



MURIEL BOWSER
MAYOR

September 1, 2021

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

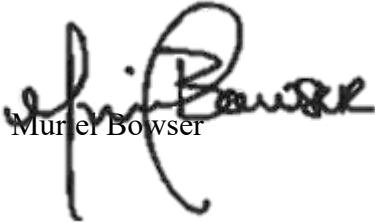
Pursuant to the Mayor's Order 2021-105 dated September 1, 2021 declaring a health care resources emergency, enclosed for consideration and approval by the Council of the District of Columbia is option period one of Contract No. CW83146 with Trusted Health Plan (District of Columbia, Inc.), DBA CareFirst BlueCross BlueShield Community Health Plan. This approval request consists of proposed Modification No. M0008 in the not-to-exceed (NTE) amount of \$999,103,492.50, as well as an additional three months, if necessary, in the NTE amount of \$333,034,497.72. Proposed Modification No. 8 is for the nine-month period of October 1, 2021 through June 30, 2022. The additional option, if necessary, would be for the three-month period of July 1, 2022 through September 30, 2022. The total amount for the nine-month period, and then the three-month period, if necessary, is \$1,332,137,990.22, and this is the total for all three managed care organization contracts.

Under the proposed modification, Trusted Health Plan (District of Columbia, Inc.), DBA CareFirst BlueCross BlueShield Community Health Plan, shall continue to provide healthcare and pharmacy services for its Managed Care Program. The Medicaid Managed Care Program consists of the DC Healthy Families Program, including Adults with Special Health Care Needs, (adults receiving Supplemental Security-Income (SSI) and with SSI-related disabilities), the District of Columbia Healthcare Alliance Program), and the Immigrant Children's Program.

I am available to discuss any questions you have regarding the proposed modification. In order to facilitate a response to any questions you may have, please have your staff contact Marc Scott, Chief Operating Officer of the Office of Contracting and Procurement, at (202) 724-8759.

I look forward to the Council's favorable consideration of this contract.

Sincerely,



Muriel Bowser

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Contracting and Procurement



Pursuant to the Mayor’s Order 2021-105 declaring a health care resources emergency, the following contract summary is provided:

COUNCIL CONTRACT SUMMARY
(Options)

(A) Contract Number: CW83146

Proposed Contractor: Trusted Health Plan (District of Columbia, Inc., DBA CareFirst BlueCross BlueShield Community Health Plan)

Contract Amount (Option Period 1): Proposed Modification No. M0008
\$999,103,492.50 Not-to-exceed (NTE)

Additional three-month option period, if necessary
\$333,034,497.72 NTE

Total Option Period One
\$1,332,137,990.22 NTE for all three Managed Care Organization contracts.

Unit and Method of Compensation: Monthly capitation payment for each participant

Term of Contract: Proposed Modification No. M0008
October 1, 2021 to June 30, 2022 (Nine Months)

Additional three-month option period, if necessary
July 1, 2022, through September 30, 2022

Type of Contract: Indefinite Delivery/Indefinite Quantity (IDIQ) with fixed capitated rates.

(B) Identifying number of the underlying contract, including the identifiers assigned to the underlying contract by the Council for the base period and any subsequent option periods:

Base Period Amount: NTE \$1,492,392,346.13
(October 1, 2020 through September 30, 2021)
(Council Approval CA23-0637)

**Option Period 1 Amount: NTE \$1,332,137,990.22
(October 1, 2021 through September 30, 2022)**

Explanation of difference from base period (if applicable): The capitation rates are risk adjusted every six months. Amount will be based on actuarial review of the capitation rates. An adjustment to the capitation rates shall be effective as of the first day of the option period and six months after each option period, to which the adjusted capitation rate applies (either upwards or downwards), if appropriate. In the event a prospective capitation rate adjustment is required, an actuarial analysis will be completed by the District's contracted actuary. If required, the District will make the necessary adjustment to the capitation rates.

- (C) A statement that Citywide Clean Hands database indicates that the proposed contractor is current with its District taxes. If the Citywide Clean Hands Database indicates that the proposed contractor is not current with its District taxes, either: (1) a certification that the contractor has worked out and is current with a payment schedule approved by the District; or (2) a certification that the contractor will be current with its District taxes after the District recovers any outstanding debt as provided under D.C. Official Code § 2-353.01(b):**

On September 1, 2021, the Citywide Clean Hands database certified that the contractor is current with its District taxes.

- (D) A statement that the proposed contract is within the appropriated budget authority for the agency for the fiscal year and is consistent with the financial plan and budget adopted in accordance with D.C. Official Code §§ 47-392.01 and 47-392.02:**

The Department Health Care Finance Agency Fiscal Officer certified that funding in the NTE amount of \$1,332,137,990.22 is available to support the contract for the MCOs. The amount is for all three MCO contracts.



Date of Notice: September 1, 2021

Notice Number: L0006162804

TRUSTED HEALTH PLAN (DISTRICT OF COLUMBIA), I
1100 NEW JERSEY AVE SE STE 840
WASHINGTON DC 20003-3338

FEIN: **-***5150
Case ID: 924597



CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT

Authorized By Marc Aronin
Chief, Collection Division

To validate this certificate, please visit MyTax.DC.gov. On the MyTax DC homepage, click the “Validate a Certificate of Clean Hands” hyperlink under the Clean Hands section.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Chief Financial Officer

MEMORANDUM

TO: George A. Schutter
Chief Procurement Officer
Office of Contracting and Procurement

THRU: Delicia Moore
Associate Chief Financial Officer
Human Support Services Cluster

FROM: Darrin Shaffer
Agency Fiscal Officer
Department of Health Care Finance

DATE: 09/01/2021

SUBJECT: Certification of Funding for the Managed Care Organization Contracts
AmeriHealth Caritas District of Columbia, Inc. – CW83144
Trusted Health Plan (District of Columbia), Inc. DBA CareFirst BlueCross BlueShield Community
Health Plan – CW83148
MedStar Family Choice – CW83146

DHCF estimates that the cost of providing managed care coverage to Medicaid, Children’s Health Insurance Program (CHIP), Immigrant Children’s Program, and Alliance beneficiaries from October 1, 2021 through September 30, 2022 through the contracts listed below will not exceed \$1,332,137,990.22.

Contracts:

AmeriHealth Caritas District of Columbia, Inc.	Contract Number: CW83144
Trusted Health Plan (District of Columbia), Inc.	
DBA CareFirst BlueCross BlueShield Community Health Plan	Contract Number: CW83148
MedStar Family Choice	Contract Number: CW83146

This memorandum certifies that the Department of Health Care Finance has \$1,332,137,990.22 in the FY 2022 proposed budget to support this cost from October 1, 2021 through September 30, 2022. This funding is sufficient to support all of the beneficiaries expected to enroll in an MCO during the contract period.

Upon approval by Congress of the District’s Local Budget and Financial Plan, funds will be sufficient to pay the cost associated with these contracts. There is no fiscal impact associated with these contracts.

Should you have any questions, please contact me at (202) 442-9079.

cc: Wayne Turnage, DHCF
Angelique Martin, DHCF
Lisa Truitt, DHCF

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number CW83146		Page of Pages 1 1	
2. Amendment/Modification Number M0008		3. Effective Date October 1, 2021		4. Requisition/Purchase Request No.		5. Solicitation Caption Managed Care Organization (MCO)
6. Issued by: Code _____ Office of Contracting and Procurement 441 4 th Street NW, Suite 330S Washington, DC 20001			7. Administered by (If other than line 6) DEPARTMENT OF HEALTHCARE FINANCE 441 4th Street, N.W. Suite 900S Washington, DC 20001 Lisa Truitt, Contract Administrator (CA)			
8. Name and Address of Contractor (No. street, city, county, state and zip code) George Aloth, CEO Trusted Health Plan (District of Columbia), Inc. DBA CareFirst BlueCross BlueShield Community Health Plan 1100 New Jersey Ave. S.E. Suite 840 Washington, D.C. 20001 George.Aloth@carefirstchpdc.com Code _____ Facility _____			9A. Amendment of Solicitation No.			
			9B. Dated (See Item 11)			
			10A. Modification of Contract/Order No. X CW83146			
			10B. Dated (See Item 13) 10/1/2020			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (If Required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14						
X	A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Contract Modifications The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
	B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
	C. This supplemental agreement is entered into pursuant to authority of:					
	D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor is not <input checked="" type="checkbox"/> is <input type="checkbox"/> required to sign this document.						
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Contract No. CW83146 is hereby modified as follows: 1. Pursuant to the Mayor's Order 2021-105 dated September 1, 2021 declaring a health care resources emergency, and Section F.2 of the contract, the District hereby partially exercises option period one for the period of performance from October 1, 2021 through June 30, 2022, in the amount NTE \$999,103,492.50. The total contract NTE amount is for all three MCO contracts. All Other Terms and Conditions remain unchanged						
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.						
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Helena Barbour			
15B. Name of Contractor (Signature of person authorized to sign)		15C. Date Signed	16B. District of Columbia (Signature of Contracting Officer)		16C. Date Signed	