



How-To: Complete a New Fee-For-Service Provider 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 § 455, Subpart E](#) and [Sections 6401 and 6501 of the Affordable Care Act](#). This document supports provider activities and provides instructions for the completion of a new Fee-for-Service (FFS) application type. This provider enrollment application type is required for initial and continued participation in the Delaware Medical Assistance Program (DMAP).

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

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

At any time during the FFS 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). The ATN will be also 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 created in the Enrollment Application process. No one has access to this password, and the password cannot be reset.

After an FFS Provider completes the Enrollment Application, DMAP will meet federally mandated activities.

Any provider who wishes to participate as a Delaware Medicaid Managed Care Organization (MCO) Provider or a Managed Care-Only Provider (MCOP) should NOT use this guide. Go to the relevant [How-To Guide](#).

Review the list below for possible FFS Application scenarios with helpful instructions:

- **New participant with Delaware Medicaid FFS** - 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.
- **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 the currently assigned revalidation date approaches.

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

Quick Links

SUBMITTING A NEW FFS ENROLLENT APPLICATION	3
ENROLLMENT APPLICATION.....	10
ENROLLING WITH AN SSN OR FEIN: ADD PROVIDER LEGAL NAME	17
ASSOCIATED PROVIDERS PANEL – GROUP PROVIDER ENROLLMENT ONLY	20
ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT	25
ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT	27
OTHER INFORMATION	29
DISCLOSURES	31
ADDING ATTACHMENTS.....	35
FINALIZE ENROLLMENT APPLICATION	37
CHOOSE A PASSWORD.....	40
PRINT AND SAVE APPLICATION TRACKING INFORMATION	41
RESUME EXISTING ENROLLMENT APPLICATION.....	42
CHECK APPLICATION STATUS.....	47
WEB SESSION TIMEOUT	52
FFS Screening and Enrollment Glossary of Terms.....	53
FFS Screening and Enrollment Acronyms	56

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.

1. SUBMITTING A NEW FFS 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 FFS Enrollment Application

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

The screenshot shows the homepage of the Delaware Medical Assistance Portal. At the top, there is a navigation bar with the State of Delaware logo, a search bar, and a dropdown menu for 'State Services & Information'. Below this is a header for 'DELAWARE HEALTH AND SOCIAL SERVICES' and 'Division of Medicaid & Medical Assistance'. A 'Home' button is visible on the left. The main content area features a large banner image of a three-masted sailing ship with the text 'The First State' overlaid. Below the banner, there are five circular icons representing different user groups: MEMBERS, PHARMACY (Member), PROVIDERS, PHARMACY (Provider), and DENTAL. Each icon is accompanied by a text label and a link to enter the respective portal. The 'PROVIDERS' link is highlighted with a red rectangular border.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home Tuesday 04/28/2026 08:55 AM EST

Welcome to the Delaware Medical Assistance Portal

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

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

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

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

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

New FFS Enrollment Application

3. Click *Provider Enrollment* link.

The screenshot shows the homepage of the Delaware Medical Assistance Portal for Providers. At the top, there is a navigation bar with the State of Delaware logo, a search bar, and a dropdown menu for 'State Services & Information'. Below this is a header for 'DELAWARE HEALTH AND SOCIAL SERVICES' and 'Division of Medicaid & Medical Assistance'. A 'Home' button is visible on the left. The main content area features a 'Login' section on the left with a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. To the right of the login section is a 'Welcome to the Delaware Medical Assistance Portal for Providers' message. Below the welcome message is a large yellow banner with the text 'Delaware Medicaid renewals restart on 4/1/2023.' and instructions for members to report changes. Below the banner is a section titled 'What can you do in the Provider Portal' with a description of the portal's capabilities. On the left side of the page, there is a vertical menu with links for 'Manuals, Bulletins and Forms', 'Provider Enrollment' (highlighted with a red box), 'Trading Partner Enrollment', 'How-To Corner', 'Payment Error Rate Measurement', 'Pharmacy Corner', 'Dental Corner', 'Program Integrity', 'Frequently Asked Questions (FAQs)', and 'Affordable Care Act'. At the bottom right, there is a photograph of two healthcare professionals, a man and a woman, looking at a screen.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Thursday 03/23/2023 04:04 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](#)

[Pharmacy Corner](#)

[Dental Corner](#)

[Program Integrity](#)

[Frequently Asked Questions \(FAQs\)](#)

[Affordable Care Act](#)

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.

Delaware Medicaid renewals restart on 4/1/2023.
Members should report any changes to their name or contact information (email/mail address, phone numbers) by logging into their [Delaware ASSIST Account](#), calling the Change Report Center (302) 571-4900, Option 2, or faxing (302) 571-4901. Visit de.gov/medicaidrenewals for more information.

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 FFS Enrollment Application

4. Click the *Enrollment Application* link.

The screenshot displays the State of Delaware website. At the top, the header includes the State of Delaware logo and the text "The Official Website of the First State". Below this, the "DELAWARE HEALTH AND SOCIAL SERVICES" logo is visible, along with the text "Division of Medicaid & Medical Assistance" and a "Contact Us" link. The main content area is titled "Provider Enrollment" and contains several links and descriptions:

- Enrollment Application**: A link highlighted with a red box. Below it, the text reads: "Initiate a new provider enrollment application."
- Resume Enrollment**: A link. Below it, the text reads: "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**: A link. Below it, the text reads: "Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application." followed by "- OR -".
- Below the "Enrollment Status" section, there is a paragraph: "Check all existing ATNs. This requires NPI and taxonomy."
- MCO-Only Provider Enrollment Application**: A link. Below it, the text reads: "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."

The page also shows a breadcrumb trail: "Home > Provider Enrollment" and a timestamp: "Monday 04/27/2026 02:43 PM EST".

New FFS Enrollment Application

5. In the Provider Enrollment **Provider Screening** page review the *Initial Enrollment Information* section. Required fields are marked with a red asterisk (*).

Enrollment Type: Select one of the following: Individual; Group; Facility; Other; or Ordering, Referring, & Prescribing (ORP).

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

NPI: Enter the 10-digit National Provider Identifier, if applicable.

The screenshot shows the 'Provider Enrollment: Provider Screening' page. The left sidebar contains a navigation menu with items: Provider Screening, Welcome, Request Information, Taxonomies, Addresses, Provider Identification, Languages, EFT Enrollment, ERA Enrollment, Other Information, Disclosures, Attachments and Fees, Agreement, and Summary. The main content area is titled 'Provider Screening' and includes a welcome message: 'Thank you for your interest in becoming a provider in the Delaware Medical Assistance Program (DMAP) and welcome to the DMAP provider enrollment portal. Select the enrollment type from the dropdown menu, enter NPI and taxonomy enrolling with. This search will determine whether an application for this combination of NPI and taxonomy already exists.' Below the message are three input fields: '*Enrollment Type' (a dropdown menu), '*Taxonomy' (a text input field), and '*NPI' (a text input field). A blue 'Search' button is positioned below these fields. At the bottom right of the main content area, there are 'Continue' and 'Cancel' buttons.

Providers enrolling with enrollment type 'Other' that do not qualify for an NPI may enter a Tax ID Number.

This screenshot shows the same 'Provider Enrollment: Provider Screening' page, but with the 'Enrollment Type' dropdown menu set to 'Other'. The search form now includes additional fields: '*Tax ID Number' (a text input field) and '*Tax ID Type' (radio buttons for 'EIN' and 'SSN'). A red box highlights the '*Tax ID Number' field and the '*Tax ID Type' radio buttons. Another red box highlights the question '*Do you qualify for a National Provider Identifier (NPI)?' with radio buttons for 'No' and 'Yes'. The 'Search' button and 'Continue/Cancel' buttons are also visible.

*Note: The application cannot proceed without this information being entered and searched.

New FFS Enrollment Application

Results generate when existing provider records are identified. If the service location being enrolled in the application does not display, select 'Continue'. If the service location being enrolled is already active with DMAP then use the Log In action button to log into the secure portal. If a service location is Terminated- Failure to Revalidate with a reset button, the application can be reset and resumed. For clarification on all other statuses contact provider services.

Provider Enrollment: Provider Screening
?

Provider Screening

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Provider Screening

Thank you for your interest in becoming a provider in the Delaware Medical Assistance Program (DMAP) and welcome to the DMAP provider enrollment portal. Select the enrollment type from the dropdown menu, enter NPI and taxonomy enrolling with. This search will determine whether an application for this combination of NPI and taxonomy already exists.

***Enrollment Type**

***Taxonomy**

***NPI**

[Search](#)

Service Locations

Total Records: 3

Medicaid ID	NPI ▲	Address	Status	FFS/MCO	Revalidation Date	MCO Reported	Actions
250000050	1760606060	123 MAIN STREET, WILMINGTON, Delaware 19084-3902	Active	FFS	06/20/2029	Y	Log In
250000073	1700000000	123 MAIN STREET, WILMINGTON, Delaware 19084-3902	Terminated - Other	FFS	10/23/2023	Y	Contact Provider Services
200000075	1700000000	321 MAIN STREET, WILMINGTON, Delaware 19084-3902	Terminated - Failure to Revalidate	FFS	03/28/2026	Y	Reset

If none of the above service locations match the address you will be registering this NPI and Taxonomy combination, please click "Continue". For further questions, please contact Provider Services at (800) 999-3371 opt. 0 then 4.

[Continue](#) [Cancel](#)

6. The Provider Enrollment **Welcome** page includes information about the types of provider Enrollment Applications in the Portal. Review all the information prior for **Fee-for-Service (FFS) Providers** to beginning the application.
Click **Continue** at the bottom of the page to proceed with the Enrollment Application.

- [Provider Screening](#)
- Welcome**
- [Request Information](#)
- [Taxonomies](#)
- [Addresses](#)
- [Provider Identification](#)
- [Languages](#)
- [EFT Enrollment](#)
- [ERA Enrollment](#)
- [Other Information](#)
- [Disclosures](#)
- [Attachments and Fees](#)
- [Agreement](#)
- [Summary](#)

Provider Enrollment

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.

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!

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.

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.

High risk providers must successfully enroll in Medicare prior to enrolling with (DMAP).

NPI is only needed if applicable.

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

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.

You will need the following information to complete your enrollment request:

- ▶ 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.
- ▶ NPES denial notification if provider does not qualify for NPI (include as attachment).

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

[Continue](#)

[Cancel](#)

7. **ENROLLMENT APPLICATION**

In the **Request Information** panel, review the *Initial Enrollment Information* section. The Enrollment Type and Taxonomy are carried over from the *Provider Screening* page. If either enrollment type or the taxonomy fields in the *Provider Screening* page are subsequently changed prior to submitting the final enrollment request, you must navigate back through the entire enrollment application. Fields that are contingent on enrollment type or taxonomy values are reset to blank and must be re-entered.

Required fields are marked with a red asterisk (*).

Requesting Enrollment Effective Date: Applications cannot be backdated, and the current date will auto-populate. The effective date is based on the date of submission of the application regardless of the date listed here. Requests for backdating an Enrollment Effective Date are reviewed on a case-by-case basis. Requests must be sent via Secure Correspondence after submission of the completed Enrollment Application. Make sure to include all MCDs, the requested effective date, and reason for request to backdate group affiliation.

Provider Enrollment: Request Information	
Provider Screening	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".
Welcome	The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.
Request Information	* Indicates a required field.
Taxonomies	Initial Enrollment Information
Addresses	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.
Provider Identification	
Languages	This application is to be used for the enrollment or revalidation of Individual, DME, Transportation, Residential Treatment Center and Substance Use Disorder Rehabilitation Clinic providers.
EFT Enrollment	
ERA Enrollment	All required attachments must be uploaded directly to this application.
Other Information	Per ACA guidelines, providers are required to revalidate their enrollment data at set intervals. Providers that are due for revalidation will be required to review and update application information. All required attachments will need to be uploaded and submitted with a revalidation application. Failure to complete this requirement will result in termination from the Delaware Medical Assistance Program.
Disclosures	
Attachments and Fees	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.
Agreement	
Summary	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.
	Enrollment Type Individual Taxonomy 2084N0400X-Psychiatry and Neurology - Neurology *Requesting Enrollment Effective Date <input type="text" value="04/28/2026"/>
Provider Information	

New FFS Enrollment Application

8. 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.

First question: For new enrollment applications, always select “No.” If the provider is already enrolled with their National Provider Identifier (NPI), Taxonomy, and service location, then a Revalidation application needs to be submitted instead. This is done by logging into the provider portal.

Second question: If “Yes” is selected, provide a valid Medicaid Identifier (MCD ID) to completely submit the application.

Third question: This question is not required. If answered, select the response that is appropriate for the provider.

***NOTE:** Contact Information should be information for the contact person, who may or may not be the provider.

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

New FFS Enrollment Application

Provider Information

The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.

NPI 1700000000 *NPI Zip + 4

*SSN 

*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.

[Continue](#)

[Finish Later](#)

[Cancel](#)

New FFS Enrollment Application

9. In the **Taxonomies** panel, no additional taxonomies can be added. This is a read only panel. Historical taxonomies on previously submitted applications may display but are unable to be edited.

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

Provider Enrollment: Taxonomies

Additional Taxonomies

The provider type is established on the Request Information screen.

No additional taxonomies may be entered for this application.

Taxonomy Code	Actions

[Continue](#) [Finish Later](#) [Cancel](#)

10. In the **Addresses** panel, enter the *Provider Addresses*, as applicable (Mail To, Pay To, 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. Adding more than one phone number for a single address may cause a Duplicate Error message.

***NOTE:** Ensure the Service Location is correct. If the Service Location needs to be changed or edited, a new Enrollment Application will need to be submitted.

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

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

Provider Enrollment: Addresses ?

Provider Screening * Indicates a required field.
Welcome ✓ Indicates a primary record.
Request Information
Taxonomies
Addresses
Provider Identification Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.
Languages
EFT Enrollment
ERA Enrollment
Other Information
Disclosures
Attachments and Fees
Agreement
Summary

Location Name	Type	Address	City	State	Actions
Click to collapse.					
* Address Type <input type="text"/>		Primary Address <input type="checkbox"/>			
* Location Name <input type="text"/>					
* Address <input type="text"/>					
* City <input type="text"/>		County <input type="text"/>			
* State <input type="text"/>		* Zip Code <input type="text"/>			
* Primary Email <input type="text"/>		* Confirm Email <input type="text"/>			
Secondary Email <input type="text"/>		Confirm Email <input type="text"/>			
* Phone <input type="text"/>	<input type="text"/>	Ext <input type="text"/>	* Phone <input type="text"/>	<input type="text"/>	Ext <input type="text"/>
Phone <input type="text"/>	<input type="text"/>	Ext <input type="text"/>	Phone <input type="text"/>	<input type="text"/>	Ext <input type="text"/>

Verify Address

Please confirm your address against USPS.

[Verify Address](#)

[Continue](#) [Finish Later](#) [Cancel](#)

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

Verify Address

Please confirm your address against USPS.

Original Address 645 Paper Mill Road Newark Delaware 19711	Recommended Address 645 PAPER MILL RD NEWARK DELAWARE 19711-7515
---	---

[Verify Address](#) [Use Recommended Address](#)

Only service location addresses will be screened for duplicates that may already be enrolled in DMES. All addresses are standardized via USPS/Address Doctor before screening. The

New FFS Enrollment Application

screening will match using a combination of your NPI/Tax ID + Taxonomy + Enrollment Type + Address.

0-89%: No duplicate detected. Your address is saved and you can proceed with the application.

90-99%: Suspected duplicates are displayed. Action an existing service location if applicable or click **Add Address** to save the service location to the application. To update your address, make any changes in the Address line field, and repeat the screening process as needed.

100%: Exact duplicate. The address cannot be saved. Verify and screen a different service location address or contact provider operations.

New FFS Enrollment Application

11. 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*). Click *Copy* to copy the address entered.

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
?

[Provider Screening](#) * Indicates a required field.

[Welcome](#) Indicates a primary record.

[Request Information](#)

Provider Addresses

The provider addresses identify each location where a provider renders services, as well as locations that are used for billing and payment. Multiple addresses can be added, regardless of the type selected.

Addresses

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

Languages

	Location Name	Type	Address	City	State	Actions
+	Service	Service	<input checked="" type="checkbox"/> 645 PAPER MILL RD	NEWARK	Delaware	Copy Remove
+	Mail To	Mail To	645 PAPER MILL RD	NEWARK	Delaware	Copy Remove
+	Pay To	Pay To	645 PAPER MILL RD	NEWARK	Delaware	Copy Remove
+	Home Office	Home Office	645 PAPER MILL RD	NEWARK	Delaware	Copy Remove
+	Click to add address.					

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Continue
Finish Later
Cancel

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

Enrolling with a Federal Employee Identification Number (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	
Provider Screening	* Indicates a required field.
Welcome	Provider Legal Name
Request Information	The provider legal name and information is provided once for each enrollment.
Taxonomies	* Provider Legal Name <input type="text"/>
Addresses	* Tax Name <input type="text"/>
Provider Identification	Organizational Structure
Associated Providers	<ul style="list-style-type: none"> If your business is chain affiliated, the information about the company or organization must be included in the disclosure information. If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.
Languages	* Organization Type <input type="text"/>
EFT Enrollment	If Organization Type selected is Limited Liability Company ; select tax classification
ERA Enrollment	Tax Classification <input type="text"/>
Other Information	Registered with Secretary of State <input type="checkbox"/> Business Start Date <input type="text"/>
Disclosures	Incorporated <input type="checkbox"/> Incorporation Date <input type="text"/>
Attachments and Fees	Chain Affiliated <input type="checkbox"/>
Agreement	Operated by Management Company <input type="checkbox"/>
Summary	
	License / Certification

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 FFS Enrollment Application

Provider Enrollment: Provider Identification ?	
Provider Screening Welcome Request Information Taxonomies Addresses ▶ Provider Identification Languages EFT Enrollment ERA Enrollment Other Information 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> <p>*Tax Name <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 12/31/9999 Fiscal End Date <input type="text"/></p> <hr/> <p>Organizational Structure</p> <ul style="list-style-type: none"> ▪ If your business is chain affiliated, the information about the company or organization must be included in the disclosure information. ▪ If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information. <p>*Organization Type <input type="text"/></p> <p>If Organization Type selected is Limited Liability Company; select tax classification</p> <p>Tax Classification <input type="text"/></p> <p>Registered with Secretary of State <input type="checkbox"/> Business Start Date <input type="text"/></p> <p>Incorporated <input type="checkbox"/> Incorporation Date <input type="text"/></p> <p>Chain Affiliated <input type="checkbox"/></p> <p>Operated by Management Company <input type="checkbox"/></p> <hr/> <p>License / Certification</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.

New FFS Enrollment Application

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	Actions
Click to collapse.						
*License Type <input type="text"/>	*Assigning Authority <input type="text"/>	*License State <input type="text"/>				
*License # <input type="text"/>	*Effective Date <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	Actions
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"/>				

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

New FFS Enrollment Application

Medicare Participation					
Medicare #	<input type="text"/>	Effective Date	<input type="text"/>	Medicare Type	<input type="text"/>
CLIA Certification					
Fields marked required in this section are only required if any information is entered in this section. Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.					
	CLIA #	Effective Date	End Date	CLIA Type	Actions
<input type="checkbox"/>	Click to collapse.				
	*CLIA #	*Effective Date	*End Date		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	*CLIA Type				
	<input type="text"/>				
	<input type="button" value="Add"/>	<input type="button" value="Reset"/>			
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>					

13. ASSOCIATED PROVIDERS PANEL – GROUP PROVIDER ENROLLMENT ONLY

If enrolling as an Individual Provider, skip this step and proceed to the next step (#14).

If enrolling as a Group Provider, click the **Associated Providers** panel. Click the **Add** tab. Required fields are marked with a red asterisk (*).

- * **NOTE:** At least one (1) Associated Provider must be added to the Group Provider enrollment application. Failure to add at least one (1) Associated Provider will result in the enrollment application being denied.
- * **NOTE:** The Individual Provider must have an active MCD and already be screened and enrolled into DMAP in order to link them to the Group Provider.
- * **NOTE:** Individual Providers must be linked to every service location where they provide services. If an individual provider is enrolled with more than one Group Provider's Service Location, repeat this process for all MCDs to insure all accounts are linked. If a group has more than one MCD, log in to each master user account and confirm that all provider MCDs are linked.

New FFS Enrollment Application

Provider Enrollment: Associated Providers

Provider Screening

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

Associated Providers

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Summary **Add**

Select the Add tab to add one or more associated individual providers to the group.

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

No Associated Providers found.

Continue Finish Later Cancel

On the **Add** tab, search for the Individual Provider using either their MCD or their NPI.

Provider Enrollment: Associated Providers

Provider Screening

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

Associated Providers

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Summary **Add**

Enter information for the individual being added.


Select the Summary tab to return to view the list of associated individual providers and to continue to the next page.

* Indicates a required field.

*Provider ID *ID Type

Reset

In the **ID Type** drop down menu, select either MCD or NPI.

In the **Provider ID** box, type the MCD or the NPI, and then click the *spy glass* .

- If searching by *ID Type: MCD*, begin typing the Individual Provider's MCD, then select the Individual Provider from the list that populates.
- If searching by *ID Type: NPI*, begin typing the Individual Provider's NPI, then click the (*NPI*) link next to the desired Individual Provider on the list that populates.

New FFS Enrollment Application

Provider ID Search [Back to Enrollment](#) ?

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID: *Provider ID Type:

Taxonomy:

Search Results: MCD 200106730 Total Records: 1

Select	MCD	Provider Name	Taxonomy	Address	City	State	Zip Code
<input type="checkbox"/>	200000000		367A00000X-Advanced Practice Midwife		DOVER	Delaware	19904-3488

Clicking the checkbox next to the desired Individual Provider on the list that populates and selecting 'Select' will return to the main **Associated Providers** panel.

Click **Save**.

Provider Enrollment: Associated Providers ?

Provider Screening | Welcome | Request Information | Taxonomies | Addresses | Provider Identification | **Associated Providers** | Languages | EFT Enrollment | ERA Enrollment | Other Information | Disclosures | Attachments and Fees | Agreement | Summary

Summary | Add

Enter information for the individual being added.

Select the Summary tab to return to view the list of associated individual providers and to continue to the next page.

* Indicates a required field.

*Provider ID: *ID Type:

Associated Providers Total Records: 1

#	Name	Taxonomy	MCD	NPI	Group Effective Date	Group End Date	Actions
1		207RH0003X-Internal Medicine - Hematology and Oncology			<input type="text" value="04/28/2026"/>	12/31/9999	Remove

After adding at least one (1) Associated Provider, review the **Summary** tab.

Click **Continue** to proceed with the application.

New FFS Enrollment Application

Provider Enrollment: Associated Providers

Provider Screening

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

▶ **Associated Providers**

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Summary **Add**

Select the Add tab to add one or more associated individual providers to the group.

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Associated Providers						
						Total Records: 1
#	Name	MCD	NPI	Effective Date	End Date	Actions
1				04/28/2026	12/31/9999	Remove

Continue

Finish Later

Cancel

14. In the **Languages** panel, add *Language* information.

Provider Enrollment: Languages ?

[Provider Screening](#) 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.

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

[Addresses](#)

[Provider Identification](#)

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Language	Actions
<input type="checkbox"/> Click to collapse.	
*Language <input type="text"/>	
<input type="button" value="Add"/>	

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.

Provider Enrollment: Languages ?

[Provider Screening](#) 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.

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

[Addresses](#)

[Provider Identification](#)

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

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

15. **ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT**

In the **EFT Enrollment** panel, add *EFT Information*. Required fields are marked with a red asterisk (*).

Provider Enrollment: EFT Information ?	
Provider Screening Welcome Request Information Taxonomies Addresses Provider Identification Languages ▶ EFT Enrollment ERA Enrollment Other Information Disclosures Attachments and Fees Agreement Summary	<p>Providers that would like to have their claim payments deposited into a bank account should enter all the fields in the EFT Enrollment Information panel below.</p> <p>If claims are to be electronically deposited, then an account should be established using this page within the enrollment application, and all fields are required. If claims are not to be electronically deposited, then indicate this accordingly and no related EFT fields will be required.</p> <p>* Indicates a required field.</p> <hr/> <p align="center">Provider Information</p> <p>Provider Name First Last Business Name Tax Name</p> <p>Provider 'Pay To' address is optional. If you wish to include provider address, return to addresses page to enter. It will be auto-populated here.</p> <div style="border: 1px solid black; padding: 5px;"> <p align="center">Provider 'Pay To' Address</p> <p>Address 645 PAPER MILL RD City NEWARK State Delaware Zip Code/Postal Code 19711-7515 Country _</p> </div> <hr/> <p align="center">Provider Identification Numbers</p> <p>Tax ID *****</p> <p>Provider National Provider Identifier (NPI) 1700000000</p> <p>Other Identifier <input type="text"/> Assigning Authority <input type="text"/></p> <p>Trading Partner ID <input type="text"/></p> <p>Provider License Number _ License Issuer _</p> <p>Taxonomy Code 2084N0400X</p> <hr/> <p align="center">Provider Contact Information</p> <p>Provider Contact Name Grover Cleveland Title M.D.</p> <p>Phone 1-123-456-7890 Ext _</p> <p>Email test@gainwelltechnologies.com Fax Number _</p> <p>Provider Agent Information is optional. If you wish to include provider agent information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.</p> <p><input type="checkbox"/> Provider Agent Information</p>

New FFS Enrollment Application

In the *Financial Institutional Information* section, enter the **Provider Tax Identification Number (TIN)** or the **Provider National Provider Identifier (NPI)**.

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

Retail Pharmacy Information

Financial Institution Information

Financial Institution Address is optional. If you wish to include financial institution address with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.

Financial Institution Address

*Financial Institution Name

Financial Institution Telephone Number Ext

*ABA Routing Number

*Type of Account at Financial Institution

*Provider's Account Number with Financial Institution

*Confirm Account Number

Account Number Linkage to Provider Identifier

Enter either a Provider Tax Identification Number (TIN) or Provider National Provider Identifier (NPI). Provider preference for grouping (bulking) claim payments - must match preference for v5010 X12 835 remittance advice.

Provider Tax Identification Number (TIN)

Provider National Provider Identifier (NPI)

Submission Information

Reason For Submission New Enrollment

Include with Enrollment Submission

Requested EFT Start/Change/Cancel Date 04/28/2026

Continue

Finish Later

Cancel

16. **ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT**

In the **ERA Enrollment** panel, add *Electronic Remittance Advice Information*. Required fields are marked with a red asterisk (*).

Provider Enrollment: ERA Information ?	
Provider Screening Welcome Request Information Taxonomies Addresses Provider Identification Languages EFT Enrollment ▶ ERA Enrollment Other Information Disclosures Attachments and Fees Agreement Summary	<p>Providers that would like to have to exchange claims payment information using electronic remittance advice (ERA) transactions should enter all the fields in the panel below.</p> <p>If ERA's are to be electronically exchanged, then an account should be established using this page within the enrollment application.</p> <p>* Indicates a required field.</p> <hr/> <p style="text-align: center;">Provider Information</p> <p>Provider Name First Last Business Name Tax Name</p> <p>Provider 'Remittance To' address is optional. If you wish to include provider address, return to addresses page to enter. It will be auto-populated here.</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Provider 'Remittance To' Address</p> </div> <hr/> <p style="text-align: center;">Provider Identification Numbers</p> <p style="text-align: center;">Tax ID *****</p> <p>Provider National Provider Identifier (NPI) 1700000000</p> <p>Other Identifier <input type="text"/> Assigning Authority <input type="text"/></p> <p>Trading Partner ID <input type="text"/></p> <p>Taxonomy Code 2084N0400X</p> <hr/> <p style="text-align: center;">Provider Contact Information</p> <p>Provider Contact Name Grover Cleveland Title M.D.</p> <p>Phone 1-123-456-7890 Ext _</p> <p>Email test@gainwelltechnologies.com Fax Number _</p> <p>Provider Agent Information is optional. If you wish to include provider agent information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.</p>

New FFS Enrollment Application

Provider Agent Information

Federal Agency Information is optional. If you wish to provide federal agency information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.

Federal Agency Information

Retail Pharmacy Information is optional. If you wish to include retail pharmacy information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.

Retail Pharmacy Information

Electronic Remittance Advice Information

Preference for aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

Enter either Provider Tax Identification Number (TIN) or Provider National Provider Identifier (NPI). Provider preference for grouping (bulking) claim payments - must match preference for EFT payment.

Provider Tax Identification Number (TIN)

Provider National Provider Identifier (NPI)

ERA Download Method

ERA Clearinghouse Information is optional. If you wish to include clearinghouse information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.

Electronic Remittance Advice Clearinghouse Information

ERA Vendor Information is optional. If you wish to include ERA vendor information with your application, please click the checkbox and enter the required information. If you un-check, any data entered will be removed.

Electronic Remittance Advice Vendor Information

Submission Information

Reason For Submission New Enrollment

Requested ERA Effective Date 04/28/2026

[Continue](#)

[Finish Later](#)

[Cancel](#)

New FFS Enrollment Application

In the *Electronic Remittance Advice Information* section, enter the **Provider Tax Identification Number (TIN)** or the **Provider National Provider Identifier (NPI)**. In the **ERA Download Method** drop down menu, select desired method.

<input type="checkbox"/> Provider Agent Information
Federal Agency Information is optional. If you wish to provide federal agency information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.
<input type="checkbox"/> Federal Agency Information
Retail Pharmacy Information is optional. If you wish to include retail pharmacy information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.
<input type="checkbox"/> Retail Pharmacy Information
Electronic Remittance Advice Information
Preference for aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) Enter either Provider Tax Identification Number (TIN) or Provider National Provider Identifier (NPI). Provider preference for grouping (bulking) claim payments - must match preference for EFT payment.
Provider Tax Identification Number (TIN) <input type="text"/>
Provider National Provider Identifier (NPI) <input type="text"/>
ERA Download Method <input type="text"/>
ERA Clearinghouse Information is optional. If you wish to include clearinghouse information with your application, please click the checkbox and enter the required information. If you un-check the checkbox, any data entered will be removed.
<input type="checkbox"/> Electronic Remittance Advice Clearinghouse Information
ERA Vendor Information is optional. If you wish to include ERA vendor information with your application, please click the checkbox and enter the required information. If you un-check, any data entered will be removed.
<input type="checkbox"/> Electronic Remittance Advice Vendor Information
Submission Information
Reason For Submission New Enrollment
Requested ERA Effective Date 04/28/2026
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>

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

17. OTHER INFORMATION

In the **Other** panel, any other additional information can be added, such as board certifications, degrees, schools attended, independent nurse practitioner or nurse midwife information and so

New FFS Enrollment Application

on (if an individual provider), or number of Medicaid-eligible or certified/licensed beds, pharmacy, and/or board members (if a facility).

The required information will generate based on taxonomy and will vary.

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

Provider Enrollment: Other Information ?	
Provider Screening	Additional information is provided for each enrollment, for group/facility and individual providers.
Welcome	
Request Information	* Indicates a required field.
Taxonomies	Nurse Practitioners
Addresses	Taxonomy <input type="text"/>
Provider Identification	Supervising Physician NPI <input type="text"/>
Languages	
EFT Enrollment	Enrollment Questions -
ERA Enrollment	No Enrollment Questions Returned for this Enrollment Type.
Other Information	
Disclosures	Continue Finish Later Cancel
Attachments and Fees	
Agreement	
Summary	

18. **DISCLOSURES**

For Individual and ORP providers, the **Disclosures** panel opens with “-“ as the default in the drop-down menu for “***Do you have any of the following disclosures?**”. Select the type of disclosure from the drop-down menu.

Provider Enrollment: Disclosures

Provider Screening | Welcome | Request Information | Taxonomies | Addresses | Provider Identification | Languages | EFT Enrollment | ERA Enrollment | Other Information | **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.

*Do you have any of the following to disclose?

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?

2. Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?

3. Has the provider had any significant transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?

4. Are there any other entities to report for this NPI/Tax ID combination?

[Continue](#) [Finish Later](#) [Cancel](#)

On the **Disclosures** panel, if the Individual and OPR provider selects “No” and then **Continue**, the **Attachment and Fees** panel will display. The provider will not be required to complete the *Provider Disclosure Statement* section and will continue directly to the **Attachments and Fees** panel.

****NOTE:** Only Individual and ORP providers are able to bypass the *Provider Disclosure Statement*.

Provider Enrollment: Disclosures

Provider Screening | Welcome | Request Information | Taxonomies | Addresses | Provider Identification | Languages | EFT Enrollment | ERA Enrollment | Other Information | **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.

*Do you have any of the following to disclose?

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?

2. Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?

3. Has the provider had any significant transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?

4. Are there any other entities to report for this NPI/Tax ID combination?

[Continue](#) [Finish Later](#) [Cancel](#)

19. On the **Disclosures** panel, if the provider selects “Yes”, the **Available Enrollment Disclosures** panel displays. Click the *Provider Disclosure Statement* link.

****NOTE:** For help understanding the Disclosure Statement, click [HERE](#) to view the definitions used in the form.

The link opens the **Answer Enrollment Disclosure Questions** panel. Complete the required fields. Required fields are marked with a red asterisk (*).

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

All Providers – Tips for Disclosure

- In question #4 of the disclosure statement, only include the enrolling provider’s information, not the Group’s 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’s information. **There must be at least one individual on question #4 of the disclosure statement for a successful enrollment.**
- In question #4 of the disclosure statement, a Group enrollment application must include any individual(s) with 5% or more controlling interest/ownership or a 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.

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 (999999999)

Questions 1 - 3 must be answered by all providers.

- *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
- *Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?
 Yes No
- *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.

- 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="197130000"/>
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"/>

[Add Row](#)
- *Is any person named in question #4 related to another as spouse, parent, child, or sibling?
 Yes No
- *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
<input type="text" value="Grover Cleveland"/>	<input type="text" value="11/10/2021"/>	<input type="text" value="M.D."/>

New FFS Enrollment Application

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

Provider Enrollment: Disclosures ?

[Provider Screening](#)
[Welcome](#)
[Request Information](#)
[Taxonomies](#)
[Addresses](#)
[Provider Identification](#)
[Languages](#)
[EFT Enrollment](#)
[ERA Enrollment](#)
[Other Information](#)
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.

***Do you have any of the following to disclose?**

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?
2. Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?
3. Has the provider had any significant transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?
4. Are there any other entities to report for this 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**

20. **ADDING ATTACHMENTS**

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

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

Provider Enrollment: Attachments And Fees ?	
<ul style="list-style-type: none"> Provider Screening Welcome Request Information Taxonomies Addresses Provider Identification Languages EFT Enrollment ERA Enrollment Other Information Disclosures <li style="background-color: #e0e0e0;">▶ Attachments and Fees Agreement Summary 	<p>Supporting Documentation</p> <p>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.</p> <p>High risk providers must successfully enroll in Medicare prior to enrolling with DMAP. NPI is only needed if applicable. When a nurse has an APN license, the RN license is also required.</p> <p>Review Privacy Notice before adding attachments: Privacy Notice</p> <p>Checklist of General Provider Information Needed</p> <ul style="list-style-type: none"> ▪ Application (this enrollment) ▪ Tax ID Card/Assignment Letter (W-9) or Social Security Card (include as attachment) ▪ Provider Contract (noted on Agreement page) ▪ Business, Professional License, and/or Board Certification (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) ▪ NPI Assignment Letter (include as attachment) ▪ Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP or provide proof of Accreditation. ▪ 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. ▪ NPES denial notification if provider does not qualify for NPI (include as attachment). <p>ORP Providers should attach:</p> <ul style="list-style-type: none"> ▪ The practitioner must submit a completed application and provide a signed copy of his/her social security card. <p>* Indicates a required field.</p>

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	Actions
⊞	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 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

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 FFS Enrollment Application

Attachments -				
Click the Remove link to remove the entire row.				
#	Transmission Method	File	Attachment Type	Actions
1	FT-File Transfer	Business License.JPG (49K)	Copy of Business License	Remove
 Click to add attachment.				
Application Fee				
<p>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.</p> <p>*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.</p>				
Continue Finish Later Cancel				

21.

FINALIZE ENROLLMENT APPLICATION

New FFS Enrollment Application

Provider Enrollment: Agreement ?	
Provider Screening Welcome Request Information Taxonomies Addresses Provider Identification Languages EFT Enrollment ERA Enrollment Other Information Disclosures Attachments and Fees ▶ Agreement Summary	<p>Instructions</p> <p>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.</p> <p>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.</p> <p>The enrollment application terms must be accepted in order to submit the application for approval.</p> <p>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.</p> <hr/> <p>Terms of Agreement</p> <p style="text-align: center;"> Provider Name First Last Address 645 PAPER MILL RD NEWARK Delaware, 19711-7515 Tax ID *****3345 NPI 1700000000 Contact Name Grover Cleveland Contact Email test@gainwelltechnologies.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><small>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").</small></p>

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

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.

New FFS Enrollment Application

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 04/28/2026

[Submit](#)

[Finish Later](#)

[Cancel](#)

22.

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

[Print Preview](#)

Provider Enrollment: Summary	
<ul style="list-style-type: none"> Provider Screening Welcome Request Information Taxonomies Addresses Provider Identification Languages EFT Enrollment ERA Enrollment Other Information Disclosures Attachments and Fees Agreement Summary 	<p>Request Information</p> <p>Requesting Enrollment Effective Date 04/28/2026</p> <p>Enrollment Type Individual</p> <p>Taxonomy 2084N0400X-Psychiatry and Neurology - Neurology</p> <hr/> <p>NPI 1700000000</p> <p>SSN ***.**-3345</p> <hr/> <p>Are you currently enrolled as a Provider? No</p> <p>Were you previously enrolled as a Provider? No</p> <p>Do you have hospital admitting privileges? No</p> <hr/> <p>Last Name Cleveland</p> <p>First Name Grover</p> <p>Title M.D.</p> <p>Phone 1-123-456-7890 Ext ..</p> <p>Fax Number ..</p> <p>Work Email test@gainwelltechnologies.com</p> <p>Preferred Method of Communication ..</p> <hr/> <p>We will send DMAP notifications to the e-mail address provided below.</p> <p>E-mail Address test@gainwelltechnologies.com</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Special Bulletins / Alerts <input checked="" type="checkbox"/> Manual Updates <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy

New FFS 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

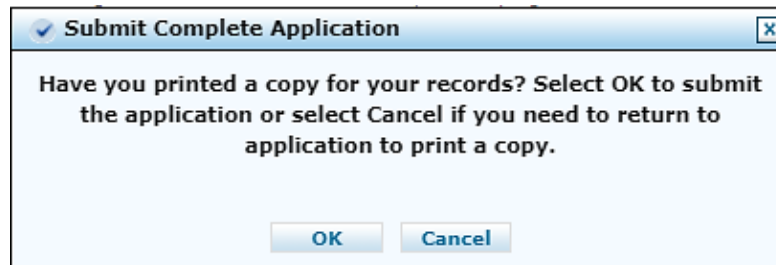
Finish Later

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:** Click **Cancel** to go back to the **Summary** panel in order to print a copy of the enrollment application; then click **Confirm** again after printing and select **OK** to submit the application.



23.

CHOOSE A PASSWORD

After the Enrollment Application is submitted, create a password on the **Provider Enrollment: Credentials** page. Review the *Password Assistance* box for password requirements. Enter and Confirm a 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 the password created. If you forget the password and cannot access a saved, but not submitted, application, you will have to restart a new application.

New FFS Enrollment Application

Password Assistance

1. A password cannot be reset more than once in a 24 hour period.
2. Passwords will expire every 60 days.
3. The minimum password length is 10.
4. The password cannot repeat any of the previous 24.
5. Passwords must be complex, containing 3 of the following 4 items:
 - Upper case letters (A, B, C...)
 - Lower case letters (a, b, c...)
 - Numbers (1, 2, 3...)
 - Special characters (!, \$, *...)
6. Password cannot contain the Display Name.

Provider Enrollment: Credentials

Your enrollment application will be submitted.

Please provide the following information, which will be required if you need to make revisions to your application at a later date. Your password must follow the criteria documented in the Password Assistance section located on the left-hand side of this page. Your tax id is already provided if it was contained within your provider enrollment application.

Once this information is entered and the Submit button is selected, a tracking number will be provided. You will use the tracking number along with the information you provide below as your credentials to access your enrollment application and make revisions.

* Indicates a required field.

Tax ID *****

*Password

*Confirm Password

24. 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 the Tracking Information, which includes the Enrollment Application Tracking Number (ATN).

***NOTE:** Remember to **SAVE** the Enrollment Application Tracking Number (ATN). The 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.

Provider Enrollment: Tracking Information

Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number:245565

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:test@gainwelltechnologies.com.

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

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

New FFS Enrollment Application

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

[Print](#)

Provider Enrollment: Cover Sheet



Date 4/28/2026

ATN 245565

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

Enrollment form for the following provider:

First Last
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: (302) 454 7603
Email: delawarepret@gainwelltechnologies.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](#)

25.

RESUME EXISTING ENROLLMENT APPLICATION

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



Welcome to the Delaware Medical Assistance Portal



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



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



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



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



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

***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.



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

Pharmacy Corner

Dental Corner

Program Integrity

Frequently Asked Questions (FAQs)

Affordable Care Act

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.

Delaware Medicaid renewals restart on 4/1/2023.

Members should report any changes to their name or contact information (email/mail address, phone numbers) by logging into their Delaware ASSIST Account, calling the Change Report Center (302) 571-4900, Option 2, or faxing (302) 571-4901. Visit de.gov/medicaidrenewals for more information.

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 FFS Enrollment Application

26. 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.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > Provider Enrollment Tuesday 04/28/2026 08:57 AM 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.
- OR -
Check all existing ATNs. This requires NPI and taxonomy.

New FFS Enrollment Application

27. 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 to reach the last completed section. For security reasons, some information, including attachments, may need to be entered again.

Provider Enrollment: Resume Enrollment ?

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.

* Indicates a required field.

*ATN

*Tax ID

*Password

28. **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

DELWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home Tuesday 04/28/2026 08:55 AM EST

Welcome to the Delaware Medical Assistance Portal

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

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

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

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

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

Click the *Provider Enrollment* link.



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](#)

[Pharmacy Corner](#)

[Dental Corner](#)

[Program Integrity](#)

[Frequently Asked Questions \(FAQs\)](#)

[Affordable Care Act](#)

Welcome to the Delaware Medical Assistance Portal for Providers

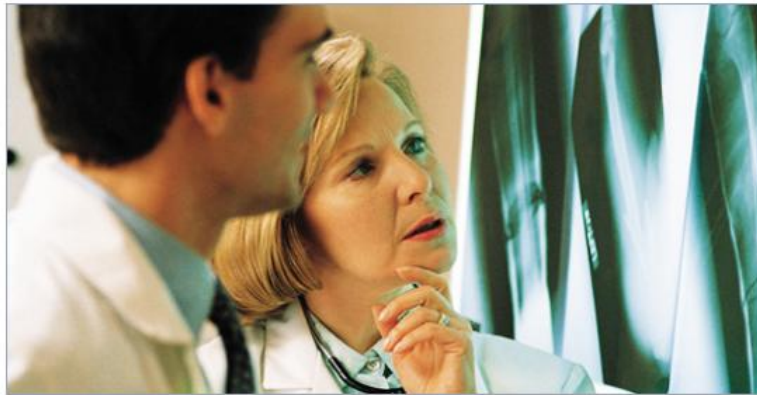
This portal provides important information to health care providers about the Delaware Medical Assistance Program (DMAP). All of the information you need is located within the links located on the left side of this page. Looking for an important program update, check out our banners. That is where we 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.

Delaware Medicaid renewals restart on
4/1/2023.

Members should report any changes to their name or contact information (email/mail address, phone numbers) by logging into their [Delaware ASSIST Account](#), calling the Change Report Center (302) 571-4900, Option 2, or faxing (302) 571-4901. Visit [de.gov/medicaidrenewals](#) for more information.

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 FFS Enrollment Application

29. 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

[Contact Us](#)

Home

Home > Provider Enrollment Monday 04/27/2026 01:36 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.
- OR -
Check all existing ATNs. This requires NPI and taxonomy.

[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 FFS Enrollment Application


30. 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**.

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.

ATN **Tax ID Number** 

--OR--

To view ATNs that exist for specific NPI and taxonomy combination, enter your information in the spaces provided. If you do not qualify for an NPI use the radio button to search by Tax ID instead. For further questions, please contact Provider Services at (800) 999-3371 opt 0 then 4.

Taxonomy  **NPI** **Tax ID Number** 

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, 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.

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.

ATN Tax ID Number

--OR--

To view ATNs that exist for specific NPI and taxonomy combination, enter your information in the spaces provided. If you do not qualify for an NPI use the radio button to search by Tax ID instead. For further questions, please contact Provider Services at (800) 999-3371 opt 0 then 4.

Taxonomy NPI 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.

ATN 245565

Date Submitted 04/28/2026

Status In Process - Submitted

Status Date 04/28/2026

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 created when submitting 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.

New FFS Enrollment 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.

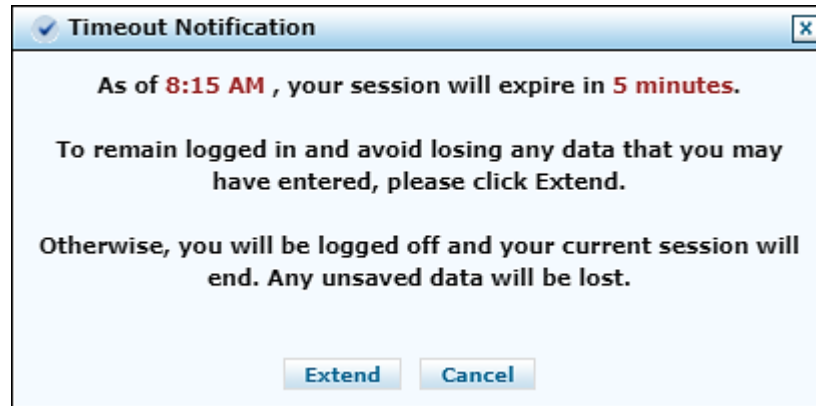
* Indicates a required field.

ATN 245565
Tax ID *****
*Password

31. 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.

FFS Screening and Enrollment Glossary of Terms

The following definitions are applicable to ensure compliance with [42 CFR § 455, Subpart E](#) and [Sections 6401 and 6501 of the Affordable Care 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 to 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.

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.

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.

National Plan and Provider Enumeration System (NPPES): A system developed by the Centers for Medicare & Medicaid Services (CMS) to assign an NPI to a health care or service provider.

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.

FFS 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
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
NPPES	National Plan and Provider Enumeration System
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.
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
USPS®	United States Postal Service