

**Diamond State Health Plan Plus (DSHP Plus)**  
**Frequently Asked Questions**  
**Nursing Facility and Community Full Dual Members**

**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. The MCO also provides non-medical services based on the benefit package.

***Why did it change?***

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. The Health Benefits Manager can assist you with your questions and concerns. Please call them at 1-800-996-9969.

**2. Will this change *cost* me anything?**

No

**3. Do I get to *choose my MCO*?**

Yes, open enrollment will begin 1/1/12 and run through 2/15/12. You will default to an MCO if you do not choose. However, you will have an opportunity to change your plan between 2/16/12 and 6/30/12.

**4. Can I *change my MCO*?**

Yes, see above. (# 3)

**5. What will be *covered*? Will my coverage be the same?**

Your current services will stay in place for a minimum of 90 days. Any changes to your plan will be discussed between you and your MCO case manager. The state will retain strict oversight.

**6. Will I get a *different Medicaid card*?**

No, but you will have an additional MCO card.

**7. Will this change my *patient pay* amount to the Nursing Home?**

No, you will continue to pay the Nursing Home your patient pay amount.

**8. Can I *stay in my Nursing Home*?**

Yes

**9. Will I still get my \$44.00 per month *personal needs allowance*?**

Yes

**10. Will my *Medicare premium* still be paid by the State?**

Yes

**11. Will I have to *change doctors*?**

It will be important for you to talk with the Health Benefits Manager when you choose your plan to ensure your PCP is enrolled with your plan.

**12. What about *prescriptions*?**

You will continue to use your Part D provider and your Medicaid card when you fill prescriptions.

**13. What about *services provided before managed care begins*?**

Your services will remain in place for a minimum of 90 days. Any changes to your services will be made by you and your MCO case manager.

**14. Who will coordinate and *manage my case and services*?**

Your MCO case manager will manage your care. If you have financial eligibility questions, you can contact your DMMA caseworker.

**15. Will I still be able to take my family member *out overnight*?**

Yes

**16. Will there still be a *7 day bed-hold*?**

Yes

**17. What do I need to *tell the doctor's office* when I go for my office visit?**

Tell them you have a new insurance card. Give them your Medicare card, Medicaid card and your new MCO card.

**18. Will I still have to do *redeterminations*?**

Yes

**19. Who do I call about *problems or questions*?**

Enrollment and General Questions: Call the Health Benefit Manager

Billing: Call your MCO

Changes in income or expenses: Call your DMMA Financial Senior Social Worker

**20. Who do I call about *appeals*?**

If your MCP denies a service and you disagree, you may call your MCO about an appeal. Your member handbook tells you all about appeals and Hearings.

**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