



DIVISION OF MEDICAID &  
MEDICAL ASSISTANCE

*Delaware Medical Assistance Program*

# **Delaware Medical Assistance Program (DMAP)**

## **Member Information**

### **Frequently Asked Questions (FAQs)**





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## **Acronyms and Definitions**

AAP	American Academy of Pediatrics	The AAP is the largest professional association of pediatricians in the United States. The AAP dedicates their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults.
CCADP	Children's Community Alternative Disability Program	The CCADP provides Medicaid coverage to severely disabled children who do not qualify for Supplemental Security Income (SSI) or other Medicaid qualifying programs because of their parents' income and/or resources. Parents wishing to apply for this program for their child should contact the nearest DMMA Long Term Care Medicaid Unit.
CMC	Children with Medical Complexity	Children with medical complexity are a subset of children and youth with special health care needs because of their extensive health care utilization. The priorities identified by the Children with Medical Complexities Advisory Group is to develop new and strengthen existing support for parents/caregivers, providers, and the larger community involved in the care of children with medical complexities.
COLA	Cost-of-Living Adjustment	The COLA is Cost-of-Living-Adjustment (COLA) is measured by the Consumer Price Index. The goal of the COLA is for Social Security and Supplemental Security Income (SSI) benefits to change and keep pace with inflation changes.
CRDP	Chronic Renal Disease Program	The CRDP provides help to Delaware residents who are diagnosed with End Stage Renal Disease. You must apply to this program, and you must meet certain medical and financial criteria to be eligible.
DCTP	Delaware Cancer Treatment Program	The DCTP pays for cancer treatment services for eligible clients for a period of up to 24 months after the date that cancer treatment is initiated, when services are provided by a Delaware Medical Assistance Provider.
DHCC	Delaware Health Care Commission	The DHCC strives to foster initiatives, design plans, and implement programs that promote equitable access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.
DHCP	Delaware Healthy Children Program	The DHCP is a low-cost health insurance program for Delaware's uninsured children. The Delaware Healthy Children Program features the same high-quality coverage you'd get with some of the best private insurance plans.



DHSS	Delaware Health and Social Services	DHSS is the state department that works with other government and non-government agencies to serve Delaware residents in need of assistance of health and social services.
DMAB	Delaware Medicare Assistance Bureau	The Delaware Medicare Assistance Bureau (DMAB), formerly known as ELDERinfo, provides free health insurance counseling for people with Medicare, including those under 65 years of age. The goal is to empower people with Medicare to better understand their options and enable them to make the best health insurance decisions for themselves.
DMAP	Delaware Medical Assistance Program	The DMAP includes medical assistance programs administered by DMMA, including: Delaware Medicaid; Delaware Healthy Children Program; Long Term Care Medicaid; Medicaid Workers with Disabilities; Home and Community Based Services; Chronic Renal Disease Program; Qualified Medicare Beneficiary Programs; Children's Community Alternative Disability Program; Transportation; and Delaware Prescription Assistance Program.
DMMA	Division of Medicaid and Medical Assistance	The DMMA is responsible for managing Medicaid as well as the other medical assistance programs.
DPAP	Delaware Prescription Assistance Program	The DPAP can help pay for prescription medications for eligible members who are elderly and/or have a disability who cannot afford the full cost of their prescriptions. You must submit an application to apply to the DPAP, and you must meet specific medical and financial criteria to be eligible.
DSHP	Diamond State Health Plan	Most people receiving Medicaid are enrolled with one of the managed care plans under the Diamond State Health Plan.
EPSDT	Early Periodic Screening, Diagnosis, and Treatment	The EPSDT benefit category / group focuses on screening and diagnostic services. These services help identify and provide treatment for the physical or mental challenges of Medicaid eligible individuals under 21 (through age 20) years. EPSDT also covers health care, treatment, and other measures to correct or treat defects and chronic conditions discovered during the screening process.
FICA	Federal Insurance Contributions Act	The Federal Contributions Act (FICA) is a federal payroll tax that is deducted from each paycheck. The FICA helps fund Social Security and Medicare programs that provide benefits for retirees, individuals with disabilities, and children.
FAQ	Frequently Asked Questions	FAQ documents include common questions that are asked about the program.



FFS	Fee-for-Service	Members enrolled in FFS, also known as Traditional Medicaid, are not enrolled with a Managed Care Organization. Their medical coverage is provided directly by the Delaware Medical Assistance Program instead of being coordinated by a Managed Care Organization (MCO).
FPL	Federal Poverty Level	A measure of income issued every year by the U.S. Department of Health and Human Services. The federal poverty level (FPL) is used to determine an individual's eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and Children's Health Insurance Program coverage.
LTC	Long Term Care	LTC services are there for members who may not be able to maintain his or her home and function independently. If an individual who is a resident of Delaware meets the medical and financial eligibility requirements, the Delaware Division of Social Services can pay for long-term care through their LTC programs.
MCO	Managed Care Organization	A Managed Care Organization (MCO) coordinates a member's medical care to ensure the member gets the medical services best suited for them.
MWD	Medicaid Workers with Disabilities	The MWD program was implemented October 1, 2009. This program is intended to assist individuals with disabilities by allowing them to work without losing health benefits.
NEMT	Non-Emergency Medical Transportation	NEMT is provided to and from medical and dental appointments for eligible Medicaid members under age 21 years, but only when a member has no other means of transportation. Transportation arrangements should be made at least 3 days before a scheduled appointment.
PPEC	Prescribed Pediatric Extended Care	PPEC is an alternative to institutionalization or community / home care for children with medically complex or special health care needs.
SSN	Social Security Number	SSN is a number that uniquely identifies an individual. The SSN has of nine digits divided into three parts, with each part usually separated by a hyphen. Ex: XXX-XX-XXX.
TTY / TDD	TeleTYpe / Telecommunications Device for the Deaf	Any type of text-based telecommunications equipment used by a person who is Deaf, Hard of Hearing, Deafblind, or who has challenges with Speech to communicate over the telephone in a way that is functionality equivalent to a traditional telephone user. These services are free.



## **General Information**

### **What kinds of medical assistance and services are covered by the Delaware Medical Assistance Program (DMAP)?**

Depending on the benefit category and program that you are eligible for, your coverage may include doctor visits, hospital care, vision, dental, long-term care, home and community-based services, mental health and substance use disorder services, transportation, and prescription drugs. Some cost-savings programs may be limited to assistance with copayments (copays), deductibles, and insurance premiums.

### **What are the different programs in the Delaware Medical Assistance Program (DMAP)?**

In the Delaware Medical Assistance Program (DMAP), there are several different Delaware Medicaid benefit categories and several different programs. These programs include Delaware Medicaid, Delaware Healthy Children Program, and many others. To learn more about the numerous programs in the Delaware Medical Assistance Program, visit the DMMA website: <https://dhss.delaware.gov/dhss/dmma/>.

### **Delaware Medicaid**

If you are enrolled in Delaware Medicaid, you are either enrolled as a Fee-for-Service (FFS) member or a Managed Care Organization (MCO) member. FFS Medicaid members receive an insurance card from only Medicaid. MCO Medicaid members receive an insurance card from Medicaid and a separate card from their MCO. To find out if you are a FFS Medicaid member or an MCO member, you can contact the Health Benefits Manager at 1-800-996-9969 (TTY 711).

### **Traditional Medicaid (Fee-for-Service (FFS) Medicaid) Members**

If you have Traditional Medicaid (Fee-for-Service (FFS) Medicaid) and have questions about what medical services are covered and where you can receive medical services, contact the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

### **Managed Care Organization (MCO) Enrolled Members**

When you first enroll in Delaware Medicaid, you can choose which MCO you want to enroll with. If you chose or were assigned to a Managed Care Organization (MCO) and have questions about covered services, call the phone number on your MCO card or visit their website.



- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid>
  - 1-877-236-1341 (TTY 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)

### **Delaware Healthy Children Program (DHCP)**

For questions about DHCP covered services, see the [DHCP section](#) in these FAQs. You can also visit the DHCP website for information about benefits, eligibility, how to apply, and other FAQs: <https://www.dhss.delaware.gov/dss/dhcp.html>.

### **Children with Medical Complexity (CMC)**

The Children with Medical Complexity (CMC) Program supports the subset of children and youth with special health care needs because of their extensive health care utilization. The CMC Advisory Group develops new and strengthens existing support for parents/caregivers, providers, and the larger community involved in the care of children with medical complexities.

For more information about this program, visit the program's website at [https://www.dhss.delaware.gov/dhss/dmma/children\\_with\\_medical\\_complexity.html](https://www.dhss.delaware.gov/dhss/dmma/children_with_medical_complexity.html).

### **Chronic Renal Disease Program (CRDP)**

The Chronic Renal Disease Program provides help to Delaware residents who are diagnosed with End Stage Renal Disease. You must apply to this program, and you must meet certain medical and financial criteria to be eligible.

The Chronic Renal Disease Program can provide payment for the unreimbursed cost of medications (prescription and over-the-counter) and nutritional supplements, including the cost of Medicare Part D prescription drug coverage. In addition, transportation may be provided to and from the dialysis unit, transplant center or possible related medical appointments. For more information about this program, visit the program's website at <https://www.dhss.delaware.gov/dhss/dmma/crdprog.html>.



## **Delaware Cancer Treatment Program (DCTP)**

The Delaware Cancer Treatment Program (DCTP) supports those who have been diagnosed with cancer by helping to cover cancer treatment costs. You must apply to this program, and you must meet certain medical and financial criteria to be eligible.

For more information about this program, visit the program's website:  
<https://dhss.delaware.gov/dph/dpc/catreatment.html>.

## **Delaware Prescription Assistance Program (DPAP)**

The Delaware Prescription Assistance Program (DPAP) can help pay for prescription medications for eligible members who are elderly and/or have a disability who cannot afford the full cost of their prescriptions. You must submit an application to apply to the DPAP, and you must meet specific medical and financial criteria to be eligible.

DPAP members pay a copay of 25% of the cost of the prescription, or a minimum of \$5. You pay the copay directly to your pharmacy, and the rest of the cost of the prescription is paid by the DPAP. The DPAP will cover up to \$3,000 per year toward medically necessary prescription drugs and Medicare Part D premiums. DPAP does not pay for diabetic supplies for Medicare recipients. For more information about the DPAP copays, see the [Pharmacy section in these FAQs](#).

For more information about this program, visit the DPAP website at  
<https://www.dhss.delaware.gov/dhss/dmma/dpap.html>.

## **Long Term Care (LTC) Medicaid Programs**

The Division of Medicaid & Medical Assistance provides several Long-Term Care services. They include:

- Medicaid Nursing Facility Care
- Medicaid Home and Community-Based Services (HCBS)
- Medicaid 30-Day Acute Care Hospital services
- Children's Community Alternative Disability Program (CCADP)
- Medicaid Out-of-State Rehabilitation Hospital Services
- Qualified Medicare Beneficiary (QMB) Programs
- Supplemental Security Income (SSI) related programs

For more information about these programs, visit the Long Term Care Medicaid Program website at <https://www.dhss.delaware.gov/dhss/dmma/ltcmedicaid.html>

## **Medicaid for Workers with Disabilities (MWD) Program**

The Delaware Medicaid for Workers with Disabilities (MWD) program became effective



October 1, 2009, thanks to the [Ticket to Work and Work Incentives Improvement Act](#). The Medicaid for Workers with Disabilities (MWD) Program provides Medicaid coverage to certain employed individuals with disabilities, between the ages of 16 and 65. The MWD Program allows members to keep their Medical Assistance while they work, even if they earn too much to qualify for other Medicaid programs. In other words, they do not have to choose between healthcare and work.

To be eligible for the MWD Program, an individual must:

- Be a Delaware resident
- Be a U.S. Citizens or Qualified Aliens.
- Be at least 16 and under 65 years of age.
- Have a disability, as defined by the Social Security Administration.
- Be employed, either full-time or part-time.
- Pay the Federal Insurance Contributions Act (FICA) payroll tax.
- Have Unearned income at or below a certain monthly amount, determined annually by DMMA. (This amount is adjusted each year based on the Social Security Cost-of-Living Adjustment (COLA).)
- Have Total countable income at or below 275% of the Federal Poverty Level (FPL).

For more information or to apply, call the Milford State Service Center at Riverwalk at 302-424-7190 (TTY: 711).

### **Other Benefit Categories and Programs in the DMAP**

For questions about other programs and their covered services, please visit the websites below:

- Division of Medicaid and Medical Assistance website:  
<https://dhss.delaware.gov/dhss/dmma/>
- Division of Medicaid and Medical Assistance Programs and Services website:  
<https://dhss.delaware.gov/dhss/dmma/medast.html>

You can also contact the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

### **Can I still get Medicaid if I have other insurance coverage?**

Many individuals with other health insurance can still be eligible for Medicaid coverage for health care services or cost savings assistance. If you are eligible for Medicaid, Medicaid is the “payer of last resort”. That means your other health insurance is “primary” and must cover the cost of services to the limit of their coverage liability first. When that limit is reached, then your Medicaid coverage will begin.



To find out if you are eligible, you can use the online screening tool at <https://assist.dhss.delaware.gov/>. You can also call the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

### **Using a phone is difficult for me. Are there other ways to get help or ask questions?**

If using the phone is difficult for you, please call 711 (Español 1-877-335-7595). Select the communication system you prefer to use, and then provide the phone number you want to call.

The following communication system services are available for free through Delaware Relay Services.

- TTY Relay
- Voice Carry-Over
- Hearing Carry-Over
- TeleBraille Relay
- Speech-to-Speech
  - If your cellphone carrier is T-Mobile, you can simply dial \*787.
- Standard Phone Use
- Captions Telephone (CapTel)
  - Requires owning a CapTel phone. Find out how to get a CapTel phone by visiting <https://delawarerelay.com/captel-services/how-to-get-captel/>.

To learn more about Delaware Relay Services and how they can help you, please visit <https://delawarerelay.com/>.

### **Can I get help in another language?**

Yes! For Español, Kreyòl ayisyen, العربية, Tiếng Việt, or other languages, call the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

If your preferred language is Spanish, you can log into your [ASSIST Self Service Account](https://assist.dhss.delaware.gov/) (<https://assist.dhss.delaware.gov/>) and update your preferences to get texts, emails, notices, and letters in Spanish.

If you speak Spanish and are blind or have low vision, are deaf or hard of hearing, or have speech challenges, please call 711 (Español 1-877-335-7595). Select the communication system you prefer to use, and then provide the phone number you want to call.



## Is there an online portal for Members?

Yes, there is a **DMAP Member Portal** where you can sign in and see your medical coverage information. You have to register for an account. Members who are 18 years and older can register for an account. However, you can only make changes to your information or household by logging into your [ASSIST Self Service Account](https://assist.dhss.delaware.gov/) (<https://assist.dhss.delaware.gov/>) or calling the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

After logging into the DMAP Member Portal, you can:

- Live chat with the Member Portal Support Team,
- Review claims and prior authorization statuses,
- Request a replacement Medicaid card,
- And more!

## How do I register for the DMAP Member Portal?

If you are already registered with the current DMAP Member Portal, you can use your current login information. If you are not already registered, go to the website <https://medicaid.dhss.delaware.gov/> and select the “Member Portal” link on the left-hand menu. Select “Register Now”. To register for an account, you will need your Member ID number (printed on your Medicaid card), full name, date of birth, and social security number. You can also register through the MyDEMedicalAssistance mobile application.

If you need help with or have questions about the Member Portal:

- **Call Us:** Member Portal Support Team at 1-844-245-9580 (TTY: 711) Monday – Friday 8:00 AM to 4:30 PM.
- **Other Languages:** Español, Kreyòl ayisyen, 中文, or other languages, call 1-844-245-9580.
- **Email Us:** [MyDelawareMedicaid\\_HD@gainwelltechnologies.com](mailto:MyDelawareMedicaid_HD@gainwelltechnologies.com)

## Is there a Mobile App for members that I can use on my phone or tablet?

Yes, there is a mobile application called **MyDEMedicalAssistance** where you can sign in and see your medical coverage information. Members who are 18 years and older can register for an account. However, you can only make changes to your information or household by logging into your [ASSIST Self Service Account](https://assist.dhss.delaware.gov/) (<https://assist.dhss.delaware.gov/>) or calling the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).



After logging onto the mobile app, you can:

- Live chat with the Member Portal Support Team,
- Review claims and prior authorization statuses,
- Request a replacement Medicaid card,
- And more!

### **How do I download the MyDEMedicalAssistance mobile app?**

You can download the **MyDEMedicalAssistance** mobile application from the Apple App Store or the Google Play Store. The mobile app will work on your smart phone or other mobile device, such as Android, Apple products, and tablets. To register for an account, you will need your Member ID number (printed on your Medicaid card), full name, date of birth, and social security number. You can also register online using the DMAP Online Member Portal.

If you need help with or have questions about the MyDEMedicalAssistance mobile application:

- **Call Us:** Member Portal Support Team at 1-844-245-9580 (TTY: 711) Monday – Friday 8:00 AM to 4:30 PM.
- **Other Languages:** Español, Kreyòl ayisyen, 中文, or other languages, call 1-844-245-9580.
- **Email Us:** [MyDelawareMedicaid\\_HD@gainwelltechnologies.com](mailto:MyDelawareMedicaid_HD@gainwelltechnologies.com)

### **How do I update my address?**

Important letters and other information may be mailed to you, and it is important to have your current address. To update your address, phone number, or other contact information, call the Change Report Center at 1-866-843-7212 (TTY 711).

### **How do I update my phone number?**

To update your phone number, address, or other contact information, call the Change Report Center at 1-866-843-7212 (TTY 711).

### **I lost my Medicaid card. What do I do?**

You can request a replacement Medicaid card. If you are 18 years or older, you can submit a request online through any of the following:

- Logging into your [DMAP Member Portal](https://medicaid.dhss.delaware.gov/member/Home/tabid/55/Default.aspx) account, (<https://medicaid.dhss.delaware.gov/member/Home/tabid/55/Default.aspx>)
- Logging into your MyDEMedicalAssistance mobile app, or
- Calling the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).



If you are under 18 years, you can call the DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

## **I lost my Managed Care Organization (MCO) card. What do I do?**

You can request a replacement MCO card. Please contact your MCO:

- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid>
  - 1-877-236-1341 (TTY/TDD: 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)

## **How do I add someone to my case?**

To add someone to your case, you can contact your local office for more information and next steps. The list of local offices is on this website:

<https://dhss.delaware.gov/dhss/dss/ofclocations.html>.

To add a newborn to your case, please call the Change Report Center at 1-866-843-7212 (TTY 711); or fax your baby's birth record (front and back sides) along with the parents' names, parents' dates of birth, and contact information to 302-571-4901.

## **How do I remove someone from my case?**

If you need to remove someone from your case, please call the Change Report Center 1-866-843-7212 (TTY 711) for information and next steps. Examples of when you need to remove someone from your case include if the individual moves out of your household or the individual is deceased.



## **How do I report that I'm pregnant?**

If you are pregnant, please call the Change Report Center 1-866-843-7212 (TTY 711) to report your pregnancy. You may be eligible for retroactive coverage for pregnancy and birth services.

## **How do I report that I gave birth, lost or ended a pregnancy, or had a change in my postpartum status?**

If recently gave birth, lost or ended the pregnancy, or had a change in your postpartum status, please call the Change Report Center 1-866-843-7212 (TTY 711). You may be eligible for retroactive coverage for pregnancy and birth services.

## **How do I add my newborn baby to my case?**

To add a newborn to your Medicaid case:

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

## **Does Delaware Medicaid cover postpartum medical services?**

Yes, the Division of Medicaid and Medical Assistance (DMMA) extended Medicaid postpartum coverage to 12 months for eligible members, effective July 1, 2022. If eligible, you may receive postpartum coverage for 12 months, regardless of the reason the pregnancy ended. Before this change, Medicaid members received 60 days of postpartum coverage.

Postpartum coverage begins on the day the pregnancy ends and continues through the last day of the month in which the 12-month period ends. Eligible members will remain eligible for ongoing postpartum healthcare coverage, even if there are changes that may affect their eligibility (ex: change in income, change in household/family unit).

However, 12-month postpartum coverage is not available for the following members:

- Members who received only emergency labor and delivery services; or
- Members who are not otherwise eligible for Medicaid (i.e., you cannot apply and be found eligible for Medicaid for only the postpartum period).

For more information, you can read the [Press Release: Delaware Extends Postpartum Medicaid Coverage to 12 Months](#).



## How do I choose or change my Managed Care Organization (MCO)?

When you first enroll, you can choose which MCO you want to enroll with. If you do not choose you, you will be assigned to one. Please look at the services offered by each MCO as you make your decision. If you need more help, contact the Health Benefit Manager at 1-800-996-9969 (TTY 711).

- [AmeriHealth Caritas](https://www.amerihealthcaritasde.com/) (<https://www.amerihealthcaritasde.com/>)
- [Delaware First Health](https://www.delawarefirsthealth.com/) (<https://www.delawarefirsthealth.com/>)
- [Highmark Health Options](https://www.highmarkhealthoptions.com/) (<https://www.highmarkhealthoptions.com/>).

If you are already enrolled in an MCO and would like to switch your MCO to a different one, you can do so during the Annual Open Enrollment period, usually October of each year. If you have a good cause reason to switch MCOs, contact the Health Benefits Manager at 1-800-996-9969 (TTY 711) and provide your reason for wanting to switch.

## I am no longer eligible for Delaware Medicaid or the Delaware Healthy Children Program (DHCP). What can I do?

If you are no longer eligible for Delaware Medicaid or (DHCP), there are many resources and organizations that can help you.

You can visit [ChooseHealthDE.com](https://www.choosehealthde.com) for information about available health insurance plans on the Health Insurance Marketplace.

[Delaware 211](https://www.delaware211.org) (United Way) can help connect you to resources throughout the state. Their services are free, confidential, and available in multiple languages.

- Visit their website <https://delaware211.org>
- Call 211 or toll free 1-800-560-3372 (TTY 711) (Monday through Friday, 8:00a.m. to 9:00p.m. and Saturday, 9:00 a.m. to 5:00 p.m.)
- Text your zip code to 898-211
- Online chat at <https://delaware211.org>
- Email to <mailto:info@delaware211.org>

[Delaware Medicare Assistance Bureau \(DMAB\)](https://www.insurance.delaware.gov/divisions/dmab) provides free health insurance counseling for people with Medicare, including those under 65 years of age.

- Visit their website <https://insurance.delaware.gov/divisions/dmab/>
- Call 1-800-336-9500 or 1-302-674-7364 (TTY 711)

In Delaware, there are two agencies with staff called Marketplace Navigators who will help you learn about and enroll in the health plans on the [Federal Health Insurance Marketplace](https://www.healthcare.gov/) (<https://www.healthcare.gov/>). These agencies are [Quality](#)



[Insights](#) and [Westside Family Healthcare](#). They can help you find and choose the best health insurance plan.

- Westside Family Healthcare:
  - New Castle County: 302-472-8655
  - Kent or Sussex Counties: 302-678-2205
  - Visit their website [www.westsidehealth.org/marketplace/](http://www.westsidehealth.org/marketplace/)
- Quality Insights:
  - Statewide: 1-844-238-1189
  - Visit their website [www.DEHealthPlanConnect.com](http://www.DEHealthPlanConnect.com)

### **How do I find a Dentist, Physician, or Specialist who accepts Medicaid or DHCP?**

Children dental services are provided through Delaware Medicaid Fee-for-Service (FFS). Visit the DMAP Member Portal or contact the Health Benefit Manager at 1-800-996-9969 (TTY 711).

- Insure Kids Now: <https://www.insurekidsnow.gov/coverage/de/find-a-dentist/index.html>
- DMAP Member Portal: <https://medicaid.dhss.delaware.gov/member/Home/tabid/55/Default.aspx>
- MyDEMedicalAssistance mobile app

Adult dental services are provided through your Managed Care Organization (MCO). Visit your MCO's website or call the phone number on your MCO card. Your MCO card is sent to you by the MCO that you chose.

- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/eng/find-provider/index.aspx>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid/find-a-provider.html>
  - 1-877-236-1341 (TTY: 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)



## **What should I bring to my medical visit?**

You should bring your Medicaid card, Managed Care Organization (MCO) card (if you have one), and a picture ID. Before you make an appointment or go to your appointment, always ask your medical provider if they accept your health insurance. Your MCO card is sent to you by the MCO that you chose.

## **I need help getting to my appointment. What can I do?**

If you are eligible for non-emergency medical transportation, you can contact ModivCare (formerly LogistiCare) by calling 1-866-412-3778 (TTY 711). You can also book a ride through their website [www.ModivCare.com](http://www.ModivCare.com). To book a ride:

- You must schedule your ride at least 3 business days before your appointment to schedule your ride.
- You will need to know the street address, city, and ZIP code for the location of your appointment.
- You must have your Medicaid member ID number when you call to schedule your ride.

## **My medical treatment was denied, limited, reduced, or terminated. What can I do?**

If your medical or other services were denied, limited, reduced or terminated, and you disagree, you can file an appeal with your Managed Care Organization (MCO). An appeal can also be filed by your authorized representative or your provider.

## **What is an appeal?**

An appeal is a request for the MCO to review their decision, and it must be filed with the MCO within 60 calendar days after the date printed on the notification that the medical services were denied, limited, reduced, or terminated.

## **How do I file an appeal?**

For information on the appeal process and requirements, see your MCO member handbook:

- AmeriHealth Caritas Member Handbook:  
<https://www.amerhealthcaritasde.com/member/eng/handbook/index.aspx>
- Delaware First Health Member Handbook:  
<https://www.delawarefirsthealth.com/members/medicaid/resources/handbooks-forms.html>
- Highmark Health Options Member Handbook:  
<https://www.highmarkhealthoptions.com/members/benefits-resources.html>



### **Who can file an appeal for medical services?**

An appeal can be filed by you (the member), your authorized representative, or your provider.

### **My medical benefits were changed, and I disagree. What can I do?**

If your medical benefits were changed, such as being moved to a different benefits category, and you disagree, you can request a fair hearing with the Delaware Health and Social Services (DHSS) (the State).

### **My Medicaid case was closed, and I disagree. What can I do?**

If your Medicaid case was closed and you disagree, you can request a fair hearing with the Delaware Health and Social Services (DHSS) (the State).

### **What is a fair hearing?**

A DHSS Fair Hearing is an opportunity for an impartial, objective review of actions taken by DHSS that changed your benefits. You can request a fair hearing if your benefits category changed or if your Medicaid case closed.

### **How do I request a fair hearing?**

When DHSS takes any action that affects your benefits, such as changing your benefits category or closing your Medicaid case, DHSS will send you a written notice letter. The letter will include information on how to request a Fair Hearing. If you want to request a Fair Hearing, follow the instructions on the notice letter and submit the completed information to your caseworker. A request for a Medicaid Fair Hearing must be made in writing.

### **What is the fair hearing process?**

You can appear for a hearing in person, virtually, or you can be represented by legal counsel or by a personal representative. Since the COVID-19 Public Health Emergency ended, the request for a fair hearing must be made within 90 calendar days of the action taken by DHSS (i.e., the date on your notice letter). You can withdraw the request for a fair hearing at any time.

Before the hearing, you and your representative can ask to look at and copy the documents and records the State or its agent will use at the hearing. These requests for documents should be sent to the office that issued the notice letter. There is no charge for copies of records and documents that are needed to prepare a case for a Fair Hearing.



At the hearing, you can:

- Look at your case records and documents if you request them;
- Present your case by yourself or with the aid of a representative or counsel;
- Bring witnesses;
- Submit evidence to establish all pertinent facts and circumstances;
- Advance any argument without interference;
- Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses;
- Use interpreters or mechanical facilities to overcome language or other communication barriers; and

The decision of the Hearing Officer is issued within 30 days after the hearing. The decision of the Hearing Officer is the final decision of DHSS. If you disagree with the decision of the Hearing Officer, you may ask for judicial review by Superior Court within 30 days of the Fair Hearing decision.

### **I have other questions. Where can I get more information?**

Fee-for-Service (FFS) contact information:

- Division of Medicaid and Medical Assistance website:  
<https://dhss.delaware.gov/dhss/dmma/>
- Division of Medicaid and Medical Assistance Programs and Services website:  
<https://dhss.delaware.gov/dhss/dmma/medast.html>
- ASSIST Self Service: <https://assist.dhss.delaware.gov/>
- DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.)

Managed Care Organization (MCO) contact information:

- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid>
  - 1-877-236-1341 (TTY 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)

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## **Copays and Premiums**

### **What is a copay?**

A copay, also called a copayment, is a fixed amount that you pay for a covered health care service. The amount of the copay can change for different services, like prescriptions, doctor visits, dentist visits, and specialist visits. Prescription copays are paid to your chosen pharmacy.

### **How much is the Delaware Medicaid copay for the Adult Dental Program?**

The Delaware Medicaid copay for the Adult Dental program is \$3 per visit. If you cannot afford to pay the copay, please tell your dental provider as there may be other options available.

Adult dental copays are NOT charged for the following groups:

- Younger than 21 years of age.
- Pregnant women, including postpartum period.
- Individuals eligible under the long-term care nursing facility or intermediate care nursing facility group or the acute care hospital group.
- Enrolled in hospice.

### **How much are Delaware Medicaid copays for prescriptions?**

In Delaware, copays for services can be different for each person based on their program, their income, and the type of medical visit or service. For Traditional Medicaid and Delaware Healthy Children Program, copays range from \$0.50 to \$3.00 per person per service. For prescriptions, there is a monthly cap of maximum \$15 per person for out-of-pocket expenses for copayments; so, once you pay \$15 in copays, all remaining copays will be zero (\$0) for the remainder of that month. Copays are paid to your chosen pharmacy.

If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

Pharmacy copays are NOT charged for the following groups:

- Individuals under 21 years of age
- Pregnant women, including during the post-partum period
- Individuals in the Chronic Renal Disease Program
- Long-term care nursing facility group or the acute care hospital group



- Family planning services and supplies
- Hospice services
- Naloxone opioid overdose rescue medications
- Medication-Assisted Treatment used for Opioid Use Disorder
- Smoking cessation products

## How much are copays for the Delaware Prescription Assistance Program (DPAP)?

If you are a DPAP member, you must pay a prescription copay of 25% of the cost of your prescription(s) or pay a minimum of \$5.00 for your prescription(s). Copays are paid to your chosen pharmacy. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

DPAP coverage examples below:

- Example: A prescription has a cost of \$2,000.00.
  - 25% of the cost is \$500.00.
  - Medicare Part D has a copay of \$275.00.
  - **You are responsible for paying a copay of \$275.00, because it is the lesser amount.**
- Example: A prescription has a cost of \$18.00.
  - 25% of the cost is \$4.50.
  - Medicare Part D has a copay of \$10.00.
  - **You are responsible for paying a copay of \$5.00, because the lesser amount is \$4.50 but the minimum copay is \$5.00.**
- Example: A prescription has a cost of \$150.00.
  - 25% of the cost is \$37.50.
  - Medicare Part D has a copay of \$40.00.
  - **You are responsible for paying a copay of \$37.50, because it is the lesser amount.**

Please call the DPAP Member Call Center if you have questions about prescriptions or copays: 1-844-245-9580 (TTY 711) Monday through Friday 8:00 AM to 4:30 PM.

## Who has to pay a copay?

Who pays a copay depends on your program, income, and type of medical visit or service. There are exceptions.

The following types of Medicaid members do NOT have to pay medical copays:

- Low-income children
- Pregnancy-related care
- Tobacco cessation services for pregnant women



- Tobacco cessation services
- Preventive services (all preventative services assigned a grade of A or B by the U.S. Preventative Services Task Force, all approved vaccines and their administration recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, behavioral interventions to treat Autism Spectrum Disorder)

The following types of Medicaid members do NOT have to pay pharmacy copays:

- Children (under the age of 21 years)
- Pregnant women and postpartum period
- Chronic Renal Disease Program members
- Long-term care nursing facility group or acute care hospital group
- Family planning services and supplies
- Hospice services
- Naloxone opioid overdose rescue medications
- Medication-Assisted Treatment used for Opioid Use Disorder
- Smoking cessation products

To find out if you have to pay a copay:

- If you are enrolled in Delaware Medicaid Fee-for-Service (FFS), call the DHSS Customer Relations Unit 1-866-843-7212 (Monday through Friday, 8:00 a.m. to 4:30 p.m.).
- If you are enrolled with a Managed Care Organization (MCO), call your MCO.
  - AmeriHealth Caritas
    - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
    - Diamond State Health Plan-Plus: 1-855-777-6617 (TTY 1-855-362-5769)
    - [www.amerihealthcaritasde.com/](http://www.amerihealthcaritasde.com/)
  - Delaware First Health
    - 1-877-236-1341 (TTY 711)
    - <https://www.delawarefirsthealth.com/>
  - Highmark Health Options
    - 1-844-325-6251 (TDD / TTY 711 OR 1-800-232-5460)
    - [www.highmarkhealthoptions.com/](http://www.highmarkhealthoptions.com/)

### **How do I pay a copay?**

You pay the copay directly to your provider or pharmacy, and the copay is due at the time services are provided. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.



## **What is a premium?**

A premium is a small monthly payment for health insurance coverage. The amount changes based on your program and your income.

## **Which programs have premiums?**

Effective July 1, 2024, there are no DMAP programs that have a monthly premium.

## **I still have questions. Where can I get more information?**

Fee-for-Service (FFS) contact information:

- Division of Medicaid and Medical Assistance website: <https://dhss.delaware.gov/dhss/dmma/>
- Division of Medicaid and Medical Assistance Programs and Services website: <https://dhss.delaware.gov/dhss/dmma/medast.html>
- ASSIST Self Service: <https://assist.dhss.delaware.gov/>
- DHSS Customer Relations Unit at 1-866-843-7212 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.)

Managed Care Organization (MCO) contact information:

- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid>
  - 1-877-236-1341 (TTY 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)

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## **Medicaid Fraud**

### **What is Medicaid Fraud?**

Medicaid fraud happens when a member or provider knowingly gives false information in order to get benefits or payments for themselves or others.

### **How do I report Medicaid Fraud?**

You can report Medicaid fraud, waste, and abuse by calling 1-800-372-2022, or by clicking the [Report Fraud](#) link on the [DMAP Member Portal](#) (<https://medicaid.dhss.delaware.gov/member/Home/tabid/55/Default.aspx>).

You can also anonymously report Medicaid Fraud by calling the [Delaware Department of Justice](#) Healthcare Provider Fraud Hotline at (302) 577-5000 or visiting their website at <https://attorneygeneral.delaware.gov/fraud/mfcu/>.

### **What is the Surveillance Utilization Review (SUR) Unit?**

The Surveillance Utilization Review (SUR) Unit is a unit with DMMA. The SUR Unit focuses on identifying and preventing fraud, waste, and abuse within the Delaware Medical Assistance Program. You can learn more about how the Centers for Medicare & Medicaid Services help protect the health and well-being of DMAP recipients by visiting their website: <https://www.medicare.gov/medicaid/program-integrity/index.html>.

### **What is the Office of the Inspector General (OIG)?**

The Office of the Inspector General (OIG) is a Federal Government Office that focuses on preventing fraud, waste, and abuse in Health and Human Service programs throughout the United States, including Medicaid and Medicare programs.

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## **Early Periodic Screening Diagnosis and Treatment (EPSDT)**

### **What is EPSDT?**

The Early, Periodic Screening, Diagnosis and Treatment (EPSDT) benefit focuses on screening and diagnostic services for children and youth under the age of 21 years who are enrolled in a Delaware Medicaid program. These services help identify and provide treatment for the physical or mental needs. EPSDT also covers health care, treatment, and other measures to correct or treat defects and chronic conditions discovered during the screening process.

### **Who qualifies for the EPSDT benefit?**

Children and youth under the age of 21 years (through 20 years) of age and who are enrolled in a Delaware Medicaid program qualify for the EPSDT benefit.

### **What happens when my child turns 21 years old?**

Individuals who turn 21 years old are no longer eligible for the EPSDT benefit, but they may be eligible for coverage under other Medicaid programs. For more information, contact the DHSS Customer Relations Unit at 1-866-843-7212, Option 1 (TTY 711) (Monday through Friday, 8:00 a.m. to 4:30 p.m.). Español, Kreyòl ayisyen, العربية, Tiếng Việt, or other languages: 1-866-843-7212.

### **How often should I take my child to see the doctor for a checkup?**

How often your child needs to see the doctor depends on your child's age and the type of checkup. To find out more information, visit the American Academy of Pediatrics (AAP) Bright Futures [periodicity schedule](https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/) for well-child checkups: <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>. Visit [AAP Bright Futures website](https://brightfutures.aap.org/Pages/default.aspx) to learn more about EPSDT: <https://brightfutures.aap.org/Pages/default.aspx>.

### **Is there a copayment (copay) for EPSDT well-child visits?**

There are no copays for EPSDT well-child visits.



## **Does Medicaid cover transportation to medical appointments under the EPSDT benefit?**

For eligible Medicaid members under age 21 years, Non-Emergency Medical Transportation (NEMT) is provided to and from medical and dental appointments when a member has no other means of transportation. You should make your transportation reservation at least 3 days before your scheduled medical or dental appointment.

Contact ModivCare at 1-800-412-3778 (TTY 711) or visit their website <https://modivcare.com/>.

## **What is considered “medically necessary?”**

Health services or supplies are considered to be “medically necessary” if they are needed to treat, correct, or reduce medical conditions that a doctor discovers during an EPSDT visit. “Medically necessary” is determined on a case-by-case basis.

## **Are children who are in the Delaware Healthy Children Program (DHCP) eligible for EPSDT benefits?**

Yes. Effective July 1, 2023, children who are in DHCP can receive full EPSDT coverage. The following services were added to the DHCP: Non-Emergency Medical Transportation (NEMT) and Prescribed Pediatric Extended Care (PPEC). NEMT and PPEC services will be provided to a DHCP member even if he or she is not a participant in the Children's Community Alternative Disability Program.

NEMT is transportation to and from medical and dental appointments only when a member has no other means of transportation. You should make your transportation reservation at least 3 days before your scheduled appointment. For more information about NEMT, visit the [Non-Emergency Medical Transportation \(NEMT\)](https://dhss.delaware.gov/dmma/medical.html#:~:text=Eligible%20Delaware%20Medicaid%20clients%20in,%2D866%2D412%2D3778) website at <https://dhss.delaware.gov/dmma/medical.html#:~:text=Eligible%20Delaware%20Medicaid%20clients%20in,%2D866%2D412%2D3778>.

PPEC is an alternative to institutionalization or community / home care for children with medically complex or special health care needs. For more information about PPEC, visit the [Prescribed Pediatric Extended Care \(PPEC\)](#) and [Care of Children with Medical Complexity](#) website at [https://dhss.delaware.gov/dhss/dmma/cmc\\_resources.html](https://dhss.delaware.gov/dhss/dmma/cmc_resources.html).

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## **Delaware Healthy Children Program (DHCP)**

### **What is the Delaware Healthy Children Program (DHCP)?**

The Delaware Healthy Children Program (DHCP) is a low-cost health insurance program for Delaware's uninsured children. DHCP features the same high-quality coverage you would get with some of the best private insurance plans.

### **Who is eligible for DHCP?**

A child may be eligible for DHCP if he or she:

- Is uninsured or does not have comprehensive health insurance,
- Is under the age of 19 years (through 18 years) and resides in the State of Delaware,
- Is a U.S. citizen or qualified noncitizen, and
- Meets income eligibility (at or below 212% Federal Poverty Level (FPL)). Visit the U.S. Federal Poverty Guidelines for the most current FPL:  
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

### **Is there a DHCP copay for medical services and prescriptions?**

Children enrolled in DHCP do not have to pay a copay for medical services or prescriptions, unless they have a non-emergency visit to a hospital emergency room.

### **Does DHCP have a monthly premium that I have to pay?**

Effective July 1, 2024, DHCP does not have a monthly premium.

### **Does DHCP cover transportation to medical appointments?**

Yes. Effective July 1, 2023, Non-Emergency Medical Transportation is provided to and from medical and dental appointments only when a member has no other means of transportation. You should make your transportation reservation at least 3 days before a scheduled appointment. To make a reservation, contact ModivCare at 1-866-412-3778 (TTY 711) or visit their website <https://modivcare.com/>.

For more information about NEMT, visit the [Non-Emergency Medical Transportation \(NEMT\)](https://dhss.delaware.gov/dhss/dmma/medical.html) website at <https://dhss.delaware.gov/dhss/dmma/medical.html>.



## **Does DHCP cover Prescribed Pediatric Extended Care (PPEC)?**

Yes. Effective July 1, 2023, PPEC is provided to a DHCP member even if he or she is not a participant in the [Children's Community Alternative Disability Program \(CCADP\)](#).

PPEC is an alternative to institutionalization or community / home care for children with medically complex or special health care needs. For more information about PPEC, visit the [Prescribed Pediatric Extended Care \(PPEC\)](#) and [Care of Children with Medical Complexity](#) website at [https://dhss.delaware.gov/dhss/dmma/cmc\\_resources.html](https://dhss.delaware.gov/dhss/dmma/cmc_resources.html).

## **How do I find out more information about DHCP?**

Visit the DHCP website for information about benefits, eligibility, how to apply, and other FAQs: <https://www.dhss.delaware.gov/dss/dhcp.html>.

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## **Pharmacy Program**

### **Is my medication covered?**

Please check your Managed Care Organization (MCO) card or Delaware Medicaid card for information about your pharmacy and medication coverage. Your MCO card is sent to you by the MCO that you chose (AmeriHealth Caritas, First Health Delaware, or Highmark Health Options).

You can also check the [Member Pharmacy Corner](#) on the DMAP Portal. Link to the Member Pharmacy Corner: <https://medicaid.dhss.delaware.gov/>.

In the Member Pharmacy Corner you can get more information about important announcements, tips, prescription coverage lists, and information about the Delaware Prescription Assistance Program (DPAP).

### **Where can I get my prescriptions filled?**

Contact your local pharmacy and ask if they accept your MCO health insurance or Delaware Medicaid Card.

### **Do I have to pay for my prescriptions?**

Most members pay a copay for their prescriptions. A copayment (copay) is a fee that is paid out-of-pocket directly to the provider. In other words, you pay the copay directly to your pharmacy, and your insurance pays for the rest. The copay is due at the time services or prescriptions are provided.

Copays for prescriptions can be different for each person based on their program, their income, and the type of medication or service. Not all medications have a copay, and some members do not have a copay for any of their prescriptions. If you cannot afford to pay the copay, please tell your provider or pharmacy, as there may be other options available.

If you are enrolled in a Managed Care Organization (MCO), contact your MCO to find out how much your copay is.

For Fee-for-Service (FFS) Medicaid, copays range from \$0 to \$3.00 for each prescription. You will never pay more than \$15.00 total per month for your prescriptions. So, once you pay \$15 in copays, all the copays for the rest of the month will be zero (\$0). Copays are paid to your chosen pharmacy.



Pharmacy copays are NOT charged for the following groups:

- Members under 21 years of age
- Pregnant women, including during the post-partum period
- Individuals in the Chronic Renal Disease Program (CRDP)
- Long-term care nursing facility group or the acute care hospital group
- Family planning services and supplies
- Hospice services
- Naloxone opioid overdose rescue medications
- Medication-Assisted Treatment used for Opioid Use Disorder
- Smoking cessation products

### **What if I cannot afford the copay for my prescriptions?**

If you cannot afford to pay the copay for your medication, please tell your provider or pharmacy. Your pharmacy cannot refuse to fill your prescription when you have notified them that you cannot pay the copay. You will, however, still be liable for, and must still pay, the copay. You must pay your pharmacy when you are financially able.

### **What is the Delaware Prescription Assistance Program (DPAP)?**

The Delaware Prescription Assistance Program (DPAP) can help pay for prescription medications for eligible members who are elderly and/or have a disability who cannot afford the full cost of their prescriptions. You must submit an application to apply to the DPAP, and you must meet specific medical and financial criteria to be eligible. To learn more about DPAP and the application process, visit <https://www.dhss.delaware.gov/dhss/dmma/dpap.html>.

Members must pay a copay of 25% of the cost of the prescription, or a minimum of \$5. You pay the copay directly to your pharmacy, and the rest of the cost of the prescription is paid by the DPAP. The DPAP will cover up to \$3,000 per year toward medically necessary prescription drugs and Medicare Part D premiums. DPAP does not pay for diabetic supplies for Medicare recipients.

For more information about this program, visit the DPAP website at <https://www.dhss.delaware.gov/dhss/dmma/dpap.html>.

### **If I am a DPAP member, do I have to pay a copay for my prescriptions?**

If you are a DPAP member, you must pay a prescription copay of either 25% of the cost of your prescription(s) or a minimum of \$5.00 for your prescription(s). Copays are paid directly to your chosen pharmacy. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.



DPAP copay examples below:

- Example: A prescription costs \$2,000.00.
  - 25% of the cost is \$500.00.
  - Medicare Part D has a copay of \$275.00.
  - **You are responsible for paying a copay of \$275.00, because it is the lesser amount (\$275.00 is less than \$500.00).**
- Example: A prescription costs \$18.00.
  - 25% of the cost is \$4.50.
  - Medicare Part D has a copay of \$10.00.
  - **You are responsible for paying a copay of \$5.00, because the minimum copay is \$5.00.**
- Example: A prescription costs \$150.00.
  - 25% of the cost is \$37.50.
  - Medicare Part D has a copay of \$40.00.
  - **You are responsible for paying a copay of \$37.50, because it is the lesser amount (\$37.50 is less than \$40.00).**

If you have questions about prescriptions or copays, please call the DPAP Member Call Center: 1-844-245-9580 (TTY 711) Monday through Friday 8:00 AM to 4:30 PM.

### **I still have questions about my prescriptions and copays. Who can I call?**

If you are enrolled in FFS Medicaid (not enrolled with an MCO), you should contact the Gainwell Technologies Pharmacy Call Center at 1-844-245-9580 (TTY 711), Option 1.

Managed Care Organization (MCO) contact information:

- AmeriHealth Caritas
  - <https://www.amerihealthcaritasde.com/member/>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
  - Diamond State Health Plan Plus: 1-855-777-6617 (TTY 1-855-362-5769)
- Delaware First Health
  - <https://www.delawarefirsthealth.com/members/medicaid>
  - 1-877-236-1341 (TTY 711)
- Highmark Health Options
  - <https://www.highmarkhealthoptions.com/members.html>
  - Diamond State Health Plan (DSHP) and Delaware Healthy Children Program (DHCP): 1-844-325-6251 (TTY 711)
  - Diamond State Health Plan (DSHP) Plus Long-Term Services and Supports: 1-844-325-6251 (TTY 711)

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## **Children's Dental Program**

### **Who is eligible for children's dental coverage?**

Children can get dental coverage through either the Delaware Healthy Children Program (DHCP) or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Delaware Healthy Children Program (DHCP) covers dental services for children through age 18 years (under the age of 19 years).

Delaware Medicaid covers dental services for children through age 20 years (under the age of 21 years) with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

### **What children's dental services are covered?**

The following dental services are covered at no charge for eligible children who visit a dentist who is enrolled in DMAP:

- Oral exams
- Cleanings
- X-Rays
- Fillings
- Extractions
- Partial and full dentures
- Root canals
- Crowns
- Oral surgery
- Orthodontic services (Only Handicapping Malocclusion; must qualify)

Specific services require prior authorization. No treatment should begin until a response was received for the prior authorization.

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 DHCP and you willingly signed a detailed consent form agreeing to pay for services not covered.

### **When should my child visit a dentist?**

Regular dental care, including dental exams, teeth cleanings, and fluoride, should be



done every 6 months to prevent dental decay. 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. Decay can cause infection and pain, and it may affect school performance, self-esteem, and speech. Tooth decay is the most common childhood disease in the United States, but oral health problems are nearly 100% preventable.

### **Where do I find a dentist that that is enrolled with Medicaid or DHCP?**

The following links provide a list of dentists who provide children's dental services and who accept both Medicaid and DHCP insurance:

- Medicaid and Healthy Children's Participating Dentist list: <https://medicaid.dhss.delaware.gov/member/Home/tabid/55/Default.aspx>
- Insure Kids Now: <https://www.insurekidsnow.gov/>

For more information about the DMAP Dental Program and DMAP Dental Providers, visit the [Dental Corner: https://medicaid.dhss.delaware.gov/](https://medicaid.dhss.delaware.gov/).

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

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. Dental disease can start with a baby's first tooth. Germs that cause cavities can be transferred from grown-ups to babies. Below are some tips to help keep your baby's gums and teeth healthy:

- Before your baby has teeth, you should clean the gums with a clean, damp washcloth both morning and night.
- 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.
- When teeth first appear, you can begin brushing teeth with a small, soft toothbrush and an appropriate amount of fluoride toothpaste twice a day.
- Wean your child from the bottle by one year of age.

For more information, visit the Delaware Oral Health Program: <http://www.dhss.delaware.gov/dph/hsm/ohppated.html>



## **What is a “Dental Home”, and why is it important?**

A “Dental Home” is a dental office that provides comprehensive oral health care, including acute care and preventive services. It is important for your child and family to regularly see a dentist that is familiar with them. If you switch to a different dental office, make sure you sign a release to have your dental x-rays and information switched to the new dentist to make sure you get the best care.

## **I still have questions about the Children’s Dental Program. Where do I go?**

For more information, visit the links below:

- DMAP Dental Corner: <https://medicaid.dhss.delaware.gov/>
- Delaware Oral Health Program at <https://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html>
- Find a Children’s Dental provider: [InsureKidsNow.org](https://InsureKidsNow.org)

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## **Adult Dental Program**

### **Who is eligible for adult dental services?**

The Adult Dental Program covers adults aged 21 years and older who are enrolled with a Managed Care Organization (MCO) or who are enrolled in Fee-for-Service (FFS) Medicaid.

### **What dental services are covered for adults?**

If the dentist is enrolled with the DMAP, the following dental services are covered:

- Preventative care: Exams, cleaning, x-rays, and sealants.
- Basic restorative care: Fillings and extractions.
- Limited periodontics care: Scaling, debridement, and maintenance.

Some specific services require a prior authorization. No treatment should begin until the dentist receives a response about the prior authorization.

### **Do I have to pay to see the dentist?**

You will be charged a \$3 copay by your dental provider for each visit. A copay, also called a copayment, is a fixed amount that you pay for a covered health care service. Copays are paid to your dental provider. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

### **How often can I go to the dentist?**

Check with your dental provider to ask how often you can visit the dentist and to learn about any services that have exclusions, limitations, or restrictions.

### **Is there a limit to how many dental services I can get?**

Medicaid-enrolled adults aged 21 years and older may receive up to \$1,000 of dental care per calendar year. If medically necessary, adult members may be eligible for an additional emergency benefit of \$1,500 per calendar year.



## **What if I want dental services that are not covered by the Adult Dental Program?**

If you want dental services that are not covered by the Medicaid Adult Dental Program, you must pay for them yourself out-of-pocket. The dental provider will make sure you understand which services are not covered, and they should give you an itemized cost estimate before any non-covered services are provided.

## **Can I go to any dentist that I want?**

Always ask the dental office if they accept your MCO health insurance or Delaware Medicaid before you schedule your appointment.

For other dental care resources and assistance, you can contact the following organizations:

- Christiana Care Wilmington Hospital Dental Clinic: [www.christianacare.org/dentistry](http://www.christianacare.org/dentistry) – No age restriction
- Delaware 211: <https://delaware211.org/resources/medical-care/>
- Delaware Hope Clinic: <https://www.hopeclinicde.com> – Ages 18-65 years
- Delaware Technical Community College: <https://www.dtcc.edu/our-campuses/wilmington/dental-health-center> – All ages
- Henrietta Johnson Medical Center: [www.hjmc.org](http://www.hjmc.org) – All ages
- La Red Health Center: <http://www.laredhealthcenter.org/index.cfm?ref=20200&ref2=28> – No age restrictions
- Nemours Senior Care: [www.seniorcarenemours.org](http://www.seniorcarenemours.org) – 65 years and older
- Nemours Senior Care in Milford: <http://www.seniorcarenemours.org/locations.html> or call 1-800-763-9326 – Ages 65 years and older
- Pierre Toussaint Dental Office: [www.ministryofcaring.org/support-services](http://www.ministryofcaring.org/support-services) – Ages 19-65 years
- Practice Without Pressure Enterprises, Inc.: <https://www.practicewithoutpressure.com> – Dental care for individuals with disabilities

## **I still have questions about the Adult Dental Program. Where do I go?**

For more information about the Adult Dental Program, click on the links below:

- DMAP Dental Corner: <https://medicaid.dhss.delaware.gov/>
- Delaware Oral Health Program:



<https://www.dhss.delaware.gov/dhss/dph/hsm/ohphome.html>

- Delaware Aging & Disability Resource Center Provider Search:  
<https://www.delawareadrc.com/ADRCSearch/Search.aspx>

Managed care organization contact information for the Adult Dental Program:

- [AmeriHealth Caritas](#)
  - Website: <https://www.amerihealthcaritasde.com/member/eng/index.aspx>
  - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281).
  - Diamond State Health Plan-Plus: 1-855-777-6617 (TTY 1-855-362-5769).
  - AmeriHealth Caritas Delaware Contact Information:  
<https://www.amerihealthcaritasde.com/about/contact.aspx>
  - Member Handbook:  
<https://www.amerihealthcaritasde.com/member/eng/handbook/index.aspx>
- [Delaware First Health](#)
  - 1-877-236-1341 (TTY: 711)
  - Member Handbook:  
<https://www.delawarefirsthealth.com/members/medicaid/resources/handbooks-forms.html>
- [Highmark Health Options](#)
  - 1-844-325-6251 (TDD/TYY 711 or 1-800-232-5460)
  - Highmark Health Options Member Contact Form Online:  
<https://www.highmarkhealthoptions.com/contact/member-contact.html>
  - Member Handbook:  
<https://www.highmarkhealthoptions.com/members/benefits-resources.html>

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