DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

*Delaware Medical Assistance Program*


# Pharmacists May Now Enroll as Providers with DMAP!

As of **August 25, 2025**, pharmacists can enroll as providers with the Delaware Medical Assistance Program (DMAP), in accordance with Titles 18 and 29 of the Delaware Code Relating to Health Insurance, and Title 31 of the Delaware Code Relating to Pharmacist Care.

Enrollment with DMAP is required for pharmacists rendering services to receive payment for prescriptive family planning, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for Human Immunodeficiency Virus (HIV), or other health services identified and permitted by a Delaware Division of Public Health (DPH) order, rule, or regulation.

## In This Edition:







gainwell

## You Ask, DMAP Answers (YADA)

**Is Electronic Visit Verification (EVV) mandatory for personal care services (PCS) and home health care services (HHCS)?**

Yes. This requirement is federally mandated under Section 12006(a) of the 21st Century Cures Act. Starting on November 1, 2025, claims will be denied if there is no valid authorization/visit/paid claims match.

More information about this program can be found on the EVV Page in this bulletin.

*__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

## Managed Care Organization (MCO) Open Enrollment for 2026!

The Delaware Department of Health and Social Services (DHSS) selected three managed care companies to operate its Medicaid Managed Care Program. **Members have the opportunity to enroll in their choice of MCO coverage for 2026 from October 1 – October 31, 2025. Members should check with their providers to make sure the providers are in-network with their chosen Managed Care Organization.** For more information or to enroll with an MCO, members should login to their DMAP Member Portal or call the Health Benefits Manager at 1-800-996-9969 (TTY 771) (M-Th 8AM – 6PM; F 8AM – 5PM).

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

## 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 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).

## Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) program in Delaware is a federally funded initiative designed to ensure that eligible children receive recommended immunizations at no cost. Administered by the Delaware Division of Public Health, the program provides vaccines purchased by the Centers for Disease Control and Prevention (CDC) to registered healthcare providers throughout the state. These vaccines are available to children who are Medicaid-eligible, uninsured, underinsured, or American Indian/Alaska Native, as defined by the CDC. By removing financial barriers, the VFC program helps protect vulnerable populations from preventable diseases and supports public health efforts to maintain high immunization coverage.

Delaware healthcare providers who participate in the VFC program benefit from reduced out-of-pocket costs and the ability to offer comprehensive immunization services to their pediatric patients. Providers must complete an enrollment process, including a site visit to ensure proper vaccine storage and handling, and are allowed to charge a nominal administrative fee to offset operational expenses. Becoming a VFC provider also enhances the ability to serve children receiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, reinforcing the importance of delivering immunizations within the child's medical home.

**Interested providers should visit the Vaccines for Children (VFC) Provider website for more details**.

## Record Retention Requirements

All providers participating in the Delaware Medical Assistance Program (DMAP) are required to maintain records that disclose services rendered and billed under the program, and upon request, to make such records available to the Division of Medicaid and Medical Assistance (DMMA) or its representatives in substantiation of any or all claims. These records should be retained a minimum of five (5) years in order to comply with all state and federal regulations and laws.

In order for DMMA to fulfill its obligation to verify services provided to members and services that are paid for by Medicaid, providers must maintain auditable records that will substantiate the claim submitted to DMAP.

At a minimum, the records must contain the following on each member:

- Date of service
- Individual's presenting problem (diagnosis)
- Referral and/or authorization for services
- Treatment/services rendered
- Specific amount, duration, and type of service provided by a qualified professional/clinician
- Records must be legible and contain the signature of the rendering provider

Practitioners who bill DMAP for services provided to eligible members are required to verify that they actually rendered the service. The following are the documentation requirements to verify the identity of the performing provider.

- A practitioner in a solo practice is required to sign or initial medical records. DMAP requires a legible identifier for any services ordered or provided.
- A performing provider in a group practice is required to sign or initial medical records. DMAP requires a legible identifier for any services ordered or provided.
- Practitioners enrolled with the DMAP must countersign the services performed by the interns or residents they oversee or supervise.
- Providers are required to submit the corresponding 11-digit National Drug Code (NDC) of the actual product administered when billing for a HCPCS procedure code that is for a pharmaceutical.

Penalty:

If a provider's records do not substantiate services paid for under DMAP, as previously noted, the provider will be required to refund to DMAP monies received for any non-substantiated service.

Providers are encouraged to review their provider's contract agreements and the General Policy Manual for additional information regarding the retention of the members' records.

**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

## Coming in Hot!

DMMA continues the "soft edit" phase (began 7/31/2024) for EVV paid claims where provider partners have been receiving remittance advice explaining that non-matching claims will be rejected once the "hard edit" phase begins. We are now within 90 days of this final milestone for this "hard edit" (beginning 11/1/2025), where claims will be denied without a valid authorization/visit/paid claims match. The EVV team continues to communicate with providers and MCOs well in advance so there is time to prepare. The EVV team is also still working diligently with our provider partners to offer/provide as much education and assistance as possible so that the "hard edit" process is smooth and avoids as many potential issues as possible. **It is strongly encouraged that providers receiving claim rejection warning(s) be expedient in contacting their MCO partners, HHAeXchange (formerly Sandata), and/or the State (where appropriate) to avoid any issues.**

**EVV Highlights from Q2:**

- 142 unique providers who provide services subject to EVV have registered with HHAeXchange.
- 1,855,013 visits from 96 different providers are reflected in the production environment. Of these 1,808,550 (97%) are in a verified/processed status (claims/visits matched).
- Progress continues in engaging with providers and our MCO partners to resolve issues related to EVV, including MCD ID alignment, proper HHAeXchange registration, and other EVV hangups.
- The EVV team has been very successful in helping our provider partners iron out lingering issues with MCD ID registration(s) and other related issues where providers communicate their unique problems/concerns.
- 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.

**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 HHAeXchange or an alternate EVV vendor of their choosing. To register, please visit the 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 HHAeXchange/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.

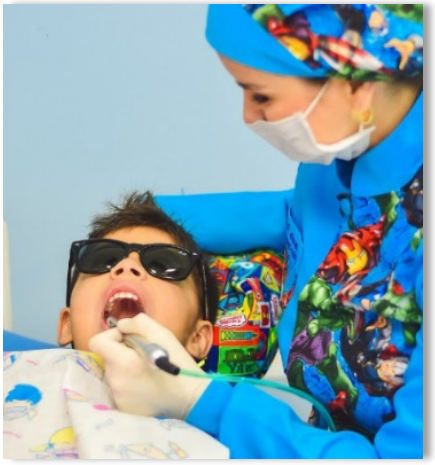
**Contact Us:**

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 |

## New FDA Requirements for Opioid Pain Medication Labeling

The U.S. Food & Drug Administration (FDA) has issued updated labeling requirements for all opioid analgesics, aimed at improving clinical decision-making and patient safety. These revisions mandate that prescribing information now include clearer summaries of data regarding the risks of addiction, misuse, and overdose associated with prolonged opioid use. Claims of long-term efficacy that lack robust evidence have been removed, aligning the labeling more closely with current scientific understanding. This change is intended to support more evidence-based prescribing and help clinicians better communicate the risks to patients during chronic pain management.

Additionally, the new labeling emphasizes the increased risks associated with higher opioid dosages and the importance of individualized tapering strategies. Abrupt discontinuation in physically dependent patients is now explicitly discouraged, with guidance added to mitigate withdrawal and other adverse outcomes. Manufacturers are required to submit updated labeling within 30 days for FDA review. These changes reflect a broader effort to ensure that opioid prescribing is guided by the most current data and clinical best practices, reinforcing the role of pharmacists and physicians in optimizing pain management while minimizing harm.

Read the press release from the FDA here: https://www.fda.gov/news-events/press-announcements/fda-requires-major-changes-opioid-pain-medication-labeling-emphasize-risks

## FDA to Address Thyroid Medications

The FDA has announced its intent to take enforcement action against unapproved animal-derived thyroid medications, including desiccated thyroid extract (DTE) products such as Armour Thyroid, NP Thyroid, and Nature-Throid. These medications, derived primarily from porcine thyroid glands, have been used for over a century to treat hypothyroidism. However, they lack an approved Biologics License Application (BLA), which is now required under Section 351 of the Public Health Service Act for legal marketing in the United State. The FDA cites concerns over variability in potency, purity, and the absence of robust safety and efficacy data as reasons for the move. In contrast, synthetic levothyroxine and liothyronine are FDA-approved and considered safer and more consistent alternatives for thyroid hormone replacement therapy.

Healthcare providers are encouraged to begin transitioning patients currently using DTE products to FDA-approved synthetic options. The agency has provided a 12-month transition period to minimize disruption and allow for individualized treatment adjustments. Clinicians should be aware that abrupt changes may affect patients who have long relied on these formulations, and careful monitoring will be essential.

Please note that a new prescription may require a new or updated prior authorization. Review the Preferred Drug List for preferred agents and those that may require a prior authorization.

Read more information about the initiative here: https://www.fda.gov/drugs/enforcement-activities-fda/fdas-actions-address-unapproved-thyroid-medications

# Early Periodic Screening, Diagnosis & Treatment (EPSDT) Corner

## Recognizing National Suicide Prevention Month

Suicide is one of the leading causes of death among young people between ages 10-24 years, according to the Centers for Disease Control and Prevention (CDC) NCHS Data Brief No. 471 (June 2023) and the Centers for Medicare & Medicaid Services (CMS) CMCS Informational Bulletin published August 18, 2022. CMS also noted a decline in access to mental health services for children after the onset of the COVID-19 pandemic.

As a result of these concerns, CMS reminds providers that EPSDT services include screenings and medically necessary treatment for children's behavioral health, mental health, and substance use disorders. CMS encourages the following strategies to improve health outcomes in the above-mentioned areas:

1. Improve prevention, early identification, and engagement in treatment;
2. Increase access to treatment across the continuum of care;
3. Expand provider capacity; and
4. Increase integration of behavioral health and primary care.

For health screenings for individuals under 21 years of age, DMAP encourages providers to continue to follow the American Academy of Pediatrics' (AAP) Bright Futures Periodicity Schedule.

Crisis intervention services are available **24/7** for children under 18. The child, parent, guardian, or other individual can call **1-800-969-HELP** (4357) for the Mobile Response Stabilization Services (MRSS). *MRSS is available for children and youth regardless of income or health insurance status*.

*Quick Stats source: Youth Risk Behavior Survey Data Summary & Trends Report*

## Quick Stats

**4 in 10** high school students experience persistent feelings of hopeless or sadness.

In 2023, **29%** of high school students experienced poor mental health during a 30-day period.

**2 in 10** students seriously considered attempting suicide.

In 2023, **16%** of high school students made a suicide plan.

**1 in 10** students attempted suicide.

**2%** of students were injured, poisoned, or overdosed during a suicide attempt.

# 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

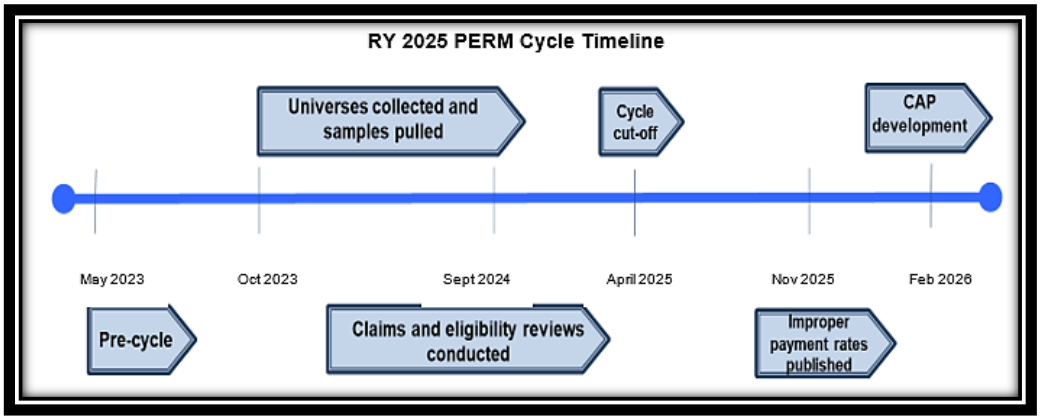
The U.S. Preventive Services Task Force (USPSTF) provides healthcare providers with an opportunity to influence the future of preventive care through its public comment process. Firsthand clinical experience and expertise are vital in ensuring that recommendations are evidence-based, practical, and applicable 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




CMS has completed its review of a sample of Delaware's Medicaid and Children's Health Insurance Program (CHIP) payments made during Reporting Year (RY) 2025 (July 1, 2023 – June 30, 2024) as part of the Payment Error Rate Measurement (PERM) program. This review fulfills federal requirements under the Payment Integrity Information Act (PIIA) of 2019.

The PERM program estimates improper payment rates for Medicaid and CHIP through a three-year cycle. Each state is reviewed once per cycle; Delaware is part of Cycle 1. The review includes:

- Fee-for-Service (FFS) claims
- Managed care capitation payments
- Payments resulting from eligibility determinations

PERM findings help CMS generate both national and state-specific improper payment rates and the results help states to correct the identified issues and drive program improvements. 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.

**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.

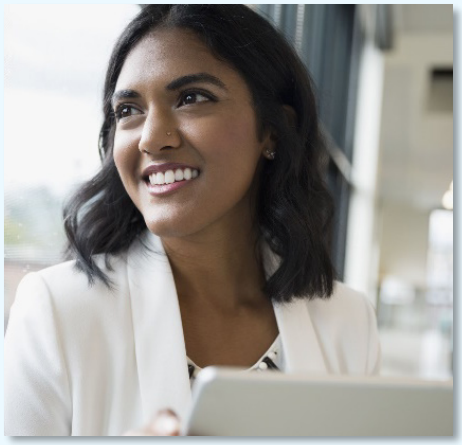
## Vaccine for Children (VFC) – Encounter for Immunization

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.