



## 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 ENROLLMENT APPLICATION..... 3

ENROLLMENT APPLICATION..... 8

ENROLLING WITH AN SSN OR FEIN: ADD PROVIDER LEGAL NAME ..... 14

ASSOCIATED PROVIDERS PANEL – GROUP PROVIDER ENROLLMENT ONLY ..... 17

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT ..... 22

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT ..... 24

OTHER INFORMATION ..... 27

DISCLOSURES ..... 28

ADDING ATTACHMENTS ..... 33

FINALIZE ENROLLMENT APPLICATION..... 35

CHOOSE A PASSWORD ..... 37

PRINT AND SAVE APPLICATION TRACKING INFORMATION ..... 38

RESUME EXISTING ENROLLMENT APPLICATION ..... 40

CHECK APPLICATION STATUS ..... 44

WEB SESSION TIMEOUT ..... 48

FFS Screening and Enrollment Glossary of Terms ..... 49

FFS Screening and Enrollment Acronyms..... 52

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](mailto: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.

State of Delaware  
The Official Website of the First State

DELaware HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home

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

# Welcome to the Delaware Medical Assistance Portal

The First State

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

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

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

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

Delaware.gov | Privacy | Contact | Phone Directory

## New FFS Enrollment Application

3. Click *Provider Enrollment* link.

**State of Delaware**  
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DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home

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

### Login

User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?

### Welcome to the Delaware Medical Assistance Portal for Providers

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

### 2024 Enrollment Fees for Institutional Providers

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

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

### What can you do in the Provider Portal

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

[Manuals, Bulletins and Forms](#)

**Provider Enrollment**

[Trading Partner Enrollment](#)

[How-To Corner](#)

[Payment Error Rate Measurement](#)

## New FFS Enrollment Application

4. Click the *Enrollment Application* link.

The screenshot displays the State of Delaware website interface. 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: "Enrollment Application" (highlighted with a red box and a red arrow), "Resume Enrollment", "Enrollment Status", and "MCO-Only Provider Enrollment Application". The "Enrollment Application" link is described as "Initiate a new provider enrollment application." The "Resume Enrollment" link is described as "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." The "Enrollment Status" link is described as "Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application." The "MCO-Only Provider Enrollment Application" link is described as "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..."

## New FFS Enrollment Application

5. 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.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home > Provider Enrollment > Enrollment Application

Monday 01/29/2024 01:19 PM EST

### Provider Enrollment: Welcome

- Welcome
- Request Information
- Taxonomies
- Addresses
- Provider Identification
- Languages
- EFT Enrollment
- ERA Enrollment
- Other Information
- Disclosure
- 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 direct 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.
- DFE 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](#)

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6. **ENROLLMENT APPLICATION**

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

**Enrollment Type:** Select 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.

**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.

**State of Delaware**  
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DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home

Home > Provider Enrollment > Enrollment Request Information

Thursday 02/08/2024 10:23 AM EST

**Provider Enrollment: Request Information**

**Request Information**

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

**Initial Enrollment Information**

\* Enrollment Type

\* Taxonomy

\* Requesting Enrollment Effective Date

**Provider Information**

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

\* NPI  \* NPI Zip + 4

\* Tax ID Number  \* Tax ID Type  EIN  SSN

Effective Date  End Date 12/31/9999 Fiscal End Date

\* Are you currently enrolled as a Provider?  Yes  No

\* Were you previously enrolled as a Provider?  Yes  No

Do you have hospital admitting privileges?  Yes  No

## New FFS Enrollment Application

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

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

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.  
**Individual Providers are to enroll with their SSN only.**

\*NPI  \*NPI Zip + 4

\*Tax ID Number   \*Tax ID Type  EIN  SSN

Effective Date   End Date 12/31/9999 Fiscal End Date

\*Are you currently enrolled as a Provider?  Yes  No

\*Were you previously enrolled as a Provider?  Yes  No

Do you have hospital admitting privileges?  Yes  No

### Contact Information

\*Last Name

\*First Name

Title

\*Phone  Ext

Fax Number

\*Work Email

\*Confirm Email

Preferred Method of Communication

### Subscribe for Notify Me

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

\* Indicates a required field.

\*E-mail Address

\*Confirm E-mail Address

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

- Special Bulletins / Alerts
- Manual Updates
- Dental
- Pharmacy

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

## New FFS Enrollment Application

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

Click **Add** to add the additional selected taxonomy.

**\*NOTE:** Do not enter the same taxonomy that was entered on the **Request Information** panel of the application. Only additional taxonomies may be entered in the **Taxonomies** section of the application.

**\*NOTE:** Add only taxonomies with the same provider type, beginning with the same first two digits. If the taxonomies do not begin with the same first two digits, a separate enrollment application must be submitted. If they are added in this section, multiple Medicaid Identifiers (MCD IDs) will be generated and will result in an error.

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

The screenshot shows the 'Provider Enrollment: Taxonomies' application. The left sidebar contains a navigation menu with items: Welcome, Request Information, Taxonomies (selected), Addresses, Provider Identification, Languages, EFT Enrollment, ERA Enrollment, Other Information, Disclosures, Attachments and Fees, Agreement, and Summary. The main content area is titled 'Additional Taxonomies' and contains the following text: 'The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. Taxonomy codes can be provided for each specialty, but is not required.' Below this is a table with columns 'Taxonomy Code' and 'Action'. A row in the table contains a checkbox and the text 'Click to collapse.'. Below the table is a text input field labeled 'Taxonomy' with a red box around the 'Add' button. At the bottom right of the main content area are three buttons: 'Continue', 'Finish Later', and 'Cancel'.

9. 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.

## New FFS Enrollment Application

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

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

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

**Provider Enrollment: Addresses**
?

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

**Addresses**

[Provider Identification](#)

[Languages](#)

[EFT Enrollment](#)

[ERA Enrollment](#)

[Other Information](#)

[Disclosures](#)

[Attachments and Fees](#)

[Agreement](#)

[Summary](#)

\* Indicates a required field.

☑ Indicates a primary record.

**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.

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

	Location Name	Type	Address	City	State	Action
☑	Click to collapse.					

\*Address Type

Location Name

\*Address

\*City

\*State

\*Primary Email

Secondary Email

\*Phone   Ext

Phone   Ext

Primary Address

\*County

\*Zip Code

\*Confirm Email

Confirm Email

Phone   Ext

Phone   Ext

**Verify Address**

Please confirm your address against USPS.

Verify Address

Continue
Finish Later
Cancel

**Verify Address**

Please confirm your address against USPS.

<p><b>Original Address</b></p> <p>645 Paper Mill Road Suite 1015 Newark Delaware 19711</p>	<p><b>Recommended Address</b></p> <p>645 PAPER MILL RD STE 1015 NEWARK DELAWARE 19711-7515</p>
--	--

Verify Address
Use Recommended Address

Continue
Finish Later
Cancel

## New FFS Enrollment Application

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

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

**▶ Addresses**

[Provider Identification](#)

[Associated Providers](#)

[Languages](#)

[EFT Enrollment](#)

[ERA Enrollment](#)

[Other Information](#)

[Disclosures](#)

[Attachments and Fees](#)

[Agreement](#)

[Summary](#)

\* Indicates a required field.

☑ Indicates a primary record.

---

**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.

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

	Location Name	Type	Address	City	State	Action
☑	A	Service	☑ 645 PAPER MILL RD	NEWARK	Delaware	<a href="#">Copy</a> <a href="#">Remove</a>
☑	B	Home Office	645 PAPER MILL RD	NEWARK	Delaware	<a href="#">Copy</a> <a href="#">Remove</a>
☑	C	Mail To	645 PAPER MILL RD	NEWARK	Delaware	<a href="#">Copy</a> <a href="#">Remove</a>
☑	D	Pay To	645 PAPER MILL RD	NEWARK	Delaware	<a href="#">Copy</a> <a href="#">Remove</a>
☑ Click to add address.						

11. **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.

**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** ?

Welcome \* Indicates a required field.

---

**Request Information**

**Provider Legal Name**

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

\*Last Name

\*First Name

Middle  Title

\*Tax Name

---

**Individual Providers**

\*Gender  \*Birth Date

Tax ID Number

Effective Date  End Date  Fiscal End Date

---

**Organizational Structure**

- 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.

\*Organization Type

If Organization Type selected is **Limited Liability Company**; select tax classification

Tax Classification

Registered with Secretary of State  Business Start Date

Incorporated  Incorporation Date

Chain Affiliated

Operated by Management Company

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

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

### License / Certification

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

I have a Business/Professional/Hospital license

I have a Nurse Compact Agreement

I have a Certification/Accreditation

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

I have an Authorization Letter from a Government Agency

I can provide Non-Profit Status Documentation

### License

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

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

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

### Board Certification

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

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

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

## New FFS Enrollment Application

### Medicare Participation

Medicare #  Effective Date  Medicare Type

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

## 12. ASSOCIATED PROVIDERS PANEL – GROUP PROVIDER ENROLLMENT ONLY

If enrolling as an Individual Provider, skip this step and proceed to the next step (#13).

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

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

The screenshot shows the 'Provider Enrollment: Associated Providers' interface. The left sidebar contains a navigation menu with the following items: Welcome, Request Information, Taxonomies, Addresses, Provider Identification, **Associated Providers** (highlighted), Languages, EFT Enrollment, ERA Enrollment, Other Information, Disclosures, Attachments and Fees, Agreement, and Summary. The main content area has a 'Summary' tab and an 'Add' tab (highlighted with a red box). Below the tabs, there is a text box with the message 'No Associated Providers found.' At the bottom right, there are three buttons: 'Continue', 'Finish Later', and 'Cancel'.

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.

The screenshot shows the 'Provider Enrollment: Associated Providers' interface with the 'Add' tab selected. The left sidebar is the same as in the previous screenshot. The main content area has a 'Summary' tab and an 'Add' tab. Below the tabs, there is a text box with the message 'Enter information for the individual being added.' and 'Select the Summary tab to return to view the list of associated individual providers and to continue to the next page.' Below this, there is a red asterisk indicating a required field. There are two input fields: '\* Provider ID' (with a red box around it and a spy glass icon) and '\* ID Type' (with a dropdown menu showing 'NPI' and a red box around it). At the bottom, there is a 'Reset' button.

## New FFS Enrollment Application

Clicking the *(NPI)* link next to the desired Individual Provider on the list that populates will return to the main **Associated Providers** panel.

Click **Save**.

**Associated Providers** ?

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.

\*Group Effective Date   Group End Date 12/31/9999

\*Provider ID   \*ID Type

Name

Taxonomy

Search Results: NPI ?

Total Records: 3

Provider ID ▲	Provider Name	Taxonomy	Address	City	State	Zip Code
<a href="#">(NPI)</a>						
<a href="#">(NPI)</a>						
<a href="#">(NPI)</a>						

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

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

**Associated Providers** ?

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: 4

#	Name	NPI	Effective Date	End Date	Action
1			02/02/2017	12/31/2299	<a href="#">Remove</a>
2			08/29/2017	12/31/2299	<a href="#">Remove</a>
2			08/29/2017	12/31/2299	<a href="#">Remove</a>
4			09/07/2017	12/31/9999	<a href="#">Remove</a>

## New FFS Enrollment Application

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

**Provider Enrollment: Associated Providers** ?

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

**▶ Associated Providers**

Languages

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

Summary

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.

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

**Provider Enrollment: Languages**

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

**Languages**

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

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

Language	Action
Click to collapse.	
+ Language <input type="text"/>	
<a href="#">Add</a>	

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

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**

Welcome

Request Information

Taxonomies

Addresses

Provider Identification

**Languages**

EFT Enrollment

ERA Enrollment

Other Information

Disclosures

Attachments and Fees

Agreement

Summary

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

Language	Action
ENGLISH	<a href="#">Remove</a>
SPANISH	<a href="#">Remove</a>
Click to add language.	

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

14. **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																	
<ul style="list-style-type: none"> <li><a href="#">Welcome</a></li> <li><a href="#">Request Information</a></li> <li><a href="#">Taxonomies</a></li> <li><a href="#">Addresses</a></li> <li><a href="#">Provider Identification</a></li> <li><a href="#">LANGUAGES</a></li> <li><b>EFT Enrollment</b></li> <li><a href="#">ERA Enrollment</a></li> <li><a href="#">Other Information</a></li> <li><a href="#">Disclosures</a></li> <li><a href="#">Attachments and Fees</a></li> <li><a href="#">Agreement</a></li> <li><a href="#">Summary</a></li> </ul>	<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><b>Provider Information</b></p> <p><b>Provider Name</b> <b>Business Name</b></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> <table border="1" style="width: 100%;"> <tr> <th colspan="2">Provider 'Pay To' Address</th> </tr> <tr> <td style="text-align: center;"><b>Address</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>City</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>State</b></td> <td style="text-align: center;"><b>Zip Code/Postal Code</b></td> </tr> <tr> <td style="text-align: center;"><b>Country</b></td> <td></td> </tr> </table> <hr/> <p><b>Provider Identification Numbers</b></p> <p style="text-align: right;">Tax ID *****</p> <p><b>Provider National Provider Identifier (NPI)</b></p> <p><b>Other Identifier</b> <input type="text"/> <b>Assigning Authority</b> <input type="text" value="v"/></p> <p><b>Trading Partner ID</b> <input type="text"/></p> <p><b>Provider License Number</b> <span style="float: right;"><b>License Issuer</b></span></p> <p style="text-align: center;"><b>Taxonomy Code</b></p> <hr/> <p><b>Provider Contact Information</b></p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><b>Provider Contact Name</b></td> <td style="text-align: center;"><b>Title</b></td> </tr> <tr> <td style="text-align: center;"><b>Phone</b></td> <td style="text-align: center;"><b>Ext</b></td> </tr> <tr> <td style="text-align: center;"><b>Email</b></td> <td style="text-align: center;"><b>Fax Number</b></td> </tr> </table> <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"/> <b>Provider Agent Information</b></p> <p>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.</p>	Provider 'Pay To' Address		<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code/Postal Code</b>	<b>Country</b>		<b>Provider Contact Name</b>	<b>Title</b>	<b>Phone</b>	<b>Ext</b>	<b>Email</b>	<b>Fax Number</b>
Provider 'Pay To' Address																	
<b>Address</b>																	
<b>City</b>																	
<b>State</b>	<b>Zip Code/Postal Code</b>																
<b>Country</b>																	
<b>Provider Contact Name</b>	<b>Title</b>																
<b>Phone</b>	<b>Ext</b>																
<b>Email</b>	<b>Fax Number</b>																

## 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.

<input type="checkbox"/> <b>Retail Pharmacy Information</b>
<b>Financial Institution Information</b>
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.
<input type="checkbox"/> <b>Financial Institution Address</b>
*Financial Institution Name <input type="text"/>
Financial Institution Telephone Number <input type="text"/> Ext <input type="text"/>
*ABA Routing Number <input type="text"/>
*Type of Account at Financial Institution <input type="text"/>
*Provider's Account Number with Financial Institution <input type="text"/>
*Confirm Account Number <input type="text"/>
<b>Account Number Linkage to Provider Identifier</b> 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) <input type="text"/>
Provider National Provider Identifier (NPI) <input type="text"/>
<b>Submission Information</b>
Reason For Submission New Enrollment
Include with Enrollment Submission <input type="text"/>
Requested EFT Start/Change/Cancel Date 12/06/2021
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>

15. **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	
<a href="#">Welcome</a>	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.
<a href="#">Request Information</a>	
<a href="#">Taxonomies</a>	If ERA's are to be electronically exchanged, then an account should be established using this page within the enrollment application.
<a href="#">Addresses</a>	* Indicates a required field.
<a href="#">Provider Identification</a>	<b>Provider Information</b>
<a href="#">Associated Providers</a>	<p><b>Provider Name</b> A</p> <p><b>Business Name</b> B</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> <p><b>Provider 'Remittance To' Address</b></p>
<a href="#">LADQMGRM</a>	
<a href="#">EFT Enrollment</a>	
<b>ERA Enrollment</b>	
<a href="#">Other Information</a>	
<a href="#">Disclosures</a>	
<a href="#">Attachments and Fees</a>	
<a href="#">Agreement</a>	
<a href="#">Summary</a>	
	<p><b>Provider Identification Numbers</b></p> <p>Tax ID *****</p> <p><b>Provider National Provider Identifier (NPI)</b> 1205871506</p> <p><b>Other Identifier</b> <input type="text"/> <b>Assigning Authority</b> <input type="text"/></p> <p><b>Trading Partner ID</b> <input type="text"/></p> <p><b>Provider License Number</b> F1000254 <b>License Issuer</b> Delaware</p> <p><b>Taxonomy Code</b> 332H00000X</p>
	<b>Provider Contact Information</b>
	<p><b>Provider Contact Name</b> b s <b>Title</b> _</p> <p><b>Phone</b> 1-302-555-5555 <b>Ext</b> _</p> <p><b>Email</b> xx_key_xx92@yahoo.com <b>Fax Number</b> _</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 02/08/2024

[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.

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

Electronic Remittance Advice Information
<b>Preference for aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)</b> 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.
<b>Provider Tax Identification Number (TIN)</b> <input type="text"/>
<b>Provider National Provider Identifier (NPI)</b> <input type="text"/>
<b>ERA Download Method</b> <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"/> <b>Electronic Remittance Advice Clearinghouse Information</b>
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"/> <b>Electronic Remittance Advice Vendor Information</b>
Submission Information
<b>Reason For Submission</b> New Enrollment
<b>Requested ERA Effective Date</b> 12/06/2021
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>

16. **OTHER INFORMATION**

In the **Other** panel, add relevant *Board Certifications*. If the provider is not board certified, this panel can be bypassed.

**\*NOTE:** If any fields in the *Board Certification* section are completed, then they must all be completed.

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

**Provider Enrollment: Other Information**

Welcome  
Request Information  
Taxonomies  
Addresses  
Provider Identification  
Languages  
EFT Enrollment  
ERA Enrollment  
Other Information  
Disclosures  
Attachments and Fees  
Agreement  
Summary

Additional information is provided for each enrollment, for group/facility and individual providers.  
Certification required when no license information provided.  
\* Indicates a required field.

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

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

Certification Type	Certificate #	Effective Date	End Date	Action
Click to collapse.				
* Certification Type	* Certificate #	* Effective Date	* End Date	

Add Reset

**Nurse Practitioners**

Taxonomy  
Supervising Physician NPI

**Enrollment Questions**

No Enrollment Questions Returned for this Enrollment Type.

Continue Finish Later Cancel

17.

## 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.

State of Delaware  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home > Provider Enrollment > Enrollment Disclosures

Tuesday 01/13/2026 11:26 AM EST

**Attention Users!**

This is a Test site for training purposes or data validation, this is not a real production site. If you are a Provider or a Member and you want to Submit real data. Please go to: [Delaware Medicaid Enterprise System](#)

**Provider Enrollment: Disclosures**

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... of the provider been convicted of a criminal offense... Title XX services program since the inception of the...?
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

Delaware.gov | Privacy | Contact | Phone Directory

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*.

The screenshot shows the State of Delaware website interface for the Delaware Medicaid Enterprise System. The header includes the state logo, search bar, and navigation links. The main content area features a red banner with the text "Attention Users!" and a notice about the test site. Below this is a navigation menu for "Provider Enrollment: Disclosures" with options like Welcome, Request Information, Taxonomies, Addresses, Provider Identification, Languages, EFT Enrollment, ERA Enrollment, Other Information, Disclosures (selected), Attachments and Fees, Agreement, and Summary. The main content area contains instructions and a list of four disclosure questions, with a dropdown menu set to "No".

**State of Delaware**  
The Official Website of the First State

**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Medicaid & Medical Assistance

**Home**

Home > Provider Enrollment > Enrollment Disclosures Tuesday 01/13/2026 12:27 PM EST

**Attention Users!**

This is a Test site for training purposes or data validation, this is not a real production site. If you are a Provider or a Member and you want to Submit real data. Please go to: [Delaware Medicaid Enterprise System](#)

**Provider Enrollment: Disclosures**

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?

# New FFS Enrollment Application

**Provider Name** \_\_\_\_\_ **Role IDs** Provider - In Network - 1598732224 (NPI) ▼ **Location** \_\_\_\_\_ **Taxonomy** \_\_\_\_\_

---

**Provider Enrollment: Attachments And Fees** ?

**Welcome** | **Supporting Documentation**

[Request Information](#) | 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.

[Taxonomies](#) | 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.

[Addresses](#) | **Review Privacy Notice before adding attachments:** [Privacy Notice](#)

[Provider Identification](#) | **Checklist of General Provider Information Needed**

[Languages](#) |
 

- 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)

[EFT Enrollment](#) | **Attachments and Fees**

[ERA Enrollment](#) | [Agreement](#)

[Other Information](#) | [Summary](#)

[Disclosures](#) | [Summary](#)

18. 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.

**Provider Enrollment: Disclosures** ?

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

[Request Information](#) | **\*Do you have any of the following to disclose?** Yes ▼

[Taxonomies](#) | 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?

[Addresses](#) | 2. Has the provider had business transactions with any subcontractor totaling more than \$25,000 during the preceding 12-month period?

[Provider Identification](#) | 3. Has the provider had any significant transactions with any wholly owned supplier or with any subcontractor during the preceding five-year period?

[Languages](#) | 4. Are there any other entities to report for this NPI/Tax ID combination?

[EFT Enrollment](#) | **Available Enrollment Disclosures**

[ERA Enrollment](#) | 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
<a href="#">Provider Disclosure Statement</a>	All providers enrolling with the DMES program must complete a Provider Disclosure Statement.	Pending

[Other Information](#) | [Continue](#) [Finish Later](#) [Cancel](#)

[Disclosures](#) | [Summary](#)

[Attachments and Fees](#) | [Summary](#)

[Agreement](#) | [Summary](#)

[Summary](#) | [Summary](#)

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 (9999999999)

**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 (9999999999)	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" value="▼"/>	<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" value="▼"/>	<input type="text"/>

# New FFS Enrollment Application

[Add Row](#)

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

**Optional Remarks**

Enter optional comments here (500 characters max.)

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

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

[Submit](#) [Cancel](#)

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

**Provider Enrollment: Disclosures** ?

[Welcome](#)

[Request Information](#)

[Taxonomies](#)

[Addresses](#)

[Provider Identification](#)

[Languages](#)

**Disclosures**

[Attachments and Fees](#)

[Agreement](#)

[Summary](#)

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

**Available Enrollment Disclosures**

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

Disclosure Name	Description	Status
<a href="#">Provider Disclosure Statement</a>	All providers enrolling with the DMES program must complete a Provider Disclosure Statement.	Completed

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

19. **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** ?

Welcome

[Request Information](#)

[Taxonomies](#)

[Addresses](#)

[Provider Identification](#)

[Languages](#)

[EFT Enrollment](#)

[ERA Enrollment](#)

[Other Information](#)

[Disclosures](#)

▶ **Attachments and Fees**

[Agreement](#)

[Summary](#)

---

**Supporting Documentation**

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.

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.

**Review Privacy Notice before adding attachments:** [Privacy Notice](#)

**Checklist of General Provider Information Needed**

- 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.

**ORP Providers should attach:**

- The practitioner must submit a completed application and provide a signed copy of his/her social security card.

\* Indicates a required field.

**Attachments** -

In the **Attachments and Fees** panel, review the instructions for adding attachments. Click *Choose File* to browse for the document. Select the *Attachment Type* from the drop-down menu, and then click *Add* to upload the attachment. Required fields are marked with a red asterisk (\*).

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

**Attachments** -

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

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

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

#	Transmission Method	File	Attachment Type	Action
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Click to collapse.</span> <span>+</span> </div> <div style="padding: 10px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><b>*Transmission Method</b></span> <span>FT-File Transfer <span style="font-size: 0.8em;">▼</span></span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><b>*Upload File</b></span> <span>Choose File No file chosen</span> </div> <div style="display: flex; justify-content: space-between;"> <span><b>*Attachment Type</b></span> <span><span style="font-size: 0.8em;">▼</span></span> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span style="border: 1px solid #0056b3; padding: 2px 5px; color: #0056b3;">Add</span> <span style="border: 1px solid #0056b3; padding: 2px 5px; color: #0056b3;">Cancel</span> </div> </div>				

---

**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 <b>Remove</b> link to remove the entire row.				
#	Transmission Method	File	Attachment Type	Action
1	FT-File Transfer	Provider enrollment attachment.txt (0K)	Copy of Business License	<a href="#">Remove</a>
<input type="button" value="Add"/> 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><b>*Please note:</b> 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>				
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>				

## 20. FINALIZE ENROLLMENT APPLICATION

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

Provider Enrollment: Agreement	
<ul style="list-style-type: none"> <li><a href="#">Welcome</a></li> <li><a href="#">Request Information</a></li> <li><a href="#">Taxonomies</a></li> <li><a href="#">Addresses</a></li> <li><a href="#">Provider Identification</a></li> <li><a href="#">Languages</a></li> <li><a href="#">EFT Enrollment</a></li> <li><a href="#">ERA Enrollment</a></li> <li><a href="#">Other Information</a></li> <li><a href="#">Disclosures</a></li> <li><a href="#">Attachments and Fees</a></li> <li><b>▶ Agreement</b></li> <li><a href="#">Summary</a></li> </ul>	<p><b>Instructions</b></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><b>Terms of Agreement</b></p> <p style="text-align: center;"> <b>Provider Name</b> Bartholomew Tobl  <b>Address</b> 645 PAPER MILL RD            STE 1015            NEWARK            Delaware, 19711-7515  <b>Tax ID</b> *****1234  <b>NPI</b> 1699717603  <b>Contact Name</b> FirstContact LastContact  <b>Contact Email</b> contactworkemail@email.com         </p> <p style="text-align: center;"> <b>CONTRACT FOR ITEMS OR SERVICES            DELIVERED TO            DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLES            IN THE            DEPARTMENT OF HEALTH AND SOCIAL SERVICES</b> </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</small></p>

## New FFS Enrollment Application

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

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

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

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

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

**\*Your Signature**

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

**Title**

**Submission Date** 11/10/2021

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

**Provider Enrollment: Summary** ?

<a href="#">Welcome</a>	<b>Request Information</b>
<a href="#">Request Information</a>	<b>Requesting Enrollment Effective Date</b> 12/06/2021
<a href="#">Taxonomies</a>	<b>Enrollment Type</b> Individual
<a href="#">Addresses</a>	<b>Taxonomy</b> 207R00000X-Internal Medicine
<a href="#">Provider Identification</a>	<b>NPI</b> 1699717603
<a href="#">Licenses</a>	<b>SSN</b> ***-**-1234
<a href="#">EFT Enrollment</a>	<b>Are you currently enrolled as a Provider?</b> No
<a href="#">ERA Enrollment</a>	<b>Were you previously enrolled as a Provider?</b> No
<a href="#">Other Information</a>	<b>Do you have hospital admitting privileges?</b> No
<a href="#">Disclosures</a>	<b>Last Name</b> LastContact
<a href="#">Attachments and Fees</a>	<b>First Name</b> FirstContact
<a href="#">Agreement</a>	<b>Title</b> _
<b>Summary</b>	<b>Phone</b> 1-555-555-5123 <b>Ext</b> _
	<b>Fax Number</b> _
	<b>Work Email</b> contactworkemail@email.com
	<b>Preferred Method of Communication</b> Email
	We will send DMAP notifications to the e-mail address provided below.
	<b>E-mail Address</b> contactworkemail@email.com
	<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**

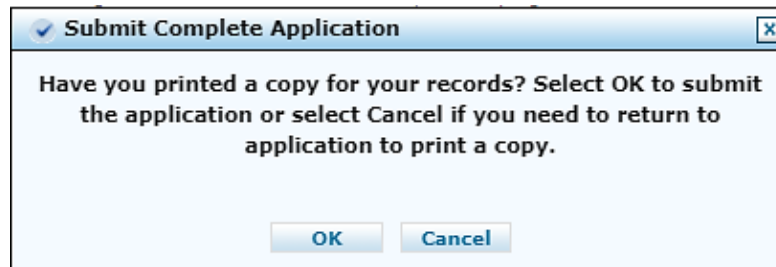
**Finish Later**

**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.



## 22. 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

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

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

Tuesday 11/09/2021 10:42 AM EST

**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, pending approval. Upon checking status, you may be able to revise your application.

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

Once this information is entered and the Submit button is selected, a tracking number will be provided. The tracking number along with the following information, will be used as your credentials to resume your suspended enrollment application.

\* Indicates a required field.

Tax ID \*\*\*\*\*

\*Password

\*Confirm Password

Delaware.gov | Privacy | Contact | Phone Directory

### 23. 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.

# New FFS Enrollment Application

[Print Preview](#)

## Provider Enrollment: Tracking Information

Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number: 47946

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: contactworkemail@email.com.

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

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

[Exit](#)

## Provider Enrollment: Cover Sheet



Date 11/10/2021  
Tracking Number 47140

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

**Enrollment form for the following provider:**  
2021 RACCOON HILL RD  
645 PAPER MILL RD  
NEWARK, Delaware 19711-7515

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

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

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

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](#)

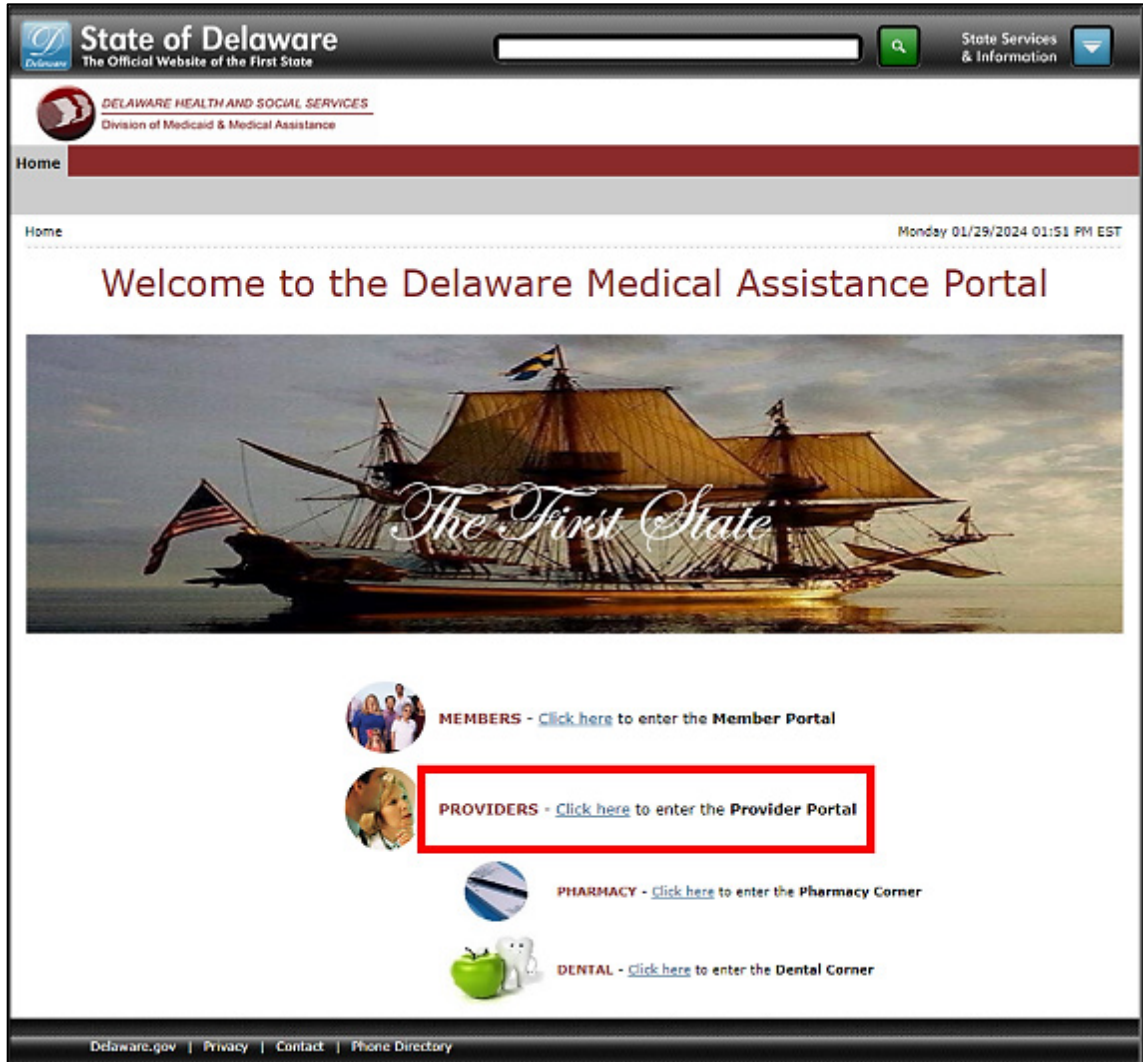
When the coversheet has been saved and printed, click **Close** to return to the **Provider Enrollment: Tracking Information** page.

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

24. **RESUME EXISTING ENROLLMENT APPLICATION**

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

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



# New FFS Enrollment Application

Click the *Provider Enrollment* link.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home

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

### Login

User ID

**Log In**

[Forgot User ID?](#)

[Register Now](#)

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

### Welcome to the Delaware Medical Assistance Portal for Providers

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

### 2024 Enrollment Fees for Institutional Providers

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

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

### Protect Your Privacy!

Always log off and close all of your browser windows

[Privacy Policy](#)

### What can you do in the Provider Portal

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

- [Manuals, Bulletins and Forms](#)
- [Provider Enrollment](#)**
- [Trading Partner Enrollment](#)
- [How-To Corner](#)
- [Payment Error Rate Measurement](#)

## New FFS Enrollment Application

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

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

The screenshot shows the State of Delaware website interface. At the top, there is a navigation bar with the State of Delaware logo and the text "The Official Website of the First State". Below this is a search bar and a "State Services & Information" dropdown menu. The main content area is titled "DELAWARE HEALTH AND SOCIAL SERVICES" and "Division of Medicaid & Medical Assistance". A breadcrumb trail shows "Home > Provider Enrollment". The "Provider Enrollment" section contains four links: "Enrollment Application", "Resume Enrollment", "Enrollment Status", and "MCO-Only Provider Enrollment Application". The "Resume Enrollment" link is highlighted with a red box, and a red arrow points to it from the right. The text for "Resume Enrollment" 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."

## New FFS Enrollment Application

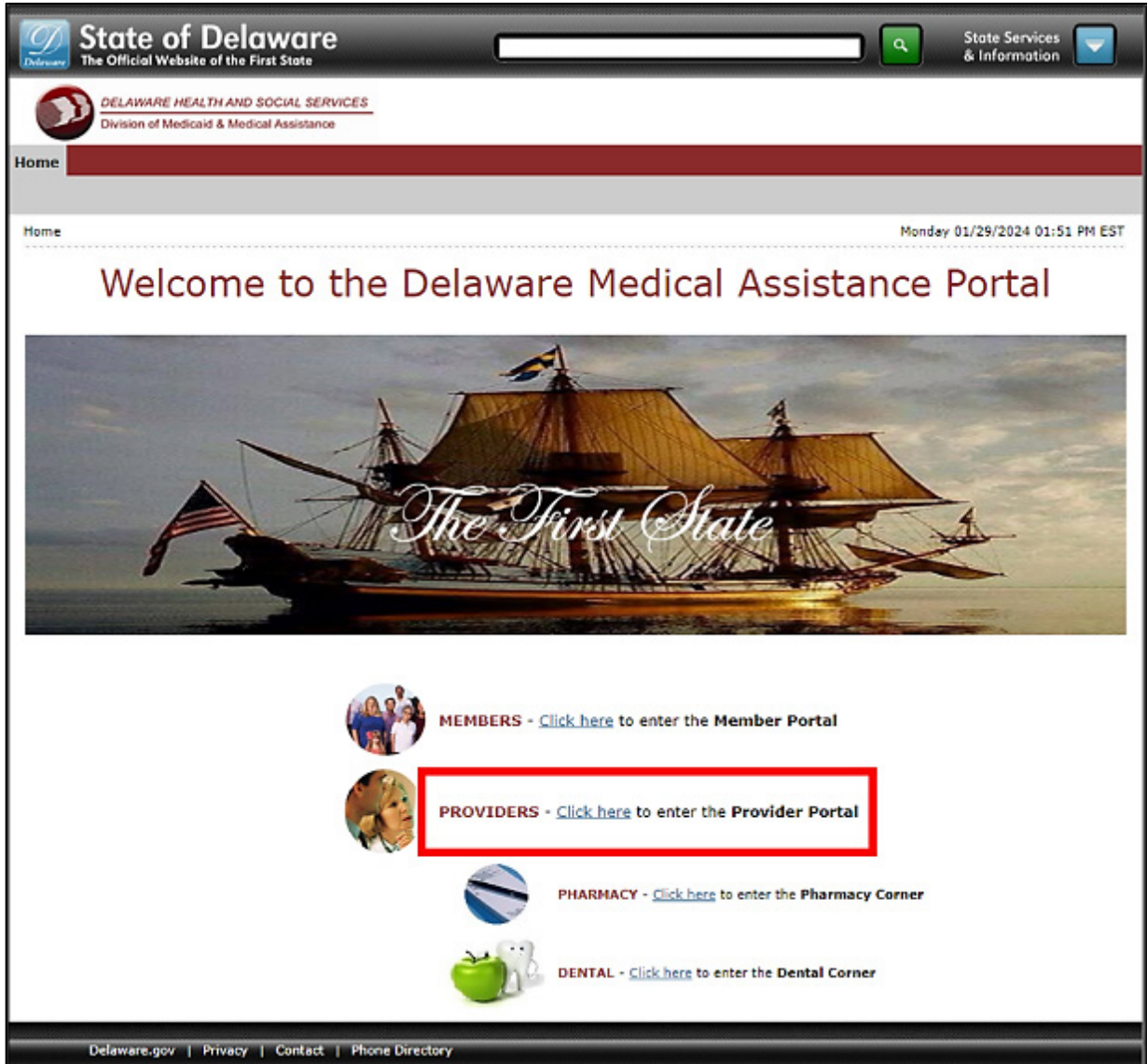
26. In the **Provider Enrollment: Resume Enrollment** panel, enter the ATN, Tax ID (FEIN or SSN), and password. Click **Submit** to return to the Enrollment Application and continue the Enrollment Application process. Required fields are marked with a red asterisk (\*).

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.

The screenshot shows the State of Delaware website interface. At the top, there is a navigation bar with the State of Delaware logo and the text "The Official Website of the First State". Below this is a search bar and a "State Services & Information" dropdown menu. The main content area features the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and the text "Division of Medicaid & Medical Assistance". A breadcrumb trail reads "Home > Provider Enrollment > Resume Enrollment". The main heading is "Provider Enrollment: Resume Enrollment" with a help icon. Below the heading, there is a paragraph: "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." A legend indicates that an asterisk (\*) denotes a required field. Three input fields are shown: "\*Tracking Number", "\*Tax ID", and "\*Password". The "Submit" button is highlighted with a red box. At the bottom of the page, there are links for "Delaware.gov", "Privacy", "Contact", and "Phone Directory".

27. **CHECK APPLICATION STATUS**

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



Click the *Provider Enrollment* link.



## New FFS Enrollment Application

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

The screenshot shows the State of Delaware website interface. At the top, there is a navigation bar with the State of Delaware logo and the text "The Official Website of the First State". Below this is a search bar and a "State Services & Information" dropdown menu. The main content area features the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and the text "Division of Medicaid & Medical Assistance". A breadcrumb trail shows "Home > Provider Enrollment". The "Provider Enrollment" panel contains three links: "Enrollment Application", "Resume Enrollment", and "Enrollment Status". The "Enrollment Status" link is highlighted with a red box, and a red arrow points to it from the right. Below the links is a section titled "Streamlined provider enrollment application" with a detailed description of the application process.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home > Provider Enrollment

**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.

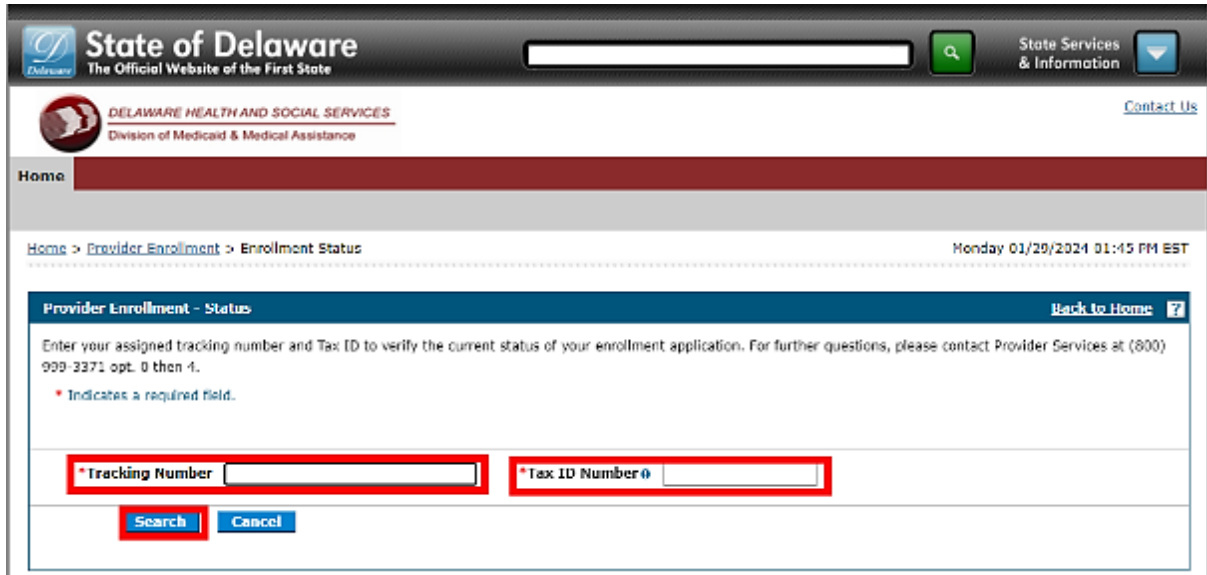
[Enrollment Status](#)  
Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application.

[Streamlined 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

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

Click **Search**.



State of Delaware  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home > [Provider Enrollment](#) > Enrollment Status

Monday 01/29/2024 01:15 PM EST

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

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

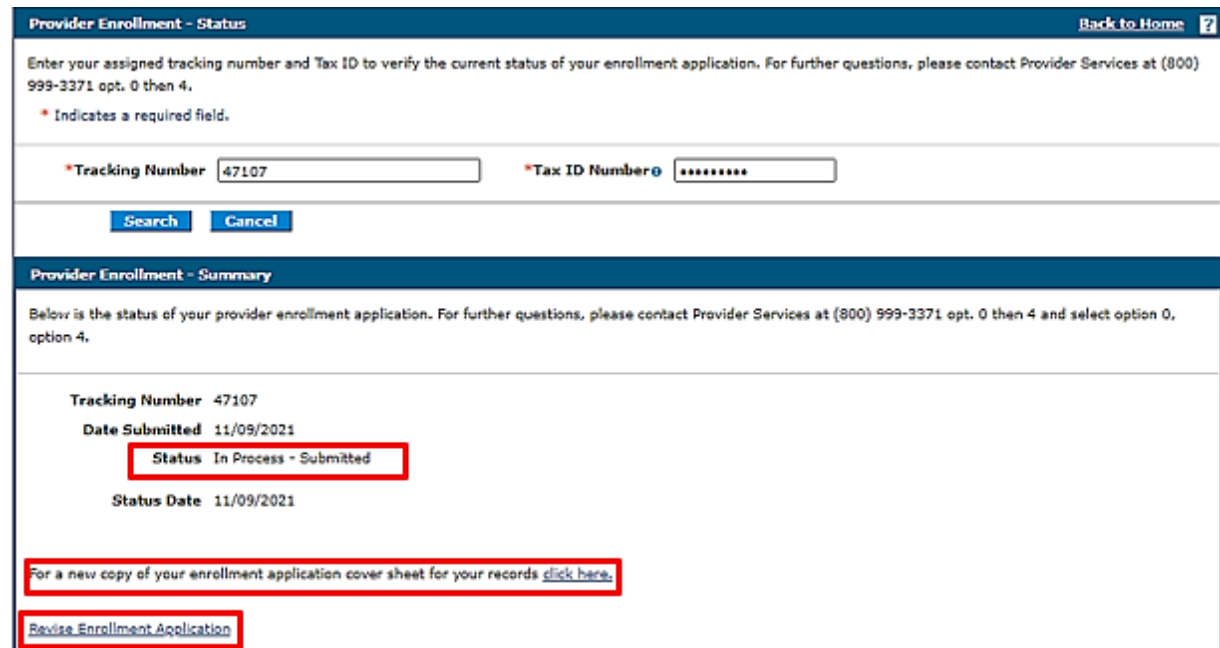
\* Indicates a required field.

\*Tracking Number  \*Tax ID Number

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

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 - Summary** [Back to Home](#)

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

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

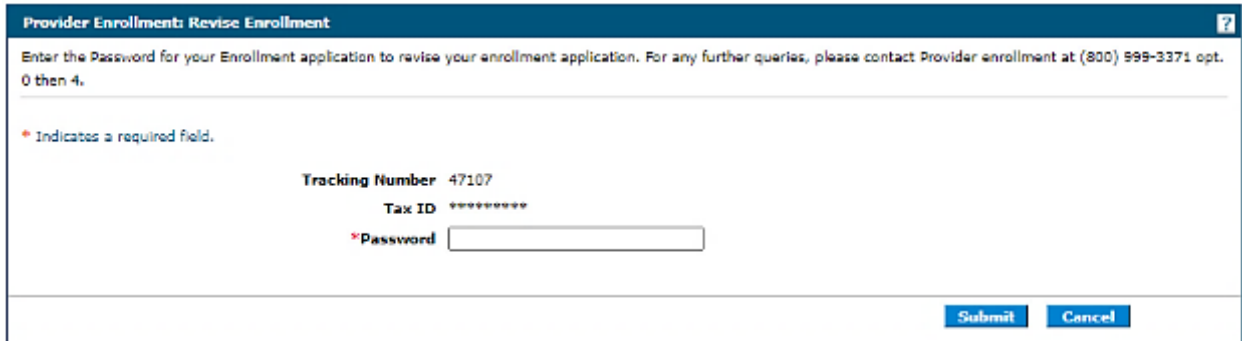
For a new copy of your enrollment application cover sheet for your records [click here](#).

[Revise Enrollment Application](#)

## New FFS Enrollment Application

Open the Enrollment Application using the password previously created.

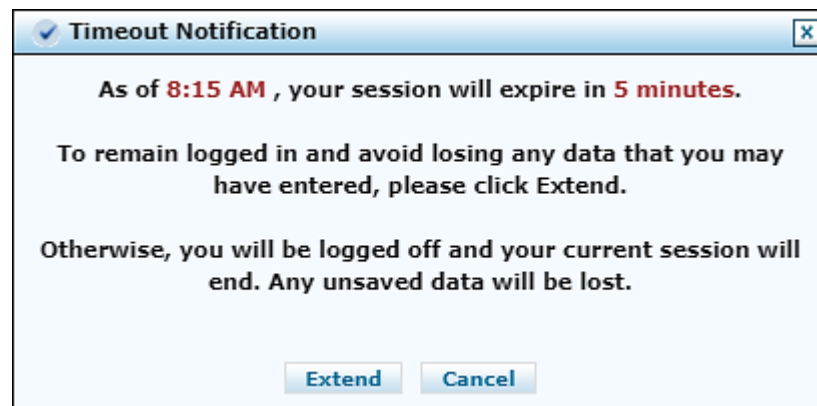
**\*NOTE:** No one has access to the password, and the password cannot be reset. Make sure to remember the password created when submitting the earlier version of the Enrollment Application. If you forgot the password, you will not be able to access your application, and you will have to restart a new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



### 30. **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](mailto: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

<b>Acronym</b>	<b>Description</b>
<b>ATN</b>	Application Tracking Number is a unique identifier for a provider's application for enrollment into DMES.
<b>Business License</b>	A legal document that grants the right to operate a business in a locale.
<b>Certification</b>	An official document attesting to a status or level of achievement, often provided by a specialized professional organization.
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>DMAP</b>	Delaware Medical Assistance Program
<b>DMES</b>	Delaware Medicaid Enterprise System
<b>DMMA</b>	Division of Medicaid and Medical Assistance
<b>FEIN</b>	Federal Employer Identification Number or Tax ID for businesses, groups, or some individuals
<b>FFS</b>	Fee-For-Service is a billing arrangement related to the provider's ability to be reimbursed from the DMES (Medicaid) system directly.
<b>MCD ID</b>	Medicaid Identifier assigned by DMES specific to a provider's NPI, Taxonomy, and Practice/Service Location address
<b>NPPES</b>	National Plan and Provider Enumeration System
<b>PECOS</b>	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.
<b>SSN</b>	Social Security Number or Tax ID most often only associated to an individual person
<b>Tax ID (TIN)</b>	Taxpayer Identification Number used to identify individuals, businesses, and other legal entities for tax purposes
<b>USPS®</b>	United States Postal Service