

Comparing Programs for Medicare, Medicaid and Long-Term Services and Supports in the District

	Medicaid Fee-for-Service (FFS)	Medicaid EPD waiver	PACE program	Dual Choice (HIDE SNP)
<i>What is this program?</i>	Medicaid fee-for-service (FFS) coverage means individuals are not enrolled in a private Medicaid health plan; it is also sometimes described as “straight Medicaid.”	The Medicaid EPD Waiver is a program for the elderly and people with physical disabilities. This program provides case management and services for individuals who want to live in their homes or community settings.	PACE stands for the Program of All-Inclusive Care for the Elderly. It combines Medicare and Medicaid benefits with care coordination. PACE also serves people who want to live at home or the community.	HIDE SNP stands for a Highly Integrated Dual Eligible Special Needs Plan. This is a type of health plan that covers both Medicare benefits and some or all Medicaid benefits.
<i>Am I eligible for the program?</i>	People can qualify for Medicaid at income up to 200 percent of the Federal Poverty Limit (FPL). People must meet certain other criteria (for example, live in the District of Columbia).	People who qualify for Medicaid and some individuals at higher incomes, up to 300 percent of the Social Security Insurance (SSI) standard, may qualify for the EPD waiver. They must meet certain other criteria, including meeting the level of care standard for nursing facility care (NF LOC). People have to be assessed to find out whether they meet the level of care. Individuals may be enrolled in the EPD waiver and Dual Choice at the same time.	People can qualify for the PACE program at higher incomes, up to 300 percent of the Social Security Insurance (SSI) standard, as long as they meet certain other criteria. These other criteria include being age 55 or older and meeting the level of care standard for nursing facility care (NF LOC). PACE participants must also be willing and able to participate in PACE activities and to live safely in the community. People who want to enroll in PACE must live within the PACE service area (certain ZIP codes in Wards 7 and 8).	People who are eligible for both Medicaid and Medicare may qualify for the Dual Choice program. Even “partial-benefit” Qualified Medicare Beneficiaries (QMB) may be eligible to enroll in Dual Choice. People do not have to meet the level of care standard for nursing facility care (NF LOC), but they may.
<i>How do I enroll in the program?</i>	To enroll in Medicaid, District residents can visit a DC Department of Human Services (DHS) Service Center (https://dhs.dc.gov/service/find-service-center-near-you). The DC Department of Aging and Community Living (DACL) also provides enrollment help for District residents ages 60+ and persons with disabilities.	The DC Department of Aging and Community Living (DACL) provides enrollment help for District residents interested in enrolling in the EPD waiver. DACL can be reached at 202-724-5622. DACL assists people and their families in completing an application. A nurse or social worker will conduct an assessment, or interview, to determine the level of need for services. This assessment is required to apply to the EPD waiver.	The PACE program will begin to enroll people after it opens in 2022. People will be able to enroll in PACE by getting an assessment and a referral to the PACE organization.	Right now, people can make a choice about their Medicare coverage and select a Dual Choice plan. If they do, this choice will also mean a person’s Medicaid benefits will be automatically included with Medicare. People can enroll in the Dual Choice plan (UnitedHealthcare) by contacting the State Health Insurance Program (202-727-8370) or the health plan .

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<i>What is covered in the program?</i>	The Medicaid program covers all medical care, including doctors, hospital care, and prescription drugs. The program covers other benefits, like dental services, hearing aids, and long-term care. If a person has both Medicare and Medicaid, these two programs share the costs of his or her care.	People enrolled in the EPD waiver have Medicaid coverage, which includes all medical care, including doctors, hospital care, and prescriptions. It also covers other benefits, like dental services, hearing aids, and long-term care. If a person has both Medicare and Medicaid, these programs share the costs of care. The EPD waiver offers benefits not available to other Medicaid enrollees. These include case management, assisted living, and participant-directed services.	The PACE program covers all Medicare and Medicaid-covered services. This includes doctors, hospital care, and prescriptions. It includes other services like dental benefits, hearing aids, and long-term care. Many services offered by PACE are provided in the PACE center, all in one location. The PACE center offers day programs and other on-site services, such as meals. The PACE program may offer other benefits not available to other Medicaid enrollees. However, the PACE program may not offer every service available under the EPD waiver.	The Dual Choice program covers all Medicare-covered services, including doctors, hospital care, prescriptions. Because it includes Medicaid benefits as of February 1, 2022, it includes other services, like dental benefits, hearing aids, and long-term care. Benefits may differ based on a person’s eligibility for Medicaid. Dual Choice health plan may offer other benefits not available to other Medicare and Medicaid enrollees, such as Medicare supplemental benefits.
<i>Will I have a case manager or care coordinator?</i>	Some people enrolled in Medicaid may have access to care coordination – that is, help with navigating health care. Programs like My Health GPS and My DC Health Home offer this kind of help. Other people enrolled in Medicaid may get help from community-based organizations, such as those that serve the elderly. Otherwise, many Medicaid enrollees do not have a case manager or care coordinator.	The EPD waiver includes case management as a service. Case management is a required part of the EPD waiver: enrollees must participate in case management. A person’s case manager is responsible for a lot of different things. These include planning services, helping maintain Medicaid enrollment, coordinating with health care providers, and more.	The PACE program is unique in its approach to care coordination. Every person in PACE will have an 11-person team helping with their care. The team includes professionals from different fields, such as a doctor, a social worker, a therapist, and more. The purpose of this approach is to help keep services in place, talk with the person enrolled, and help meet the person’s needs.	Dual Choice includes care management as a service. Care management is provided by a team of different professionals who help people and their families find and get needed care. The care team is responsible for planning care, helping maintain Medicaid enrollment, coordinating with health care providers, and more. For some people, such as those jointly enrolled in the EPD waiver, care management is required.

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<i>Will I be able to keep my current doctor?</i>	Many doctors in the District participate in Medicaid and accept Medicaid patients. Not all doctors do, so there is a possibility that your doctor does not. If you are concerned, you should ask your doctor if they participate in Medicaid, or look them up in the Medicaid provider look-up on www.dc-medicaid.com . You can also call the DC Department of Health Care Finance (DHCF) at 202-698-2000 to ask.	The EPD waiver provides Medicaid coverage. That means that people with Medicaid already who enroll in the EPD waiver keep their coverage (and their doctors). For people new to Medicaid, your doctor(s) may or may not participate. If you are concerned, you should ask your doctor if they participate in Medicaid, or look them up in the Medicaid provider look-up on www.dc-medicaid.com . You can also call the Department of Health Care Finance (DHCF) at 202-698-2000 to ask.	The PACE program is unique in that it is “all-inclusive,” and the program includes its own medical providers – including doctors. Some doctors and providers in the District might contract with the PACE program and continue to serve people in PACE. Not all doctors will, and so there is a possibility that your doctor will not. If you are concerned, you should ask your doctor if they see PACE participants before enrolling in PACE. If they do not, you will have to select a new doctor.	The Dual Choice program is operated by a health plan, UnitedHealthcare. Health plans have their own networks of providers and doctors. Many doctors who practice in DC may be a part of the Dual Choice program. There is a possibility that your doctor does not work with Dual Choice. If you are concerned, you should ask your doctor if they see Dual Choice or Medicare Advantage participants. If they do not, you will have to select a new doctor when you enroll in Dual Choice.
<i>Do I have to live in a particular neighborhood?</i>	To enroll in Medicaid and keep your coverage, you will have to prove you are a resident of the District of Columbia. However, you may live anywhere in the District.	To enroll in the EPD waiver and keep your coverage, you will have to prove you are a resident of the District of Columbia. However, you may live anywhere in the District.	The PACE program is only for people who live in certain ZIP codes in Wards 7 and 8. Only residents of those ZIP codes may enroll in the program. If you live in the area, enroll in PACE, and move to a different ward, you will no longer be eligible for PACE. In the future, the District may expand the service area to additional wards.	To enroll in Dual Choice and maintain your coverage, you will have to prove you are a resident of the District of Columbia. However, you may live anywhere in the District.
<i>Do I have to pay for anything?</i>	If you have Medicaid, the only service with a copayment (or “copay”) is prescription drugs. If the pharmacy asks you for a copay and you cannot afford it, you can decline and they will still give you your prescription.	EPD waiver enrollment includes Medicaid coverage. The only service with a copayment (or “copay”) is prescription drugs. If the pharmacy asks you for a copay and you cannot afford it, you can decline and they will still give you your prescription.	PACE cannot charge participants any cost-sharing or copays.	If you have Medicaid, no cost-sharing or copays are required. People with more limited coverage (e.g., Qualified Medicare Beneficiaries, or QMBs, who do not have full Medicaid coverage) may be required to pay for some services.

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<i>Do I have any other responsibilities in the program?</i>	Medicaid offers many benefits and people have many rights within the program. They also have a few important responsibilities. First, it's important to keep your personal information – contact information, income and asset information – up-to-date with the program. It is also important to be aware of Medicaid rules (what's allowed and what's not) and to be informed about your health and your health providers. You can and should be an active member of your care team, and communicate when you have problems or concerns.	The EPD waiver includes Medicaid coverage, and many rights and responsibilities are the same. New waiver enrollees will get a list of rights and responsibilities during the enrollment process. Waiver enrollees <i>must</i> have a case manager and must talk to their case manager, even if they use no other waiver services. People in the EPD waiver should use their case manager as their “first stop” for any questions, complaints, or concerns.	PACE includes Medicaid and Medicare coverage. New PACE enrollees will receive a list of rights and responsibilities during the enrollment process. Similar to the EPD waiver, PACE participants will have an assigned care team and should talk to their care team, even if they don't use a lot of health care services. PACE enrollees should use their care team as their “first stop” for any questions, complaints, or concerns.	Dual Choice enrollees will receive a list of rights and responsibilities during the enrollment process. Similar to the other programs, you will have an assigned care team and should talk to your care team, even if you don't use a lot of health care services. Some people in Dual Choice <i>must</i> participate in care team activities (such as EPD waiver enrollees). Participants should use their care team as their “first stop” for any questions, complaints, or concerns.
<i>Can I still visit the emergency department if I need to?</i>	Medicaid covers all emergency treatment, without any cost-sharing or copay. If you are covered by both Medicare and Medicaid, they will share the costs of your care.	The EPD waiver includes Medicaid coverage. Medicaid covers all emergency medical treatment, without any cost-sharing or copay. If you are covered by both Medicare and Medicaid, they will share the costs of your care.	PACE covers all Medicare and Medicaid-covered services, including emergency room care. This program will help you access emergency care when you need it, but PACE may also offer other services outside of business hours to see if they can help you without you having to visit the hospital.	Dual Choice covers emergency medical treatment, without any cost-sharing or copay from the patient. Medicare and Medicaid will share the costs of your care and coordinate your benefits so you don't have to.
<i>Can I leave the program if I decide it's not right for me?</i>	Medicaid enrollees have the right to leave at any time. If you choose to disenroll, Medicaid coverage will end. People can notify the DC Department of Human Services (DHS) of their desire to disenroll. If you have both Medicaid and Medicare, disenrolling from Medicaid will not impact your Medicare coverage.	EPD waiver enrollees have the right to leave at any time. However, your access to Medicaid may be linked to your waiver coverage. If you want to leave the waiver, talk to your case manager to learn about whether that will affect your Medicaid coverage. If you have both Medicaid and Medicare, or even another health plan, disenrolling from Medicaid will not impact your Medicare or other coverage.	PACE enrollees have the right to leave at any time. However, your access to Medicaid may be linked to your PACE enrollment. If you want to leave PACE, you should work with the program to learn whether or not you will keep your Medicaid or other coverage. If you have both Medicaid and Medicare, or even another health plan, disenrolling from Medicaid will not impact your Medicare or other coverage.	Dual Choice enrollees have the right to leave, and can change their coverage once per calendar quarter and during special election periods. However, decisions about Dual Choice affect <i>both</i> your Medicare and Medicaid. You cannot leave Dual Choice for Medicaid and keep it for Medicare. If you make changes, both coverage options will have to change.

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