

Frequently Asked Questions (FAQs)



DMAP Member Information

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Member Portal

What medical services are covered?

Call the phone number on your Managed Care Organization (MCO) card for help with questions about covered services.

- [Highmark Health Options](#)
 - Delaware Medicaid and Delaware Healthy Children's Program (DHCP) members and Long Term Care (DSHP Plus) members should call 1-844-245-9580.
 - Telecommunications for the Hearing Impaired (TDD/TTY) (711 OR 1-800-232-5460)
- [AmeriHealth Caritas](#)
 - Diamond State Health Plan: 1-844-211-0966
 - Telecommunications for the Hearing (TTY): 1-855-349-6281
 - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)

How do I add my newborn to my case?

- Call the Change Report Center at 1-866-843-7212 or;
- Fax the baby's birth record along with the parents' names, dates of birth and contact information to 302-571-4901.

How do I pay my CHIP premium?

1. **Website** – You can pay your CHIP premium at the following: www.paybill.com/DHCP.
2. **Telephone** – You can call 1-888-822-4530.
3. **Mail**: Delaware Healthy Children's Program (DHCP)
PO Box 38001-8001
Baltimore, MD 21298-8788

When paying your premium by mail, you can send a certified check, personal check or money order. Please include your case number when mailing your premium payment.

Call 1-844-245-9580 if you need additional assistance when paying your CHIP premium.

How do I change my managed care provider (MCO)?

You can choose an MCO at initial enrollment and open enrollment on the [DMAP Member Portal](#). Please review the services offered by each MCO—[AmeriHealth Caritas](#) and [Highmark Health Options](#). If you need additional assistance, contact the Health Benefit Manager at 1-800-996-9969.

What should I bring to my medical visit?

You should bring your Medicaid card, MCO card, and a picture ID.

Always ask your medical provider if they accept your health insurance.

How do I report Medicaid Fraud?

Report Medicaid Fraud, Waste, and Abuse at (1-800-372-2022) or by clicking the [Report Fraud](#) link on the [DMAP Member Portal](#).

You can also anonymously report Medicaid Fraud by calling the [Delaware Department of Justice](#) Healthcare Provider Fraud Hotline at (302) 577-5000.

What is the OIG?

The Office of the Inspector General (OIG) is a Federal Government Office responsible for the prevention of fraud, waste and abuse in our Nation's Health and Human Service programs, including Medicaid and Medicare programs.

What is SUR?

The Surveillance Utilization and Review (SUR) Unit is responsible for various Program Integrity initiatives within the Delaware Medical Assistance Program to identify and prevent fraud, waste and abuse. [Click here](#) to learn more about the Centers for Medicare & Medicaid Services (CMS) commitment to safeguard the health and well-being of DMAP recipients.

What is a Fair Hearing?

The Department of Health and Social Services (DHSS) provides an opportunity for a fair hearing to any person who is dissatisfied with a decision to deny, suspend, delay, reduce, or terminate benefits. A fair hearing gives applicants and recipients an opportunity for an impartial, objective review of actions taken by DHSS. When we notify anyone of any action affecting their benefits, we provide a written notice of the opportunity for a fair hearing and the method by which a hearing can be requested. You can appear for a hearing in person or you can be represented by legal counsel or by another person at a hearing.

A request for a hearing must be made in writing. When someone asks for a hearing, we prepare and submit a hearing summary to the State Hearing Office of the Division of Social Services. The fair hearing summary gives the factual and legal reason(s) for the action under appeal. When the hearing summary is received, the Hearing Office sets a date for the hearing and notifies all parties, including witnesses, by certified mail of the date, time, and place of the hearing.

Before the hearing, the applicant or recipient and his/her representative can ask to look at and copy the documents and records the State or its agent (such as a Managed Care Organization) will use at the hearing. Such requests should be made to the office where the action under appeal was taken. There is no charge for copies of records and documents needed to prepare a case for a fair hearing.

At the hearing the individual has the opportunity to:

1. Examine case records and documents;
2. Present his/her case by him/herself or with the aid of a representative or counsel;
3. Bring witnesses;
4. Submit evidence to establish all pertinent facts and circumstances;
5. Advance any argument without interference;
6. Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses;
7. Use interpreters or mechanical facilities to overcome language or other communication barriers;
8. Withdraw the request for a hearing at any time.

Decisions of Hearing Officers are based exclusively on evidence introduced at the hearing. The decision of the Hearing Officer is issued within 30 days from the date of the hearing. The decision of the Hearing Officer is the final decision of the Department of Health and Social Services. If an applicant or recipient disagrees with the decision of the Hearing Officer, he/she may ask for judicial review by Superior Court. In order to have a review of the decision by Superior Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the Hearing Officer's decision.

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Pharmacy Program

Where can I get my prescriptions filled?

Contact your local pharmacy and ask if they accept your health insurance plan.

Is my medication covered by my health insurance plan?

Refer to your MCO card for information related to pharmacy coverage.

You can also check the [Pharmacy Corner](#) of the DMAP Portal. In the Pharmacy Corner you can [Search by Drug Name](#), or you can also see if your medication is on the [Delaware Medicaid Preferred Drug List \(PDL\)](#). The Preferred Drug List includes a major portion of the medications generally covered by Medicaid.

How much do I pay for my medication?

You will never pay more than \$15.00 a month for your medications. Generally, co-payments range from \$.50 to \$3.00 for each prescription.

Not all medications have a cop-payment, and some individuals do not have a co-payment for their prescriptions. Call your MCO to determine if the co-payment applies to you.

What if I cannot afford my medication?

Notify the Pharmacy if you cannot afford your medication. Your pharmacy cannot refuse to fill your prescription when you have notified them of your inability to pay the co-payment. You will remain liable for the co-payment and you must pay your pharmacy when you are financially able.

What is the Delaware Prescription Assistance Program (DPAP)?

[Click here](#) to learn more about DPAP efforts to elderly and disabled individual pay for prescription medications.

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Dental Program

Who is eligible for Dental Coverage?

Delaware Healthy Children Program (DHCP) covers children through age 18.

Medicaid covers children through age 20.

What dental services are covered?

The following services are covered at no charge to members who currently have dental benefits and visit a participating dentist.

- Oral exams
- Cleanings
- X-Rays
- Fillings
- Extractions
- Partial and full dentures
- Root canals
- Crowns
- Oral surgery
- Orthodontic Services (Only Handicapping Malocclusion: Must qualify)

You may have to pay for the dental care if the service is provided by a dentist who is not enrolled with Delaware Medicaid or CHIP and you willingly signed a detailed consent form agreeing to pay for services not covered. Specific services require prior authorization. No treatment should begin until a response was received for the prior authorization.

Where do I find a dentist that is enrolled with Medicaid or Delaware Healthy Children Program?

The Following links provide a list of dental providers that accept both Medicaid and Delaware Healthy Children Program insurance for dental care.

[Medicaid and Healthy Children's Participating Dentist list](#)

<http://www.insurekidsnow.gov/>

[Click here](#) for more information about the DMAP Dental Program and DMAP Dental Providers.

When should I visit a dentist?

Babies need to be seen by a dentist by their first birthday or earlier if you notice any dark spots, redness, or have any other concerns. Routine dental care including dental exam, teeth cleaning, fluoride should be done every 6 months to prevent dental decay. Decay can cause infection, pain, affect school performance, self-esteem, and speech.

How do I take care of my baby's teeth?

Did you know that you could be passing cavity-causing bacteria on to your baby? Babies are not born with the germs that cause cavities - the germs come from grown-ups. This means dental disease can start with a baby's first tooth.

- Avoid sharing saliva with your baby. Don't put things in your mouth before you put them in your baby's mouth.
- Do not share spoons, forks or cups.
- Start protecting your child's smile early – the first trip to the dentist should take place by their first birthday
- Put only formula, milk or water in a baby bottle – no juice or sweet drinks.

- Don't dip pacifiers in honey or sugar, and don't clean them with your mouth.
- Never leave your child unattended with a baby bottle, especially at bedtime.
- Wean your child from the bottle by one year of age.
- Start taking care of your baby's teeth from day one:
- Before your baby has teeth, you should clean the gums with a clean, damp washcloth both morning and night.
- When teeth first appear, you can begin brushing teeth with a small, soft toothbrush and an appropriate amount of fluoride toothpaste twice a day.

Tooth decay is the most common childhood disease in the United States, yet oral health problems are nearly 100% preventable. Start these good oral health practices from the very beginning of your baby's life, and help to avoid significant problems down the road.

You have the power to prevent cavities!

Link for Delaware Oral Health Program: <http://www.dhss.delaware.gov/dph/hsm/ohppated.html>

What is a Dental Home and why is it important?

The American Academy Pediatric Dentistry (AAPD) encourages parents and other care providers to help every child establish a dental home by 12 months of age. A dental home should provide comprehensive oral health care including acute care and preventive services. Seeking care consistently with a provider that is familiar with your child and family is beneficial to your child.

If switching dental providers, make sure you sign a release to have your dental x-rays and information switched to the new dentist for continued care.

How do adults get dental care?

Contact your Managed Care Organization for questions about covered dental benefits under your policy. Adults seeking dental care can contact the following organizations for assistance.

Henrietta Johnson Medical Center – www.hjmc.org – All ages

Delaware Technical Community College – <https://www.dtcc.edu/our-campuses/wilmington/dental-health-center> – All ages

Nemours Senior Care – www.seniorcarenemours.org – Ages 65 and older

Pierre Toussaint Dental Office – www.ministryofcaring.org/support-services – Ages 19-65

Practice Without Pressure Enterprises, Inc. – www.pwpde.com – Dental care for disabled

Wilmington Hospital Dental Clinic – www.christianacare.org/dentistry – No age restriction

Delaware Hope Clinic: <https://www.hopeclinicde.com> – Ages 18-65

Nemours Senior Care Milford: 1-800-763-9326 – Ages 65 and older

La Red Health Center: www.laredhealthcenter.org – No age restrictions

Do you still have questions? See below for additional resources.

[The Division of Medicaid and Medical Assistance \(DMMA\) FAQs](#)

[Delaware Health Care Commission \(DHCC\) FAQs](#)

[Delaware 211, Online Guide to Human Services](#)

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