



**DELAWARE HEALTH
AND SOCIAL SERVICES**

**DIVISION OF MEDICAID &
MEDICAL ASSISTANCE**

Delaware Medical Assistance Program

Delaware Medical Assistance Program (DMAP) Provider Screening and Enrollment Frequently Asked Questions (FAQs)

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Background

In compliance with [42 CFR 438.602](#) and [42 CFR Part 455](#), subparts B and E, and the [21st Century Cures Act](#), Delaware Medical Assistance Program (DMAP) has developed processes to screen current and prospective Managed Care Organization (MCO) providers according to the Centers for Medicare & Medicaid Services (CMS) guidelines.

Read the Rule: <https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf>

Purpose

In this document, please find a number of Frequently Asked Questions relating to Delaware Medical Assistance Program (DMAP) Provider Enrollment Applications. Effective March 1, 2022, providers who wish to participate with a Delaware Medicaid Managed Care Organization are required to first enroll with the Delaware Medical Assistance Program. These requirements align with DMMA's provider screening and enrollment requirements.

Question	Answer
General Information	
1. Where can I find more information about Delaware's Medicaid and Medical Assistance Programs ?	Please visit the following site: Medicaid and Health Insurance
2. What is DMAP ?	DMAP refers to the Delaware Medical Assistance Program. The Division of Medicaid & Medical Assistance (DMMA) designates administrative responsibility at the operational level through the Delaware Medical Assistance Program (DMAP).

Question	Answer
3. Where do I find information about DMAP?	The Delaware Medical Assistance Provider Portal contains important information about DMAP and various programs and serves as the entry point for provider Enrollment or Revalidation with Delaware Medicaid.
Enrollment Information	
4. Where can I find more information on the DMAP enrollment process?	The Delaware Medical Assistance Portal provides important information to health care providers about the provider enrollment process for DMAP. https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx
5. What is the link to enroll with DMAP?	Providers should complete their enrollment through the DMAP Provider Portal using the following link: https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx
6. What does Screening mean?	Screening refers to CMS-required activities for enhanced Program Integrity functions to reduce fraud, waste, and abuse in the Delaware Medicaid Program. Screening is required at initial enrollment, reenrollment, revalidation, and when adding or changing service locations. Screening is conducted according to the provider's risk levels and includes additional disclosure requirements. For additional information, refer to the General Policy Manual (delaware.gov) .
7. What does Enrollment mean?	Enrollment refers to the process to complete CMS-required screening for providers participating in Delaware Medicaid. This includes Fee-for-Service providers (submit claims directly to Delaware Medicaid) and Managed Care Organization providers (submit claims to the Managed Care Organization(s) they contract with).

Question	Answer
8. What does successful Enrollment mean?	Successful enrollment means that the provider successfully completed the State-defined and federally mandated (CFR 455 Subpart E) screening process with DMAP. Successful enrollment results in the assignment of a unique Medicaid identification number (MCD ID) based on the combination of provider's National Provider Identification (NPI), taxonomy, and physical practice location. As part of the enrollment process, a provider must sign the DMAP provider agreement. Successful completion of the Screening and Enrollment processes means a provider can receive payment for services provided under the Diamond State Health Plan (DSHP)/DSHP Plus programs directly from DMAP or through partnering managed care organizations (MCOs).
10. What does Revalidation mean?	Revalidation requires providers to submit updated information at least every 5 years, if not more frequently, to ensure the provider meets required standards for continued enrollment in DMAP. Providers enrolled in DMAP will automatically receive a 60-day notice to revalidate in DMAP at a minimum of every 5 years. The Revalidation letter is sent to the Mail Address recorded in the Medicaid system. Providers enrolled with Medicare through the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) are required to also maintain their PECOS enrollment. If a provider's enrollment is maintained at PECOS, DMMA is authorized to utilize PECOS revalidated information and revalidation date to update DMMA data in order to reduce the number of revalidation activities for the provider. If a provider no longer revalidates their information at PECOS, then the provider must complete a Revalidation Enrollment through the DMAP Portal on the assigned DMAP revalidation date. Revalidation information in the Medicaid system is not forwarded on to PECOS.

Question	Answer
11. What is a Medicaid Identifier (MCD ID) ?	The Medicaid Identifier (MCD ID) is a 9-digit, all-numeric identification number assigned by the Delaware Medicaid Enterprise System (DMES) to uniquely identify a provider by NPI, Provider Taxonomy and Provider Service Location. You will receive the MCD ID after you complete enrollment. A provider can have more than one MCD ID based on the number of unique combinations of NPI, Taxonomy, and Service Locations. An active MCD ID is required for payment.
12. When should I enroll in DMAP?	Providers may enroll with DMAP at any time. However, in order to receive payment from DMAP (FFS) or to contract with an MCO, a provider must first enroll in DMAP. All providers (FFS and MCO) enrolled in DMAP will automatically receive a 60-day notice to revalidate in DMAP at a minimum of every 5 years. The Revalidation letter is sent to the Mail Address recorded in the Medicaid system. If a currently contracted MCO provider does not revalidate by their assigned date (i.e., within those 60 days), all associated contracts under that MCD ID will be terminated on their assigned revalidation date, including network participation with an MCO.
13. Which type of Enrollment Application should I complete?	To participate in Delaware Medicaid, there are 3 main ways to Enroll in DMAP. Option 1 (reimbursed by Delaware Medicaid, also known as Fee-For-Service (FFS)): <u>Fee-For-Service (FFS) Healthcare Providers</u> This type of enrollment is for individual physicians, group providers, facilities, or other professionals who submit claims directly to Delaware Medicaid for payment. If your enrollment is approved, this FFS enrollment allows a Managed Care Plan to know you are eligible to be dually enrolled. Providers who wish to become Dually Enrolled will need to enroll with each MCO network as desired. Enrollment in an MCO Network is only required if servicing members from that MCO network.

Question	Answer
	<u>Ordering, Referring, & Prescribing (ORP) Providers</u> This type of enrollment is for Ordering and Referring Providers, who are physicians or other professionals that only order or refer items or services for Medicaid members. These providers do not submit claims for reimbursement for any services provided but are required to enroll solely for the purposes of ordering and referring services for Medicaid members. Ordering and referring providers are required to complete a limited-capacity enrollment form so that DMAP can identify the providers who initiate orders, referrals, and prescriptions for Medicaid beneficiaries. Enrollment is required so that payments can be made for claims related to the orders, referrals, and prescriptions that ORPs initiate. Additional information for Ordering, Referring and Prescribing (ORP) providers can be found at: https://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=272 Option 2: Dually Enrolled Providers (FFS and MCO Providers) Providers who are currently enrolled as FFS and have an active provider participation agreement with at least one MCO and receive a notification from DMAP must continue to review, confirm, and provide a correct service location according to NPI, taxonomy, and Provider Service/Practice Service location. Option 3: Managed Care Organization-Only Providers (MCOPs) This is a provider who is not enrolled in FFS but has an active provider participation agreement with a managed care organization (MCO) and is reimbursed through an MCO for payment of Medicaid services.

Question	Answer
	In order to receive payment from the MCO, the provider must be enrolled in DMAP as an MCOP. Providers enrolled as an MCOP will receive a notification to review and confirm information and complete a provider revalidation enrollment application. Providers are required to submit a disclosure of managing partner and owner and sign the DMAP Provider contract. The DMAP Provider contract is included in the MCOP application and does not obligate a provider to render FFS services.
14. How do I determine if I'm already enrolled with DMAP?	Navigate to the Provider Portal (Delaware Medical Assistance Portal for Providers > Home) and, on the lower left corner of the page, select the "Search Providers" link. Select the "Advanced Search" option and enter your information (i.e., City, State and Name) and select the "Search Provider" button. If your information is found, you likely do NOT need to enroll with Delaware Medicaid. If you have questions, contact Provider Services: - Call: 1-800-999-3371; Option 0, then Option 4 - Email*: delawarepret@gainwelltechnologies.com - *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox. - Secure Correspondence: Log in to the Provider Portal
15. I have multiple Provider Service/ Provider Practice Locations. Do I have to enroll each location separately?	If you are a Billing Provider and you have multiple Provider Service/Provider Practice Locations, you must enroll each location separately in DMAP. The MCD ID you receive is specific to each defined NPI/Taxonomy and Provider Service/Provider Practice Location. For example: If you have 3 practice locations (i.e., Wilmington, Dover, and Newark), you must enroll each location separately and will be assigned three unique MCD IDs. If you are an Attending/Rendering/Ordering/Referring/Prescribing Provider, you are only required to enroll with your Primary Service/Practice location.

Question	Answer
16. When should providers verify Provider Service/Provider Practice Location addresses?	Providers will verify Provider Service/Provider Practice Location addresses both at Enrollment and Revalidation. The provider must select the correct address for each location using the USPS built-in software each time the provider completes Enrollment and Revalidation activities.
17. Which providers are considered New Providers for enrollment purposes?	If you meet one of the 3 scenarios below, you are considered a New Provider and must complete a new enrollment application: • Providers who are enrolling with Delaware Medicaid for the first time as a new group, individual sole practitioner, facility, or agency (FFS, ORP, MCOP) • Providers who are enrolling with Delaware Medicaid for the first time as a new group, individual sole practitioner, facility, or agency and are currently contracted with a MCO but NOT ALREADY enrolled with DMAP as an FFS or ORP provider. Providers in this category must enroll using the MCOP provider enrollment application. • Providers who have a change of ownership as determined by Delaware Medicaid. All providers are required to notify and disclose ownership changes directly with DMAP (FFS, ORP, MCOP).
18. Which providers are considered Current Providers for enrollment purposes?	If you meet one of the 3 scenarios below, you are considered a Current Provider already enrolled in DMAP. • Providers who are currently active and have previously completed an enrollment application with DMAP as a provider who directly bills Delaware Medicaid. In this situation, you do not need to perform any additional enrollment activities. • Providers who are currently active and have previously completed an enrollment application in order to Order, Refer, or Prescribe Medicaid services to members. You may also be listed as an ORP on claims submitted to DMAP for payment. In this situation, you do not need to perform any additional enrollment activities.

Question	Answer
	- Providers who are currently active with a managed care organization. In this situation, you must enroll as an MCOP to verify your address information. If you have additional questions, please contact Provider Services: - Call: 1-800-999-3371; Option 0, then Option 4 - Email*: delawarepret@gainwelltechnologies.com - *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox. - Secure Correspondence: Log in to the Provider Portal
19. Which providers are considered Revalidating Providers for Enrollment purposes?	All providers enrolled in DMAP are required by CMS per federal guidelines to revalidate at least every 5 years.
20. I provided emergency services to a Delaware Medicaid member. Do I have to complete an enrollment application in DMAP?	At this time, any provider rendering emergency services may do so without completing an enrollment application with DMAP.
21. Do out-of-state FFS providers have to enroll with DMAP?	If you are an FFS provider and have a Provider Service/Provider Practice Location outside of Delaware, you MUST ENROLL with DMAP to receive reimbursement for Delaware Medicaid services.
22. Do out-of-state MCO providers have to enroll with DMAP?	If you are an active MCO provider with a current provider participation agreement with a Delaware MCO and have a Provider Service/Provider Practice Location outside of Delaware, you MUST ENROLL with DMAP .
23. Are FFS Ordering, Rendering or Prescribing (ORP) providers required to enroll?	Yes, FFS ORP providers MUST ENROLL with DMAP to receive reimbursement for Delaware Medicaid services. The ORP must enroll using the ORP registration option and the ORP application if they are new to DMAP.

Question	Answer
24. Are MCO and MCO-Only (MCOP) ORP providers required to enroll?	Yes, MCO and MCOP providers MUST ENROLL with DMAP to receive reimbursement for Delaware Medicaid services. The MCOP ORP providers must enroll using the MCOP option and complete the MCOP provider enrollment application if they are new to DMAP.
25. What are Categorical Risk Levels ?	In compliance with CMS Program Integrity requirements, each DMAP is assigned a “risk category” based on the potential for fraud, waste, and abuse. DMAP will assign a risk category in accordance with CMS guidelines for non-Medicare providers. Provider screening requirements vary depending on ACA-defined risk categories. The risk categories are “limited,” “moderate,” and “high.” Providers falling within two risk levels will be assigned the higher risk category. DMAP reserves the right to modify provider risk level as it pertains to encumbrances, adverse actions, sanctions, terminations, and suspensions. Your Categorical Risk Level will be determined during Enrollment based on your provider type. For additional information, refer to the General Policy Manual (delaware.gov).
26. Who can I call with Questions about Provider Enrollment ?	For provider enrollment or DMAP portal questions (FFS, ORP, MCOP), contact DMMA Provider Services at 1-800-999-3371, option 0, then option 4.
27. Who can I call with Questions about MCOP payment, contracting and other types of functions ?	For MCOP payment, contracting, and other types of functions, the provider should contact the MCO: AmeriHealth Caritas Delaware: Phone: 1-855-707-5818 Delaware First Health: Phone: 1-877-236-1341 Highmark Health Options: Phone: 1-844-325-6251
28. I started my DMAP enrollment application, but I have not completed it yet. Can I save my progress and resume later?	Yes, you may save your Enrollment application in the DMAP Portal and complete it later. When you save your Enrollment application, you will be provided with an Application Tracking Number (ATN) and a secure password. Both will be needed in order to resume the application for completion. Be sure

Question	Answer
	to save these for your records before you exit, as you will need them to log back in later.
29. What happens if I don't complete the Enrollment process?	If you do not complete the enrollment process, you will be unable to receive payment for services from Delaware Medicaid and will be prohibited from contracting with a Delaware Medicaid MCO.
Post-Enrollment Information	
30. I completed my initial Enrollment application. What happens next?	The enrollment application will be reviewed by DMAP, and the expected turnaround time is within 15 business days.
31. My Enrollment application was denied. What can I do?	Providers have the ability to reset the ATN (Application Tracking Number) of an application with a 'Finalized - Denied' status under the following situations: • A provider who has submitted a new application but was denied. • A provider who started a new application but did not complete it within 60 days. • An MCOP who unregistered an MCOP Registration Application but now wishes to complete the application. • An MCOP who successfully submitted an MCOP Registration Application, but the application was denied for incomplete or invalid information data entry issues. • A revalidation application that was submitted but failed due to incomplete or invalid information and the application denied. • A revalidation application that was not submitted within 60 days of receiving their notification and ended in Termination of the Provider and the application denied. Please refer to the How-to documents to reset an ATN. <u>How-To Reset an Application Tracking Number</u> <u>How-To Reset an Application Tracking Number MCO-Only Provider Enrollment</u>

Question	Answer
	If further assistance is required, please contact Provider Services: - Call: 1-800-999-3371; Option 0, then Option 4 - Email*: delawarepret@gainwelltechnologies.com - *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox. - Secure Correspondence: Log in to the Provider Portal If your information was correct and you are still denied, you may appeal this decision by following the Appeal Procedures found on the Delaware Provider Portal, General Policy Manual. For additional information, refer to the General Policy Manual (delaware.gov).
32. My Enrollment application was approved. What happens next?	If your DMAP enrollment application was approved, you will receive a Welcome Letter. The Welcome Letter will be sent to the Mail Address you provided in your application. The Welcome Letter will include the effective date of your Enrollment of the enrolled Provider Service/Provider Practice Location and information about your DMAP Provider Portal PIN number and the assigned Provider ID (MCD ID). If you have enrolled more than one Provider Service/Provider Practice Location, you will receive a separate Welcome Letter for each location. DMAP Providers must create an account in the DMAP Provider Portal. The account will enable you to update or modify your enrollment at a future date, and the DMAP Provider Portal will be your access point when you are required to complete the revalidation process. See next question for more information.
33. How do I set up a DMAP Account after Enrollment is approved?	In order to update information in DMAP after your enrollment or to complete revalidation, you must first set up a DMAP account. The DMAP Portal account is specific to each Provider Service/Provider Practice Location and is based on your MCD ID. In order to access this information, you will need your Portal PIN and MCD ID from the Welcome Letter.

Question	Answer
	If you have multiple Provider Service/Provider Practice Locations, a separate DMAP account will need to be created for each location. Please retain your MCD ID, Portal PIN, and other important information your records in a safe and secure location.
34. What is a Portal PIN?	The Portal PIN can be found on your Welcome Letter page 2. If you enrolled more than one Provider Service/Provider Practice Locations, you will receive a separate Portal PIN for each MCD ID. Please retain your MCD ID, Portal PIN, and other important information for your records in a safe and secure location. If you have questions or need assistance, please contact Provider Services: - Call: 1-800-999-3371; Option 0, then Option 4 - Email*: delawarepret@gainwelltechnologies.com - *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox. - Secure Correspondence: Log in to the Provider Portal
35. Do providers who are in FFS or MCO have a separate account or PIN number?	Yes, each DMAP-assigned Medicaid provider ID (MCD ID) in FFS or MCO has a separate account and PIN.
36. How soon after I enroll do I have to create a DMAP Provider Account?	There is no time limit for a provider to create an account following enrollment. Providers will need an active account for required revalidation and disclosure activities.
37. What is a 'delegate', and can an enrolled DMAP Provider register multiple delegates?	A delegate is individual/representative who is authorized by the provider to access and perform certain actions in the provider's DMAP Provider Portal on the provider's behalf. Delegate activities may include verifying member eligibility, submitting claims or checking claims statuses, submitting prior authorizations, or sending secure correspondence to the Provider Services Team through the portal.

Question	Answer
	Only FFS and FFS + MCO dually-enrolled providers may register delegates under their DMAP Provider Portal account. ORP and MCO-Only (MCOP) providers cannot register delegates under their DMAP Provider Portal account. Delegates cannot complete the provider's revalidation.
38. Can providers view and/or verify a member's eligibility in the portal?	Providers are required to verify member eligibility, managed care enrollment, and other important member information prior to rendering services. Instructions on how to verify a member's eligibility through the DMAP Provider Portal is available here. Only FFS and FFS + MCO dually-enrolled providers can view and/or verify a member's eligibility in the portal. ORP and MCOP providers cannot view or verify a member's eligibility in the portal. MCOP member eligibility information is provided by the member's MCO through the provider's separate MCO Portal.
39. Do providers have to pay an application fee?	Institutional providers are required to pay an application fee at enrollment and revalidation. For additional information, refer the General Policy Manual – Section 1.37.2 and the CMS requirement. The application fee amount changes each year.
40. Can I credential with or enter into a Provider Participation Agreement with an MCO before enrolling with DMAP?	No, providers must be enrolled with DMAP prior to entering into an agreement with an MCO participating in Delaware Medicaid.
41. Can I appeal a denied enrollment application?	Yes. Refer to Appendix A of the General Policy Manual (delaware.gov) for information related to provider enrollment appeals.
42. Why are my claims denying?	There are a number of reasons why a claim may be denied. Careful review of the claim denial reasons on the Remittance Advice (RA) can identify the denial

Question	Answer
	reason and what may need to be corrected. Examples of reasons for claim denials related to Provider Enrollment and actions to resolve them are shown below: 1. The billing agency or billing software submitting the claims may be reassigning the Provider NPI/Taxonomy/Practice Location data when creating the HIPAA X12 Claim transaction. Confirm that the provider data being provided on the HIPAA X12 through the billing service/software is accurately submitted. 2. The provider information supplied on the claim is missing the Provider Taxonomy and/or Provider Practice/Service Location when billed. Ensure that complete provider information for each provider on the claim is being submitted. 3. The provider information supplied on the claim is not the provider information credentialled with the payor (i.e., DMAP or MCO). Ensure that the claims are billed with the provider information credentialled with the payor.