

Diamond State Health Plan Plus (DSHP Plus)
Frequently Asked Questions
DSAAPD Clients

1. What is an *MCO*?

Managed Care Organizations (MCOs) provide health care services to members through doctors, hospitals and other health care providers through contract agreements.

2. Why do I have to change? What happens if I *don't want an MCO*? Who can I call about this?

DMMA is making this change to provide better service by improving access to community-based, long-term care services and increasing flexibility to serve individual needs. If you are currently on the Elderly and Disabled Medicaid Waiver, you must enroll in DSHP Plus to continue receiving your services. DMMA will send you a notice in November and it will have a telephone number for the Health Benefits Manager. They will assist you with your questions and concerns.

3. Who has to enroll?

Clients currently on the Elderly and Disabled Medicaid Waiver, including Assisted Living and AIDS waiver, must participate. Also included are nursing facility recipients and Community Full Dual eligible (clients who receive both Medicare & Medicaid).

4. Do I have to *reapply for Medicaid via Financial*? Do I have to go through the whole application process again and wait to be approved?

No, you do not have to reapply. Clients on Medicaid Waiver will automatically transfer to the DSHP Plus effective April 1, 2012. Your services will remain the same during the first 90 days.

5. Who will be my Case Manager? Will that person come see me or do I have to go to an office somewhere? Where do I call if there is a problem? If I call, will I get to talk to a real person or a machine?

Sometime around April of 2012, you will be assigned a Case Manager from the MCO. The Case Manager will routinely visit you, review your care plan and discuss any changes in your situation. The Case Manager will also assist you with accessing additional social services. You will receive a phone number to call to contact your Case Manager.

6. Will "Sally" still be my *aide*? Will I still be able to go to my *Adult Day Care*?

Your assigned case manager will visit you to review your care plans and discuss any changes to your situation. In the first 90 days, no care plans will change. All the contracted services you are receiving currently will be available to you. The MCOs are attempting to contract with current providers. If "Sally's" home health care agency or Adult Day Care contracts

with the MCO you have selected, then more than likely “Sally” could continue to be your aide and you could attend the same Adult Day Care.

7. What are the *Case Manager’s* expected functions and qualifications?

The functions and qualifications for case managers under the Elderly & Disabled Waiver and the AIDS Waiver will remain the same.

8. Will the client have an option to *change Case Managers*? What will be the criteria? Who will arrange and be the mediator for the client?

MCOs will allow clients to switch case managers and document the request and outcome in the client’s case file. The MCOs will also have a client advocate position to assist clients as needed. The State also has a Community Ombudsman that can assist. Further, Medicaid clients can always contact DMMA about any issues that arise with the MCOs.

9. Will the Medicaid agency make *home visits*?

DMMA may make some home visits to conduct quality assurance reviews of the MCOs.

10. What if I have *Medicare and Medicaid* but do not have health issues that make me eligible for Long Term Care Medicaid, what services will I be eligible for and will I have a Case Manager?

Your benefits will remain the same. You will be eligible for Acute Care Services, in-patient hospitalization, outpatient visits, behavioral health, limited case management, limited durable medical equipment, and 30-day institutional care if Medicare approved.

11. How many MCOs are there, and will they provide the same services?

You have two MCO options: Delaware Physicians Care Incorporated and UnitedHealthcare Community Plan. They will provide the same Medicaid Services that you are currently receiving through the Medicaid Waiver.

12. Will the program be more *medically intensive, more socio-economically intensive* or will both areas of service receive equal weight?

DSHP Plus considers both the medical and social needs of the clients.

13. Will “Sally” still be able to come “X” hours per wk? Can I get more help at home? How long will it take to get more help? Will my *attendant services stay the same*? Will I be able to keep my attendant?

During the first 90 days following April 1, 2012, your care plan will remain the same. During this time, your MCO case manager will be visiting to review your care plan. After June 30, your care plan could change depending on the care needs documented by your new case manager.

DMMA will conduct a readiness review of the MCOs prior to the implementation of DSHP Plus to assure that they are ready and able to provide services to this population.

14. Will I have to *change doctors* or the hospital I usually go to?

No, not as long as these providers contract with the MCO you selected.

15. Will I be able to *stay in “XYZ” Assisted Living Center* or nursing home?

Yes, as long as these providers contract with the MCO you selected.

16. Will I have to get a *physician order* for everything before an MCO will approve the bill?

The Health Benefits Manager or your selected MCO will answer this question for you.

17. What about the *medical equipment* I have now? Is somebody going to come take it? Can I get new equipment?

It is not likely your current medical equipment will be taken. Your new MCO case manager will review your equipment needs.

18. If I have *issues with my MCO*, what can I do?

Check your member handbook that will explain the appeal process. Then call your MCO. You can also appeal your concerns to the DMMA.

19. What is the *appeal process*?

The MCOs are required to have internal appeals processes for members and providers. A DMMA staff person sits on all MCO client appeals as a voting member. In addition, clients will continue to have the ability to appeal any negative action taken by the MCO via the State Appeal process.

20. Will Medicaid provide *training to all agencies* on subjects such as Care Plans?

The MCO would be responsible for providing training to their contractors. DSAAPD and DMMA are committed to provide assistance during this transition period. DSAAPD case managers and nurses will work closely with the MCOs during this transition.

21. What will the *audit process* be and how frequently will it occur? Who will perform audits?

The DMMA will retain oversight of the MCOs. The MCOs will also be responsible for overseeing and auditing any of their contractors.

22. Who will be responsible for the initial *needs assessment/determination/Level of Care (LOC)*, the on-going LOC and the re-determination of LOC's?

DMMA staff will continue to perform the initial level of care determination and redeterminations for Nursing Facility clients only. The MCOs will perform redeterminations of LOC for community-based clients.

23. Will *different levels of care* be accommodated under the new program?

The level of care determination will remain the same for community-based clients.

24. Will each level of care have its own *acuity scale*?

The level of care determination will remain the same for community-based clients.

25. Because *different waivers used to require different levels of care*, will *services/units of service and/or reimbursement be assigned according to level of care*?

Services will be authorized based on the unique needs of the client. It is up to the MCOs to establish their reimbursement methodology for their providers.

26. Will I be able to contact the Ombudsman and *Adult Protective Services Units to make referrals and discuss concerns*?

Yes, the Ombudsman and Adult Protective Services Units will still be available to take referrals and discuss concerns. They will be working very closely with the MCOs.

27. What do I do if I want to *change my MCO*?

You need to call the Health Benefits Manager who will advise you of this process. You will be allowed the opportunity to change your MCO during an annual open enrollment period. You will be notified in a mailing from your health benefits manager on how to make this change.

Helpful Phone Numbers:

HP Health Benefit Manager (HBM) – 1-800-996-9969

DMMA Central Intake Unit (CIU) – 1-866-940-8963

DSAAPD Delaware Aging & Disability Resource Center (ADRC) -1-800-223-9074

DSS Customer Relations Unit - 1-800-372-2022