# Managed Care in Delaware

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

### **Overview of Current Managed Care Programs**

In July 2011, about 80 percent of Medicaid beneficiaries were enrolled in managed care. Delaware has been operating a mandatory managed care program since 1996 when it implemented **Diamond State Health Plan (DSHP)**, which covers acute, primary, and behavioral health care services for low-income children, families, and adults; children and adults with disabilities; and foster care children. Delaware maintains a small fee-for-service primary care case management program called **Diamond State Partners** that was created in 2002 to maintain client choice when the state had only one commercial managed care organization (MCO). The state plans to transition all beneficiaries enrolled in this plan to an MCO by July 1, 2014.

In April 2012, the state expanded managed care to additional populations and added long term supports and services (LTSS) to the benefit package with the implementation of the **DSHP-Plus** program. The new program enrolls dual eligible beneficiaries, individuals enrolled in the Elderly and Disabled and AIDS home and *community*-based service (HCBS) waivers, and nursing facility residents on a mandatory basis and provides LTSS and acute, primary, and behavioral health care services to eligible individuals. DSHP and DSHP-Plus cover a limited number of outpatient and inpatient behavioral health and substance abuse services and any services in excess of the limits on visits are provided as a fee-for-service wraparound.

## Participating Plans, Plan Selection, and Rate Setting

Delaware contracts with two **national**, **for-profit plans** (United HealthCare Community Plan and Delaware Physicians Care, owned by Aetna), which participate in both DSHP and DSHP-Plus programs. Delaware selects plans through a competitive bidding process. The state sets rates using an actuarial process to determine upper *and* lower bounds for various rate tiers, then holds negotiations with plans to determine final payment rates.

#### **Quality and Performance Incentives**

Delaware requires MCOs to report data on HEDIS, CAHPS, and other quality measures. Data is is integrated into the five required performance improvement projects (PIPs) and performance measures (PMs) as part of the overall quality improvement work plan. The state does not publically report quality or performance data and does not specify incentives or penalties tied to performance

## Table: Managed Care Program Features, as of August 2014

Program Name	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)*	Program for the All-Inclusive Care for the Elderly (PACE)
Program Type	MCO	MCO	PACE
Program Start Date	January 1996	April 2012	February 2013
Statutory Authorities	1115(a)		PACE
Geographic Reach of Program	Statewide		Single Region
Populations Enrolled (Excep	tions may apply for certain individuals in each	group)	
Aged		X	Х
Disabled Children & Adults	X (excludes those "at risk" of institutionalization)	X	X (age 55+)
Children	Х		
Low-Income Adults	X		
Medicare-Medicaid Eligibles ("duals")		X	X (age 55+)
Foster Care Children	X		
American Indians/Alaska Natives			
Mandatory or Voluntary enrollment?	Mandatory	Mandatory	Voluntary
Medicaid Services Covered i (Specialized services other the benefit package.)		narked with an X are excluded "carved out" from the	
Inpatient hospital	Х	X	Х
Primary Care and Outpatient Services	X	X	Х
Pharmacy			Х
Institutional LTC		X	Х
Personal Care/HCBS	X	X	Х
Inpatient Behavioral Health Services	X	X	Х
Outpatient Behavioral Health Services	X	X	Х
Dental			Х

Program Name	Diamond State Health Plan (DSHP)	Diamond State Health Plan-Plus (DSHP-Plus)*	Program for the All-Inclusive Care for the Elderly (PACE)
Transportation			Х
Participating Plans or Organizations	1. Delaware Physicians Care, Inc (Aetna)	1. Delaware Physicians Care, Inc. (Aetna)	1. St. Frances LIFE
	2. United Healthcare Community Plan	2. United Healthcare Community Plan	
Uses HEDIS Measures or Similar	X	X	NA
Uses CAHPS Measures or Similar	X	X	NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	X	NA
State Requires MCO Accreditation	X		NA
External Quality Review Organization	Mercer Government Human Services		
State Publicly Releases Quality Reports	No		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011. Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011. National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary care and Outpatient services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

\* The Diamond State Health Plus was not included in the 2011 National Summary of State Medicaid Managed Care Programs. The information included in this table has been taken from the 1115 waiver authorizing the program.