DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

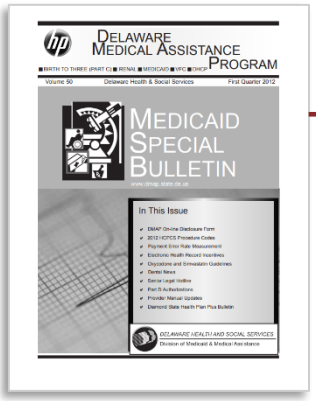
Delaware Medical Assistance Program

Celebrating the 100th Volume of the DMAP's Quarterly Provider Bulletin!

Every quarter, DMMA is pleased to present updates and important information impacting providers. Over the years, these bulletins have marked the changes in Delaware's Medicaid program. We appreciate the critical work providers do to support our members and neighbors. Thank you for all you do!

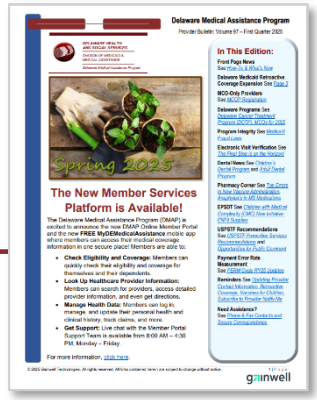
Check out the evolution of the provider bulletin in the DMAP Document Repository!

Volume 50 (2012, Q1) is the earliest version stored on the **Document Repository.**



Volume 70 (2017, Q1) transitions to full color. The headline is the **launch of the Provider Portal**!

Volume 81 (2020, Q3) announces the new **Dental program!**



Volume 97 (2025, Q1) announces the **new Member Services platform**.

In This Edition:

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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 March 31, 2026, 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 Organizations (MCO) for 2026

The Delaware Department of Health and Social Services (DHSS) selected three managed care companies to operate its Medicaid Managed Care Program.

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.

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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.

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) *.

***Applicants 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 DCTP, including prior authorization of services for those in DCTP, 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.

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Provider Review / Audits

Medicaid programs are devoting more resources to program integrity, which means providers are more likely than ever to be audited.

All DMAP providers are subject to **routine review and/or audit** by authorized representatives of the DMAP such as, but not limited to, the Surveillance and Utilization Review (SUR) Unit staff, the Medicaid or Independent Professional Review Team, Utilization Review Team, DMAP Fraud Control Unit, or independent audit firms.

Always Be Prepared for an Audit

The most important things providers can do before a review audit are the following:

- Make sure documentation is correct, organized, and accessible.
- Train staff and emphasize the importance of proper documentation.
- Ensure staff are familiar with manuals and regulations.
- Routinely perform self-audits to ensure that staff are maintaining proper documentation.

Review and/or Audit Process

If a provider is chosen for a review and/or audit, they will receive a review/audit notification letter in the mail to request that they make certain records available. The notification letter will include the requested deadline for submitting the records. If it is not possible to submit all the requested records by the deadline specified in the letter, the provider should contact the DMAP SUR Unit staff via phone, email, or letter to request a reasonable extension (see below for contact information).

When the review and/or audit is completed, the provider will receive a "Findings Letter" that explains the Nurse Reviewer's findings. The Findings Letter will identify any alleged errors or deficiencies and will identify the amount of questioned costs identified in the review and/or audit. Questioned costs represent the dollar value of the claims for services that the Nurse Reviewer determined were not appropriately documented or correctly billed. The Findings Letter will also outline the provider's Redetermination or Appeal Rights for any alleged overpayment identified in the review audit.

Do not ignore the Findings Letter and just think that the review audit will go away. Respond to the letter by the deadline specified in the letter with a payment to satisfy the overpayment or file a Request for Redetermination to provide additional documentation. If a provider files a Request for Redetermination and provides additional documentation, the provider will receive a response via a Redetermination Findings Letter that will explain the SUR Unit's decision regarding the provider's additional supporting documentation.

The last, but perhaps most important, step after a review and/or audit is to **address any problems specified in the Findings Letter**. For example, if there were problems with documentation, the provider could address the concerns by changing the procedures performed or the documents utilized. Another example, if there were problems with billing, the provider could increase oversight of the billing process.

It is important to address the review audit findings. First, addressing the review audit findings makes it more likely that the finding will not recur if the provider is chosen for another review audit in the future. Second, addressing the findings will reduce the likelihood of more serious actions, such as a suspension or referral to the Attorney General or Office of Inspector General (OIG).

More information: Please refer to Section 1.11, Section 1.12, and Appendix A of the General Policy Manual.

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

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Who Likes Extra Innings?

We continue the "soft edit" phase (as of July 31, 2024) for EVV paid claims where provider partners have been receiving remittance advice messages explaining that non-matching claims will be rejected once the "hard edit" phase begins. As you may be aware, the hard edit date is now March 31, 2026. After this date, claims will be denied without a valid authorization/visit/paid claims match.

The EVV Team continues to communicate with providers and Managed Care Organizations (MCOs) so there is time to prepare. The EVV team is still working diligently with our provider partners to provide as much education and assistance as possible. Providers receiving claim rejection warning(s) should be expedient in contacting their MCO partners, HHAeXchange (formerly Sandata), and/or the State (where appropriate) to avoid any future claims denials. Please stay tuned for any potential updates as they may/do come. Continued thanks to our partners as always for their patience, dedication, and cooperation!

EVV Highlights from Q3:

- 144 unique providers who provide services subject to EVV have registered with HHAeXchange.
- 2,062,477 visits from 104 different providers are reflected in the production environment. Of these, 2,107,492 (98%) 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 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. The team has been conducting provider calls with all MCOs and HHAeXchange representation
- The EVV team continues to collaborate with our MCO partners, addressing both common and unique concerns/issues and coordinate effective provider outreach
- The MCOs have also continued outreach to providers whom 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 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.

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

Dental Fee Schedule

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

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Beware of Potential Mix-ups between Emergency Single Use Sprays

The U.S. Food and Drug Administration (FDA) has recently approved Neffy (epinephrine). It is the first nasal spray for treating severe allergic reactions like anaphylaxis and is offered as a different option than using an EpiPen (epinephrine). It looks similar to Narcan (naloxone), which is also a nasal spray, but it is used for reversing opioid overdose. Due to similar packaging and similar-sounding names, there is potential for look-alike/sound-alike drug incidents.

Since both Neffy and Narcan are used in emergency situations, look similar, and could be stored together in the home, it is very important to educate patients on how to prevent errors. The Institute for Safe Medication Practices (ISMP) suggests telling patients to store the nasal sprays in different locations, keep them out of reach of children, and add visual clues to distinguish between the medications.

See more information about what patients can do to prevent mixing up these medications: https://www.consumermedsafety.org/safety-articles/emergency-medicines-in-single-use-nasal-spray-devices-may-be-confused

Acetaminophen Awareness Coalition Releases Education Campaign Toolkit

With ongoing questions about acetaminophen use, the Acetaminophen Awareness Coalition (AAC) has published an educational toolkit reaffirming the safe use of acetaminophen during pregnancy and for young children. The toolkit includes content for social media posts, newsletters, blogs, and websites.

The full toolkit can be found at: https://docs.google.com/document/d/1P6seD9DTW2JO2wS1Gan7vPwnnJ1yxj9v

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Early Periodic Screening, Diagnosis & Treatment (EPSDT) Corner

Preventative Pediatric Health Care: Periodicity Schedule

The Bright Futures/AAP Recommendations for Preventive Pediatric Health Care, commonly referred to as the "Periodicity Schedule," is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.

In accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program guidelines, DMMA follows the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule. EPSDT services, schedules, and initiatives are required under the Medicaid program for individuals under 21 years of age. Delaware EPSDT recipients are entitled to periodic screenings, including vision, dental, hearing, and other necessary health services, as specified under Section 1905(r) of the Social Security Act.

Recognizing the individuality of each child, these recommendations are tailored to support children who are receiving nurturing care, display no signs of any significant health concerns, and are progressing developmentally and growth-wise within expected parameters. Additional visits may be warranted based on clinical judgement, developmental milestones, psychosocial factors, or chronic health conditions. It is important to note that children and adolescents with ongoing developmental, behavioral, or medical needs may require more frequent visits for counseling and treatment separate from routing preventative care.

Healthcare providers are expected to adhere to the current AAP Periodicity Schedule when planning and delivering pediatric services. Providers are encouraged to regularly consult the AAP website for updates and detailed guidance.

Visit the AAP website for the current version of the Periodicity Schedule at: https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/

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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.

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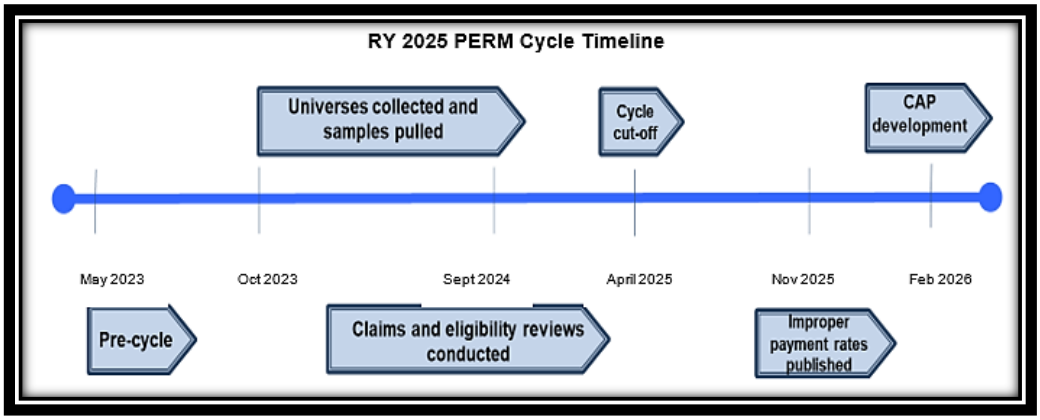
Payment Error Rate Measurement (PERM)

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 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.

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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.

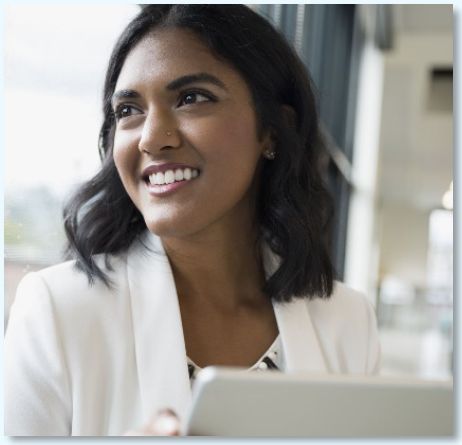
Vaccine for Children (VFC) – Encounter for Immunization

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.

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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.

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