



How-To: Complete A New Managed Care Organization-Only Provider (MCOP) Enrollment Application

Please Note: This document contains fictitious information and does not contain protected health information (PHI) or personally identifiable information (PII) data.

PURPOSE: The State of Delaware is required to conduct federally mandated screening activities in compliance with [42 CFR § 438.602](#), [42 CFR Part 455, subparts B and E](#), and the [21st Century Cures Act](#). This document supports provider activities and provides instructions for the completion of a new Managed Care Organization-Only Provider (MCOP) application type. This provider enrollment application type is required for initial and continued participation with a Delaware Managed Care Organization (MCO) participating in the Delaware Medical Assistance Program (DMAP). The application does not guarantee enrollment with the MCO, but it is the first step required for the collection of provider information needed for MCO credentialing activities and network participation.

INTRODUCTION: This user guide provides the steps required to complete the new MCOP Enrollment Application in the DMAP Provider Portal. These steps are required for the following scenarios:

- A new Provider in Delaware, or
- An existing MCOP wishing to register a new Provider Taxonomy to provide services, or
- An existing MCOP wishing to register a new Practice/Service Location, or
- An existing MCOP wishing to record a Change of Ownership.

At any time during the MCOP Enrollment Application process in the DMAP Provider Portal, the provider can save their progress and finish later. If this option is selected, please save the Enrollment Application Tracking Number (ATN) for your records. The ATN will be used, in addition to Tax ID and password, as a credential to revise a submitted application at a later date.

***NOTE:** Remember to **PRINT** and **SAVE** the cover sheet in case any more supporting documentation is requested. Also remember to save the password that you create in the Enrollment Application process. No one has access to this password, and the password cannot be reset.

After an MCOP completes the Enrollment Application, the information will be shared with all DMAP participating MCOs, and DMAP will meet federally mandated activities.

Any provider who wishes to participate as a Delaware Medicaid Fee-for-Service (FFS) only provider should NOT use this guide. Go to the [How-To Enrollment Guide for Fee-for-Service Providers](#). Review the list below for possible MCOP Application scenarios with helpful instructions:

- **Current dual participant with both Delaware Medicaid FFS AND a Delaware Medicaid In-Network MCO Provider - Do nothing at this time.** A revalidation notice will be sent when your currently assigned revalidation date approaches.

- **Current in-network Delaware Medicaid MCOP who has not yet received a letter from DMAP with enrollment information** - WAIT until the letter arrives. The letter contains important information about the practice location.
- **Current in-network Delaware Medicaid MCOP who received a notification from DMAP requiring a Registration / Enrollment Application** - Go to the [How-To Enrollment Guide For Current In-Network MCO Providers](#) document.
- **New participant with Delaware Medicaid MCO Plan(s)** - Complete a new Provider Enrollment Application using this guide.
- **Current in-network provider with a new practice location, registering a new taxonomy, or with a change of ownership** - Complete a new Provider Enrollment Application using this guide.

The list below contains links and page numbers for the various components of the New MCOP Enrollment Application in this guide.

Quick Links

SUBMITTING A NEW MCOP ENROLLENT APPLICATION.....	3
ENROLLMENT APPLICATION.....	8
ENROLLING WITH A SSN OR FEIN: ADD PROVIDER LEGAL NAME.....	13
DISCLOSURES	16
ADDING ATTACHMENTS	19
FINALIZE ENROLLMENT APPLICATION.....	22
CHOOSE A PASSWORD	24
PRINT AND SAVE APPLICATION TRACKING INFORMATION	25
RESUME EXISTING ENROLLMENT APPLICATION	28
CHECK APPLICATION STATUS	32
WEB SESSION TIMEOUT.....	37
MCOP Screening and Enrollment Glossary of Terms	38
MCOP Screening and Enrollment Acronyms.....	41

For any questions about DMAP enrollment applications on the Provider Portal,

Call Us: Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**. Or

Email* Us: delawarepret@gainwelltechnologies.com – *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

New MCOP Enrollment Application

1. **SUBMITTING A NEW MCOP ENROLLENT APPLICATION**

Collect the following information and go to the Delaware Medical Assistance Portal:
<https://medicaid.dhss.delaware.gov/>.

- **Provider Name**
- **NPI**
- **Taxonomy**
- **Tax ID (Federal Employer Identification Number (FEIN) or Social Security Number (SSN))**
- **Provider License(s)**
- **Provider Addresses: Service / Practice Location, Mail To, Home**
- **Disclosure Information**
- **Date of Birth (for Individual Providers)**

The following attachments are required:

- **Tax ID Letter**
- **CMS Approval Letter (PECOS)**

Additional attachments may be required for specific Taxonomies.

New MCOP Enrollment Application

2. Click the [Click here](#) link to enter the Provider Portal.


State of Delaware
The Official Website of the First State


DELaware HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance


Home


Home Monday 01/29/2024 01:51 PM EST

Welcome to the Delaware Medical Assistance Portal

 **MEMBERS** - [Click here](#) to enter the **Member Portal**

 **PROVIDERS** - [Click here](#) to enter the **Provider Portal**

 **PHARMACY** - [Click here](#) to enter the **Pharmacy Corner**

 **DENTAL** - [Click here](#) to enter the **Dental Corner**

Delaware.gov | Privacy | Contact | Phone Directory

New MCOP Enrollment Application

3. Click the *Provider Enrollment* link.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Registration Selector > Home Monday 01/29/2024 12:25 PM EST

Login

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Welcome to the Delaware Medical Assistance Portal for Providers

This portal provides important information to health care providers about the Delaware Medical Assistance Program (DMAP). All of the information you need is located within the links located on the left side of this page. Looking for an important program update, check out our banners. That is where we plan to post important information that is new to the program. If you would like to see your patient panel, please click the Provider Login button on the left side of this page.

2024 Enrollment Fees for Institutional Providers

Effective **January 1, 2024**, institutional providers must submit an [application enrollment fee of \\$709.00](#) at initial application, reactivation, revalidation, reenrollment, or addition of a new location. Exempt from paying the fee: institutional providers enrolled in or that have paid application fees to Medicare or another State's Medicaid or CHIP Program, Hardship Waiver approved recipients, individual providers, professional provider groups.

[Provider Taxonomy Screening Level List](#) | [MCOP Taxonomy Screen Level List](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.


[Manuals, Bulletins and Forms](#)

Provider Enrollment

[Trading Partner Enrollment](#)

[How-To Corner](#)

[Payment Error Rate Measurement](#)



New MCOP Enrollment Application

4. Click the *Enrollment Application* link.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > Provider Enrollment

Monday 01/29/2024 01:18 PM EST

Provider Enrollment

[Enrollment Application](#)
Initiate a new provider enrollment application.


[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted. This requires the Application Tracking Number (ATN) and Password from a previously initiated and saved application.

[Enrollment Status](#)
Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application.


[MCO-Only Provider Enrollment Application](#)
Streamlined provider enrollment application to conduct federally mandated screening activities in compliance with 42 CFR Part 455, subparts B and E and the 21st Century Cures Act. This provider enrollment application is required for initial and continual participation (registration) with Delaware Managed Care Organization (MCO) participating in


5. The Provider Enrollment **Welcome** page includes information about the types of provider enrollment applications in the Provider Portal. Review the information for **Managed Care Organization-Only Providers (MCOPs)** prior to beginning the application.


Click **Continue** at the bottom of the page to proceed with the Enrollment Application.



State of Delaware
The Official Website of the First State



State Services & Information 



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

[Contact Us](#)

Home

[Home](#) > [Provider Enrollment](#) > Enrollment Application Monday 01/29/2024 01:19 PM EST

Provider Enrollment: Welcome

Welcome	Provider Enrollment
Request Information	Thank you for your interest in becoming a provider in the Delaware Medical Assistance Program (DMAP) and welcome to the DMAP provider enrollment portal. This portal contains information for fee-for-service (FFS) healthcare providers that submit claims and ordering, referring and prescribing (ORP) providers that do not submit claims.
Taxonomies	
Addresses	
Provider Identification	Did you know? The Centers for Medicare and Medicaid Services (CMS) requires States to deny claims from providers who are not enrolled in the States Medicaid or CHIP programs. These claims include reimbursement for services rendered, prescriptions, referrals, and orders for lab work and tests. Enroll in the Delaware Medical Assistance Program (DMAP) today!
Languages	Ordering, Referring, & Prescribing (ORP) Providers Ordering and Referring Providers are physicians or other professionals that only order or refer items or services for Medicaid beneficiaries. 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 beneficiaries. Ordering and referring providers are required to complete a limited-capacity enrollment form so that DMAP may identify the providers who write only orders, referrals, and prescriptions. Enrollment is required so that payments can be made for claims related to client services. This requirement does not apply to providers who are enrolled with the Delaware managed care organizations.
EFT Enrollment	Managed Care Only Providers (MCOPs) In compliance with 42 CFR 438.602 and 42 CFR Part 455, subparts B and E and the 21st Century Cures Act states must screen, enroll, and revalidate MCO network providers according to Program Integrity enhanced screening provisions. MCOPs are required to complete a streamlined provider enrollment application to conduct federally mandated screening activities. This provider enrollment application is mandatory for all MCO providers at initial enrollment, reenrollment, revalidation and for continual participation (registration) with the Managed Care Organization (MCO) under Delaware's Medicaid Program. In accordance with federal guidelines, the MCOP application process will standardize screening processes for DMAP/fee for service (FFS) providers and MCOPs alike, overall enhancing member services. MCOPs are not required to provide services to DMAP/FFS members, however the DMAP / FFS enrollment application is available on the Delaware Medical Assistance Portal for providers that chose to participate in both the DMAP/FFS Program and Delaware Managed Care Organization Networks.
ERA Enrollment	High risk providers must successfully enroll in Medicare prior to enrolling with (DMAP).
Other Information	NPI is only needed if applicable.
Disclosures	When a nurse has an APN license, the RN license is also required.
Attachments and Fees	Please complete each step in the enrollment process. When you have completed all steps of the application, "submit" and "confirm" the application for further processing by the HealthCare system.
Agreement	You will need the following information to complete your enrollment request:
Summary	<ul style="list-style-type: none">▶ Application (this enrollment)▶ Tax ID Card/Assignment Letter (include as attachment)▶ Provider Contract (noted on Agreement page)▶ Business, Professional License, and/or Board Certification (include as attachment)▶ Collaborative Agreement (Nurse Practitioner) (include as attachment)▶ Drug Enforcement Administration (DEA) License, if applicable (include as attachment)▶ Disclosure of Ownership and Control Interest Statement (entered on Disclosure page)▶ Electronic Funds Transfer (EFT) Form (entered on EFT page)▶ Electronic Remittance Advice (RA) Agreement (entered on ERA page)▶ Delaware Title XIX Electronic Claim Submission Form (include as attachment)▶ Institutional Fee or Hardship Payment Letter (include as attachment)▶ Medicare Certification or Enrollment in another Medicaid State (include as attachment)▶ Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP.▶ DME providers must successfully enroll in Medicare prior to submitting this DMAP enrollment application.▶ Verification of enrollment and or certification with Medicare or another State's Medicaid Program (or) CHIP.▶ NPDES denial notification if provider does not qualify for NPI (include as attachment).

Please click the "**Continue**" button to start the enrollment application.

Continue **Cancel**

Delaware.gov | Privacy | Contact | Phone Directory

New MCOP Enrollment Application

6. ENROLLMENT APPLICATION

In the **Request Information** panel, review the *Initial Enrollment Information* section. Required fields are marked with a red asterisk (*).

Enrollment Type: Select *MCO-Only Registration* from the drop down list.

Taxonomy: Begin typing the taxonomy, then select the full taxonomy and description from the list that populates below the field.

Requesting Enrollment Effective Date: The current date will auto-populate. Use the calendar feature to select a different date. Applications cannot be backdated. The effective date is based on the date of submission of the application regardless of the date listed here.

The screenshot shows the State of Delaware's official website for Provider Enrollment. The page title is "Provider Enrollment: Request Information". The main content area is titled "Initial Enrollment Information" and contains the following text:

You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".
The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.
* Indicates a required field.

Initial Enrollment Information

Enrollment in the Delaware Medical Assistance Program follows guidelines from section 6401 of the Affordable Care Act, referring to provider screening and enrollment requirements under the Medicare, Medicaid and CHIP Program Integrity Provisions.

This application is to be used for providers planning to enroll with a Delaware Managed Care Organization (MCO) only.

All required attachments must be uploaded directly to this application.

Please retain the Application Tracking Number (ATN) provided by saving your application for reference when contacting Provider Enrollment and to quickly access a saved draft of your application in the future.

Selecting Crossover Taxonomies (Portable X-Ray Equipment, Audiology, Hearing Aid Dealer, Nurse Anesthetist) will only pay if Medicare is listed as Primary (will pay after Medicare).

Please email the enrollment team with any questions at delawarepret@gainwelltechnologies.com. Providers may also reach a representative by phone, Monday – Friday, 8:00am – 4:30pm at (800) 999-3371 opt. 0 then 4.

The form fields are:

- * Enrollment Type: MCO-Only Registration
- * Taxonomy
- * Requesting Enrollment Effective Date: 01/29/2024

7. Enter all required **Provider Information**, **Contact Information**, and **Subscribe to Notify Me** information. Required fields are marked with a red asterisk (*).

***NOTE:** Individual providers must enroll with their SSN, not the business FEIN.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

New MCOP Enrollment Application

*Requesting Enrollment Effective Date

Provider Information

The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.
Individual Providers are to enroll with their SSN only.

*NPI *NPI Zip + 4

*Is this application for a Group, Facility, Business or Billing Entity? Yes No

*Tax ID Number Tax ID Type

Effective Date End Date Fiscal End Date

*Are you currently enrolled as a Provider? Yes No

*Were you previously enrolled as a Provider? Yes No

Do you have hospital admitting privileges? Yes No

Contact Information

*Last Name

*First Name

Title

*Phone Ext

Fax Number

*Work Email

*Confirm Email

Preferred Method of Communication

Subscribe for Notify Me

We will send DMAP notifications to the e-mail address provided below.

* Indicates a required field.

*E-mail Address

*Confirm E-mail Address

[Select All](#) | [Deselect All](#)

Special Bulletins / Alerts

Manual Updates

Dental

Pharmacy

NOTE: If you are a Registered Provider/Delegate/Trading Partner, log into the Portal then update your Notify Me Subscription.

8. In the **Taxonomies** panel, review the *Additional Taxonomies* section. Add any other taxonomies available for the provider type. Begin typing the taxonomy, then select the full taxonomy and description from the list that populates below the field.

Click *Add* to add the additional selected taxonomy.

***NOTE:** Add only taxonomies with the same provider type, beginning with the same first two digits. If you wish to add taxonomies beginning with different first two digits, a separate

New MCOP Enrollment Application

enrollment application must be submitted. If they are added in this section, multiple Medicaid Identifiers (MCD IDs) will be generated and will result in an error.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

Provider Enrollment: Taxonomies ?

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

Languages

Disclosures

Attachments and Fees

Agreement

Summary

Additional Taxonomies

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. Taxonomy codes can be provided for each specialty, but is not required.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Taxonomy Code	Action
<input type="checkbox"/> Click to collapse.	
Taxonomy <input type="text"/>	
<input type="button" value="Add"/>	

9. In the **Addresses** panel, enter the *Provider Addresses*, as applicable (Mail To, Pay To (optional), Service, Home Office locations). Enter the contact information, as applicable. Required fields are marked with a red asterisk (*).

***NOTE:** For the service location, do not use "C/O" or "Attention" in the address line. The revalidation letter will be mailed to the "Mail To" address. Only enter one phone number per address. If more than one phone number is added for a single address, you may get a Duplicate Error message.

New MCOP Enrollment Application

Click *Verify Address* to confirm address(es) against United States Postal Service (USPS®) information.

Click *Use Recommended Address* to update the address to match the USPS® information.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

Provider Enrollment: Addresses
?

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

Addresses

[Provider Identification](#)

[Languages](#)

[Disclosures](#)

[Attachments and Fees](#)

[Agreement](#)

[Summary](#)

* Indicates a required field.

☑ Indicates a primary record.

Provider Addresses

The service location name and address generally is the site where members obtain services and is either owned or rented by the provider. This location should be where supporting documentation related to claims is maintained.

- The service location address must be a physical location and match the USPS website. A post office box is not a valid service location address.
- Providers that provide services at a "place of service site", such as at a hospital or nursing facility, should enter their home/business office as their service location address.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Location Name	Type	Address	City	State	Action
<div style="display: flex; align-items: center;"> ☐ Click to collapse. ☑ </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>*Address Type</small> Service</p> <p><small>Location Name</small> Grover's Pediatric Practice</p> <p><small>*Address</small> 2021 Raccoon Hill</p> <p><small>*City</small> Newark</p> <p><small>*State</small> Delaware</p> <p><small>*Primary Email</small> grover@work.com</p> <p><small>Secondary Email</small> </p> <p><small>*Phone</small> Office 3025555555 Ext </p> <p><small>Phone</small> Ext </p> </div> <div style="width: 45%;"> <p><small>Primary Address</small> <input checked="" type="checkbox"/></p> <p><small>*County</small> NEW CASTLE</p> <p><small>*Zip Code</small> 197130000</p> <p><small>*Confirm Email</small> grover@work.com</p> <p><small>Confirm Email</small> </p> <p><small>Phone</small> Ext </p> <p><small>Phone</small> Ext </p> </div> </div>					

Verify Address

Please confirm your address against USPS.

<p>Original Address</p> <p>2021 Raccoon Hill</p> <p>Newark</p> <p>Delaware</p> <p>197130000</p>	<p>➔</p>	<p>Recommended Address</p> <p>2021 RACCOON HILL RD</p> <p>NEWARK</p> <p>DELAWARE</p> <p>19711-7515</p>
--	----------	---

Verify Address
Use Recommended Address

Continue
Finish Later
Cancel

New MCOP Enrollment Application

10. Click the **+** sign **next to the address** to review or update information that was already entered. Click the **+** sign at the **bottom of the table** to add more addresses (e.g., *Mail To, Home Office*).

***NOTE:** A *Pay To* address is not required for the MCOP application.

Click *Copy* to copy an entered address.

Click *Remove* to remove an address.

***NOTE:** Only one service location address can be added per application. If there are multiple service location addresses that need to be enrolled, a separate application must be submitted for each service location address.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

Provider Enrollment: Addresses ?

Welcome Request Information Taxonomies Addresses Provider Identification Languages Disclosures Attachments and Fees Agreement Summary	<p>* Indicates a required field.</p> <p><input checked="" type="checkbox"/> Indicates a primary record.</p> <p>Provider Addresses</p> <p>The service location name and address generally is the site where members obtain services and is either owned or rented by the provider. This location should be where supporting documentation related to claims is maintained.</p> <ul style="list-style-type: none"> The service location address must be a physical location and match the USPS website. A post office box is not a valid service location address. Providers that provide services at a "place of service site", such as at a hospital or nursing facility, should enter their home/business office as their service location address. <p>Click "+ " to view or update the details in a row. Click "- " to collapse the row. Click "Remove" link to remove the entire row.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Location Name</th> <th style="width: 10%;">Type</th> <th style="width: 20%;">Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><input type="checkbox"/></td> <td>Grover's Pediatric Practice</td> <td>Service</td> <td><input checked="" type="checkbox"/> 2021 RACCOON HILL RD</td> <td>NEWARK</td> <td>Delaware</td> <td style="border: 2px solid red;">Copy Remove</td> </tr> <tr> <td style="text-align: left;"><input type="checkbox"/></td> <td colspan="6">Click to add address.</td> </tr> </tbody> </table>		Location Name	Type	Address	City	State	Action	<input type="checkbox"/>	Grover's Pediatric Practice	Service	<input checked="" type="checkbox"/> 2021 RACCOON HILL RD	NEWARK	Delaware	Copy Remove	<input type="checkbox"/>	Click to add address.					
	Location Name	Type	Address	City	State	Action																
<input type="checkbox"/>	Grover's Pediatric Practice	Service	<input checked="" type="checkbox"/> 2021 RACCOON HILL RD	NEWARK	Delaware	Copy Remove																
<input type="checkbox"/>	Click to add address.																					

Continue
Finish Later
Cancel

11. ENROLLING WITH AN SSN OR FEIN: ADD PROVIDER LEGAL NAME

Enrolling with a FEIN: Add Provider Legal Name

In the **Provider Identification** panel, enter the *Provider Legal Name*. Required fields are marked with a red asterisk (*).

***NOTE:** For a Group Provider Application, the information entered under “Tax Name” should match the tax name associated with the FEIN that was provided by to the Group by the IRS in the Tax ID letter. It should not be an individual’s name.

Provider Enrollment: Provider Identification

Welcome * Indicates a required field.

Request Information

Provider Legal Name

The provider legal name and information is provided once for each enrollment.

* **Provider Legal Name** Grover's Pediatric Practice, LLC

Addresses

Provider Identification

License / Certification

At least one of the checkboxes must be checked to proceed with data entry or continue with the application. Check all that apply. Supporting documentation must be uploaded on the attachments and fees page.

I have a Business/Professional/Hospital license

I have a Nurse Compact Agreement

I have a Certification/Accreditation

I do not qualify for a Business/Professional/Hospital License or Accreditation/Certification

I have an Authorization Letter from a Government Agency

I can provide Non-Profit Status Documentation

License

Board Certification

Medicare Participation

Medicare # Effective Date Medicare Type

Continue Finish Later Cancel

Enrolling with an SSN: Add Provider Legal Name (First and Last Name), Gender and Date of Birth

In the **Provider Identification** panel, enter the *Provider Legal Name* and *Individual Providers*. Required fields are marked with a red asterisk (*).

***NOTE:** Individual providers must enroll with their SSN, not the business FEIN.

***NOTE:** For an Individual Provider Application, the information entered under “Tax Name” should match the name that appears on their Social Security card. It should not be a business name.

New MCOP Enrollment Application

Provider Enrollment: Provider Identification ?	
Welcome Request Information Taxonomies Addresses ▶ Provider Identification Languages Disclosures Attachments and Fees Agreement Summary	<p>* Indicates a required field.</p> <hr/> <p>Provider Legal Name</p> <p>The provider legal name and information is provided once for each enrollment.</p> <p>*Last Name <input type="text"/></p> <p>*First Name <input type="text"/></p> <p>Middle <input type="text"/> Title <input type="text"/></p> <hr/> <p>Individual Providers</p> <p>*Gender <input type="text"/> *Birth Date <input type="text"/></p> <p>Tax ID Number <input type="text"/></p> <p>Effective Date <input type="text"/> End Date <input type="text"/> Fiscal End Date <input type="text"/></p> <hr/> <p>License / Certification</p> <p>At least one of the checkboxes must be checked to proceed with data entry or continue with the application. Check all that apply. Supporting documentation must be uploaded on the attachments and fees page.</p> <p><input type="checkbox"/> I have a Business/Professional/Hospital license</p> <p><input type="checkbox"/> I have a Nurse Compact Agreement</p> <p><input type="checkbox"/> I have a Certification/Accreditation</p> <p>I do not qualify for a Business/Professional/Hospital License or Accreditation/Certification</p> <p><input type="checkbox"/> I have an Authorization Letter from a Government Agency</p> <p><input type="checkbox"/> I can provide Non-Profit Status Documentation</p> <p>License +</p> <p>Board Certification +</p> <hr/> <p>Medicare Participation</p> <p>Medicare # <input type="text"/> Effective Date <input type="text"/> Medicare Type <input type="text"/></p> <hr/> <p style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/> </p>

Select at least one of the checkboxes in the *License/Certification* section; check all that apply.

The *License* and/or *Board Certification* sections will automatically expand based on the checkboxes selected.

***NOTE:** Supporting documentation must be uploaded on the later **Attachments and Fees** panel.

In the *License* section, add license information and click *Add*. Required fields are marked with a red asterisk (*).

Click the + sign at the bottom of the *License* section to add more licenses.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

In the *Board Certification* section, add license information and click *Add*. Required fields are marked with a red asterisk (*).

Click the + sign at the bottom of the *Board Certification* section to add more certifications.

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

New MCOP Enrollment Application

License / Certification

At least one of the checkboxes must be checked to proceed with data entry or continue with the application. Check all that apply. Supporting documentation must be uploaded on the attachments and fees page.

I have a Business/Professional/Hospital license

I have a Nurse Compact Agreement

I have a Certification/Accreditation

I do not qualify for a Business/Professional/Hospital License or Accreditation/Certification

I have an Authorization Letter from a Government Agency

I can provide Non-Profit Status Documentation

License

When a nurse has an APN license, the RN license is also required.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

License Type	License #	Effective Date	End Date	Assigning Authority	License State	Action
Click to collapse.						
*License Type <input type="text"/>	*License # <input type="text"/>	*Assigning Authority <input type="text"/>	*Effective Date <input type="text"/>	*License State <input type="text"/>	*End Date <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>						

Board Certification

If board certified, please provide the board certification type, number, effective date, and expiration date of certification.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Certification Type	Certificate #	Effective Date	End Date	Action
Click to collapse.				
*Certification Type <input type="text"/>	*Certificate # <input type="text"/>	*Effective Date <input type="text"/>	*End Date <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

- In the **Languages** panel, add *Language* information.
Click the + sign at the bottom of the table to add more languages.
Click *Remove* to remove a language.
Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

New MCOP Enrollment Application

Provider Enrollment: Languages

Welcome

Providers that have the ability to translate should select the appropriate language below. This field is not required.
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Language	Action
ENGLISH	Remove
SPANISH	Remove
<input type="button" value="+"/> Click to add language.	

Continue Finish Later Cancel

13. DISCLOSURES

In the **Disclosures** panel, click the *Provider Disclosure Statement* link to open and complete the Provider Disclosure Statement. **Answer all questions.**

Provider Enrollment: Disclosures

Welcome

Answer all questions. If you do not believe that a question is applicable, you should select a response of "No". For any "Yes" response, please provide an explanation in the text box provided for each link.
This Disclosure Statement will apply to all enrolled providers with this NPI/Tax Id combination. A separate Disclosure Statement must be completed for each unique NPI/Tax Id combination.

Available Enrollment Disclosures

Click the disclosure name to open the disclosure for editing. After completing the disclosure, select **Submit** to return to this page. All Disclosures must be completed to **Continue**.

Disclosure Name	Description	Status
Provider Disclosure Statement	All providers enrolling with the DMES program must complete a Provider Disclosure Statement.	Pending

Continue Finish Later Cancel

14. In the *Answer Enrollment Disclosure Questions* section, review and update required fields. Required fields are marked with a red asterisk (*).

***NOTE: All questions must be answered.**

Individual Providers – Tips for Disclosure

- In question #4 of the disclosure statement, only include the enrolling provider's information, not the Group information.

Group Providers – Tips for Disclosure

- Any individuals listed on the disclosure statement must be listed with their First Name, Last Name, Date of Birth, and SSN, not the Group information.
- In question #4 of the disclosure statement, a Group enrollment application must include any individual(s) with 5% or more controlling interest/ownership or managing employee.

In addition to the individual(s) listed in question #4, the parent company(ies) of the enrolling group/facility must be listed, if applicable.

- All disclosed individuals/companies must be added on the disclosure statement; they cannot be added as an attachment.

When all disclosure information is updated, click **Submit** at the bottom of the page to return to the main **Disclosures** panel.

***NOTE:** Do not use N/A or placeholder data on the Disclosure. All information submitted must be accurate and up to date.

Answer Enrollment Disclosure Questions



This Disclosure Statement will apply to all enrolled providers with this NPI/Tax Id combination. A separate Disclosure Statement must be completed for each unique NPI/Tax Id combination.

[Please click here for instructions, terms, and definitions used in the form](#)

Provider Disclosure Statement

Total # of Questions: 10

*Doing Business As

*Phone (9999999999)

Questions 1 - 3 must be answered by all providers.

1. *Has the provider, or any person who has ownership or control interest in the provider, or any person who is an agent or managing employee of the provider been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs?
 Yes No
2. *Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?
 Yes No
3. *Has the provider had any significant transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?
 Yes No

Questions 4 - 6 must be answered by fiscal agents/managed care entities and by all providers.

4. Provide the name, address, social security number (SSN), and date of birth of each person, or Tax Identification Number of each corporation with an ownership or control interest in the provider/fiscal agent/managed care entity or in any subcontractor in which the provider/fiscal agent/managed care entity has direct or indirect ownership of five percent or more. Also, provide the name, address, date of birth and social security number of any managing employee of the provider/fiscal agent/managed care entity.

	*Last Name/ Company Name	First Name	*SSN/EIN (999999999)	Birth Date (MM/DD/YYYY)	*Street	*City	*State	*Zip
1.	<input type="text" value="Cleveland"/>	<input type="text" value="Grover"/>	<input type="text" value="*****"/>	<input type="text" value="04/01/1965"/>	<input type="text" value="1965 North Street"/>	<input type="text" value="Newark"/>	<input type="text" value="DE"/>	<input type="text" value="19713000"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New MCOP Enrollment Application

[Add Row](#)

5. ***Is any person named in question #4 related to another as spouse, parent, child, or sibling?**
 Yes No
6. ***Does any person named in question #4 have an ownership or control interest in any other Medicaid provider or in any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act?**
 Yes No

Optional Remarks

Enter optional comments here (500 characters max.)

Whoever knowingly and willfully makes or causes to be made a false statement, may be prosecuted under applicable federal or State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or, where the entity already participates, a termination of its agreement or contract with the State agency.

*Name of Provider or Authorized Representative: *Date (MM/DD/YYYY): Title:

[Submit](#)

[Cancel](#)

Click **Continue** to proceed with the application or **Finish Later** to save and finish later.

Provider Enrollment: Disclosures

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

[Addresses](#)

[Provider Identification](#)

[Languages](#)

Disclosures

[Attachments and Fees](#)

[Agreement](#)

[Summary](#)

Answer all questions. If you do not believe that a question is applicable, you should select a response of "No". For any "Yes" response, please provide an explanation in the text box provided for each link.

This Disclosure Statement will apply to all enrolled providers with this NPI/Tax Id combination. A separate Disclosure Statement must be completed for each unique NPI/Tax Id combination.

Available Enrollment Disclosures

Click the disclosure name to open the disclosure for editing. After completing the disclosure, select **Submit** to return to this page. All Disclosures must be completed to **Continue**.

Disclosure Name	Description	Status
Provider Disclosure Statement	All providers enrolling with the DMES program must complete a Provider Disclosure Statement.	Completed

[Continue](#)

[Finish Later](#)

[Cancel](#)

New MCOP Enrollment Application

15. ADDING ATTACHMENTS

In the **Attachments and Fees** panel, review the *Supporting Documentation* checklist for the list of required attachments.

***NOTE:** Click the *Privacy Notice* link to review the Portal Privacy Policy before proceeding. It will open in a separate browser tab.

The screenshot displays the 'Provider Enrollment: Attachments And Fees' page. On the left is a sidebar with links: Welcome, Request Information, Taxonomies, Addressess, Provider Identification, Languages, Disclosures, Attachments and Fees (highlighted), Agreement, and Summary. The main content area is titled 'Supporting Documentation' and contains the following text: 'The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.' Below this is a note: 'High risk providers must successfully enroll in Medicare prior to enrolling with DMAR. NPI is only needed if applicable. When a nurse has an APN license, the RN license is also required.' A red box highlights the text: 'Review Privacy Notice before adding attachments: [Privacy Notice](#)'. Below this is a section titled 'Checklist of General Provider Information Needed' with a bulleted list: 'Business License - Groups/Facility', 'Professional License - Individual Providers', 'Enrollment Fee - Institutional Providers who are required by CMS to pay an enrollment fee only', and 'Tax ID Assignment Letter'. A legend indicates that a red asterisk (*) indicates a required field.

In the **Attachments and Fees** panel, review the instructions for adding attachments. Click *Choose File* to browse for the document. Select the *Attachment Type* from the drop-down

menu, and then click *Add* to upload the attachment. Required fields are marked with a red asterisk (*).

***NOTE:** DMAP reserves the right to request secondary identification.

Attachments

To add an attachment, complete the required fields and click the **Add** button.
Use the 'Other' selection to upload attachments not in the list.

Note if you choose to "Upload" attachments by "File Transfer", a maximum of 40 MBs of information can be uploaded.
The allowable file types are: gif, jpg, jpeg, pdf, png, tif, tiff, txt.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
Click to collapse.				
	*Transmission Method	FT-File Transfer		
	*Upload File	Choose File No file chosen		
	*Attachment Type			
	Add	Cancel		

Application Fee

CMS requires States to impose an application fee on institutional providers for program integrity purposes. The enrollment fee is established by CMS and is updated annually. CMS defines an institutional provider as any provider that submits the following forms for enrollment: CMS-855A, CMS 855B, CMS 855S and associated PECOS enrollment applications. Individual physicians and non-physician practitioners are not subject to the application fee. Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or CHIP Program are exempt from paying the fee to DMAR. For providers who do not meet any of the exception criteria, Medicaid application fees are due at enrollment, re-enrollment and revalidation. Providers may request a hardship exception from CMS as needed.

***Please note:** DDDS Day Health and Rehabilitation providers only, who are using taxonomy 103TR0400X that are not required by CMS to enroll using Medicare forms 855A, 855B or 855S are exempt from the institutional application fee.

Continue **Finish Later** **Cancel**

Review the attachment(s). Click the + sign to add another attachment. Click *Remove* to remove an attachment.

When all attachments are uploaded, click **Continue** to proceed with the application or **Finish Later** to save and finish later.


***NOTE:** Any attachments uploaded to a saved, but not submitted, application will need to be uploaded again before submission.

New MCOP Enrollment Application

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
1	FT-File Transfer	Provider enrollment attachment.txt (0K)	Copy of Business License	Remove

 Click to add attachment.

Application Fee

CMS requires States to impose an application fee on institutional providers for program integrity purposes. The enrollment fee is established by CMS and is updated annually. CMS defines an institutional provider as any provider that submits the following forms for enrollment: CMS-855A, CMS 855B, CMS 855S and associated PECOS enrollment applications. Individual physicians and non-physician practitioners are not subject to the application fee. Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or CHIP Program are exempt from paying the fee to DMAP. For providers who do not meet any of the exception criteria, Medicaid application fees are due at enrollment, re-enrollment and revalidation. Providers may request a hardship exception from CMS as needed.

***Please note:** DDDS Day Health and Rehabilitation providers only, who are using taxonomy 103TR0400X that are not required by CMS to enroll using Medicare forms 855A, 855B or 855S are exempt from the institutional application fee.

[Continue](#)

[Finish Later](#)

[Cancel](#)

New MCOP Enrollment Application

16. FINALIZE ENROLLMENT APPLICATION

In the **Agreement** panel, read the *Terms of Agreement*.

Provider Enrollment: Agreement ?	
Welcome	Instructions
Request Information	The terms of enrollment are stated below. You must accept these terms in order to submit the enrollment application. Failure to accept these terms means that no enrollment application is retained or submitted.
Taxonomies	Access the summary of enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Once changes are made, the enrollment application can be reviewed again.
Addresses	The enrollment application terms must be accepted in order to submit the application for approval.
Provider Identification	Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials to the enrollment office.
Languages	
Disclosures	
Attachments and Fees	
▶ Agreement	
Summary	Terms of Agreement
	<p style="text-align: center;">Provider Name Grover's Pediatric Practice, LLC Address 2021 RACCOON HILL RD NEWARK Delaware, 19711-7515 Tax ID *****6789 NPI 1097639276 Contact Name Grover Cleveland M.D. Contact Email grover@work.com</p> <p style="text-align: center;">CONTRACT FOR ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLES IN THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES</p> <p>This Contract is entered into between the State of Delaware, Department of Health and Social Services, Division of Medicaid and Medical Assistance, Division of Management Services, Division of Public Health, Division of Developmental Disabilities Services, Division of Substance Abuse and Mental Health, Department of Services for Children, Youth and Their Families, Department of Education, collectively referred to as the Delaware Medical Assistance Program ("DMAP") and the organization or individual identified on the signature page of this Contract (the "Provider").</p> <p>The Provider does hereby agree to the following conditions:</p> <p>1. <u>Definitions</u> As used in this Contract, the following terms have the meaning ascribed to them below:</p>

New MCOP Enrollment Application

Update the required fields at the bottom of the *Terms of Agreement*. Required fields are marked with a red asterisk (*).

Click **Submit** to proceed with the application or **Finish Later** to save and finish later.

E-Signature Agreement

By signing the Electronic Signature Acknowledgment Form, the Provider agrees that the Provider's electronic signature is the legally binding equivalent to a handwritten signature and that the Provider has personally signed this Contract. The Provider will not, at any time in the future, retract or dispute the meaning of the Provider's electronic signature or claim that the Provider's electronic signature is not legally binding.

The Provider acknowledges that the Provider is submitting the Provider Enrollment application electronically and that the Provider's signature on this application is electronic. By submitting this application electronically, the Provider agrees that the electronic signature is binding to the same extent as a written signature. By checking the box below, the Provider accepts the conditions of this agreement.

***I accept** I understand that my electronic signature is equivalent to written signature.

***Your Signature**

(Entering your name in the box to the right will constitute your electronic signature.)

Title

Submission Date 11/10/2021

[Submit](#)

[Finish Later](#)

[Cancel](#)

17. In the **Summary** panel, review the information. Click **Print Preview** to create a printable record of the Enrollment Application.

[Print Preview](#)

Provider Enrollment: Summary	
Welcome	Request Information
Request Information	Requesting Enrollment Effective Date 11/10/2021
Taxonomies	Enrollment Type MCO-Only Registration
Addresses	Taxonomy 2080P0201X-Pediatrics - Pediatric Allergy/Immunology
Provider Identification	NPI 1097639276
Languages	Employer Identification Number (EIN) **-***6789 Tax ID Type EIN
Disclosures	Effective Date 08/01/2021 End Date 08/31/2025 Fiscal End Date October
Attachments and Fees	Are you currently enrolled as a Provider? No
Agreement	Were you previously enrolled as a Provider? No
Summary	Do you have hospital admitting privileges? No
	Last Name Cleveland
	First Name Grover
	Title M.D.
	Phone 1-302-555-5555 Ext _
	Fax Number _
	Work Email grover@work.com
	Preferred Method of Communication Email

New MCOP Enrollment Application

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Please print a copy of this summary for your records.

Once you have reviewed the contents of this application, select "**Confirm**" to submit the enrollment for processing.

Print Preview

Confirm

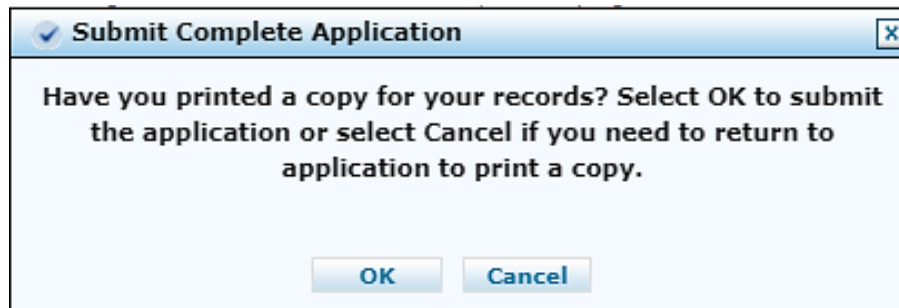
Finish Later

Cancel

Click **Confirm**.

A *Submit Complete Application* dialogue box will appear—select **OK** to submit the completed application or **Cancel** to return to the **Summary** panel.

***NOTE:** If you click **Cancel** to go back to the **Summary** panel in order to print a copy of the enrollment application, click **Confirm** again after printing, and select **OK** to submit the application.



18. **CHOOSE A PASSWORD**

After the Enrollment Application is submitted, you will be directed to the **Provider Enrollment: Credentials** page to create a password. Review the *Password Assistance* box for password requirements. Enter and confirm your password, and then click **Submit**. Required fields are marked with a red asterisk (*).

***NOTE:** No one has access to this password, and the password cannot be reset. Make sure to remember or save the password you created. If you forget your password and cannot

New MCOP Enrollment Application

access your saved, but not submitted, application, you will have to restart a new application.

The screenshot displays the State of Delaware's official website for the Department of Health and Social Services, specifically the 'Provider Enrollment: Credentials' page. The page is titled 'State of Delaware - The Official Website of the First State' and includes a search bar and 'State Services & Information' link. The main content area is divided into two sections: 'Password Assistance' and 'Provider Enrollment: Credentials'. The 'Password Assistance' section lists six requirements for a strong password, such as a minimum length of 10 characters and the inclusion of upper and lower case letters, numbers, and special characters. The 'Provider Enrollment: Credentials' section explains that the application is pending approval and provides instructions on how to revise it. It includes a 'Tax ID' field and two password fields, the latter of which are highlighted with a red box. The page also features a 'Submit' button and a 'Cancel' button.

19. PRINT AND SAVE APPLICATION TRACKING INFORMATION

After creating a password, you will be directed to the **Provider Enrollment: Tracking Information** page. Click *Print Preview* to create a printable version of your Tracking Information, which includes the Enrollment Application Tracking Number (ATN).

***NOTE:** Remember to **SAVE** the Enrollment Application Tracking Number (ATN). The Application Tracking Number (ATN) will be used with the Tax ID and password as a credential to revise a submitted application at a later date.

***NOTE:** Remember to **PRINT** and **SAVE** the Enrollment Application cover sheet for your records in case additional supporting documentation is requested. To save and print the coversheet, click the [click here](#) link.

New MCOP Enrollment Application



State of Delaware
The Official Website of the First State



State Services
& Information



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

[Contact Us](#)

Home

[Home](#) > [Provider Enrollment](#) > [Enrollment Credentials](#) > Enrollment Tracking Information

Tuesday 11/09/2021 10:45 AM EST

[Print Preview](#)

Provider Enrollment: Tracking Information



Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number:47107

Please retain the tracking number for your records. The tracking number will be used, in addition to your Tax ID and password, as credentials to revise your submitted application at a later date.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:work.email@work.com.

You are required to print, sign and submit the cover sheet via mail or FAX, along with all appropriate supporting documentation.

To save or print the coversheet for your records [click here](#).

[Exit](#)

New MCOP Enrollment Application

Provider Enrollment: Cover Sheet



Date 11/10/2021

Tracking Number 47140

Gainwell Technologies LLC
Provider Services Department
P.O. Box 909
New Castle, DE 19720-0909

Enrollment form for the following provider:

2021 RACCOON HILL RD
645 PAPER MILL RD
NEWARK, Delaware 19711-7515

Provider Enrollment supporting documentation should be sent electronically through the document upload capability of the Portal. If you are unable to do so or an original signature is required, then proceed to mail your required documents.

Mailed documents will be returned if this cover sheet is not included.

If you have any questions, please contact us at the following address or phone number:

Gainwell Technologies LLC
Provider Services Department
P.O. Box 909
New Castle, DE 19720-0909
Phone: (800) 999 3371
Fax: delawarepret@gainwelltechnologies.com
Email: delawarepret@dx.com

HIPAA Privacy Notification: This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone (preferred), and delete the original message.

[Print](#)

[Close](#)

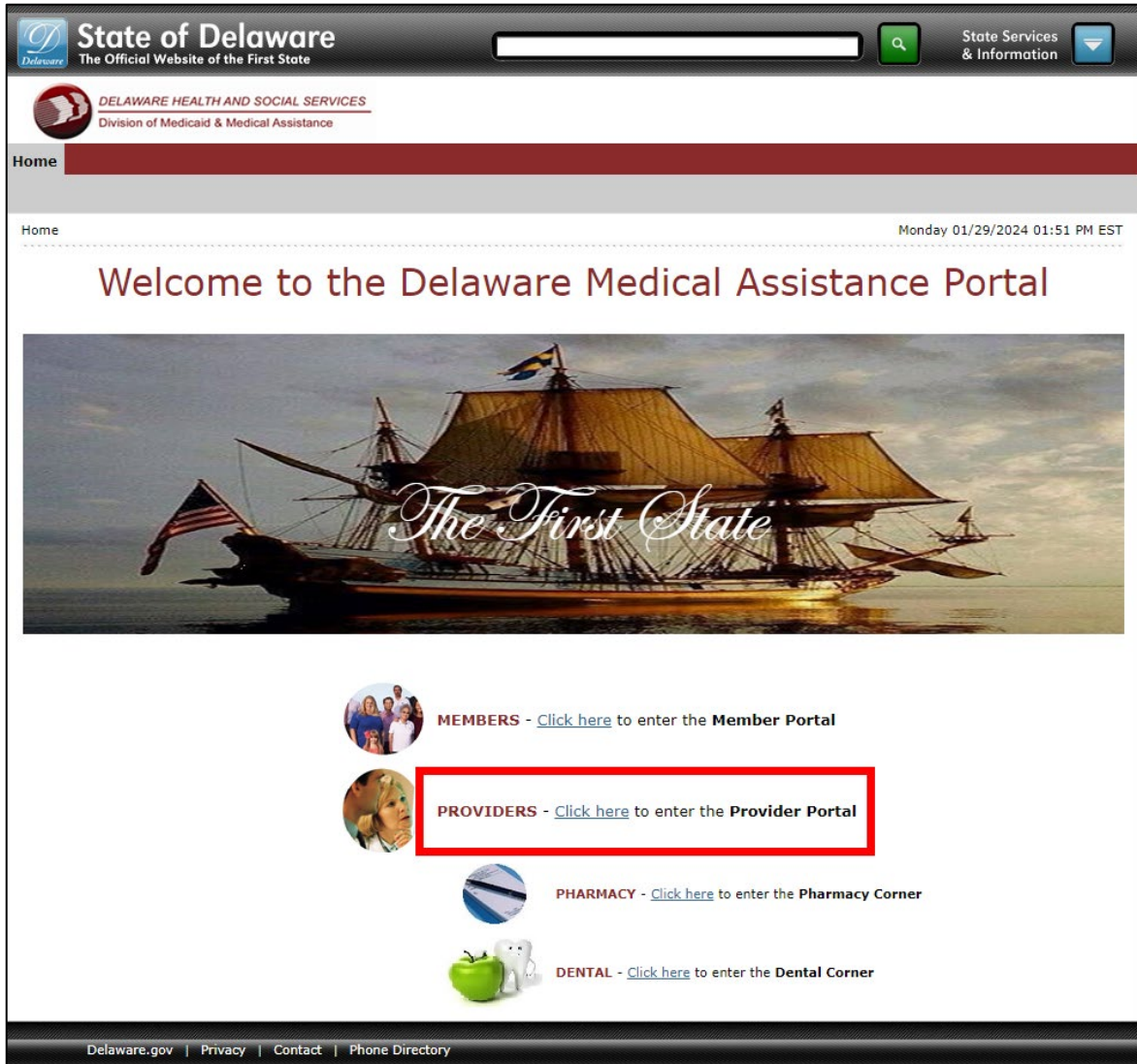
When the coversheet has been saved and printed, click **Close** to return to the **Provider Enrollment: Tracking Information** page.

On the **Enrollment Tracking Information** page, click **Exit** to exit the online application.

20. **RESUME EXISTING ENROLLMENT APPLICATION**

To complete an existing saved Enrollment Application, click the [Click here](#) link to enter the Provider Portal.

***NOTE:** To resume an existing enrollment application, the following information is required: Application Tracking Number (ATN), Tax ID (FEIN or SSN), and Application Password.



Click the *Provider Enrollment* link.

New MCOP Enrollment Application



Home

Registration Selector > Home

Monday 01/29/2024 12:25 PM EST

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Welcome to the Delaware Medical Assistance Portal for Providers

This portal provides important information to health care providers about the Delaware Medical Assistance Program (DMAP). All of the information you need is located within the links located on the left side of this page. Looking for an important program update, check out our banners. That is where we plan to post important information that is new to the program. If you would like to see your patient panel, please click the Provider Login button on the left side of this page.

2024 Enrollment Fees for Institutional Providers

Effective **January 1, 2024**, institutional providers must submit an application enrollment fee of \$709.00 at initial application, reactivation, revalidation, reenrollment, or addition of a new location. Exempt from paying the fee: institutional providers enrolled in or that have paid application fees to Medicare or another State's Medicaid or CHIP Program, Hardship Waiver approved recipients, individual providers, professional provider groups.

[Provider Taxonomy Screening Level List](#) | [MCOP Taxonomy Screen Level List](#)

Protect Your Privacy!

Always log off and close all of your browser windows

[Privacy Policy](#)

[Manuals, Bulletins and Forms](#)

Provider Enrollment

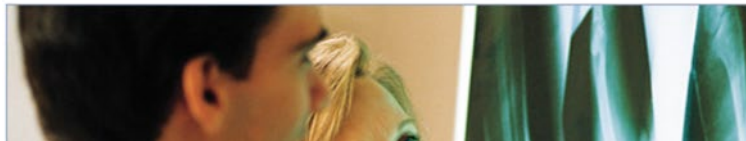
[Trading Partner Enrollment](#)

[How-To Corner](#)

[Payment Error Rate Measurement](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.



New MCOP Enrollment Application

21. In the **Provider Enrollment** panel, click the *Resume Enrollment* link.

***NOTE:** To resume an existing enrollment application, the following information is required:
Application Tracking Number (ATN), Tax ID (FEIN or SSN), and Application Password.

The screenshot shows the State of Delaware website's Provider Enrollment section. The header includes the State of Delaware logo and the text "The Official Website of the First State". Below the header is the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and "Division of Medicaid & Medical Assistance". The main content area is titled "Provider Enrollment" and contains three links: "Enrollment Application", "Resume Enrollment", and "Enrollment Status". The "Resume Enrollment" link is highlighted with a red box, and a red arrow points to it from the right. Below the "Resume Enrollment" link is the "Enrollment Status" link, and below that is the "MCO-Only Provider Enrollment Application" link.

[Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted. This requires the Application Tracking Number (ATN) and Password from a previously initiated and saved application.

[Enrollment Status](#)
Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application.

[MCO-Only Provider Enrollment Application](#)
Streamlined provider enrollment application to conduct federally mandated screening activities in compliance with 42 CFR Part 455, subparts B and E and the 21st Century Cures Act. This provider enrollment application is required for initial and continual participation (registration) with Delaware Managed Care Organization (MCO) participating in DMMA's Medicaid program.

New MCOP Enrollment Application

22. In the **Provider Enrollment: Resume Enrollment** panel, enter the ATN, Tax ID (FEIN or SSN), and password. Click **Submit** to return to the Enrollment Application and continue the Enrollment Application process. Required fields are marked with a red asterisk (*).

Once resumed, the Enrollment Application will start at the beginning. Select **Continue** at the bottom of each page until you get to the last completed section. For security reasons, some information, including attachments, may need to be entered again.

The screenshot shows the State of Delaware website header with the logo and text "State of Delaware The Official Website of the First State". Below the header is the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and text "Division of Medicaid & Medical Assistance". The main content area is titled "Provider Enrollment: Resume Enrollment" and contains the following text: "Enter your assigned Tracking Number, Tax ID and Password in order to resume an existing provider enrollment application. For further questions, please contact Provider Services at (800) 999-3371 opt. 0 then 4." Below this text are three input fields: "*Tracking Number", "*Tax ID", and "*Password". Each field is marked with a red asterisk. A red box highlights these three fields. At the bottom right of the form are two buttons: "Submit" and "Cancel". The footer of the page contains the text "Delaware.gov | Privacy | Contact | Phone Directory".

New MCOP Enrollment Application

23. CHECK APPLICATION STATUS

To check the status of an Enrollment Application, click the [Click here](#) link to enter the Provider Portal.

State of Delaware
The Official Website of the First State


DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance


Home


Home Monday 01/29/2024 01:51 PM EST


Welcome to the Delaware Medical Assistance Portal

The First State

 **MEMBERS** - [Click here](#) to enter the **Member Portal**

 **PROVIDERS** - [Click here](#) to enter the **Provider Portal**

 **PHARMACY** - [Click here](#) to enter the **Pharmacy Corner**

 **DENTAL** - [Click here](#) to enter the **Dental Corner**

Delaware.gov | Privacy | Contact | Phone Directory

New MCOP Enrollment Application

Click the *Provider Enrollment* link.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Registration Selector > Home Monday 01/29/2024 12:25 PM EST

Login

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows
[Privacy Policy](#)

[Manuals, Bulletins and Forms](#)

Provider Enrollment

[Trading Partner Enrollment](#)

[How-To Corner](#)

[Payment Error Rate Measurement](#)

Welcome to the Delaware Medical Assistance Portal for Providers
This portal provides important information to health care providers about the Delaware Medical Assistance Program (DMAP). All of the information you need is located within the links located on the left side of this page. Looking for an important program update, check out our banners. That is where we plan to post important information that is new to the program. If you would like to see your patient panel, please click the Provider Login button on the left side of this page.

2024 Enrollment Fees for Institutional Providers
Effective **January 1, 2024**, institutional providers must submit an application enrollment fee of **\$709.00** at initial application, reactivation, revalidation, reenrollment, or addition of a new location. Exempt from paying the fee: institutional providers enrolled in or that have paid application fees to Medicare or another State's Medicaid or CHIP Program, Hardship Waiver approved recipients, individual providers, professional provider groups.

[Provider Taxonomy Screening Level List](#) | [MCOP Taxonomy Screen Level List](#)

What can you do in the Provider Portal
Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

New MCOP Enrollment Application

24. In the **Provider Enrollment** panel, click the *Enrollment Status* link.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > Provider Enrollment

Monday 01/29/2024 01:41 PM EST

Provider Enrollment

[Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted. This requires the Application Tracking Number (ATN) and Password from a previously initiated and saved application.

[Enrollment Status](#)
Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application.

[MCO-Only Provider Enrollment Application](#)
Streamlined provider enrollment application to conduct federally mandated screening activities in compliance with 42 CFR Part 455, subparts B and E and the 21st Century Cures Act. This provider enrollment application is required for initial and continual participation (registration) with Delaware Managed Care Organization (MCO) participating in DMMA's Medicaid program.

25. In the **Provider Enrollment – Status** panel, enter the ATN in the *Tracking Number* field and Tax ID (FEIN or SSN) into the *Tax ID Number* field. Required fields are marked with a red asterisk (*).

Click **Search**.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > Provider Enrollment > Enrollment Status

Monday 01/29/2024 01:45 PM EST

Provider Enrollment - Status [Back to Home](#) ?

Enter your assigned tracking number and Tax ID to verify the current status of your enrollment application. For further questions, please contact Provider Services at (800) 999-3371 opt. 0 then 4.

* Indicates a required field.

*Tracking Number *Tax ID Number

[Search](#) [Cancel](#)

Delaware.gov | Privacy | Contact | Phone Directory

The status of the application will display in the **Provider Enrollment – Status** section. A new copy of the enrollment application cover sheet is available. To save and print the updated coversheet for your records, click the *click here* link.

To make changes to a submitted Enrollment Application, click the *Revise Enrollment Application* link at the bottom of the page.

New MCOP Enrollment Application

Provider Enrollment - Status [Back to Home](#) ?

Enter your assigned tracking number and Tax ID to verify the current status of your enrollment application. For further questions, please contact Provider Services at (800) 999-3371 opt. 0 then 4.

* Indicates a required field.

*Tracking Number *Tax ID Number

Provider Enrollment - Summary

Below is the status of your provider enrollment application. For further questions, please contact Provider Services at (800) 999-3371 opt. 0 then 4 and select option 0, option 4.

Tracking Number 47107
Date Submitted 11/09/2021
Status In Process - Submitted
Status Date 11/09/2021

[For a new copy of your enrollment application cover sheet for your records click here.](#)

[Revise Enrollment Application](#)

Open the Enrollment Application using the password previously created.

***NOTE:** No one has access to the password, and the password cannot be reset. Make sure to remember the password that you created when you submitted the earlier version of the Enrollment Application. If you forgot the password, you will not be able to access your application, and you will have to restart a new application.

Provider Enrollment: Revise Enrollment ?

Enter the Password for your Enrollment application to revise your enrollment application. For any further queries, please contact Provider enrollment at (800) 999-3371 opt. 0 then 4.

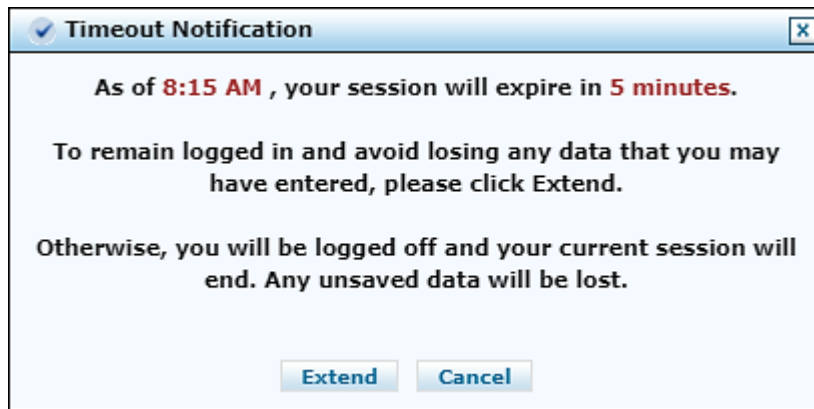
* Indicates a required field.

Tracking Number 47107
Tax ID *****
*Password

26. WEB SESSION TIMEOUT

If the Enrollment Application web session is about to “timeout”, a *Timeout Notification* dialogue box prompt will appear to extend the session, if necessary. Click **Extend** to continue the web session or **Cancel** to log out.

***NOTE:** If the web session times out, any unsaved data will be lost.



Need Assistance?

Call Us: Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**.

Email* Us: delawarepret@gainwelltechnologies.com – *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

MCOP Screening and Enrollment Glossary of Terms

The following definitions are applicable to ensure compliance with the Medicaid and CHIP Final Rule as required by [42 CFR § 438.602](#), [42 CFR Part 455, subparts B and E](#), and the [21st Century Cures Act](#) regarding the State's responsibility to ensure all providers receiving Medicaid funds have been appropriately screened and enrolled with the State.

Affiliation: For purposes of applying [42 CFR § 455.107](#), "affiliation" is any of the following:

- (1) A 5 percent or greater direct or indirect ownership interest that an individual or entity has in another organization.
- (2) A general or limited partnership interest (regardless of the percentage) that an individual or entity has in another organization.
- (3) An interest in which an individual or entity exercises operational or managerial control over, or directly or indirectly conducts, the day-to-day operations of another organization (including, for purposes of this paragraph (3), sole proprietorships), either under contract or through some other arrangement, regardless of whether or not the managing individual or entity is a W-2 employee of the organization.
- (4) An interest in which an individual is acting as an officer or director of a corporation.
- (5) Any payment assignment relationship under § 447.10(g).

Business License: A legal document that grants the right to operate a business in a locale.

Categorical Risk Levels: In accordance with [42 CFR § 455.450](#), additional program integrity provisions require states to comply with the Categorical Risk Levels as defined by federal statutes for screening of all participating providers. The risk levels are limited, moderate, high, and each provider type is assigned to a Categorical Risk Level for screening.

1. **Categorical Risk Level – Limited:** Screening activities that: 1) Verify a provider meets applicable federal/state regulations, 2) Verify license information in accordance with 455.412, and 3) Complete database checks in accordance with 455.436.
2. **Categorical Risk Level – Moderate:** Includes all screening activities for "Categorical Risk Level – Limited" plus the completion of on-site visits in accordance with 455.432.
3. **Categorical Risk Level – High:** Includes all screening activities for "Categorical Risk Level – Limited" and "Categorical Risk Level – Moderate" plus conducting fingerprint-based criminal background checks (FCBC) in accordance with 455.434.

Certification: An official document attesting to a status or level of achievement, often provided by a specialized professional organization, licensing board, or agency.

Credentialing: The process used by the Managed Care Organization (MCO) to establish the legitimacy of each provider's compliance with State-defined standards for participation in the MCO's network.

Disclosable event: For purposes of [42 CFR § 455.107](#), a disclosable event is any of the following:

- (1) Currently has an uncollected debt to Medicare, Medicaid, or CHIP, regardless of:
 - (i) The amount of the debt;
 - (ii) Whether the debt is currently being repaid (for example, as part of a repayment plan); or
 - (iii) Whether the debt is currently being appealed;
- (2) Has been or is subject to a payment suspension under a federal health care program (as that latter term is defined in section 1128B(f) of the Act), regardless of when the payment suspension occurred or was imposed;
- (3) Has been or is excluded by the Office of the Inspector General (OIG) from participation in Medicare, Medicaid, or CHIP, regardless of whether the exclusion is currently being appealed or when the exclusion occurred or was imposed; or
- (4) Has had its Medicare, Medicaid, or CHIP enrollment denied, revoked, or terminated, regardless of:

- (i) The reason for the denial, revocation, or termination;
- (ii) Whether the denial, revocation, or termination is currently being appealed; or
- (iii) When the denial, revocation, or termination occurred or was imposed.

Disclosing Entity: A Medicaid provider (other than an individual practitioner or group of practitioners) or a fiscal agent.

Disclosure Statement: The process of making facts or information known to the public. For the Medicaid system, this is the provision of the owners or managing partners and their relationship to the provider of services being enrolled, specific to that Provider Practice/Service Location.

Enrollment: Refers to the completion of the federally required processes that a provider must undergo in order to become eligible to receive payment for Medicaid services.

Enrollment Suspension: An update to the provider's enrollment status based on the presence of one or more of the criteria below:

- **License Suspension:** When the provider's ability to render services has been stopped either temporarily or indefinitely.
- **Partial/Probationary License Suspension:** When a provider's license has been restricted until certain requirements are met by the provider and/or the provider is restricted from performing certain services, performing certain acts, or is required to undergo certain screenings. Partial suspension does not mean the provider's ability to render services has been stopped completely.
- **Payment Suspension:** Withholding of Medicare or Medicaid payment from a provider for an approved payment amount, before a determination of the amount of the overpayment exists, or until resolution of an investigation of a credible allegation of fraud.
- **Stay of License Suspension:** When a postponement of administrative or judicial action or that the order resulting from action has been set aside, allowing the provider to render services if the provider complies with certain terms of an agreement.

Enrollment Termination: Occurs when a Provider's Enrollment (Registration) in DMAP has been terminated. Only providers who were in an active enrollment status qualify as terminated providers. This includes for-cause revocations under [42 CFR § 424.535](#).

Fiscal Agent: A third-party organization that handles various financial and administrative duties on behalf of some other party.

Health Care Services: All Medicaid services provided by the provider in any setting, including but not limited to medical care, behavioral health, and long-term support services.

Managed Care Organization (MCO and MCO Plan): Any entity that meets the requirements of [42 CFR § 438.2](#) and is under contract with the State of Delaware to provide services to Delaware Medicaid members.

Medicaid Identifier (MCD ID): A 9-digit all numeric identification number assigned by the Delaware Medicaid Enterprise System (DMES) to uniquely identify a participating provider by NPI, Provider Taxonomy, and Provider Service Location.

MCO-Only Provider (MCOP): A provider that only contracts with an MCO(s) and only submits through MCO encounters to be processed through the Delaware Medicaid Enterprise System (DMES).

MCO Delegate: A person who has been designated by an MCO to perform specific activities on the MCO's behalf through the secure Delaware Medical Assistance Program (DMAP) website. The MCO

Delegate is maintained by the MCO, and once identified by the MCO, must individually register on the DMAP website to complete their assignment status for the MCO.

National Provider Identifier (NPI): A 10-position all numeric identification number assigned by the National Plan and Provider Enumeration System (NPPES) to uniquely identify a health care provider.

Network Provider or In-Network Provider: A participating and contracted provider in the MCO or Healthcare Network.

Other Disclosing Entity: Any other Medicaid disclosing entity and any entity that does not participate in Medicaid but that is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the [Affordable Care Act](#). Other disclosing entities include:

- (a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- (b) Any Medicare intermediary or carrier; and
- (c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Participating Provider: Any provider, group of providers, or entity that is employed by or has signed a provider participation agreement with a State-contracted MCO Plan, and receives Medicaid funding directly or indirectly to order, refer, prescribe, or provide health care services.

Professional License: An individual, nontransferable authorization to carry on a health activity based on qualifications.

Provider: Any individual or entity that is engaged in the delivery of health care services, or the ordering, referring, or prescribing (ORP) of health care services, and is legally authorized to do so by the State in which the individual or entity delivers the services. Provider does not include Attendant Care Employees, nor does provider include the provider of support for Self-Directed Attendant Care Services.

Provider Contract/Agreement: An agreement, using the provider agreement template prior approved by the State, between the contractor and a provider under which the provider agrees to furnish health care services to members.

Reenrollment: A new enrollment of a previously registered DMAP provider who was terminated, deactivated, or otherwise removed as a state Medicaid provider.

Registration/Registered: The end result of a provider successfully completing the federal and state required screening and enrollment process.

Revalidation: The process required by providers to submit updated information to ensure the provider meets required standards for continued enrollment in DMAP.

Screening: Refers to federal- and state-required processes that occur throughout the various phases of enrollment, reenrollment, and revalidation.

Taxonomy: A unique 10-character code that designates a classification and specialization to provide services. The taxonomy is used when registering through the National Plan and Provider Enumeration System (NPPES).

Unregister: The process in which a provider actively declines their registration in DMAP.

MCOP Screening and Enrollment Acronyms

Acronym	Description
ATN	Application Tracking Number is a unique identifier for a provider's application for enrollment into DMES.
Business License	A legal document that grants the right to operate a business in a locale.
Certification	An official document attesting to a status or level of achievement, often provided by a specialized professional organization.
CMS	Centers for Medicare and Medicaid Services
DMAP	Delaware Medical Assistance Program
DMES	Delaware Medicaid Enterprise System
DMMA	Division of Medicaid and Medical Assistance
DOB	Date of Birth
FEIN	Federal Employer Identification Number or Tax ID for businesses, groups, or some individuals
FFS	Fee-For-Service is a billing arrangement related to the provider's ability to be reimbursed from the DMES (Medicaid) system directly.
MCD ID	Medicaid Identifier assigned by DMES specific to a provider's NPI, Taxonomy, and Practice/Service Location address
PECOS	Provider Enrollment, Chain, and Ownership System – PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.
Professional License	An individual, nontransferable authorization to carry on a health activity based on qualifications
SSN	Social Security Number or Tax ID most often only associated to an individual person
Tax ID (TIN)	Taxpayer Identification Number used to identify individuals, businesses, and other legal entities for tax purposes
Taxonomy	A unique 10-character code that designates classification and specialization to provide services. The taxonomy is used when registering through the National Plan and Provider Enumeration System (NPPES).
USPS®	United States Postal Service