

**21<sup>st</sup> Century Cures Act Mandatory Enrollment for Delaware  
Medicaid Managed Care Organizations Providers (MCOPs)  
Joint MCO FAQs – Last Updated - 8/24/2023**

**1. Why is the Delaware Medicaid Assistance Program (DMAP) and the MCOs requiring providers and professionals to enroll in DMAP?**

- The 21<sup>st</sup> Century Cures Act and subsequent federal regulations ([42 CFR Part 455](#)) include provisions requiring screening and enrolling of current and prospective Medicaid providers to improve the integrity of the Medicaid program and to reduce fraud, waste and abuse.
- DMAP is requiring that providers complete the enrollment process by **September 30, 2023**.
- Providers and professionals who do not complete the registration process are not eligible to participate in the Medicaid Program after **September 30, 2023**.

**2. What is involved in the enrollment process?**

- All providers must complete an application, which has screening and background questions and submit a disclosures form.
- Providers must register all service locations for each unique NPI and taxonomy combination.
- After successfully registering, a unique Medicaid ID (MCD ID) associated with each NPI, service location and taxonomy combination will be generated.

**3. Who needs to enroll in DMAP and obtain a MCD ID?**

- Rendering Providers - all providers who furnish services or items to Medicaid beneficiaries.
- Billing Providers – all providers who bill Medicaid MCOs (individual, organizational, facilities, etc).
- Non-Billing Providers – Any ordering, referring, prescribing and attending (ORPA) provider of services or items to Medicaid beneficiaries.

**4. What are examples of “ordering or referring”?**

- Prescribing (either drugs or other covered items) for a beneficiary
- Sending a beneficiary’s specimens to a lab for testing
- Ordering imaging services for a beneficiary
- Ordering durable medical equipment, prosthetics, orthotics and supplies for a beneficiary
- Referring a beneficiary to another provider or facility for covered services
- Determining or certifying a beneficiary’s need for a covered item or service (e.g., outpatient drug counseling or home health services or nursing facility services) where the determination or certification by a physician or other professional that a beneficiary needs or qualifies for receipt of an item or service is required for payment of the claim

**5. What happens if providers do not enroll by September 30, 2023?**

- Effective October 1, 2023, any in-state and out-of-state participating providers who have not followed the DMAP enrollment process will have claims payments suspended or denied.
- This means if an ordering, referring, prescribing or attending (ORPA) provider does not enroll, the billing provider will not be able to receive reimbursement for covered services and supplies that the providers order, refer or prescribe. To ensure no disruption in payment, please take steps today.
- This includes pharmacies and professionals who prescribe medication.

**6. Does a rendering provider have to obtain the NPI of the ORPA to submit a claim, and if so, how does the rendering provider know if the ORPA provider is enrolled in DMAP?**

- It is ultimately the responsibility of the Medicaid billing provider to obtain the NPI of the ORPA provider and to confirm that the ORPA provider is enrolled in DMAP. Each provider must develop its own internal processes to ensure the enrollment requirement is met.

**7. Is there anything you can do to prepare prior to enrolling?**

- Identify each active taxonomy used by billing and rendering providers of services to Medicaid beneficiaries.
- Identify each service location where the provider furnishes services to Medicaid beneficiaries.
- Confirm your ORPA providers are aware of the requirements to enroll with DMAP.

**8. How do I register?**

- Click on the MCO Only Provider Enrollment Application and enter your NPI and taxonomy and click search.
  - If there are no practices on file, you will need to complete a new enrollment application.
  - If there are practices on file for the NPI taxonomy combination, they will all appear. You will need to register all service locations for each NPI taxonomy combination, and if applicable, unregister duplicate or incorrect addresses.
  - If a service location has been unregistered and you would like to register it, you can reset the location and resume the application for that NPI, taxonomy and service location combination.

**Registration Example**

Dr. Smith has 2 active taxonomies (Taxonomy 1 and Taxonomy 2) for services provided to Medicaid beneficiaries at 3 different service locations (101 Holland Avenue, 202 Jones Street and 303 Carl Street).

For Taxonomy 1, Dr. Smith will need to complete an enrollment application to register 1 MCD ID for each of the 3 locations. For Taxonomy 2, Dr. Smith will need to complete a separate enrollment application to register 1 MCD ID for each of the 3 locations.

Dr. Smith's successful enrollment with DMAP will result in 6 MCD IDs.

- **Registration Tips**

- **TIP #1:** For providers known to DMAP, enter the NPI, taxonomy and search. If no results are found, you will need to submit a new MCO Provider Only application for that NPI and taxonomy combination.
- **TIP #2:** There should not be any duplicate addresses for the same NPI, taxonomy and service location. However, If the DMAP portal displays more than 1 MCD ID for the same service location, providers will need to unregister the duplicate address.
- **TIP #3:** You will need to complete a new MCO Provider Only application when registering a new practice location, a new taxonomy or change of ownership.

**9. What is an Application Tracking Number (ATN) and why would I need to reset it?**

- An ATN is generated following the completion of an enrollment application and creation of a password. You should print and save the ATN so you can revise a submitted application.
- You can reset your ATN if a) you submitted an application and it was denied, b) your application was not processed because you did not complete it on time; or c) you need to register a location that was unregistered.

**10. What if I believe I have taken all the steps necessary to enroll and received a Welcome letter?**

- Out of an abundance of caution, even if you registered with DMAP, please log-in to the DMAP application to confirm that for each NPI and taxonomy combination in which you submit claims to a MCO you have registered a single MCD ID for each unique physical address.

**11. What resources are available to assist with the registration process with DMAP?**

- Access DMAP FAQs and How-to-Guides by going to the DMAP portal at <https://medicaid.dhss.delaware.gov/provider>, clicking the *Manuals, Bulletins and Forms* link on the left, and clicking on the *Managed Care Only Providers MCOP* in the documents folder on the left.
- Contact DMAP Provider Services at 1-800-999-3371, option 0 then option 4.
- Attend an upcoming virtual provider forum with AmeriHealth Caritas Delaware, Delaware First Health, and Highmark Health Options to review requirements and address concerns.