



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF MEDICAID &
MEDICAL ASSISTANCE

Delaware Medical Assistance Program

gainwell

How to: Submit a Medical Prior Authorization (PA) Request through the Portal

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

INTRODUCTION: This user guide provides the steps required to submit a medical prior authorization (PA) request through the DMAP Provider Portal.

Need Assistance?

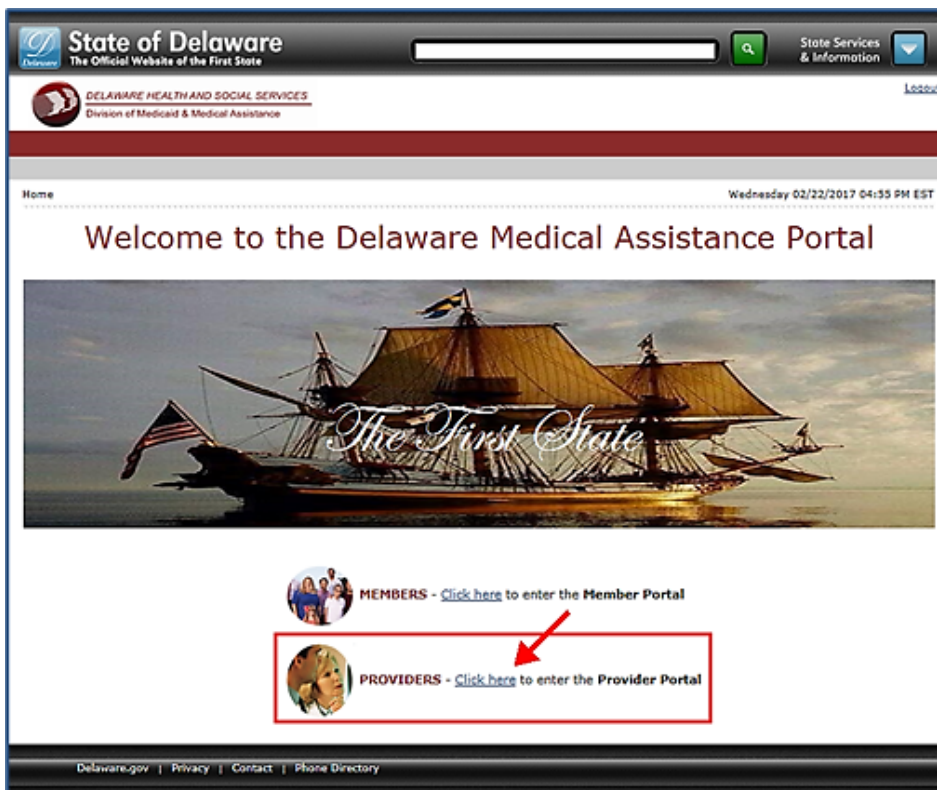
Call Us: Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**.

Message Us: Secure Correspondence: Log in to the [Provider Portal](#).

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

Steps

1. Go to the Delaware Medical Assistance Portal: <https://medicaid.dhss.delaware.gov/>.
2. Click [Click Here](#) to enter the Provider Portal.



Steps

3. Log in by entering the User ID, Challenge Question, and Password.

The screenshot shows the Delaware Medical Assistance Portal for Providers. 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 header includes the Delaware Health and Social Services logo and the text "Division of Medicaid & Medical Assistance". A "Home" button is visible on the left. The main content area features a "Login" section on the left, which is highlighted with a red border. This section contains a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a "Welcome to the Delaware Medical Assistance Portal for Providers" message, followed by a "DMMA Coronavirus COVID-19 Updates" banner with a "Click Here" link. Below the banner is a "What can you do in the Provider Portal" section with a description of the portal's capabilities. The footer includes a "Protect Your Privacy!" section and a "Manuals, Bulletins and Forms" section with links for "Provider Enrollment" and "Trading Partner Enrollment".

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home Thursday 12/04/2025 12:22 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). Please click the links on the left side of this page for important resources. Managed Care Organization (MCO) providers and Managed Care-Only Providers (MCOPs) should refer to the MCO Provider handbook or contact their MCO for MCO-specific information. Check out the scrolling banner below for important information. Please log in to the secure Provider Portal to check member eligibility, submit claims, update provider information, or send a secure message to DMAP Provider Services.

DMMA Coronavirus COVID-19 Updates:
[Click Here](#) for COVID-19 information pertaining to Coverage, Copays, Coding, Pharmacy, Telehealth, DMAP Notifications (Notify Me) and related resources.

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.

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

Manuals, Bulletins and Forms
[Provider Enrollment](#)
[Trading Partner Enrollment](#)

How-To Corner

Steps

4. From the **Home** page, click the **Care Management** tab and then click on **Create Authorization**.

The screenshot displays the State of Delaware Health and Social Services website. At the top, the header includes the State of Delaware logo, the text "The Official Website of the First State", a search bar, and a "State Services & Information" dropdown menu. Below the header, the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and "Division of Medicaid & Medical Assistance" text are visible, along with "Logout" and "Contact Us" links. A navigation menu contains tabs for "Home", "Eligibility", "Claims", "Care Management", "Patient Health History", "Files Exchange", "Resources", and "Switch Provider". The "Care Management" tab is selected, and a sub-menu is open, highlighting the "Create Authorization" button. Other sub-menu items include "View Authorization Status" and "Maintain Favorite Providers". Below the navigation, a breadcrumb trail shows "Challenge Question > Site Token Password > Home" and the date "Friday 12/19/2025 07:25 AM EST". A table displays user information: "Delegate for" (HPetest1), "Provider Name" (HP), "Role IDs" (Provider - In Network - 123456787 (NPI)), "Location" (12345678 - HP), and "Taxonomy" (208000000X-Pediatrics). The main content area features a "Welcome Health Care Professional!" message, a "Notify Me" button, and a "Secure Correspondence" button. A left sidebar contains sections for "User Details" (with links for "My Profile" and "Switch Provider"), "Provider" (with fields for "Name" (HP), "Provider ID" (123456787 (NPI)), and "Location ID" (12345678), and a link for "Characteristics"), and "Provider Services" (with links for "Member Focused Viewing", "Search Payment History", and "Search Documents"). The footer contains links for "Delaware.gov", "Privacy", "Contact", and "Phone Directory".

Steps

5. In the **Create Authorization** panel, select **Medical** as the authorization type. Select the process type from the **Process Type** drop-down menu. Select the urgency from the **Urgency Indicator** drop-down menu. The **Requesting Provider Information** section will display.

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

State of Delaware
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DELaware HEALTH AND SOCIAL SERVICES
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My Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization Thursday 01/22/2026 10:09 AM EST

Provider Name HPEtest1 Role IDs Provider - In Network - 123456787 (NPI) Location 12345678 - HP Taxonomy 282N00000X-General Acute Care Hospital

Create Authorization

* Indicates a required field.

Medical Dental Hospice Pharmacy

*Process Type *Urgency Indicator Standard [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Provider ID	123456787	ID Type	NPI	Name	HPEtest1
Taxonomy	282N00000X-General Acute Care Hospital				

Member Information

Referring Provider Information

Service Provider Information

Diagnosis Information

Service Details

Attachments

Delaware.gov | Privacy | Contact | Phone Directory

Steps

6. Enter the **Member ID**. The Member Information will auto-populate.
Required fields are marked with a red asterisk (*).

The screenshot shows the 'Create Authorization' form. At the top, there are radio buttons for 'Medical' (selected), 'Dental', 'Hospice', and 'Pharmacy'. Below these are dropdown menus for '*Process Type' and '*Urgency Indicator' (set to 'Standard'). There are links for 'Expand All' and 'Collapse All'. The 'Member Information' section is expanded, showing a red box around the '*Member ID' field. Other fields include 'Last Name', 'Birth Date', 'First Name', and 'Other Insurance' (checkbox).

7. If the Referring and Service Provider Information is the same as the Requesting Provider, check the box(es). If different, complete the required information in the **Referring Provider Information** and **Service Provider Information** sections. Select **Place of Service** from the drop-down menu.
Required fields are marked with a red asterisk (*).

The screenshot shows two sections: 'Referring Provider Information' and 'Service Provider Information'. Both sections have a checkbox for 'Referring Provider same as Requesting Provider' and 'Service Provider same as Requesting Provider', both of which are checked. Below each checkbox is a 'Select from Favorites' dropdown menu showing 'No favorite providers available.'. The 'Referring Provider Information' section includes fields for 'Provider ID', 'ID Type' (with 'NPI' selected), 'Name', 'Add to Favorites' (checkbox), and 'Taxonomy' (set to '282N00000X-General Acute Care Hospital'). The 'Service Provider Information' section includes fields for '*Provider ID', 'ID Type' (with 'NPI' selected), 'Name', 'Add to Favorites' (checkbox), '*Taxonomy' (set to '282N00000X-General Acute Care Hospital'), and '*Place Of Service' (dropdown menu).

Steps

8. In the **Diagnosis Information** and **Service Details** sections, enter required information. Click **Add Service**.

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

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<div style="font-size: x-small; margin-bottom: 5px;">Click to collapse.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*Diagnosis Type <input type="text" value="ICD-10-CM"/></p> </div> <div style="width: 45%;"> <p>*Diagnosis Code <input type="text"/></p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div>		

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Status	Code	Modifiers	Units	Action
<div style="font-size: x-small; margin-bottom: 5px;">Click to collapse.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>*From Date <input type="text"/></p> </div> <div style="width: 20%;"> <p>To Date <input type="text"/></p> </div> <div style="width: 20%;"> <p>*Code Type <input type="text" value="CPT/HCPCS"/></p> </div> <div style="width: 20%;"> <p>*Code <input type="text"/></p> </div> </div> <div style="margin-top: 5px;"> <p>Modifiers <input type="text"/></p> </div> <div style="margin-top: 5px;"> <p>*Units <input type="text"/></p> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 25%;"> <p>Requested Dollars <input type="text"/></p> </div> <div style="width: 70%;"> <p>Additional Service Code Description <input type="text"/></p> </div> </div> <div style="margin-top: 5px;"> <p>*Medical Justification <input style="height: 40px;" type="text"/></p> </div> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="Add Service"/> <input type="button" value="Cancel Service"/> </div>							

9. In the **Attachments** section, attach any supporting documentation to be submitted with the prior authorization. Click **Add**.

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

Attachments

Transmission Method	File	Control #	Action
<div style="font-size: x-small; margin-bottom: 5px;">Click to collapse.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*Transmission Method <input type="text" value="EL-Electronic Only"/></p> </div> <div style="width: 45%;"> <p>*Upload File <input type="button" value="Choose File"/> No file chosen</p> </div> </div> <div style="margin-top: 5px;"> <p>Attachment Type <input type="text"/></p> </div> <div style="margin-top: 5px;"> <p>*Description <input type="text"/></p> </div> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div>			

Steps

10. Click Submit.

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DELAWARE HEALTH AND SOCIAL SERVICES
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My Home | Eligibility | **Claims** | Care Management | Patient Health History | Files Exchange | Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization Friday 12/19/2025 07:31 AM EST

Provider Name HPEtest1 **Role IDs** Provider - In Network - 123456787 (NP) **Location** 12345678 - HP
Taxonomy 282N00000X-General Acute Care Hospital

Create Authorization ?

* Indicates a required field.

Medical **Dental** **Hospice** **Pharmacy**

***Process Type** [Dropdown] ***Urgency Indicator** Standard [Dropdown] [Expand All](#) | [Collapse All](#)

Requesting Provider Information [+]

Member Information [+]

Referring Provider Information [+]

Service Provider Information [+]

Diagnosis Information [+]

Service Details [+]

Attachments [+]

Submit **Cancel**

Delaware.gov | Privacy | Contact | Phone Directory

Steps

11. Review the information entered in all fields. If edits are needed, click **Back**. If the information is correct, click **Confirm** to submit the PA request for review. After clicking **Confirm**, an Authorization Receipt with the Authorization Tracking Number will display.

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My Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization > Confirm Authorization

Tuesday 01/23/2018 11:14 AM EST

Provider Name: [Field] Role IDs: Provider - In Network (NP) Location Taxonomy: [Field]

Confirm Authorization

Requesting Provider Information

Member Information and Type

Rendering Provider Information

Diagnosis Information

Service Details

Attachments

Back | Confirm | Cancel

Delaware.gov | Privacy | Contact | Phone Directory

12. Click **Print Preview** to view the PA request details and **Authorization Receipt**. Click **Print** and follow the prompts to print or save a copy of the PA request for your records.

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My Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization

Friday 12/19/2025 07:31 AM EST

Provider Name: HPEtest1 Role IDs: Provider - In Network -123456787 (NP) Location: 12345678 - HP Taxonomy: 282N00000X-General Acute Care Hospital

Authorization Receipt

Your Authorization Tracking Number 5000000001 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.
General Authorization Receipt Instructions

Print Preview | Copy | New

Delaware.gov | Privacy | Contact | Phone Directory

Steps

Reminder: Follow the procedures for HIPAA Compliance for Personally Identifiable Information (PII) and Protected Health Information (PHI).

Need Assistance?

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