DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

Delaware Medical Assistance Program

Verify Your Notify Me Subscription Today!

We are updating our DMAP Email Notification System (Notify Me). If you are currently subscribed to receive email notifications from the Delaware Medical Assistance Program (DMAP), you must verify your email address.

If you do not verify your email address soon, you will no longer receive emails about DMAP program updates, claims and billing update, provider resources, and holiday/weather closures.

- For users who want to verify and ***have*** a Provider Portal login, click HERE to log in to your account.
- For users who want to verify but ***do not have*** a Provider Portal login, click HERE to enter your email address.

Click HERE to check out the new How-To on how to subscribe and verify your email.

In This Edition:

gainwell

You Ask, DMAP Answers (YADA)

What do providers do when they register their Medicaid Identification Number (MCD) and are designated as NonPar (Non-Participating)?

If a Managed Care Organization-Only Provider (MCOP) is identified as an Unregistered/NonPar Provider, the provider will need to reset their application on the DMAP Provider Portal with the most recent information. Providers can also contact the MCOs directly to be converted to a participating provider, as long as the MCOs have a record of the provider's MCD and the information is accurate for billing purposes.

Billing providers must register every service location and obtain a unique MCD for each service location.

*__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

Survey for Providers of Substance User Disorder (SUD) Services

DMAP invites any provider that provides SUD services to participate in an **important provider survey**. The survey asks for feedback about the types of SUD services they provide, where services are provided, guidance received from DMMA and/or the MCOs, and ways to improve services. The survey is anonymous, and it should take 10 – 15 minutes. It is being organized by Burns & Associates (HMA-Burns), DMMA's independent evaluator, and **the survey will be open until July 31, 2025**.

To take the survey, click on the link or type the address into your browser: https://healthmanagement.qualtrics.com/jfe/form/SV_43fNj6fR0DegzRk

If there are questions about, or issues with, the survey, please email dsaxe@healthmanagement.com.

There is also a separate **online member survey** for Medicaid members who have received SUD treatment services to provide feedback. All responses are anonymous. The survey is only 5 questions and can be completed within 5 minutes. **The survey will be open until July 31, 2025.** To take the survey, members can click on the link or type the address into their browser: https://healthmanagement.qualtrics.com/jfe/form/SV_cBeuYKyvTmGoWhg.

Helpful Titles

- How-To: Submit a Pharmacy Prior Authorization Request through the Portal
- How-To: View and Verify a Member's Eligibility through the Provider Portal
- How-To: Utilize Treatment History Panels
- How-To: Provide a Third-Party Liability Lead through the Portal

Top Tips

- Provider Enrollment
- Provider Health Insurance Portability and Accountability Act

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

Delaware Medicaid Advisory Committee (MAC) & Beneficiary Advisory Council (BAC)

Delaware Medicaid is creating two important groups to help improve the Medicaid program: The Medicaid Advisory Committee (MAC) and the Beneficiary Advisory Council (BAC). The MAC and BAC aim to improve access to care, quality of services, and fairness in the healthcare system. Starting **July 9, 2025**, these new groups will **replace the Medical Care Advisory Committee (MCAC)**.

The Medicaid Advisory Committee (MAC) gives advice to Medicaid about how to make and manage policies. It helps ensure programs run smoothly and meet people's needs.

The Beneficiary Advisory Council (BAC) shares their experiences to help improve Medicaid. The group is made of people who use or have used Medicaid, as well as their family members and/or caregivers. Some BAC members will also serve on the MAC to make sure the voices of Medicaid users are heard in both spaces. The BAC was created to comply with the federal rule 42 CFR § 431.12.

The MAC and BAC groups advise Medicaid on:

- What services should be covered
- How to improve the quality of care people receive
- How Medicaid communicates with members and providers
- How well Medicaid serves people from different cultures or backgrounds
- How to coordinate care
- How people sign up, stay enrolled, or renew their Medicaid
- How easy it is to get services
- Other issues that impact health and healthcare

Know someone who would like to join the BAC?

Apply online: Beneficiary Advisory Council (BAC) Application – Click here

Apply by Phone: To apply by phone or ask questions, email to set a time: DMMA_MACBAC@delaware.gov

Rite Aid Closures

With many Rite Aid pharmacies closing, healthcare providers can play a central role in helping patients maintain access to medications and services. For patients, the impact is immediate and deeply personal. Many rely on their local Rite Aid not just for prescriptions, but also for vaccines, health screenings, and trusted relationships with pharmacists. For elderly individuals or those without reliable transportation, even a short drive can become a significant barrier to care.

Clear and timely conversations in person, through portals, or over the phone can help patients understand how to transfer prescriptions and where to find nearby alternatives. This support is important for individuals managing chronic conditions or facing transportation challenges who may feel overwhelmed by the change.

Rite Aid has an agreement to transfer pharmacy profiles and prescriptions to nearby pharmacies, but these may not be where the patient prefers. Independent and chain pharmacies nearby are seeing a surge in new patients, which can strain staff and lead to longer wait times. The list of which locations have transferred prescriptions and where they've been transferred can be found at: https://www.riteaid.com/new-pharmacy-location.

Rite Aid has also stated that they will keep their customer service phone lines open to assist with specific store closure information and prescription transfers.

They can be reached at 1-800-RITE-AID (1-800-748-3243, TTY 711).

Managed Care Organization-Only Providers (MCOPs)

Update: Enrollment Application Requirements for Non-Billing MCOPs

As of September 30, 2024, the Delaware Medical Assistance Program (DMAP) is compliant with the requirement to have all engaged MCOPs screened and enrolled. For providers who started the process but were not able to finish their application by September 30, 2024, *it is never too late!* You can reset your current Application Tracking number (ATN) to continue the process. If you have not yet started the registration/enrollment process, please start a new MCOP enrollment application. DMAP must screen and enroll all current and prospective MCOPs in compliance with 42 CFR § 438.602 and 42 CFR Part 455, subparts B and E, and the 21st Century Cures Act.

As part of DMAP's commitment to our provider community, an update has been made to reduce the quantity of applications that need to be submitted to DMAP. Effective immediately, Non-Billing MCOPs only need to register each NPI and Taxonomy combination at their main practice location.

- For registration purposes only, DMAP defines a "Non-Billing" provider as a rendering/attending/performing or ordering/referring/prescribing provider listed on a claim.
- Non-Billing MCOPs who have already registered additional service locations do not need to take any action at this time.
- No update is being made for Billing MCOPs. Billing MCOPs are still required to register each service location where services are rendered.
- For registration purposes only, DMAP defines "Billing" provider as the group or business entity being reimbursed for services rendered to the member.

MCOPs whose claims were suspended and/or denied can reset their terminated Medicaid Identification Number (MCD) at any time. For reset instructions, see How-To: Submit a RESET Request for an Application Tracking Number (ATN).

MCO providers who have not yet started the registration/enrollment process can start at any time. For new application instructions, see How-To: Enrollment Guide for New MCO Network Providers.

As a reminder, the Social Security Act §1932(d)(6)(A) mandates that "*a state shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title (or under a waiver of the plan) and who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider's identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider*."

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 or email at delawarepret@gainwelltechnologies.com.

Managed Care Organizations (MCOs) for 2025

The Delaware Department of Health and Social Services (DHSS) selected three managed care companies to operate its Medicaid Managed Care Program. Highmark Health Options Blue Cross Blue Shield began operating in Delaware in 2015. AmeriHealth Caritas started in 2018. Centene's Delaware First Health joined the DHSS family in 2023.

The three managed care organizations provide additional options for 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
DentaQuest: 1-800-372-2022

Delaware First Health
1-877-236-1341
Centene Dental: 1-833-236-1886

Highmark Health Options
1-844-325-6251
United Concordia: 1-800-372-2024

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 (TTY 711).

DCTP Prior Authorization

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 DMAP Provider 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 (TTY 711).

Medicaid Credit Balance Reporting (MCBR)

DMAP provider portal submission of the MCBR went live on April 1, 2021. Here are a few reminders:

- **MCBRs must be submitted via the DMAP Provider Portal. No paper MCBR forms will be accepted.**
- MCBRs are only required when the identified provider reaches the $10,000.00 threshold for the yearly quarter.
- The MCBR panel will display the quarters that require an MCBR.
- A separate MCBR submission is required for each service location.
- Providers are encouraged to contact Provider Services at 1-800-999-3371 for MCBR-related questions.

Federal regulations require that all benefits available through other party payers be exhausted since the Medicaid Program is the payer of last resort.

The Centers for Medicare and Medicaid Services (CMS) conducted reviews in several states to determine if federal requirements are being met. CMS has discovered instances where Medicaid funds were being retained by providers, even though other third-party payment sources had made payments for the same service. The reviews revealed that many patient records indicated credit balances in cases where the Medicaid Program was the secondary payer. In many cases, the provider billed the Medicaid Program and a third-party payer. Payments made by a third-party payer were credited to patient accounts, along with payments received from the Medicaid Program. However, the appropriate refunds were not made to the Medicaid Program.

When both a third-party payer and the Medicaid Program make payments to a provider, the provider is obligated to immediately refund the appropriate credit balances to the Medicaid state agency. To ensure that Medicaid properly recovers improper or excess program payments resulting from patient billing or claims processing errors, the Delaware Medical Assistance Program (DMAP) established an MCBR requirement. CMS has similarly mandated credit balance reporting requirements under the Medicare Program.

DMAP requires all in-state and out-of-state enrolled providers to submit a quarterly MCBR to the Delaware Medicaid Surveillance and Utilization Review (SUR) Unit via the DMAP Provider Portal. **No paper MCBR forms will be accepted**. This quarterly MCBR submission is a requirement for all in-state and out-of-state providers who were paid greater than $10,000 in the quarter (for either in-patient and/or outpatient services, in the case of hospital providers) by DMAP. Providers are responsible for identifying when the $10,000 payment threshold has been satisfied for each quarter. The MCBR must be submitted even when there are no credit balances on Medicaid accounts at the close of business in the reporting period.

Providers required to submit a quarterly MCBR include:

Acute Care Hospitals	282N00000X	Home Health Agencies	251E00000X
Rehabilitation Hospitals	283X00000X	Renal Dialysis Facilities	261QE0700X
Psychiatric Hospitals	283Q00000X	Intermediate Care Facilities	313M00000X
Specialty Hospitals	284X00000X	Rehabilitation Agencies	261QR0400X
Skilled Nursing Homes (SNF)	314000000X	Day Health and Rehabilitation Services	103TR0400X

A completed MCBR must be submitted via the DMAP Provider Portal at the end of each quarter, within 30 days after the close of each calendar quarter. Refer to the General Policy Manual for MCBR guidance.

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 (TTY 711)
Hotline (After-Hours Voicemail Only): 1-800-372-2022, select option 1.
Email: SURreferrals@delaware.gov

Almost at the Finish Line!

As 2025 continues, we are well into the "soft edit" phase for EVV paid claims. Providers have been receiving remittance advices (RAs) noting that non-matching claims will be rejected once the "hard edit" phase begins.

Under the hard edit process, **beginning November 1, 2025, claims without a valid authorization/visit/paid claims match will be denied.**

The EVV team continues to communicate with providers and MCOs well in advance so there is time to prepare. The EVV team is also working diligently with our provider partners to offer education and assistance.

All providers receiving claim rejection warning(s) should contact their MCO partners, Sandata, and/or the State (where appropriate) to avoid any abrasion. Many thanks to our partners for their continued patience and cooperation!

EVV Highlights from Q1:

- 126 unique providers who provide services subject to EVV have registered with Sandata.
- 1,507,204 visits from 83 different providers are reflected in the production environment. Of these, 977,525 (97%) are in a verified/processed status (claims/visits matched).
- Progress continues in engaging with providers and our MCO partners with resolving issues related to EVV, including MCD ID alignment, proper Sandata registration, and other EVV hangups.
- The EVV team continues work with our provider and MCO partners to iron out issues related to MCD ID's and the overlap with 21st CCA guidelines.
- The EVV team's collaboration sessions with our MCO partners have continued, with the intention to address both common and unique concerns/issues and coordinate effective provider outreach.
- The team has also continued our targeted outreach to providers who we have identified as high-risk for claims matching issues. We would like to again send many thanks for the continued cooperation!

Provider Reminders:

The EVV requirement is federally mandated. All Personal Care Services (PCS) and Home Health Care Services (HHCS) providers **MUST** register with our EVV vendor Sandata or an alternate EVV vendor of their choosing. To register with 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 (TTY 711), 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

Provider Forums:

DMAP has hosted several provider forums. Slides from past forums are available on the DMMA EVV webpage. For more information and learn about future forums, visit the DMMA EVV webpage.

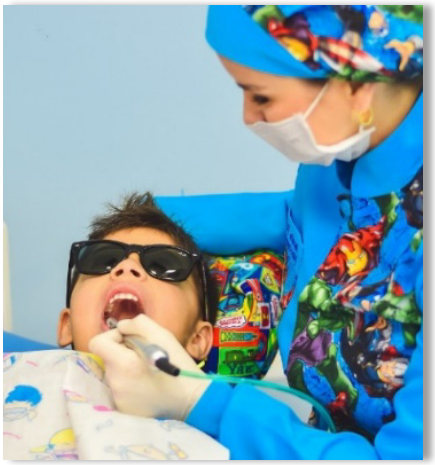
Contact Us:

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

Dental Fee Schedule

The Dental Fee Schedule is on the DMAP Document Repository.
Effective date is **April 1, 2025**.

Children's Dental Program



Effective **January 1, 2025**, the Division of Medicaid and Medical Assistance (DMMA) has contracted with Managed Care Organizations (MCOs) to provide dental services to children. Listed below is the Dental Benefit Manager (DBM) for each MCO:

- AmeriHealth Caritas
  - DentaQuest: 1-800-372-2022 or 1-877-378-5295
- Delaware First Health:
  - Centene Dental: 1-833-236-1886
- Highmark Health Options:
  - United Concordia: 1-800-372-2024

Dental providers wishing to provide dental services to children must enroll in DMAP prior to credentialing with an MCO using the taxonomies below**:**

Provider Description	Taxonomy Code	Enrollment Type (Group and/or Individual)
Dentist	122300000X	Both
Dental Anesthesiologist	1223D0004X	Both
Endodontics	1223E0200X	Both
General Practice	1223G0001X	Both
Oral & Maxillofacial Pathology	1223P0106X	Both
Oral & Maxillofacial Surgery	1223S0112X	Both
Orthodontics and Dentofacial Orthopedics	1223X0400X	Both
Pediatric Dentistry	1223P0221X	Both
Periodontics	1223P0300X	Both
Prosthodontics	1223P0700X	Both

Adult Dental Program

Join us to meet the growing demands of the Adult Dental Program. For additional information regarding the DMMA Adult Dental Program, click HERE. Dental providers wishing to provide adult dental services **must** be enrolled in DMAP and must credential with an MCO.

Provider Description	Taxonomy Code	Enrollment Type (Group and/or Individual)
Dentist	122300000X	Both
Dental Anesthesiologist	1223D0004X	Both
Endodontics	1223E0200X	Individual
Oral & Maxillofacial Surgery	1223S0112X	Individual
Periodontics	1223P0300X	Individual
Prosthodontics	1223P0700X	Individual

U.S. Poison Centers Report Rise in Pediatric Vitamin A Exposure

Over 1,000 confirmed cases of measles have been reported in 30 states in 2025, with the majority occurring in the pediatric population. Recent reports suggest that people are using vitamin A or cod liver oil in attempts to prevent the measles infection. According to America's Poison Centers, 86 cases of pediatric vitamin A exposure were reported between January 1 and March 31, 2025. This is a 38.7% increase compared to the same period in 2024.

While vitamin A supplements are generally safe to use, taking excessive amounts can lead to hypervitaminosis A (vitamin A toxicity).

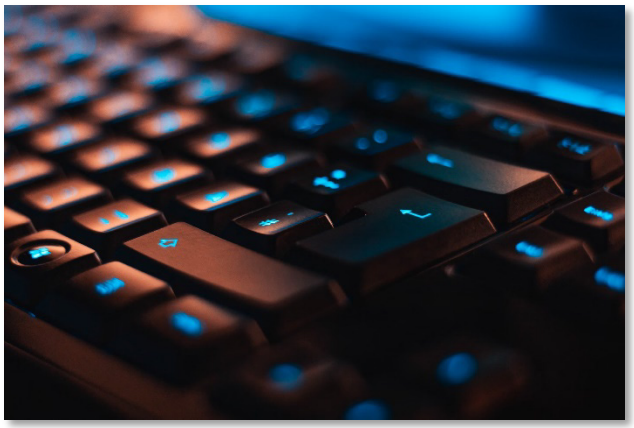
Acute Toxicity Symptoms		**Chronic Toxicity Symptoms**	
Nausea	Vomiting	Dry or Cracked Skin	Brittle Nails
Headache	Dizziness	Hair Loss	Fatigue
Irritability	Blurred Vision	Loss of Appetite	Bone and Joint Pain
Ataxia	Intracranial Hypertension	Hepatomegaly	Osteoporosis

The MMR or MMRV vaccines are still the best way to prevent measles.

See the full release from America's Poison Centers at: https://poisoncenters.org/news-alerts/13484508

DEA Warns of Electronic Prescription Fraud

The Drug Enforcement Administration (DEA) has identified illegal schemes to generate fake electronic prescriptions, or e-scripts, for controlled substances by exploiting vulnerabilities in e-script software.



Tens of thousands of fake prescriptions have been filled by pharmacies throughout the United States. The clinicians on these fake e-scripts did not know that their identities and credentials were being used to generate the e-scripts.

Prescribers should regularly check the Delaware Prescription Monitoring Program and make sure that they recognize the prescriptions listed under their credentials.

Pharmacists who suspect fraudulent activity should contact the prescriber for verification and follow their procedures for reporting.

See the DEA article for more information: https://www.deadiversion.usdoj.gov/pharmacy.html.

Early Periodic Screening, Diagnosis & Treatment (EPSDT) Corner

Preventative Pediatric Health Care Updates

Adhering to CMS Federal Guidance:

Promoting EPSDT Awareness and Accessibility and Providing Resources for Children with Complex needs

The Centers for Medicare and Medicaid Services (CMS) recently issued federal guidance entitled “Best Practices for Adhering to EPSDT Requirements”. The guidance provided state EPSDT requirements, strategies, and best practices focused on promoting EPSDT awareness and accessibility and improving care of children with specialized needs. The guidance is based on CMS’s review of/from many stakeholders, including state Medicaid agencies, managed care organizations, advocates, and caregivers.

Delaware continues to be a leader in the promotion of EPSDT awareness and flexibility, as well as efforts to improve care for children with specialized needs. Delaware’s Division of Medicaid and Medical Assistance (DMMA), in collaboration with Delaware’s Children with Medical Complexity Advisory Committee (CMCAC) and Children with Medical Complexity Workgroup, continues to develop new and strengthen existing resources for parents/caregivers, providers, and the larger community involved in the care of children with medical complexity. These resources are on the Children with Medical Complexity (CMC) Resource page and are available for families, providers, and other stakeholders. Two new resources were recently added:

- Self-Directed Attendant Care (SDAC) for Children and Pediatric - Medicaid FAQs
- Respite for Children FAQs

Visit Resources for Families, Providers, and Others Involved in the Care of Children with Medical Complexity - Delaware Health and Social Services - State of Delaware for additional information.

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
Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults: Screening: women of reproductive age, including pregnant and postpartum women	The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum.	B	June 2025
Syphilis Infection During Pregnancy: Screening: asymptomatic pregnant women	The USPSTF recommends early, universal screening for syphilis infection during pregnancy; if an individual is not screened early in pregnancy, the USPSTF recommends screening at the first available opportunity.	A	May 2025
Breastfeeding: Primary Care Behavioral Counseling Interventions: pregnant and postpartum women	The USPSTF recommends providing interventions or referrals, during pregnancy and after birth, to support breastfeeding.	B	April 2025

Opportunities for Public Comment

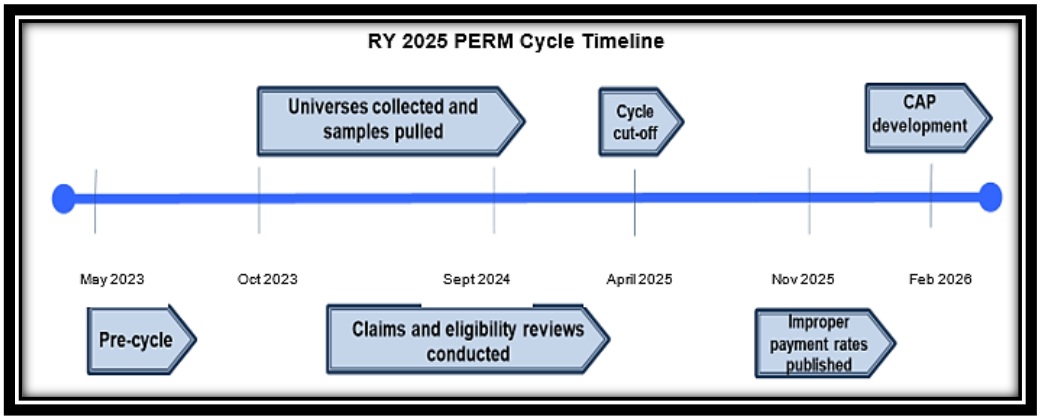
The U.S. Preventive Services Task Force (USPSTF) provides healthcare providers with an opportunity to influence the future of preventive care through its public comment process. Firsthand clinical experience and expertise are vital in ensuring that recommendations are evidence-based, practical, and applicable to diverse patient populations. The process begins when the USPSTF publishes a draft recommendation statement, accompanied by an evidence review. These drafts are made available for a defined public comment period, typically lasting a few weeks. During this time, providers and other stakeholders can submit feedback through the USPSTF website. Comments can address potential gaps, raise implementation concerns, or offer suggestions to enhance the recommendations' relevance and effectiveness.

After the comment period closes, all input is reviewed and carefully considered by the Task Force before finalizing the recommendation. This collaborative process allows healthcare providers to advocate for their patients and contribute to shaping guidelines that impact clinical practice nationwide.

Stay informed about open comment periods through the USPSTF website and take advantage of the opportunity to strengthen preventive care and shape health policy.

Payment Error Rate Measurement (PERM)

PERM Cycle RY25 Updates



The CMS PERM Review Contractors (RC) have been sending request letters for medical records to some providers. **It is important for providers to thoroughly examine any letter received from the CMS PERM RC and submit the requested information. If a provider does not submit the requested information, it will result in a Medical Review 1 (MR1), Medical Review 2 (MR2), or Medical Review 3 (MR3) error. If the request is past-due, it may already be an MR1, MR2, or MR3 error.**

To comply with the letter from CMS PERM RC, providers should:

1. Review the Claim Summary page attached to the letter that identifies the specific patient, date of service, and the service(s) selected for review.
2. Gather the documents shown on the attached Cover Sheet, which are generally the documents needed to support the billed service(s).
    a. Please be sure that documentation (Notes, Plan of Care, etc.) issued from electronic records are signed and dated (electronic signature acceptable if permitted by state regulations).
3. Once the documents are gathered, please choose ONE of the methods to submit the records/documentation to the PERM RC.

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 the claim payment. If providers have questions about 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, which include:

- 1.6.1 – "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 – "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 or Joel Riley at Joel.Riley@delaware.gov.

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) expanded the groups of individuals who are eligible for retroactive Medicaid coverage. Individuals eligible under the Delaware Healthy Children Program (DHCP) are not eligible for retroactive Medicaid. Click HERE for information about retroactive coverage, eligible members, effective dates, and reimbursement for providers.

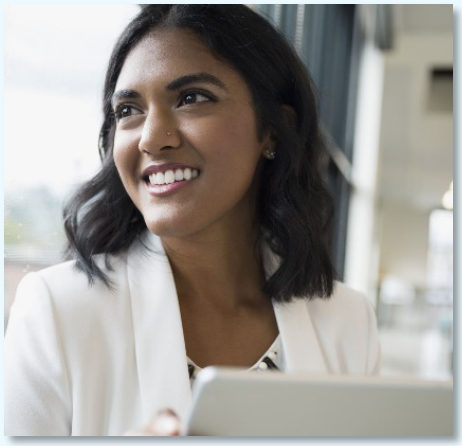
Vaccine for Children (VFC) – Encounter for Immunization

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: Subscribe to Provider Notify Me E-Mail Notifications

For providers who have NOT enrolled for an account on the Delaware Medical Assistance Portal:

1. Go to the Delaware Medical Assistance Portal: https://medicaid.dhss.delaware.gov/.
2. Select the "Notify Me" link in the left panel.
3. Enter and confirm your e-mail address. Choose which types of notifications you want to receive via e-mail.
4. When you receive a confirmation e-mail, click on the link in the e-mail to finish subscribing.



For providers who HAVE enrolled for an account on the Delaware Medical Assistance Portal:

1. Go to the Delaware Medical Assistance Portal: https://medicaid.dhss.delaware.gov/.
2. Log into the Provider Portal using your User ID and Password.
3. After signing in, users with an unverified e-mail address will be directed to the "Subscribe for E-mail Notifications" panel. A confirmation dialog box prompt will appear. Click OK.
4. Verify that the e-mail address on record is correct. If desired, add additional types of notifications.
5. When you receive a confirmation e-mail, click on the link in the e-mail to finish subscribing.

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
Dental Benefit Manager:
United Concordia: 1-800-372-2024

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
Dental Benefit Manager:
DentaQuest: 1-800-372-2022
or 1-877-378-5295
Prior Authorizations: 1-855-260-9544

Delaware First Health

Members: 1-877-236-1341
Pharmacies: 1-833-236-1887
Dental Benefit Manager:
Centene Dental: 1-833-236-1886
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.