



**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 enroll with the Delaware Medical Assistance Program. These requirements align provider screening and enrollment DMMA's fee-for-service requirements.

Question	Answer
<b>General Information</b>	
1. Where can I find more information about Medicaid and Medical Assistance?	Please visit the following site: <a href="https://www.dhss.delaware.gov/dhss/dmma/faqs.html">https://www.dhss.delaware.gov/dhss/dmma/faqs.html</a>
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).
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 <b>Enrollment</b> or <b>Revalidation</b> with Delaware Medicaid.

Question	Answer
<b>Enrollment Information</b>	
4. Where can I find more information on the DMAP enrollment process?	<p>The Delaware Medical Assistance Portal provides important information to health care providers and members about the provider enrollment process for DMAP.</p> <p><a href="https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx">https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx</a></p>
5. What is the link to enroll with DMAP?	<p>Providers should complete their enrollment using the following link:</p> <p><a href="https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx">https://medicaid.dhss.delaware.gov/provider/Home/ProviderEnrollment/tabid/477/Default.aspx</a></p>
6. What does <b>Screening</b> mean?	<p>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 provider risk levels and includes additional disclosure requirements.</p> <p>For additional information, refer to the <a href="#">General Policy Manual (delaware.gov)</a>.</p>
7. What does <b>Enrollment</b> mean?	<p>Enrollment refers to the process to complete CMS-required screening for providers participating in Delaware Medicaid. This includes providers who bill Delaware Medicaid directly (fee-for-service) and managed care organization providers.</p> <p>This is the result of a provider successfully completing the State-defined federally mandated (CFR 455 Subpart E) screening process with DMAP.</p>
8. What does successful <b>Enrollment</b> mean?	<p>Successful enrollment results in the assignment of a unique Medicaid identification number (<b>MCD ID</b>) based on each provider's National Provider Identification (NPI), taxonomy, and physical practice location, and the execution of a provider agreement with DMAP.</p>
9. What does successful <b>Screening and Enrollment</b> mean?	<p>Successful completion of the <b>Screening</b> and <b>Enrollment</b> processes means a provider can receive payment for services provided under the Diamond State</p>

Question	Answer
	Health Plan (DSHP)/DSHP Plus programs directly from DMAP or through partnering managed care organizations (MCOs).
10. What does <b>Revalidation</b> mean?	<p>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.</p> <p>Providers enrolled in DMAP will automatically receive a 60-day notice to revalidate in DMAP at a minimum of every 5 years.</p>
11. What does a <b>Medicaid Identifier (MCD ID)</b> mean?	<p>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.</p> <p>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.</p>
12. How much time do I have to enroll in DMAP?	<p>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.</p> <p>Currently contracted MCO providers will receive a DMAP Provider Registration Notice in advance of their assigned enrollment date from DMAP.</p> <p>If a currently contracted MCO provider does not enroll by their assigned date (i.e., within that 60 days), all associated contracts under that MCD ID will be terminated on their assigned enrollment date, including network participation with an MCO.</p> <p>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.</p>
13. Which type of <b>Enrollment Application</b> should I complete?	To participate in Delaware Medicaid, there are 3 main ways to Enroll in DMAP.

Question	Answer
	<p><b>Option 1 (reimbursed by Delaware Medicaid, also known as Fee-For-Service (FFS)):</b></p> <p><u>Fee-For-Service (FFS) Healthcare Providers</u></p> <p>This type of enrollment is primarily for physicians or other professionals who submit claims directly to Delaware Medicaid for payment.</p> <p><u>Ordering, Referring, &amp; Prescribing (ORP) Providers</u></p> <p>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.</p> <p>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.</p> <p>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 ORPs initiate.</p> <p><b>Option 2: Dually Enrolled Providers (FFS and MCO Providers)</b></p> <p>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 review, confirm, and correct service location according to NPI, taxonomy, and Provider Service/Practice Service location.</p>

Question	Answer
	<p><b>Option 3: Managed Care Organization-Only Providers (MCOP)</b></p> <p>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.</p> <p>In order to receive payment from the MCO, the provider must be enrolled in DMAP as an MCOP. Providers will receive a notification to review and confirm information and complete a provider enrollment application. The enrollment application includes verification and confirmation of all information provided in your notification. 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.</p>
<p>14. How do I determine if I'm already enrolled with DMAP?</p>	<p>Navigate to the Provider Portal and, on the lower left corner of the page, select the "Search Providers" link.</p> <p>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 will NOT need to enroll with Delaware Medicaid.</p>
<p>15. I have multiple Provider Service/ Provider Practice Locations; do I need to enroll each location?</p>	<p>If you have multiple Provider Service/Provider Practice Locations, <b>you must enroll each location separately in DMAP.</b></p> <p>The MCD ID you receive is specific to a defined Provider Service/Provider Practice Location.</p> <p>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.</p>
<p>16. When should providers verify Provider Service/Provider Practice Location addresses and therefore</p>	<p>Providers will verify Provider Service/Provider Practice Location addresses both at <b>Enrollment</b> and <b>Revalidation</b>.</p>

Question	Answer
complete a new enrollment application?	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 <b>New Providers</b> for enrollment purposes?	<p>If you meet one of the 3 scenarios below, you are considered a <b>New Provider to Delaware Medicaid</b> and must complete a new enrollment application:</p> <ul style="list-style-type: none"> <li>• Providers who are enrolling with Delaware Medicaid for the first time as a new group, individual sole practitioner, facility, or agency (FFS, ORP, MCOP)</li> <li>• 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 <b>NOT ALREADY</b> enrolled with DMAP as a FFS or ORP provider. Providers in this category must enroll through the MCOP option and complete the MCOP provider enrollment application.</li> <li>• 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).</li> </ul>
18. Which providers are considered <b>Current Providers</b> for enrollment purposes?	<p>If you meet one of the 3 scenarios below, you are considered a <b>Current Provider</b> already enrolled in DMAP.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

Question	Answer
	<ul style="list-style-type: none"> <li>Providers who are currently active with a managed care organization. In this situation, you must enroll as an MCOP to verify your address information.</li> </ul> <p>Please contact Provider Services at 1-800-999-3371, option 0, then option 4, if you have any questions.</p>
19. Which providers are considered <b>Revalidating Providers</b> for Enrollment purposes?	All enrolled Delaware Medicaid providers 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 need 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 need to enroll with DMAP?	If you are a FFS provider and have a Provider Service/Provider Practice Location outside of Delaware, you <b>MUST ENROLL with DMAP</b> to receive reimbursement for Delaware Medicaid services.
22. Do out-of-state MCO providers need to enroll with DMAP?	If you are an active MCOP with a current provider participation agreement with a Delaware MCO and have a Provider Service/Provider Practice Location outside of Delaware, you <b>MUST ENROLL with DMAP</b> .
23. Are FFS ORP providers required to enroll?	<p>Yes, FFS ORP providers are required to complete an enrollment application with DMAP.</p> <p>The ORP must enroll using the ORP registration option and the ORP application if they are new to DMAP.</p>
24. Are MCO ORP providers required to enroll?	<p>Yes, MCO network ORP providers are required to complete an enrollment application with DMAP.</p> <p>The MCO ORP must enroll using the MCOP option and complete the MCOP provider enrollment application if they are new to DMAP.</p>

Question	Answer
<p>25. What are <b>Categorical Risk Levels</b>?</p>	<p>In compliance with CMS requirements, DMAP has assessed the various Medicare provider types and assigned risk categories based on the potential for fraud, waste, and abuse.</p> <p>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.</p> <p>Your Categorical Risk Level will be determined during Enrollment. For additional information, refer to the <a href="#">General Policy Manual (delaware.gov)</a>.</p>
<p>26. Who can I call with <b>Questions about Provider Enrollment</b>?</p>	<p>For provider enrollment or DMAP portal questions (FFS, ORP, MCOP), contact DMMA Provider Services at 1-800-999-3371, option 0, then option 4.</p>
<p>27. Who can I call with <b>Questions about MCOP payment, contracting and other types of functions</b>?</p>	<p>For MCOP payment, contracting, and other types of functions, the provider should contact the MCO:</p> <p>AmeriHealth Caritas Delaware: Phone: <b>1-855-707-5818</b></p> <p>Highmark Health Options: Phone: <b>1-844-325-6251</b></p>
<p>28. I ran out of time completing my enrollment application; can I save my progress and start again later?</p>	<p>Yes, you may save your <b>Enrollment</b> application in DMAP and complete it later. When you save your Enrollment application, you will be provided with the Application Tracking Number (ATN) and a secure password. Both will be needed in order to resume the application for completion.</p>
<p>29. What happens if I don't complete <b>Enrollment</b>?</p>	<p>If you do not complete enrollment, you will be unable to receive payment for services from Delaware Medicaid and will be prohibited from contracting with a managed care organization participating in Delaware Medicaid.</p>
<p><b>What Happens After Enrollment Is Complete?</b></p>	
<p>30. My initial <b>Enrollment</b> application was completed; what happens next?</p>	<p>The enrollment application will be reviewed by DMAP, and the expected turnaround time is within 15 business days.</p>

Question	Answer
<p>31. My <b>Enrollment</b> application was denied; what can I do?</p>	<p>A provider has the ability to reset their ATN (Application Tracking Number) from a 'Finalized' - Denied' status in order to correct previously supplied incorrect information on that application, pursuant to the following activities:</p> <ul style="list-style-type: none"> <li>• A Provider who has submitted a new application but was denied.</li> <li>• A Provider who started a new application but did not complete within 60 days.</li> <li>• A Managed Care Organization-Only Provider (MCOP) who unregistered an MCOP Registration Application but now wishes to complete the application.</li> <li>• An MCOP who successfully submitted a MCOP Registration Application, but the application was denied for incomplete or invalid information data entry issues.</li> <li>• A revalidation application that was submitted but failed due to incomplete or invalid information and the application denied.</li> <li>• 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.</li> </ul> <p>Please refer to the How-to documents to reset an ATN.</p> <p><a href="#"><u>How-To Reset an Application Tracking Number</u></a></p> <p><a href="#"><u>How-To Reset an Application Tracking Number MCO-Only Provider Enrollment</u></a></p> <p>If further assistance is required, please contact DMMA Provider Services at 1-800-999-3371, option 0, then option 4.</p> <p>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 <a href="#"><u>General Policy Manual (delaware.gov)</u></a>.</p>
<p>32. My <b>Enrollment</b> application was accepted; what happens next?</p>	<p>You will receive a Welcome Letter to DMAP.</p>

Question	Answer
	<p>The Welcome Letter will include the <b>effective date</b> of your Enrollment with DMAP for the enrolled Provider Service/Provider Practice Location.</p> <p>If you have enrolled more than one Provider Service/Provider Practice Location, <b>you will receive a Welcome Letter for each location.</b></p> <p>Please set up an <b>account in the DMAP portal</b> using the Portal PIN (Page 2 of Welcome Letter) and Provider ID (MCD ID).</p> <p>Creating an account in DMAP will enable you to update or modify your enrollment at a future date and will be your access point when you are required to complete the revalidation process.</p>
<p>33. How do I set up a <b>DMAP Account</b> after Enrollment is complete?</p>	<p>In order to update information in DMAP after your enrollment or to complete revalidation, you will need to set up a DMAP account.</p> <p>The DMAP 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 <b>Portal PIN</b> and <b>MCD ID</b> from the <b>Welcome Letter</b>.</p> <p>If you have multiple Provider Service/Provider Practice Locations, a separate DMAP account will need to be created for each location.</p> <p>Please keep this information safe and easy to find.</p>
<p>34. What is a <b>Portal PIN</b>?</p>	<p>The Portal PIN can be found on your Welcome Letter after successfully completing enrollment application.</p> <p>If you enrolled more than one Provider Service/Provider Practice Locations, you may have a separate Portal PIN for each MCD ID.</p> <p>Please keep this information safe and easy to find. In the event this information is lost, please call DMMA Provider Services at 1-800-999-3371, option 0, then option 4.</p>

Question	Answer
35. Do providers who are in FFS or ORP have a separate account or PIN number?	Yes, providers who are in FFS or ORP may have a separate account or PIN for each fee-for-service MCD ID.
36. Is there a timeline for providers to create an account after enrollment?	There is no time limit for a provider to create an account following enrollment. Providers will need an active account for required revalidation and disclosures.
37. Can providers register delegates?	For FFS Enrollment, providers may register delegates in DMAP. For ORP and MCOP Enrollment, delegate access is not available.
38. Can providers view member eligibility in the portal?	For FFS Enrollment, member eligibility information is available. For ORP and MCOP Enrollment, member eligibility information will not be available on the DMAP Provider Portal. MCOP member eligibility information is provided through the MCO.
39. Do providers have to pay an application fee?	Some providers are required to pay a fee at enrollment and revalidation. For additional information, refer to the <a href="#">General Policy Manual (delaware.gov)</a> .
40. Can I enter into a Provider Participation Agreement with an MCO prior to enrolling with DMAP?	No, providers must be active in DMAP or complete a provider enrollment application with DMAP prior to entering into an agreement with an MCO participating in Delaware Medicaid.
41. Can I appeal a denied enrollment application?	Yes. Please refer to Appendix A of the <a href="#">General Policy Manual (delaware.gov)</a> for information related to provider enrollment appeals.