DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

Delaware Medical Assistance Program

The Division of Medicaid and Medical Assistance Reiterates that All Delaware Managed Care Only Providers Must Register with the Delaware Medical Assistance Program

Managed Care Organization-Only Providers (MCOPs) contracted with the Delaware, Division of Medicaid and Medical Assistance (DMMA) Managed Care Organizations (MCOs) must comply with the 21st Century Cures Act by registering with the Delaware Medical Assistance Program (DMAP).

All providers are required to verify their National Provider Identification (NPI), taxonomy and practice location address and if necessary, enroll in order to continue to receive Medicaid reimbursement for services. Providers that fail to comply will be subject to denial of payment (payment suspension).

For more information on the MCOP program, go to page 5.

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Payer ID for 837P and 837I in Loop 2010BB

Starting November 1, 2023, the Delaware Medical Assistance Program (DMAP) requires providers to enter a payer ID of 'DE_TXIX' for Fee For Service (FFS) or 'DSCYF' for Department of Services for Children, Youth, and their Families.

Providers who use Trading Partners/Clearinghouses to Submit Electronic Claims will need to update the Payer ID for 837P and 837I in Loop 2010BB. To learn more about Loop 2010BB - Element NM109 - 'DE_TXIX' and 'DSCYF', refer to the 837 DMES EDI Companion Guide.

Providers who utilize the DMES Portal to Submit Electronic Claims will need to update the Claim Indicator field.

If you fail to make the update by November 1, 2023, claims will deny with "EOB 1470 - Denied. Invalid/Missing Payer ID" on the Remittance Advice (RA).

New ICD-10 Codes Added to the Delaware Medicaid Enterprise System (DMES)

The following ICD-10 Diagnosis Codes for Factors Influencing Health Status and Contact with Health Services have been added to DMES with an effective date of April 1, 2023:

- Z58.81: Basic services unavailable in physical environment
- Z58.89: Other problems related to physical environment
- Z59.11: Inadequate housing environmental temperature
- Z59.12: Inadequate housing utilities
- Z59.19: Other Inadequate housing
- Z62.814: Personal history of child financial abuse
- Z62.815: Personal history of intimate partner abuse in childhood
- Z91.414: Personal history of adult intimate partner abuse
- Z91.151: Patient's noncompliance with renal dialysis due to financial hardship
- Z91.413: Personal history of adult financial abuse
- Z91.414: Personal history of adult intimate partner abuse

Helpful Titles

- How-To Send Attachments with an 837 X12 Transaction through a Vendor or Clearinghouse
- How-To View a Member's Eligibility through the Provider Portal
- How-To Utilize Treatment History Panels
- How-To Restore Delegate Functionality

Top Tips

- Provider Enrollment
- Provider Health Information Portability and Accountability Act

***Remittance Advice Reminder:** RAs are available on the Provider Portal every **Monday** after 12:00 noon ET.

Manuals & Forms Updates

Adult Dental Program Provider Specific: Revision Date – 07/01/2023: Section Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Section 4.4 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Ambulatory-Free Standing Surgical Center Provider Specific: Revision Date – 07/01/2023: Section Revised:

- Section 5.2 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Children's Dental Program Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Section 4.3 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

CMS Billing Manual: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Extended Pregnancy Services Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Section 4.1 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Federally Qualified Health Centers Provider Specific: Revision Date – 07/01/2023: Section Revised:

- Section 3.1 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Free Standing Emergency Room Provider Specific : Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Sections 2.1, 2.2 - Updated sections to reflect the use of ICD-10-CM diagnostic codes and the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

General Billing Manual: Revision Date – 07/01/2023: Sections Revised:

- Sections 1.0, 2.0, 6.0 - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

General Policy Manual: Revision Date – 07/01/2023: Sections Revised:

- Sections 1.19, 1.19.1.2, 1.19.1.3, 1.19.2.1, 1.19.3, Appendix A - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.
- Sections 1.19.2.2, 1.19.4, 1.19.5, 1.19.6 - Removed sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Manuals & Forms Updates

Hospice Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Sections 4.1, 5.1 - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Independent Lab Provider Specific: Revision Date – 07/01/2023: Section Revised:

- Section 7.1 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Inpatient Hospital Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- Sections 1.7, 2.4 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Optician Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Section 3.1.3 - Updated section to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Outpatient Hospital Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.
- Sections 11.0, 15.3, 15.7, 17.0 - Removed obsolete language related to billing requirements for dates of service prior to 2002.

Practitioner Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.
- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.

Rehabilitation Agency Provider Specific: Revision Date – 07/01/2023: Section Revised:

- Section 4.2.1 - Updated section to reflect the use of ICD-10-CM diagnosis codes and the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Renal Dialysis Facility Provider Specific: Revision Date – 07/01/2023: Sections Revised:

- All - Universal updates to align Delaware Medicaid Enterprise System (DMES) and Delaware Medical Assistance Portal administrative language.
- Section 4.1 - Updated section to reflect the use of ICD-10-CM diagnosis codes and the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

UB-04 Billing Manual: Revision Date – 07/01/2023: Sections Revised:

- All - Updated sections to reflect the removal of paper claims information in compliance with DMES and electronic claims filing requirements.

Managed Care Organization-Only Providers (MCOPs)

The Division of Medicaid and Medical Assistance Reiterates that All Delaware Managed Care Only Providers Must Register with the Delaware Medical Assistance Program

Managed Care Organization-Only Providers (MCOPs) contracted with the Delaware, Division of Medicaid and Medical Assistance (DMMA) Managed Care Organizations (MCOs) must comply with the 21st Century Cures Act by registering with the Delaware Medical Assistance Program (DMAP). All providers are required to verify their National Provider Identification (NPI), taxonomy and practice location address and if necessary, enroll in order to continue to receive Medicaid reimbursement for services. Providers that fail to comply will be subject to denial of payment (payment suspension).

Although some provider practice locations have successfully completed the enrollment process and are approved to continue in the Delaware Medicaid program, some providers have not registered and could be in jeopardy of having their payments denied. To date, some providers are engaged and have started the process of registering their service locations. **For providers who are engaged in the process on or before September 30, 2023, the deadline for completion of the enrollment process has been extended to December 31, 2023, and their payments will not be systematically denied.**

The DMAP and various stakeholders continue to conduct outreach efforts to mitigate contract termination and denial of payments to providers and to ensure that Delaware maintains an optimum provider network to provide needed services to members. The deadline to complete the required Enrollment Application on the DMAP Provider Portal was previously extended to September 30, 2023. **Providers are strongly encouraged to act immediately to enroll all of their service locations to avoid having their payments denied.**

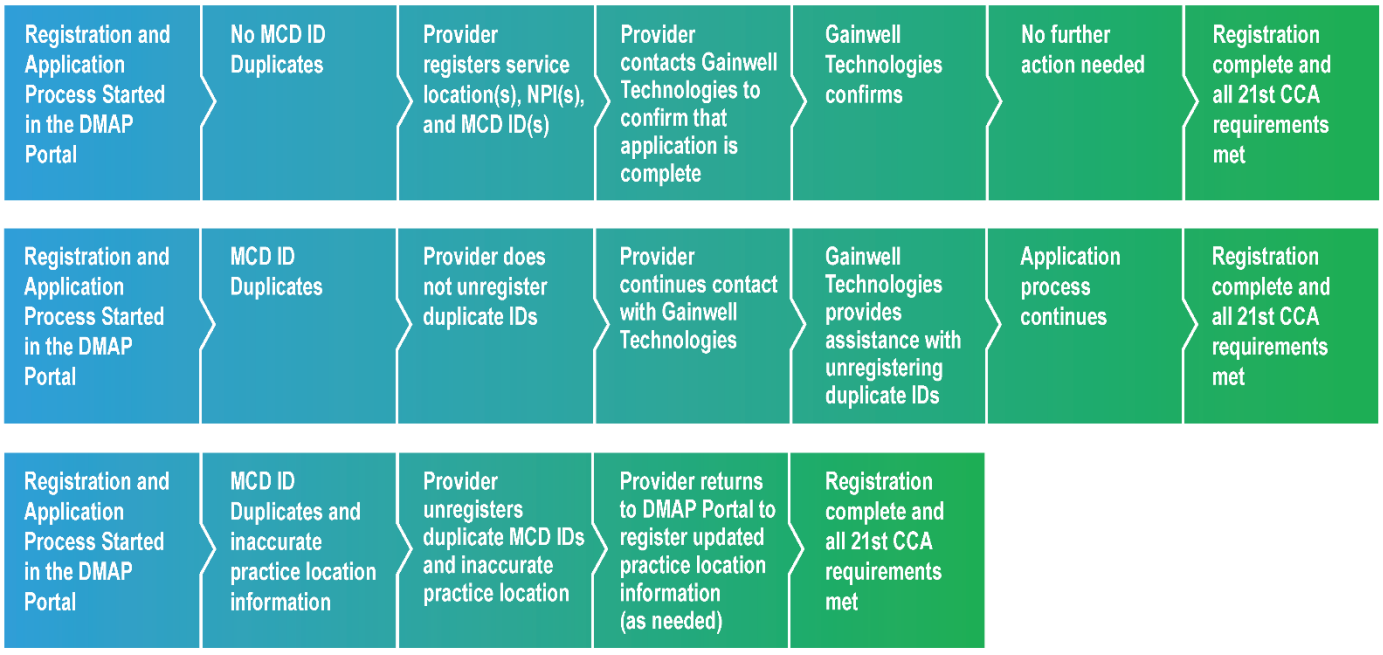
For More Information:

- Read the Rule: https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf
- Check out the Announcement Section on the DMAP Provider Portal for MCO Provider Screening and Enrollment updates.
- **To check on the status of your MCOP registration, provider enrollment application, or for assistance** contact DMAP Provider Services from 8:00 AM ET to 4:30 PM ET at 1-800-999-3371, select option 0, option 4.

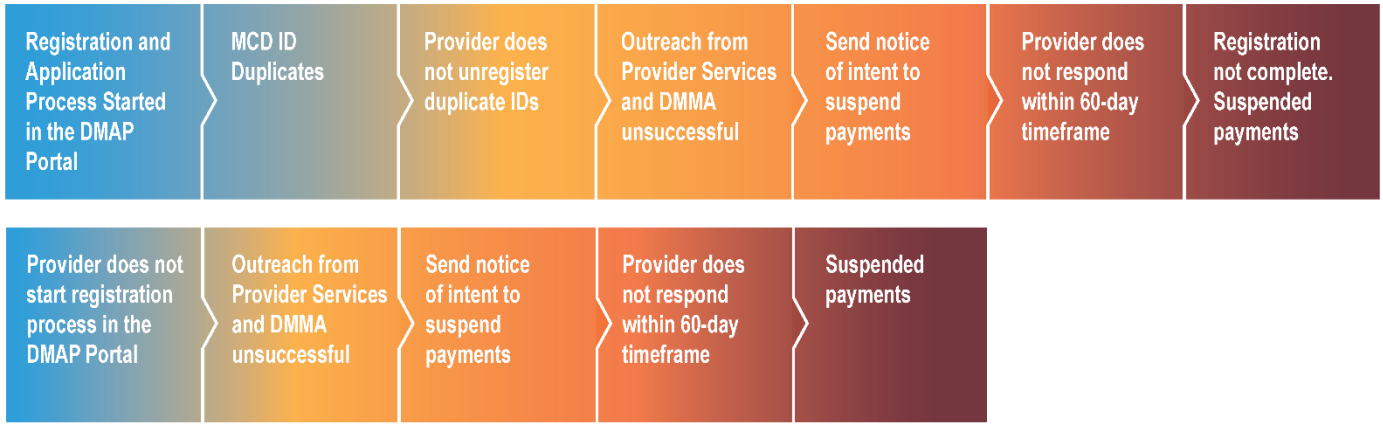
Managed Care Organization-Only Providers (MCOPs)

Paths of Engaged and Non-Engaged Providers

Engaged Providers



Non-engaged Providers



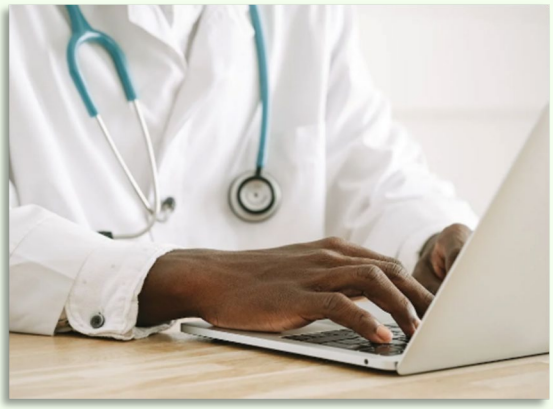
For More Information:

- Read the Rule: https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf
- Please see the Announcement Section on the DMAP Provider Portal for MCO Provider Screening and Enrollment updates. https://medicaid.dhss.delaware.gov
- Contact DMAP Provider Services at 1-800-999-3371; Option 0, then Option 4 or email at delawarepret@gainwelltechnologies.com

Go Green with DMAP

Updated Electronic Claims Submission Requirements

Reminder: Effective **July 1, 2023**, the Delaware Medical Assistance Program (DMAP) requires all claims to be submitted electronically as part of the DMAP Go Green initiative. This includes Dental, UB-04, or CMS-1500 paper claims.



Any paper claims submitted after June 30, 2023, will not be processed nor will they be returned. All claims, both singles and attachments, must be submitted electronically through an approved software vendor, clearinghouse, or through the DMAP Provider Portal. Managed Care Organization-Only Providers (MCOPs) must submit encounter claims through their appropriate Managed Care Organization.

Providers, Delegates, and Trading Partners can register for access to the DMAP Provider Portal HERE. Contact Provider Services to request training on the DMES portal electronic claims submission process.

You Ask, DMAP Answers (YADA)

I unregistered a provider service location and now I need to register it again. What should I do?

Service Locations

Medicaid ID	Address ▲	Revalidation Date	Status	Action
001122334	380 MAIN STREET, WILMINGTON, Delaware 19084-1013	12/3/2022	Duplicate	
112233445	380 MAIN STREET, WILMINGTON, Delaware 19084-0000	9/30/2023	Duplicate	
223344556	380 MAIN STREET, WILMINGTON, Delaware 19084-1013	12/3/2022	Registered	
334455667	123 APPLE ROAD, SMYRNA, Delaware 19977-1479	5/19/2023	Unregistered	Reset
445566778	1234 STREET ROAD, SUITE 0000, CITY, Delaware 19977-0000	12/3/2022	Registered	
556677889	1234 ST RD, SUITE 0, CITY, Delaware 19977-0000	12/3/2022	Duplicate	

A service location which has been unregistered can be reset, as long as it is not a duplicate, to allow the provider to rework the existing Registration Application. Under Enrollment Application, enter the National Provider Identifier (NPI) and taxonomy and **Search** to find practice locations available. Click **Reset** next to the unregistered location.

A new password must be created each time an Application Tracking Number (ATN) is reset. Review the Password Assistance box for password requirements. Enter and Confirm a password and click **Submit**.

The selected location will show a status of "Pending" and will show *Resume Enrollment* next to the in-progress application. Click **Resume Enrollment** to reopen the application and continue.

*__YADA Disclaimer__: DMAP acknowledges that the YADA responses provided are general and are not intended to be a comprehensive listing of all of the possible answers pertaining to provider services. Please continue to send inquiries to the Provider Services Team.

Delaware Cancer Treatment Program (DCTP)

The Delaware Cancer Treatment Program (DCTP) is available to Delaware residents who:

- Were residents of Delaware when diagnosed with cancer,
- Were diagnosed with cancer on or after July 1, 2004,
- Have no comprehensive health insurance,
- Do not receive benefits through the Medicaid Breast and Cervical Cancer Treatment Program,
- Meet income guidelines (up to 650 percent of the Federal Poverty Level), and
- Are not eligible for health insurance.

The DCTP is also available to Delaware residents with comprehensive health insurance who:

- Were residents of Delaware when diagnosed with cancer,
- Were diagnosed with cancer on or after July 1, 2004,
- Do not receive benefits through the Medicaid Breast and Cervical Cancer Treatment Program,
- Meet income guidelines (up to 650 percent of the Federal Poverty Level), and
- Meet maximum out-of-pocket expense for health insurance equal to or more than 15 percent of their household income (does NOT include premiums) *.

***Applicant must submit documentation from their insurance carrier notating the maximum out-of-pocket expense in order to determine eligibility**.

The DCTP application is available online at healthydelaware.org. Please click HERE for more information and to download both the English and Spanish application packet. For more information on DCTP, please call 1-844-245-9580.

DCTP Prior Authorization

The DCTP follows current Medicaid guidelines regarding what is required for submission of a prior authorization form for approval for service. When completing DCTP prior authorization forms, please use your Medicaid ID / Location ID (MCD ID). This number is issued by the Delaware Medical Assistance Portal (DMAP) and is different from your National Provider Identifier (NPI) or Tax ID. The MCD ID will start with either a '25' for newly enrolled providers or a '20' for previously enrolled providers. If you are unsure of your MCD ID, it is displayed on the gray bar at the top of the page once you are logged in to the Provider Portal. ***Prior authorizations for DCTP are not to be submitted on the Portal.***

Please click HERE to access the form that **MUST** be utilized for all DCTP participants prior authorization requests. **Note:** The DCTP Prior Authorization form is different from other Prior Authorization forms. For more information about the DCTP program, including prior authorization of services for those in the DCTP program, please call 1-844-245-9580.

Managed Care Organizations (MCOs) for 2023

The Delaware Department of Health and Social Services (DHSS) has selected three managed care companies to operate its Medicaid Managed Care Program. Centene's Delaware First Health has joined Highmark Health Options Blue Cross Blue Shield, which began operating in Delaware in 2015, and AmeriHealth Caritas, which began in 2018.

The three managed care organizations will provide additional options for the approximately 300,000 Medicaid members statewide in Delaware. For information about provider enrollment, please reach out to the MCOs at the contact numbers below.

AmeriHealth Caritas
1-855-707-5818

Delaware First Health
1-877-236-1341

Highmark Health Options
1-844-325-6251

Criminal Health Care Fraud Statute

The following guidance is provided by the Centers for Medicare & Medicaid Services (CMS).

The Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute, 18 U.S. Code § 1347 prohibits **knowingly and willfully** executing, or attempting to execute, a scheme or lie in connection with the delivery of, or payment for, health care benefits, items, or services to either:

- Defraud any health care benefit program, or
- Obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the control of, any health care benefit program.

Example: Several doctors and medical clinics conspire in a coordinated scheme to defraud the Medicare Program by submitting medically unnecessary claims for power wheelchairs.

Penalties: Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

Exclusion Statute

The Exclusion Statute, 42 U.S. Code § 1320a-7, requires the Office of Inspector General (OIG) to exclude individuals and entities convicted of any of the following offenses from participation in all federal health care programs:

- Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid,
- Patient abuse or neglect,
- Felony convictions for other health care-related fraud, theft, or other financial misconduct,
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing controlled substances.

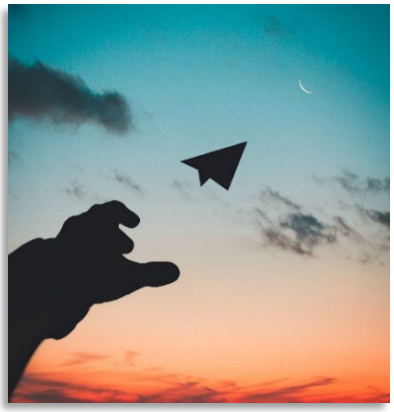
The OIG also may impose permissive exclusions on other grounds, including:

- Misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud, or misdemeanor convictions for unlawfully manufacturing, distributing, prescribing, or dispensing controlled substances,
- Suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity,
- Providing unnecessary or substandard services,
- Submitting false or fraudulent claims to a federal health care program,
- Engaging in unlawful kickback arrangements,
- Defaulting on health education loan or scholarship obligations.

Excluded providers may not participate in the federal health care programs for a designated period. If you are excluded by OIG, then federal health care programs, including Medicare and Medicaid, will not pay for items or services that you furnish, order, or prescribe. Excluded providers may not bill directly for treating Medicare and Medicaid patients, and an employer or a group practice may not bill for an excluded provider's services. At the end of an exclusion period, an excluded provider must seek reinstatement; reinstatement is not automatic. The OIG maintains a list of excluded parties called the List of Excluded Individuals/Entities (LEIE).

If you have any further questions regarding fraud, waste, or abuse,
please contact the DMMA Surveillance Utilization and Review (SUR) Unit at:
Toll-Free Telephone: 1-800-372-2022
Hotline (After-Hours Voicemail Only): 1-800-372-2022, select option #1
Email: SURreferrals@state.de.us

EVV is Taking Off!



The EVV implementation requirement for providers of In-Home Personal Care Services (PCS) and Home Health Care Services (HHCS) is in full swing! The Delaware Medical Assistance Program (DMAP) will utilize a pre-adjudication claims **validation** process (before the EVV claim is paid, it is validated to match visit data). At a future date, all payers must implement a hard edit in their claims systems that would deny a claim if a claim cannot be matched to a corresponding valid visit. DMAP recognizes that payers, as well as Gainwell Technologies (DMMA Fiscal Agent), are at different stages of "readiness" for this federal requirement. The EVV team continues to provide education, training, and assistance to help the hard edit process be as smooth as possible. Milestones and implementation schedules are being reevaluated to ensure program compliance. Many thanks to our partners for their continued patience and cooperation!

EVV Highlights for Q2:

- More than 88% of providers who provide PCS/HHCS services have registered with Sandata.
- 292,169 visits from 40 different providers are reflected in the production environment, with 259,517 (88%) in a **verified** status (meaning the visit matches the prior authorization that is present in the system).
- Over the past several months, there has been a steady increase in the number of verified visits.
- The EVV team continues to do targeted collaboration sessions with our provider partners to address both common and unique concerns/issues.

Provider Reminders:

The EVV team would like to remind our provider partners that the EVV requirement is federally mandated. All PCS and HHCS providers **MUST** register with our EVV vendor Sandata. Please visit the Sandata EVV Provider Self-Registration Portal. You **MUST** have your Medicaid Provider Identification Number (MCD ID) to register. If you need help with identifying your MCD ID, please contact DMAP Provider Services from 8:00 AM ET to 4:30 PM ET at 1-800-999-3371, select option 0, option 4.

Once the registration process is complete, providers may begin accessing the Sandata training resources.

- Providers who are utilizing Sandata as their EVV solution: Sandata Learn
- Providers utilizing an alternate EVV vendor: DE Aggregator Training

Join Us:

Attend our monthly EVV provider forums. Please check your email for an invitation. For more information, visit the DMMA EVV webpage.

Contact Us:

For questions or more information, contact the EVV Provider Service Team at DHSS_DMMA_EVV@delaware.gov.

Pharmacy Corner

Current Drug Shortages

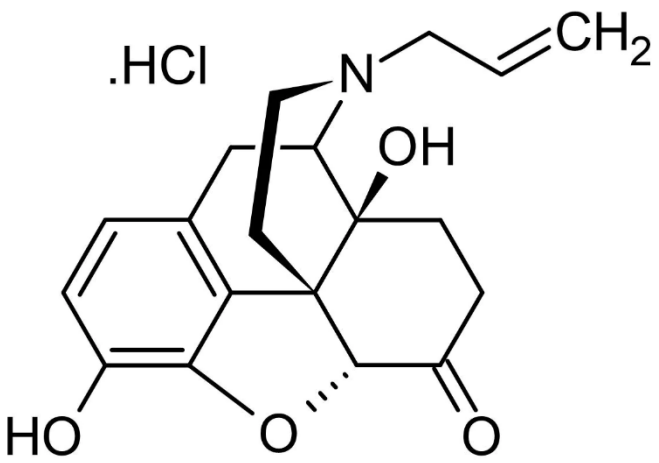
Currently, there is an ongoing shortage of several cancer medications. Providers may be contacted by a pharmacy if the prescribed product is not available. Please consider alternate dosage forms, alternate products, or compounded products where appropriate.

Current U.S. Food and Drug Administration (FDA) drug shortage background information, including news, reports, and extended use dates can be found online at: https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages.

A searchable database of current drug shortages, resolved drug shortages, and discontinuations reported to the FDA can be found online at: https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.

FDA Approves Second Over-the-Counter Naloxone Nasal Spray Product

On July 28, 2023, the U.S. Food and Drug Administration approved RiVive, 3 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription use for the emergency treatment of known or suspected opioid overdose. This is the second nonprescription naloxone product the agency has approved, helping increase consumer access to naloxone without a prescription. The timeline for availability and the price of this nonprescription product will be determined by the manufacturer.



Drug overdose persists as a major public health issue in the United States. In the 12-month period ending in February 2023, more than 105,000 reported fatal overdoses occurred which were primarily driven by synthetic opioids like illicit fentanyl. Naloxone is a medication that rapidly reverses the effects of opioid overdose and is the standard treatment for opioid overdose.

The approval of RiVive nasal spray for nonprescription use was supported by data from a study submitted by the manufacturer that showed similar levels of RiVive reach the bloodstream as an approved prescription naloxone product. The drug has been demonstrated to be safe and effective for use as directed in its labeling. The manufacturer also provided data that showed consumers are able to understand how to use the drug safely and effectively without the supervision of a healthcare professional.

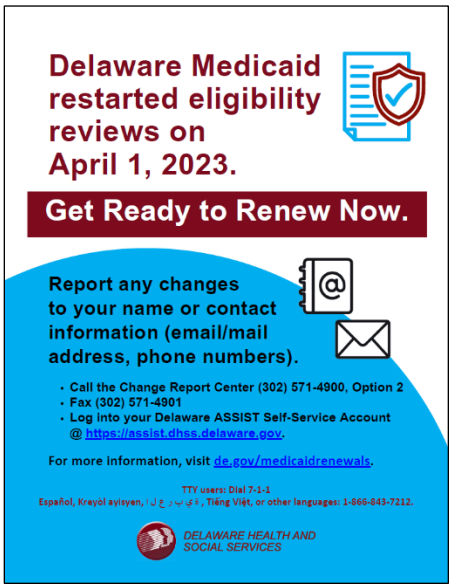
Effective August 1, 2023, DMMA updated the standing order to allow members access to this medication for use in opioid overdose.

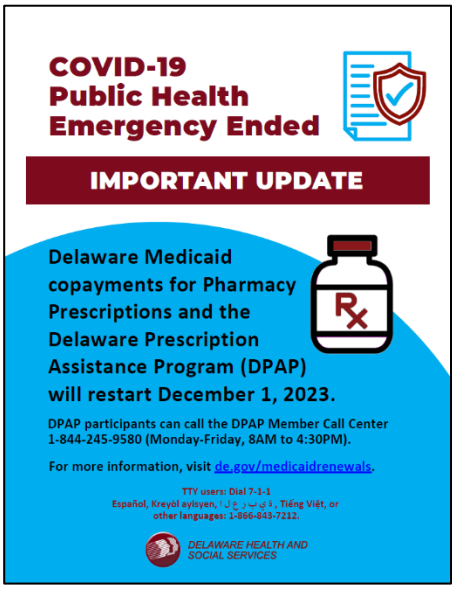
Source: https://www.fda.gov/news-events/press-announcements/fda-approves-second-over-counter-naloxone-nasal-spray-product

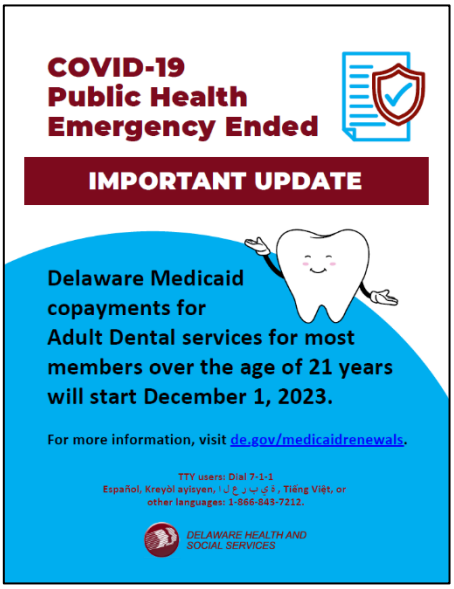
Help Us Get the Word Out

The following posters will be provided to providers and community partners to remind members that Delaware Medicaid renewals restarted on April 1, 2023, Pharmacy and Delaware Prescription Assistance Program (DPAP) (Medicare Part D) copays will restart on December 1, 2023, and Adult Dental copays will start December 1, 2023. For more information about Delaware Medicaid PHE unwinding efforts, providers and members can visit: de.gov/medicaidrenewals.

For printable versions of other PHE unwinding flyers/posters, visit the DMAP Portal Document Repository.







Notable Dates and Information

Member Eligibility

Delaware Medicaid renewals restarted **April 1, 2023**. FFS providers and MCOPs must verify member eligibility prior to providing services. FFS providers can review How-To: View and Verify a Member's Eligibility through the Provider Portal.

MCOPs should refer to their MCO provider portal handbook for information related to member eligibility verification.

Enrollment Fees

Effective **May 12, 2023**, institutional providers must submit an application enrollment fee of $688.00 at initial application, reactivation, revalidation, reenrollment, or addition of a new service location.

Provider Taxonomy Screening Level List

MCOP Taxonomy Screening Level List

Pharmacy and DPAP Copays

During the COVID-19 Public Health Emergency (PHE), Delaware Medicaid waived Pharmacy and Delaware Prescription Assistance Program (DPAP) copayments. Pharmacy and DPAP (Medicare Part D) copayments will restart **December 1, 2023**.

Pharmacy Provider Specific Policy Manual

Dental Copays

During the COVID-19 Public Health Emergency (PHE), Delaware Medicaid did not institute Adult Dental Program copayments. Adult Dental Program copayments for most members over the age of 21 years will start **December 1, 2023**.

Adult Dental Program Provider Specific Policy Manual

Children's Dental Program

The following are Dental Code changes for the Children's Dental Program only.

The following codes have been updated. The Children's Dental Policy Manual has been updated as of 05/26/2023 to include these codes.

- **Effective 12/01/2022:** CDT code D2740 age limitation 14 – 20 years; Prior authorization required.
- **Effective 12/01/2022:** CDT codes D3110 and D3120 age limitation 0 – 20 years; Once per lifetime per tooth, primary and permanent.

Adult Dental Program

Dental providers currently enrolled in DMAP/Fee for Service (FFS) in the following taxonomies can provide services to eligible adult members enrolled in FFS. **Join us to meet the growing demands of the Adult Dental Program.** Dental providers who are not currently enrolled in DMAP/FFS with the taxonomies listed below must enroll with an MCO to provide services to eligible DMAP adult members.

Provider Description	Taxonomy Code	Enrollment Type (Group and/or Individual)
Dentist	122300000X	Both
Endodontics	1223E0200X	Individual
Periodontics	1223P0300X	Individual
Prosthodontics	1223P0700X	Individual
Oral & Maxillofacial Surgery	1223S0112X	Individual

Managed Care Organization (MCO) Enrollment

Dental providers who want to provide adult dental services to members in the Delaware Medicaid managed care population **must** enroll with an MCO. For additional information, please see the MCO contact information below.

- AmeriHealth Caritas: 1-855-707-5818
- Delaware First Health: 1-877-236-1341, Option 3, then Option 4
- Highmark Health Options: 1-844-325-6251; Secure Email

For additional information regarding the Division of Medicaid and Medical Assistance (DMMA) Adult Dental Program, click HERE.

DMAP Dental Manuals

The DMAP launched the Adult Dental Program Provider Specific Manual on 10/01/2020. The Dental Provider Specific Manual is now the Children's Dental Program Provider Specific Manual, effective 10/01/2020. The former Dental Provider Specific Manual has been archived for reference.

Early Periodic Screening, Diagnosis & Treatment Corner

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) and Delaware Healthy Children Program (DHCP) Program Compliance Update

Delaware is committed to ensuring that all children, including those with complex medical needs, have access to the most comprehensive care for their individual medical needs. In collaboration with various stakeholders, including Delaware's Children with Medical Complexity Advisory Committee (CMCAC), the Division of Medicaid and Medical Assistance (DMMA) will provide new Respite and SDAC Services to children with medical complexity.

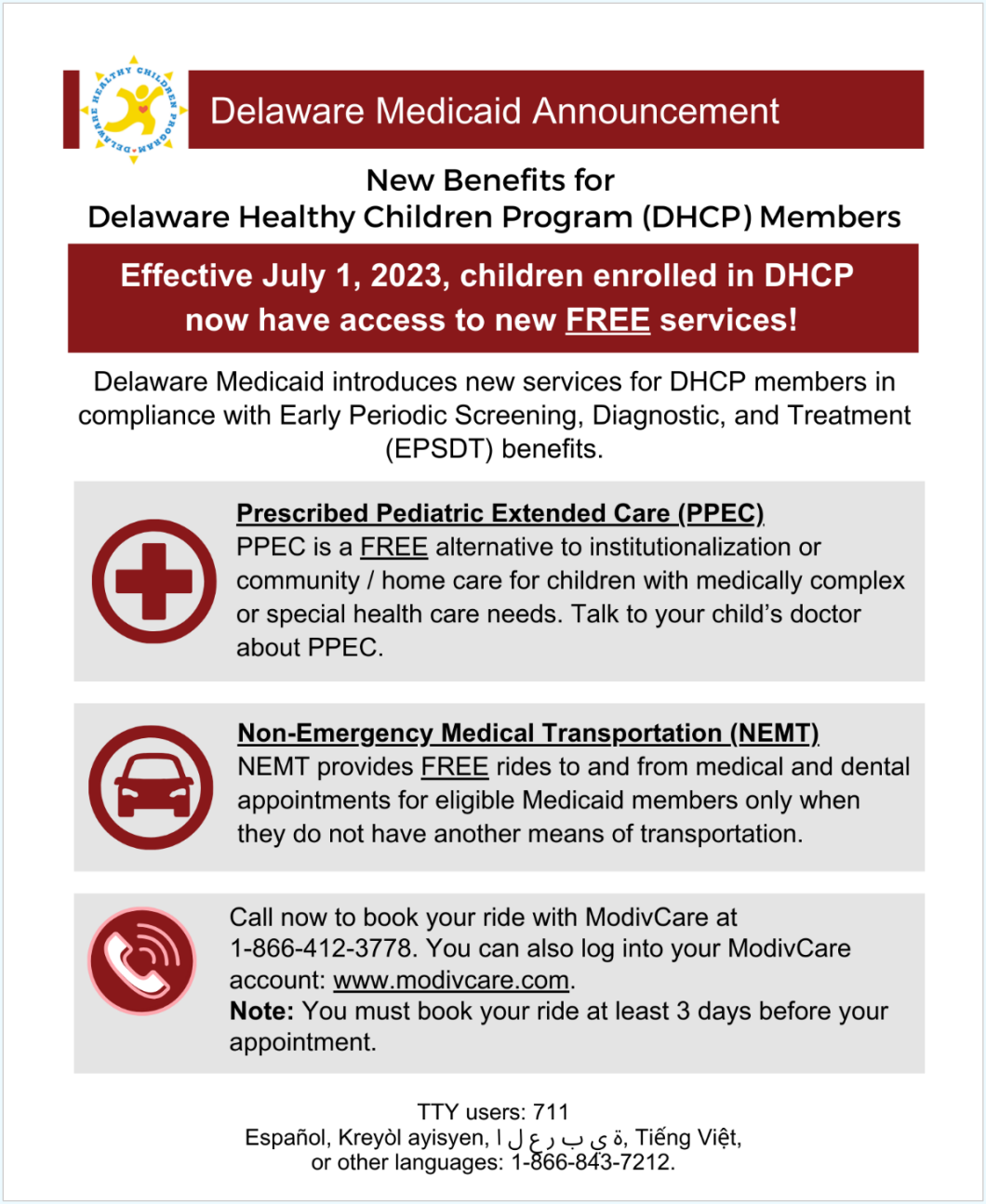
Effective January 1, 2023, Delaware Managed Care Organizations (MCOs) began providing Respite and Self-Directed Attendant Care (SDAC) services for eligible children and adolescents up to age 21, including individuals with Autism Spectrum Disorder (ASD).

- **Respite services** are services provided on a short-term basis to allow temporary relief from caretaking duties for a child's primary unpaid caregiver, parent, court-appointed guardian, or foster parent. Respite services may be available up to 24 hours a day, any time, and up to 7 days a week. Respite services may include support in the home, after school, or any combination of the above. The types of respite services available are In-Home Unskilled Respite, In-Home Skilled Respite, Out of Home Respite, and Emergency Respite.
- **SDAC services** are services that allow parents and guardians a self-directed option compliant with the Medicaid State Plan to provide personal care (attendant care) services to children or young adults up to age 21 years. The self-directed option gives families the option to hire a caregiver of their choosing, such as a neighbor, friend, or family member (including a legally responsible family member).

For additional information and updates, check the links below:
Delaware Medical Assistance Portal
Children with Medical Complexity Website
Resources for Families, Providers, and Others Involved in the Care of Children with Medical Complexity

Early Periodic Screening, Diagnosis & Treatment Corner (continued)

The following poster is being shared with members to announce that Delaware Medicaid introduced new services for Delaware Healthy Children Program (DHCP) members in compliance with Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. **Effective July 1, 2023**, children enrolled in DHCP have access to new FREE services.



For more information about these benefits, members can visit:

- Care of Children with Medical Complexity: https://dhss.delaware.gov/dhss/dmma/cmc_resources.html
- Non-Emergency Medical Transportation (NEMT): https://dhss.delaware.gov/dmma/medical.html

USPSTF Recommendations

Delaware Medicaid provides coverage and reimbursement of all preventative services assigned either grade A or B by the United States Preventive Services Task Force (USPSTF). Click HERE for the comprehensive listing of USPSTF recommendations.

Recommendations with a grade of either A or B

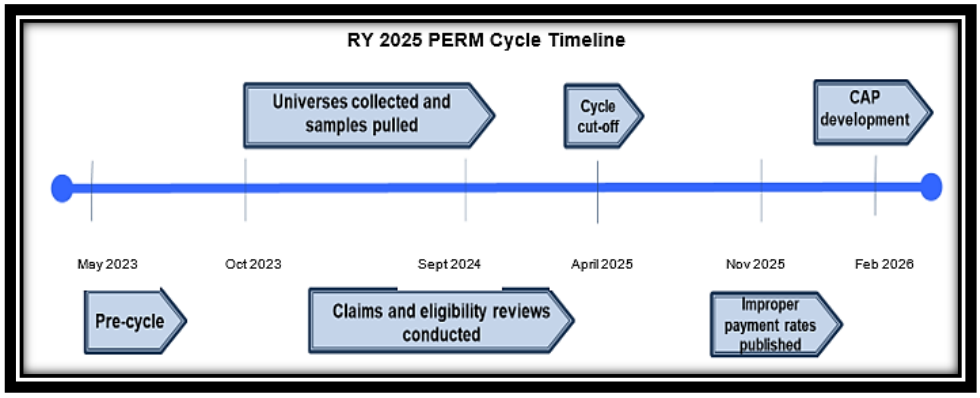
Topic	Description	Grade	Release Date of Current Recommendation
Hypertensive Disorders of Pregnancy: Screening: asymptomatic pregnant persons	The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	B	September 2023
Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication: persons who plan to or could become pregnant	The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.	A	August 2023
Prevention of Acquisition of HIV: Preexposure Prophylaxis: adolescents and adults at increased risk of HIV	The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.	A	August 2023

Task Force Issues Draft Recommendation Statement on Screening for Breast Cancer

The United States Preventive Services Task Force (USPSTF) posted a draft recommendation statement on screening for breast cancer. The Task Force now recommends that all women get screened for breast cancer every other year starting at age 40 years. This is a B grade. More research is needed on whether or not women with dense breasts should have additional screening with breast ultrasound or MRI, and on the benefits and harms of screening in women older than 75 years of age. These are I statements, meaning the balance of benefits and harms cannot be determined. The use of the term women in this draft recommendation includes cisgender women and other people assigned female at birth.

Breast cancer is the second most common cancer and the second most common cause of cancer deaths for women in the United States. While the Task Force has consistently recognized the lifesaving value of mammography, the previous recommendation was that women in their 40s make an individual decision about when to start screening based on their health history and preferences. In this new recommendation, the Task Force now recommends that all women get screened starting at age 40. This change could result in 19 percent more lives being saved.

PERM Cycle RY25 Updates



The State has received the Corrective Action Plan (CAP) acceptance letter from CMS. The next step is for the State to develop and execute the CAP. Meetings with CMS for the RY25 PERM cycle have begun.

PERM Cycle Progression

- The process of sampling, reviewing payments, calculating, and reporting improper payment rates takes more than 2 years.
- Fee-for-service (FFS) claims and managed care capitation payments are collected for a full year: July 1, 2023 through June 30, 2024.
    - Payments will receive a Data Processing (DP) Review, a Medical Review (MR), and/or an Eligibility Review.
    - Findings will be used to calculate improper payment rates.
- Delaware will develop the CAP based on the findings.

IMPORTANT: Providers must submit proper medical record documentation supporting the paid claim(s) selected for the audit. The required documentation must include sufficient information to validate that provided services were medically necessary and were consistent with the specified diagnosis during the time of claim payment. If providers have questions regarding documentation, they should refer to the provider-specific policy manual. Additionally, providers must comply with all federal and state laws, regulations, and billing instructions provided under the Delaware Medicaid program pursuant to Section 1.6 Provider Contractual/Programmatic Responsibilities in the General Policy Manual.

- 1.6.1 states "A provider who signs a contract with the Delaware Medical Assistance Program (DMAP) is responsible to meet certain conditions in order to remain an eligible provider and receive payment for services rendered."
- 1.6.2 states "Providers are responsible for the accuracy, truthfulness, and completeness of all claims submitted to DMAP. The provider is further responsible for all costs associated with the preparation for the submission of claims, whether prepared or submitted by the provider or by an outside agency or service."
- Refer to Section 1.6 of the General Policy Manual for additional information regarding provider responsibilities.

CMS will collect the Federal Financial Portion (FFP) back from the State for claims where proper documentation is not submitted by providers timely. Consequently, DMMA will recoup the payment from a liable party as a PERM Recovery.

Questions?

If you have any questions or concerns regarding this program, please contact DeeGee Peterson at DeeGee.Peterson@delaware.gov, Alicia Seals at Alicia.Seals@delaware.gov, or Theodore R. Robinson, Chief of Program Integrity, DMMA, at Theodore.R.Robinson@delaware.gov.

Reminders

Vaccine for Children (VFC) – Encounter for Immunization

Diagnosis code Z23 (ENCOUNTER FOR IMMUNIZATION) may be used as a primary diagnosis code for immunizations in a physician setting when the member is in the VFC Program.

How To Update Provider Contact Information on the Provider Portal

Enrolled providers can update their contact information (i.e., phone number, mailing address) and demographic information (i.e., accepting new patients, language spoken, etc.) on the DMAP Provider Portal. Accurate contact and demographic information are invaluable to DMAP members in need of medical services.

1. Log into the Secure Portal.
2. Select Characteristics.
3. Select the plus sign (+) next to the address to be updated.
   a. The "Mail To", "Pay To", and "Home Address" can be updated on the Portal.
   b. If the Service Location changes, a new application will be required to enroll the new Service Location.
   c. Contact Information can be updated for a Service Location.
4. Select Edit.
5. Make the necessary updates and select Save.
   a. Ensure the "Mail To" address is up to date to receive DMAP administrative notifications, such as welcome letters, revalidation notifications, and administrative updates.

Delaware Medicaid Retroactive Coverage Fact Sheet

The Division of Medicaid and Medical Assistance (DMMA) has expanded the groups of individuals who are eligible for retroactive Medicaid coverage. Click HERE for information about retroactive coverage, eligible members, effective dates, and reimbursement for providers.

Provider Disclosure

Sections 6401 and 6501 of the Affordable Care Act require states to incorporate additional program integrity provisions within Medicaid and the Children's Health Insurance Program (CHIP) to prevent fraud, waste, and abuse. In compliance with Title 42 CFR §455, Subpart B, providers must complete the online DMAP Disclosure Statement of Information by Providers and Fiscal Agents upon enrollment, revalidation, re-enrollment, reactivation, and within 30 days of any change contained in the enrollment application. For more information regarding the Disclosure of Information by Providers and Fiscal Agents Statement, see the General Policy Manual and How-To Disclosure Statement of Information to be Completed by Providers and Fiscal Agents.

Provider Security Awareness and HIPAA Tips

Providers and Trading Partners provide the first line of defense in securing members' protected health information (PHI) and maintaining compliance with the Health Insurance Portability and Accountability Act (HIPAA). DMAP suggests the following security tips to prevent breaches and to combat fraud, waste, and abuse.

- Develop and maintain internal systematic training for staff regarding DMAP Portal registration privileges and HIPAA compliance.
- Review and monitor DMAP Portal user roles (administrator and delegates) and levels of access.
- Review DMAP Portal access for all employees who are on extended leave or have not logged in to the DMAP Portal within the last 180 days.
- Complete timely DMAP Portal deactivation and removal of staff access for employees who have separated employment.
- Complete annual HIPAA training for all providers and staff.
- Report ALL suspected PHI breaches and related incidents immediately via the Report Fraud SUR Referral Form link.

Need Assistance?

Phone & Fax Contacts

Provider Contacts

1-800-999-3371

Provider Pharmacy — **option 0, option 1**
***Fax 302-454-0224**

Provider Services — **option 0, option 2**
(1 – Member Eligibility; 2 – Claim Status)
***Fax 302-454-7603**

Provider Enrollment — **option 0, option 4**
***Fax 302-454-7603**

Member Contacts

1-800-996-9969

Health Benefits Manager

Delaware Cancer Treatment Program (DCTP)*

***Fax ONLY 302-454-0223**

Managed Care

Highmark Health Options

Members: 1-844-325-6251

Pharmacies: 1-844-325-6251

Providers: 1-844-325-6251

AmeriHealth Caritas Delaware

Members DSHP: 1-844-211-0966

Members DSHP Plus: 1-855-777-6617

Pharmacies DSHP: 1-855-251-0966

Pharmacies DSHP Plus: 1-888-987-6396

Providers: 1-855-707-5818

Prior Authorizations: 1-855-260-9544

Delaware First Health

Members: 1-877-236-1341

Pharmacies: 1-833-236-1887

Provider: 1-877-236-1341

Contact Us

Secure Correspondence

Log in to the Provider Portal

Email* Us

delawarepret@gainwelltechnologies.com

**Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.*

Electronic Data Interchange (EDI) Department*

DelawareECSGroup@gainwelltechnologies.com

1-800-999-3371, Option 0, Option 2

Stop Medicaid Fraud Now!

To Submit Anonymously

Call 1-800-372-2022

Or click HERE

Stay Connected!

Sign up for **Notify Me** to receive e-mail notifications about mass adjustments, special program information, program reminders, policy updates, holiday closing, and inclement weather updates.

Click **HERE** to sign up for Provider notifications.

Click **HERE** to sign up for Member notifications.

NOTE: If you are a Registered Provider/Delegate/Trading Partner, log into the Portal to update your Notify Me Subscription.