



COVID-19 Public Health Emergency (PHE) Unwinding Frequently Asked Questions (FAQs) for Members

The Federal and State Public Health Emergency Ended May 11, 2023.

These FAQs are also available in [Español](#) and [Kreyòl ayisyen](#).
TTY users: 711 (English 1-800-232-5460 or Spanish 1-877-335-7595)
Other languages: 1-866-843-7212

Customer Service Resources:

- Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212, Option 1 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
- Change Report Center to report a change to contact information at 302-571-4900, Option 2 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
- Medicaid Renewal Call Center at (302) 571-4900, Option 1, then option 4; or 1-866-843-7212, Option 1, Option 4 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
- Medicaid COVID-19 Public Health Emergency Unwinding Resources Online: de.gov/medicaidrenewals
- Delaware ASSIST Self Service Portal: <https://assist.dhss.delaware.gov/>

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What is the COVID-19 Public Health Emergency (PHE)?

In response to the COVID-19 pandemic, the Secretary of the U.S. Department of Health and Human Services declared a nationwide public health emergency on [January 31, 2020](#). On [March 13, 2020](#), the President declared a national emergency due to the COVID-19 pandemic. The PHE allowed Federal and State governments to be flexible by waiving or modifying certain requirements for programs, including Medicaid and CHIP.

During the COVID-19 PHE, Delaware Medicaid kept individuals enrolled and did not do the yearly eligibility renewal process. Therefore, most people did not lose their Delaware Medicaid or Delaware Healthy Children Program (DHCP) coverage, even if they were no longer eligible. Members only lost their Delaware Medicaid coverage if they requested to close, were deceased, or moved out of state.

The [Federal Consolidated Appropriations Act \(2023\)](#) requires the Division of Medicaid and Medical Assistance (DMMA) and Division of Social Services (DSS) to restart eligibility renewals on April 1, 2023. Everyone with Delaware Medicaid or DHCP coverage will go through the renewal process at some point to see if they are still eligible. Not everyone will go through the process at the same time. For more information, visit de.gov/medicaidrenewals and read the Medicaid Renewals FAQs in English, [Español](#), or [Kreyòl ayisyen](#).

When did the federal and state COVID-19 Public Health Emergency declaration end?

Even though the [Federal Consolidated Appropriations Act \(2023\)](#) required DMMA and DSS to restart eligibility renewals on April 1, 2023, the federal and state COVID-19 Public Health Emergency (PHE) ended [May 11, 2023](#).



Why is the COVID-19 PHE ending important to me?

During the COVID-19 Public Health Emergency), Delaware Medicaid stopped, paused, or waived certain requirements for Medicaid benefits. When the public health emergency ended on May 11, 2023, the following requirements restarted and/or will restart:

- Pharmacy signature requirement restarted May 12, 2023.
- Pharmacy copayments (copays) will restart December 1, 2023.
- Adult dental copays will start December 1, 2023.
- Premiums for Medicaid Workers with Disabilities (MWD) and Delaware Healthy Children Program (DHCP) will restart at a later time. Information on premiums will be shared at a future date.

There may be other requirements. For more information and updates, visit de.gov/medicaidrenewals.

Can I sign up for text or email notifications about my benefits?

Yes! Log into your [ASSIST Self Service](#) account to sign up for text and email notifications about your benefits. You can also call the Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212, Option 1 (Monday through Friday, 8:00 a.m. to 4:30 p.m.).

Please remember that email and text message communications are not secure. If you get an email, text message, or phone call that is suspicious, you can report them to the Delaware Medicaid & Medical Assistance Surveillance Utilization Review (SUR) Unit. Fill out an [online SUR Referral form](#), or call anonymously at 1-800-372-2022.

What can I do to get ready for any changes due to the end of the COVID-19 Public Health Emergency?

The most important thing you can do right now is to make sure Delaware Medicaid has your current contact information, and to make sure you report any name changes for you and anyone in your household. Your contact information includes mailing address(es), email address(es), and phone number(s). To check if your information is updated, you can log into your [ASSIST Self Service account](#).

Please look for and open any letters, emails, or text messages and answer phone calls from Delaware Medicaid and Medical Assistance or Division of Social Services. You can sign up for text messages and/or emails about your benefits by logging into your [ASSIST Self Service account](#).

Where do I find information about Delaware Medicaid renewals?

For more information and Frequently Asked Questions about the renewal process, visit de.gov/medicaidrenewals.

When should I renew my Medicaid benefits?



To find out when you should renew your Delaware Medicaid benefits, call the Medicaid Renewal Call Center at (302) 571-4900, Option 1, then Option 4; or call 1-866-843-7212, Option 1, then Option 4 (Monday through Friday, 8:00 a.m. to 4:30 p.m.). You can also view your benefit end date by logging into your [ASSIST Self Service account](#).

Note: You do NOT need to start the renewal process or submit a new Delaware Medicaid application until you get a renewal packet or verification request letter.

Does it cost anything to renew my Delaware Medicaid coverage?

No. Delaware Medicaid will never call you, text you, or email you to demand money. It does not cost money to renew or apply for your Medicaid benefits. If you get an email, text message, or call that is suspicious, you can report them to the Delaware Medicaid & Medical Assistance Surveillance Utilization Review (SUR) Unit. Fill out an [online SUR Referral form](#), or call anonymously at 1-800-372-2022.

How do I update my contact information?

If your name or contact information (mailing address, email address, phone numbers) has changed, you can report any changes by:

- Logging into your [ASSIST Self Service account](#)
- Calling the Change Report Center (302) 571-4900, Option 2 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
TTY users: 711 (English 1-800-232-5460 or Spanish 1-877-335-7595)
Español, Kreyòl ayisyen, or other languages: 1-866-843-7212
- Faxing (302) 571-4901
- In person at any local DHSS office. For a list of office locations, [click here](#).

What if I need help in another language?

This Frequently Asked Questions (FAQs) document is available in [Español](#) and [Kreyòl ayisyen](#). For other languages, please call 1-866-843-7212 (Monday through Friday, 8:00 a.m. to 4:30 p.m.). TTY users: 1-855-889-4325.

If your preferred language is Spanish, you can log into your [ASSIST Self Service](#) account and update your preferences to get texts, emails, notices, and letters in Spanish.

Should I send my personal information in an email or text message?

Emails are not secure, and they can be stolen or sent to the wrong person in error. It is recommended that you communicate all sensitive or Personal Identifiable Information (PII) by telephone, fax, U.S. Postal Service mail, or through your [ASSIST Self Service account](#). You can also submit your information in person at your local [DHSS office](#). Sensitive information or PII includes social security number (SSN), name, date of birth (DOB), home address, and personal email address.



Delaware Medicaid will not ask you to send your personal information by email or text message. If you get an email, text message, or phone call that is suspicious, you can report them to the Delaware Medicaid & Medical Assistance Surveillance Utilization Review (SUR) Unit by filling out an [online SUR Referral form](#) or anonymously by calling 1-800-372-2022.

What should I bring to my medical visit or to the pharmacy?

You should bring your Medicaid card, Managed Care Organization (MCO) card (if applicable), and a picture ID. Always ask your medical provider if they accept your health insurance before you make an appointment or get services.

Do I need to sign for my prescriptions when I pick them up?

Yes. Starting May 12, 2023, the person picking up the prescription will have to provide their name and signature.

Will COVID-19 test kits be free for Medicaid members now that the COVID-19 Public Health Emergency has ended?

Over-the-counter tests will still be available, but there may be out-of-pocket costs. If you have coverage through Delaware Medicaid or DHCP, you will have access to COVID-19 over-the-counter and laboratory testing through September 2024. After that date, coverage of testing may change.

What is a copay?

A copay, also called a copayment, is a fixed amount that you pay for a covered health care service. The amount of the copay can change for different services, like prescriptions, doctor visits, dentist visits, and specialist visits. Copays are paid to your chosen pharmacy.

How much is the Delaware Medicaid copay for the Adult Dental Program?

The Delaware Medicaid copay for the Adult Dental program is \$3 per visit. If you cannot afford to pay the copay, please tell your dental provider as there may be other options available.

Adult dental copays are NOT charged for the following groups:

- Younger than 21 years of age.
- Pregnant women, including postpartum period.
- Individuals eligible under the long-term care nursing facility or Intermediate Care Facilities (ICF) group or the acute care hospital group.
- Enrolled in hospice.



How much are Delaware Medicaid copays for prescriptions?

In Delaware, copays for services can be different for each person based on their program, their income, and the type of medical visit or service. For Traditional Medicaid and Delaware Healthy Children Program, copays range from \$0.50 to \$3.00 per person per service. There is a monthly cap of \$15 maximum per person for out-of-pocket expenses for pharmacy copays; so, once the member pays \$15 in copays in a month, all remaining copays will be zero (\$0) for the remainder of that month. Copays are paid to the member's chosen pharmacy.

If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

Pharmacy copays are NOT charged for the following groups:

- Individuals under 21 years of age
- Pregnant women, including the post-partum period
- Individuals in the Chronic Renal Disease Program (CRDP)
- Long-term care nursing facility group or the acute care hospital group
- Family planning services and supplies
- Hospice services
- Naloxone opioid overdose rescue medications
- Medication-Assisted Treatment (MAT) used for Opioid Use Disorder
- Smoking cessation products

How much are copays for the Delaware Prescription Assistance Program (DPAP)?

DPAP members must pay a prescription copay of 25% of the cost of their prescription(s), or pay a minimum of \$5.00 for their prescription(s). Copays are paid to the member's chosen pharmacy. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

Please call the DPAP Member Call Center if you have questions about prescription or copays: 1-844-245-9580 (Monday through Friday 8:00 AM to 4:30 PM).

Who has to pay a copay?

It depends on the member's program, income, and type of medical visit or service. There are exceptions. The following types of members do NOT have to pay copays:

- Low-income children
- Pregnancy-related care
- Tobacco cessation services for pregnant women
- Tobacco cessation services
- Preventive services (all preventative services assigned a grade of A or B by the [U.S. Preventative Services Task Force \(USPSTF\)](#), all approved vaccines and their administration recommended by



the [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#), behavioral interventions to treat ASD)

Pharmacy copays are NOT charged for:

- Children (under the age of 21 years)
- Pregnant women and women in their postpartum period
- Chronic Renal Disease Program (CRDP) members
- Long-term care nursing facility group or acute care hospital group
- Family planning services and supplies
- Hospice services
- Naloxone opioid overdose rescue medications
- Medication-Assisted Treatment (MAT) used for Opioid Uses Disorder
- Smoking cessation products

To find out if you must pay a copay:

- If you are not enrolled with a Managed Care Organization (MCO), you are enrolled in Fee for Service (FFS). Call the Customer Relations Unit (302) 571-4900, Option 1 or 1-866-843-7212 (Monday through Friday, 8:00 a.m. to 4:30 p.m.).
- If you are enrolled with a MCO (AmeriHealth Caritas, Delaware First Health, or Highmark Health Options), call your MCO's member services.
 - AmeriHealth Caritas
 - Diamond State Health Plan: 1-844-211-0966 (TTY 1-855-349-6281)
 - Diamond State Health Plan-Plus: 1-855-777-6617 (TTY 1-855-362-5769)
 - www.amerihealthcaritasde.com/
 - Delaware First Health
 - 1-877-236-1341 (TTY 771)
 - <https://www.delawarefirsthealth.com/>
 - Highmark Health Options
 - 1-844-325-6251 (TDD / TTY 711 OR 1-800-232-5460)
 - www.highmarkhealthoptions.com/

When will I have to restart paying copays?

Copays will restart on December 1, 2023. For more information, visit de.gov/medicaidrenewals.

How do I pay a copay?

You pay the copay directly to your provider or pharmacy, and it is due at the time services are provided. If you cannot afford to pay the copay, please tell your provider or pharmacy as there may be other options available.

What is a premium?

A premium is a small monthly payment for health insurance coverage. The amount ranges from \$10 to \$25 based on your program and your income. Premiums are paid to Delaware Medicaid for the specific



program (Delaware Health Children Program (DHCP) or Medicaid Workers with Disabilities (MWD)). More information about premium payments will be shared at a future date.

When will premium payments start again?

Premiums for Medicaid Workers with Disabilities (MWD) and Delaware Health Children Program (DHCP) will restart at a later time. Information on premium payments will be shared at a future date.

I'm no longer eligible for Medicaid or DHCP. Where can I get help?

When the renewal process is complete, we will send you a letter with the decision. Your letter will say if your coverage is continuing, changing, or you are no longer eligible for Delaware Medicaid coverage. If you do not agree with the decision, contact the office on your letter to get an explanation of your benefits. You also have the [right to request a fair hearing](#) using the instructions on your decision letter. Be sure to pay attention to any deadlines in your letter.

You can visit [ChooseHealthDE.com](https://www.choosehealthde.com) for information about available health insurance plans on the Health Insurance Marketplace. Be sure to pay attention to any deadlines that are given for selecting a plan.

[Delaware 211](#) (United Way) can help connect you to resources throughout the state. Their services are free, confidential, and available in multiple languages.

- Visit their website <https://delaware211.org/>
- Call 211 or toll free 1-800-560-3372 (Monday through Friday, 8:00 a.m. to 9:00 p.m.)
- Text your zip code to 898-211
- Online chat at <https://delaware211.org/> (Monday through Friday, 8:00 a.m. to 9:00 p.m. and Saturday, 9:00 a.m. to 5:00 p.m.)
- Email info@delaware211.org

In Delaware, there are two agencies with staff called Marketplace Navigators who will help you learn about and enroll in health plans on the [Federal Health Insurance Marketplace](#). These agencies are [Quality Insights](#) and [Westside Family Healthcare](#). They can help you find and choose the best health insurance plan.

- **Westside Family Healthcare:**
 - New Castle County: (302) 472-8655
 - Kent or Sussex Counties: (302) 678-2205
 - www.westsidehealth.org/marketplace/
- **Quality Insights:**
 - 1-844-238-1189
 - www.DEHealthPlanConnect.com

The [Delaware Medicare Assistance Bureau \(DMAB\)](#), formerly known as ELDERinfo, is Delaware's State Health Insurance Assistance Program (SHIP). DMAB provides free information, counseling, and assistance to people with Medicare on health insurance matters.

- 1-800-336-9500 or (302) 674-7364
- <https://insurance.delaware.gov/divisions/dmab/>



For more information and resources, visit de.gov/medicaidrenewals for the Renewals FAQs in English, [Español](#), and [Kreyòl ayisyen](#).

If you get an email, text message, or phone call that is suspicious, you can report them to the Delaware Medicaid & Medical Assistance Surveillance Utilization Review (SUR) Unit. Fill out an [online SUR Referral form](#), or call anonymously at 1-800-372-2022.

I have more questions about Delaware Medicaid coverage. Where do I go?

If you have general questions about your Medicaid benefits, you can call:

- Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212, Option 1 (Monday through Friday, 8:00 a.m. to 4:30 p.m.).
- Log into your [ASSIST Self Service account](#) to see any letter or notice that was sent to you.
- The office listed in your renewal packet or verification letter.

If you want to update your contact information with Delaware Medicaid:

- Call the Change Report Center at 302-571-4900, Option 2 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
TTY users: 711 (English 1-800-232-5460 or Spanish 1-877-335-7595)
Español, Kreyòl ayisyen, or other languages: 1-866-843-7212
- Log into your Delaware ASSIST Self Service account at <https://assist.dhss.delaware.gov/>

You can go online to visit these websites:

- COVID-19 Public Health Emergency (PHE) and Medicaid Renewal information: de.gov/medicaidrenewals
- Delaware 211: <https://delaware211.org/>
- Choose Health Delaware: <http://www.choosehealthde.com/>
- Delaware Health and Social Services (DHSS): <https://dhss.delaware.gov/dhss/index.html>
 - Facebook: <https://www.facebook.com/DelawareDHSS>
 - Instagram: <https://www.instagram.com/deldhss/?hl=en>
 - Twitter: https://twitter.com/Delaware_DHSS

If you get an email, text message, or phone call that is suspicious, you can report them to the Delaware Medicaid & Medical Assistance Surveillance Utilization Review (SUR) Unit. Fill out an [online SUR Referral form](#), or call anonymously at 1-800-372-2022.