures if age 22 or older, HIV/AIDS testing and counseling, and prenatal and postpartum care are covered.

Women's Health

Family planning services, inpatient and outpatient hospital care, pregnancy-related care, treatment for breast and cervical cancer, prenatal visits and vitamins, ultrasound and amniocentesis screenings, childbirth by vaginal or caesarean delivery, and 60 days of postpartum care are covered.[9]

Free-standing birth center services are covered (routine prenatal care, labor and delivery, and postpartum care) under a fee-for-service arrangement.[10]

Nurse midwifery services are covered under a fee-for-service arrangement.[11]

Behavioral Health

DC offers mental health and substance use benefits that include crisis intervention services, inpatient and outpatient detoxification, day services, supported employment, telemedicine reimbursement, residential habilitation, alcohol and drug treatment program, behavioral health hotline services, psychosocial rehabilitation, and psychotherapy.[12]

Selected drug therapies: methadone, naloxene, naltrexone, disulfiram.[12, 13]

Oral Health

DC Medicaid provides a comprehensive dental benefit for children and adults through a fee-for-service arrangement including:[1]

- ✓ Regular dental checkups twice a year
- ✓ Tooth extractions
- ✓ X-rays
- ✓ Cavity filling
- ✓ Dentures

www.MedicaidInnovation.org

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DC

Timeline

Federal	District of Columbia

1965 — President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1967 — Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1968 — DC adopts the Medicaid program.[15]

1972 — Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1981 — Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1984 — Children and pregnant women become mandatory Medicaid eligibility groups.

1989 — Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1990 — Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1994 — DC begins enrolling children and families, pregnant women, and children with special needs in its Medicaid managed care program; covering acute, primary, specialty, and behavioral health services.[16]

1997 — Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1999 — Olmstead decision allows expanded HCBS coverage for persons with disabilities.

2008 — A non-emergency medical transportation (NEMT) program is implemented and mandatory for all fee-for-service (FFS) Medicaid participants.[17]

2010 — Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010 — DC transitions low-income childless adults 133%-200% of the federal poverty level (FPL) to Medicaid managed care through a Section 1115 waiver; District of Columbia Childless Adults.[16]

2011

2012 — National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

Enrollment in DC's ACA Medicaid expansion begins. Through the ACA, DC expands Medicaid to provide coverage for individuals with incomes up to 133% of the FPL.[18]

2014 — ACA implementation begins.

2017 — 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

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