



FREQUENTLY ASKED QUESTIONS

Medicaid Eligibility Renewals Return April 1, 2023

These FAQs are also available in Español and Kreyòl ayisyen.

TTY users: 1-855-889-4325.

Other languages: 1-866-843-7212.

Customer Service Resources:

- Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
- Report a Change to Contact Information: 302-571-4900, Option 2 (Monday through Friday, 8:00 a.m. to 4:30 p.m.)
- Medicaid Renewal Resources Online: de.gov/medicaidrenewals
- Delaware ASSIST Portal: <https://assist.dhss.delaware.gov/>

What is an eligibility renewal?

An eligibility renewal, also called a Medicaid renewal, is a process that checks to see if a member is still eligible for Delaware Medicaid each year. This check is federally required.

Why haven't eligibility renewals been required the last 3 years?

Before the COVID-19 Public Health Emergency (PHE) that was declared in 2020, Delaware Medicaid would send Medicaid members an eligibility renewal form in the mail around the same time every year. During the COVID-19 PHE, renewals were not required, and members would only lose coverage if they requested to close, were deceased, or moved out of state. This meant that Delaware was required to continue Medicaid coverage for members, even if their eligibility changed. Since Medicaid coverage could not be ended, the eligibility renewal was not required.

Why are eligibility renewals restarting in April 2023 if the COVID-19 Public Health Emergency (PHE) is still in place?

Recent legislation signed by the federal government set a specific date to restart Medicaid eligibility renewals, despite the ongoing COVID-19 PHE. This means that Medicaid renewals are



no longer tied to the COVID-19 PHE and will restart on April 1, 2023. If you want to read the legislation, called the Consolidated Appropriations Act, 2023, [click here](#).

What can I do to get ready for my eligibility renewal?

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). If you get a renewal letter, please follow the instructions before the deadline on your letter.

If your name or contact information 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: 1-855-889-4325
Español, Kreyòl ayisyen, or other languages: 1-866-843-7212
- Faxing (302) 571-4901

Will everyone be required to complete an eligibility renewal in April 2023?

No. Eligibility renewals will restart in April 2023, but not everyone will get their renewal at the same time. Every Medicaid member will get a renewal at some point between April 2023 and April 2024.

How do I complete my eligibility renewal?

Delaware Medicaid will first try to process your renewal without contacting you. If our team can verify your eligibility for Medicaid with the information available to them, you will simply get a letter in the mail notifying you that your renewal is complete and if you are still approved for healthcare coverage.

If we do not have enough information to verify your eligibility, you will need to complete an eligibility renewal form and/or provide additional verification documents. This form will be mailed to you, along with a letter with specific instructions and a deadline.

You can complete the form online through your [ASSIST Self-Service](#) account. Or you can complete, sign, and return the form by mail, by fax, or in-person.

What if I need help completing my renewal form or need help in another language?



If you need help completing your renewal form or need help in another language, you can contact the office listed on your renewal form.

You can also call the Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212 (Monday through Friday, 8:00 a.m. to 4:30 p.m.). TTY users: 1-855-889-4325. Other languages: 1-866-843-7212.

I didn't get an eligibility renewal letter. What should I do?

First, make sure your contact information is up to date with Delaware Medicaid. Contract information includes your name, mailing address, email address, and phone number.

If your name or contact information 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: 1-855-889-4325
Español, Kreyòl ayisyen, or other languages: 1-866-843-7212
- Faxing (302) 571-4901

If you still have questions, call the Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212 (Monday through Friday, 8:00a.m. to 4:30 p.m.).

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What happens if I lose my eligibility renewal form?

If you lose the eligibility renewal form that was mailed to you, immediately call the Customer Relations Unit at **(302) 571-4900, Option 1 or 1-866-843-7212** (Monday through Friday, 8:00a.m. to 4:30 p.m.). As soon as you get a new form in the mail, follow the instructions so we can process your information.

When will I know if I am approved for Medicaid coverage?

The amount of time it takes to process a renewal depends on if the application is complete and the type of Medicaid program. If your renewal form is complete and you have turned in all the required information, and you have not heard from Delaware Medicaid in 30 days, please contact the office listed on your renewal form.

I got a decision letter. What does the decision mean?



When the renewal process is complete, we will send you a letter with the decision. There are three possible decisions:

Decision 1: Notice to Continue Your Benefits: We have checked your information and you are still eligible for Delaware Medicaid. Please check and make sure all the information on the letter is correct. If you need to make any changes, follow the instructions in your letter.

Decision 2: Notice About Your Medical Assistance: We have checked your information and have determined that you are still eligible for Delaware Medicaid, but you were determined eligible for a different type of coverage. Your letter will let you know what type of coverage you now have and will provide instructions if there is anything further you need to do.

Decision 3: Notice to Deny Your Medical Assistance: We have checked your information and have determined that you are no longer eligible for Delaware Medicaid. Your letter will let you know what the next steps are.

What if I don't agree with the Medicaid decision?

If you do not agree that you are no longer eligible for Medicaid coverage, you can contact the office on your letter with questions about the decision. You can also request a [fair hearing](#) using the directions on your Notice to Deny Your Medical Assistance letter.

What if I am no longer eligible for Medicaid coverage?

Losing your Medicaid coverage can be scary. There are many resources and organizations that can help you.

- You can visit ChooseHealthDE.com for information about available health insurance plans on the Health Insurance Marketplace.
- In Delaware, there are two agencies with staff called Marketplace Navigators who will help you learn about and enroll in the 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 or www.DEHealthPlanConnect.com
- [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, 8:00a.m. to 9:00p.m. and Saturday, 9:00 a.m. to 5:00 p.m.)
 - Text your zip code to 898-211
 - Online chat at <https://delaware211.org/>
 - Email to <mailto:info@delaware211.org>

How can I sign up for updates about my Delaware Medicaid?

You can log onto [ASSIST Self-Service](#) to sign up for text messages and/or emails about your benefits.

What if I have more questions?

For more information, visit de.gov/medicaidrenewals

If you have general Medicaid renewal questions, you can call the Customer Relations Unit at (302) 571-4900, Option 1 or 1-866-843-7212 (Monday through Friday, 8:00a.m. to 4:30 p.m.).
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