

# ePREP for Nursing Facilities

Charles Choh  
(AHS)

# Welcome to ePREP!

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**ePREP** stands for **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal.  
Here are some of the Benefits of using ePREP:

- Applications can be filled out electronically instead of by paper
  - Easier/Quicker to fill out
  - Only the necessary fields for the type of application are generated
  - Shorter processing times
- Access to your Maryland Medicaid information (now called an Account in ePREP)
  - You can see the status of your account (Active, Suspended or Inactive)
  - You can see your affiliations
  - You can see all of your demographic information

# Helpful Resources

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- There are resources you can use to learn all about ePREP and how to use it. Maryland Medicaid has created a website with documents, checklists and webinars that will help you with ePREP.
  - [health.maryland.gov/eprep](https://health.maryland.gov/eprep)

# Helpful Resources Cont.

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- **Resources within ePREP**

- **Lucy** – Your enrollment buddy and guide appears on most pages to give you helpful information.
- **Lucy Hover Help** – When you click on or hover over an action item (textbox, drop down, Radio button), Lucy will pop up again with more information on what and how to enter information
- **In Context Tutorials** – If you see a filmstrip icon you can click on it to view a short 3 to 5 minute video explaining what needs to be done .



If you are an authorized signer, use your legal first name



# ePREP Terminology – Profiles, Roles, and Accounts ---

- **User Profile:** Your individual username, used to log in to ePREP.
- **Business Profile:** A centralized environment that houses your enrolled Medicaid entity accounts and applications. A user may have access to one or more business profiles.
- **Account:** ePREP record for an enrolled provider, associated with a single NPI, provider type, practice location, and entity Medicaid (MA) number.
- **Linking:** Connecting your Business Profile to an existing account so that you can view and manage it.

# ePREP Application Types

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- **Application Types**
  - **Inpatient New Facility:** Application to enroll an inpatient new facility to Maryland Medicaid.
  - **Supplemental:** A change in a provider's account information or required documenting, such as correspondence address or an updated professional license.
  - **Change of Ownership (CHOW):** Application to add a new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.

# ePREP Application Types Cont. ---

## **Revalidation**

- Application to renew your Medicaid enrollment every 5 years
- Scheduled automatically in ePREP when they are due. You may only submit a reval when you receive a notification that it is time to do so.
- You will receive a printed reval notification in the mail for your initial notification. After your ePREP account is set up, you will receive electronic reval notifications.

# Signing Up

**ePREP PORTAL**

Bulletins Contact Us **Sign Up** Login

*Welcome to ePREP!*  
Let's Sign In

Username

E-mail address

Don't have a User Profile? **Sign Up** **Next**

**Maryland**  
DEPARTMENT OF HEALTH

# Sign Up (User Profile)

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## Welcome to ePREP!

My name is Lucy. I'm here to help you create your ePREP User Profile. This profile allows you to securely login to the ePREP Portal at any time (24/7) from an up-to-date web browser: Chrome, Firefox, Safari, IE Explorer.

Let's get started!



I'm not a robot



This reCAPTCHA is for testing purposes only. Please report to the site admin if you are seeing this.

reCAPTCHA  
Privacy - Terms

By selecting Next, you agree to the [Terms and Conditions](#).



# Verification Code

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- Once you enter your User Profile information and select the method of verification, ePREP sends a six digit verification via email, text, or a phone call if selected to ensure a secure and safe login.
- If you select the email verification method, please check your inbox for an email from [ePREP-MDH@dharbor.com](mailto:ePREP-MDH@dharbor.com) with a subject of ***ePREP Verification Email***
- You may have to check your Spam, Junk, Trash or Clutter folder to find the six digit verification code.

# Sign up verification



*Last step. Select the location where I can send you the 6-digit verification code. Once you enter the code, select Verify. Once the correct code is entered, I will log you in.*

- Send text message to my phone number
- Call my phone number
- Send to my recovery email address

BACK

NEXT



From the verification options provided, the top two options will require a phone number, which will be used to send out a text message or phone call with the area code: **1(850)**.



# Email Verification

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Subject: **ePREP Verification Code**  
To: **joe**  
From: **ePREP-MDH@dharbor.com**  
Received: **Wed Feb 12 2020 11:01:13 GMT-0500 (Eastern Standard Time)**  
Sending IP: **103.47.204.66**  
Parts: **html**  
Attachments: [Subscribe to receive Attachments]

[Back To Inbox](#)

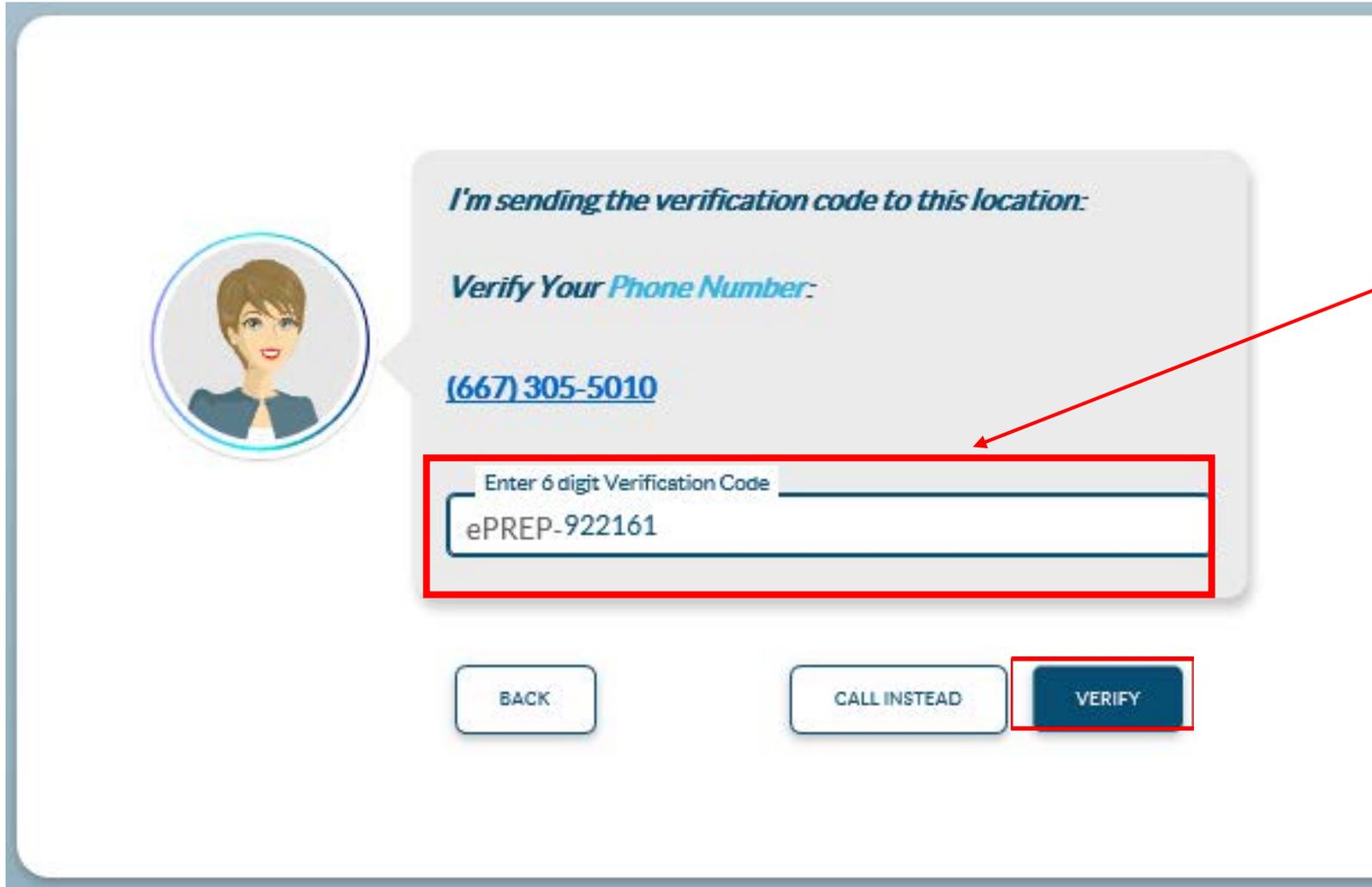
Your code is **ePREP-113881**

ePREP Portal Administration

Please note: This email was sent from an auto-notification system that cannot accept incoming email. Please do not reply to this message.

# Verification Code

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*I'm sending the verification code to this location:*

*Verify Your Phone Number:*

[\(667\) 305-5010](#)

Enter 6 digit Verification Code

BACK CALL INSTEAD **VERIFY**

Once the six digits verification code is received and entered, Clicking on “VERIFY” completes the sign up process.

# Sign Up Complete

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*You did it!*



Success

Select Login to continue



# Linking providers to groups

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- It is very important to note that when setting up accounts, you should **NEVER** link a rendering provider's NPI to the same Business profile as the group or facility.
- Each rendering provider should have a separate email address, User Profile, and Business Profile.

# Creating Business Profile (NPI verification)

Let's Create Your Business Profile

Enter NPI or Provider ID

Verify NPI/Provider ID

Great! It looks like you have one or more existing Maryland Medicaid accounts. If you want to change the existing Business Name do so, before you select *Create Business Profile*

Existing Business Name

Charles Choh MD

Cancel Create Business Profile

As first time users on ePREP, once the sign up process is complete, and we successfully login to the accounts, verifying the NPI numbers and existing business names is required to proceed with creating the business profile.

# Verifying Existing Business Profile

Let's Create Your Business Profile

*You have 3 chances per session to answer correctly.*

**First Question**

What are the last 4 digits of your SSN? ▾

**Answer**

\*\*\*\*

**Correct Answer**

**Second Question**

What is the year when you were enrolled with Maryland Medi... ▾

**Answer**

\*\*\*\*

**Correct Answer**

**Third Question**

What is your professional license number? ▾

**Answer**

\*\*\*\*\*

**Correct Answer**



**Congratulations!!**

You had successfully linked your account(s) to your Business Profile.

To see your account(s) now [click here](#) or select continue to go



# Home Page

The screenshot shows the ePREP PORTAL home page. At the top, the navigation bar includes the portal logo, user name 'Charles Choh DDS', and notification counts (43 and 21). Below the navigation bar are menu items: My Home, Applications, Accounts, My Tools, and Help. A central 3D isometric illustration depicts a city with buildings labeled 'LEARNING CENTER', 'MY TOOLS', 'MY APPLICATIONS', and 'MY ACCOUNTS', along with a 'MESSAGE CENTER'. A virtual guide character, Lucy, is shown in a thought bubble. A text box explains that Lucy will assist users through the portal. Two red arrows point from text boxes to the 'Charles Choh DDS' user profile and the 'My Tools' menu item.

**ePREP PORTAL**

43 21 Charles Choh DDS Charles

My Home Applications Accounts My Tools Help

Hello and Welcome! I'm Lucy, your virtual guide. I'll assist you through ePREP on your journey to become a Maryland Medicaid provider. This is the Welcome page. Here you'll have quick access to different parts of ePREP Portal. As you explore this page by hovering over different items, I'll tell you more about where each item will take you.

**LEARNING CENTER**

**MY TOOLS**

**MY APPLICATIONS**

**MY ACCOUNTS**

**MESSAGE CENTER**

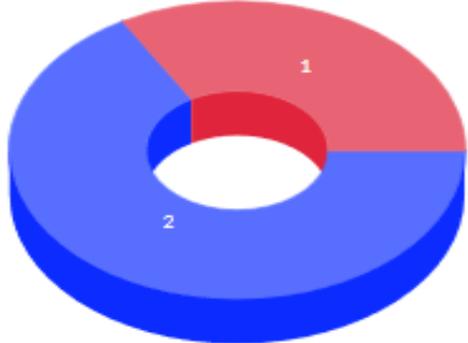
This is your Business Profile

- This is your User Profile

# Accounts Page

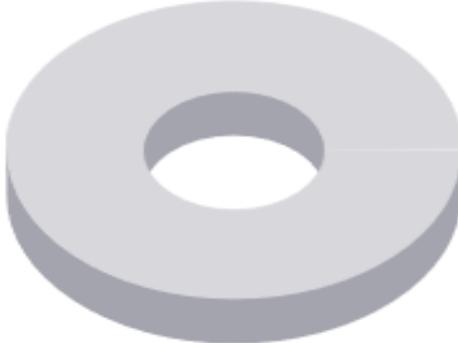
INDIVIDUAL PROVIDER ACCOUNT: Accounts Dashboard

Accounts: 2



- Current: 2
- Suspended: 0
- Lio. Expiring: 0
- Lio. Expired: 1
- Revalidation Started: 0
- Revalidation Scheduled: 0

Affiliations: 0



- Current: 0
- Lio. Expiring: 0
- Lio. Expired: 0

Link Accounts

- Filter by -    - Please select a filter -    Search

Account ID	Provider ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	License State	Service Address	Actions
100012949	123456876	Active Pay	Choh, Charles		-		02/19/2020	Maryland	1 ( 2	     

Clicking on the Icon opens the affiliation page, where existing affiliates can be viewed, and new affiliations can be added.

# Add Affiliation Cont.

Create Affiliation Application

Enter the provider's NPI you would like to affiliate with:

National Provider Identification (NPI)  + Verify

value is required

Enter Affiliating NPI

Account Affiliations

Listed are the affiliations for CATON MANOR at the service Location: 3 BALTIMORE-MD, 21229-4610.

You can "Add" an affiliation with a provider for this server location by selecting the button "Add Affiliation".

To remove an affiliation, please select the trash icon from the provider record you would like to disaffiliate. You will need to sign and submit a Disaffiliation form.

Search

Account ID	Rendering Name	NPI	Provider Type	Affiliation Status	Actions
No data available in table					

Showing 5 records per page

- Clicking the Add Affiliation Icon starts the affiliation process by generating a text box for the NPI to be added can be verified
- Once the application is generated, the rendering provider will have to sign the application from their accounts to complete the process.

# Nursing Facilities

# Addenda For Providers

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- Nursing Facility provider types will need an Addendum.
- If providers cannot find their Provider Type specific Addendum, or are not sure if they need to complete one, ePREP directs them to the State's website.

[health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo)

- The provider will need to navigate to the Enrollment page. This is where the provider can then find their Provider Type (PT) and click on the "X" to retrieve that PT's Addendum.

# Facility Inpatient Providers

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Facilities Who Can Create New Applications

- Acute Hospital = PT 01
- Acute Rehabilitation Hospital = PT 03
- Chronic Rehabilitation Hospital = PT 04
- Chronic Hospital = PT 05
- Special Other Acute Hospital = PT 06
- Special Other Chronic Hospital = PT 07
- MD Residential SUD Adult = PT 54
- Intermediate Care Facility (ICF) Addiction =PT 55\*
- Nursing Facilities = PT 57
- Hospice Providers = PT 71\*
- Residential Treatment Center (RTC) = PT 88

(\* Indicate No Addendum Needed)

# New Application Option

Start Application      Business Structure      NPI      Provider Type

Hello, Charles!

Please answer this simple questionnaire to help me to determine **the correct type of application for you.** If you need help with any of these options, you can watch the **Questionnaire In-context tutorial.**

Let's get started!

- I'm enrolled in Maryland Medicaid, and I want to create an application
- I'm enrolled in Maryland Medicaid, and I want to affiliate with another provider
- I'm new to Maryland Medicaid, and I want to create a new application
  - What kind of provider are you?
    - I'm an Individual health care practitioner
    - I'm a Group or FQHC health care practice
    - I'm a Facility, Clinic, Health Care Organization or Waiver Provider.
- I want to make changes to my account

Once you have made your choice, select **Continue**.

[← Previous](#)      [Continue →](#)

# Applications For New Inpatient Providers

*Inpatient providers bill separately for the health care services rendered using a UB-04 claim form, so they need to create a new application that will indicate their provider type in the facility*



Great! Now select the business structure which best fits you as a Facility, Clinic, Health Care Organization or Waiver Provider.

I need a Maryland Medicaid account to bill for health care services and I am applying as:

- Facility
- Inpatient
  - This facility provides and submits Maryland Medicaid claims for inpatient health care services at the location disclosed on my application.
  - I'll be using a Type 2 NPI (Organization).
- Outpatient
- Other Health Care Organization
- Waiver Provider

Once you have made your choice, select **Continue**

[← Previous](#) [Continue →](#)

# Completing the Application

Provider Name: Inpatient Facility  
Provider Type: Acute Hospital  
Application ID: 204K4OAM  
Creation Date: 04/10/2020  
Package Type: Facility

21% Complete  
0% Documents

Getting Started (filled)  
Getting Started (half-filled)  
Business Information (empty)  
Practice Information (empty)  
Disclosure Information (empty)  
Rendering Provider Affiliations (filled)  
Signature (empty)  
Submit Application (empty)

Let's take a few minutes to watch these In-Context Tutorials before you start your application as a **Acute Hospital**. These videos will help you get oriented and make filling out your application a breeze.

If you need help while working on your application, you can always come on back here for a refresher, or just look for the icon throughout ePREP Portal.

Getting Started

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools

- Filled circles indicate the section is completed.
- Half circles mean the section is not completed.
- Empty circles indicate sections not started.

# Bed Data

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy/Specialty

Institutional Information

Additional Information

You're doing great! Now, you need to disclose your **bed data** for Inpatient Facility.

Type of Facility

<Type of Facility>

value is required

Number of beds

30

Previous

Continue

From the practice information section, the institutional information section shows the bed data. Clicking the drop down on “Type of Facility” displaces the different facility types for inpatient facilities. Entering the number of beds below and clicking on “Continue” saves the data, and moves to the next section.

# Application - Addendum

Provider Name 3330 WILKENS AVENUE OPERATIONS LLC  
Provider Type Nursing Facility  
Application ID 187187BA  
Creation Date 07/27/2018  
Package Type Facility

0% Complete 0% Documents

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Licenses & Certifications
- NPI/Taxonomy
- Institutional Information
- Additional Information**
- Disclosure Information
- Rendering Provider Affiliations
- Signature
- Submit Application

Okay, your provider type **Nursing Facility** requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the **Nursing Facility** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		

← Previous Continue →

The addendum is a requirement to complete the application. It can be obtained directly from the Maryland web page by clicking on the link “Addenda/Supporting Documents” in blue, as indicated. Once the addendum is saved and completed, Clicking on “Add” enables us to add the completed document to the application.

# Where To Find Addenda on MDH Website

Maryland.gov Phone Directory State Agencies Online Services Translate

MARYLAND .gov MARYLAND DEPARTMENT OF HEALTH

Enter search term

HOME CHILDREN'S HEALTH PHARMACY LONG TERM CARE HEALTH CHOICE

**PROGRAM INFORMATION**

- > State Innovation Model (SIM)
- > About our programs
- > Apply for Medicaid
- > Applications for Long Term Care (all 9709 versions available)
- > Medicaid Renewals
- > Provider Information

**CHILDREN'S HEALTH**

- > Maryland Children's Health Program
- > Provider Search

**Provider Enrollment**

Most solo practitioners, rendering only providers and group practices may no longer submit paper applications. These providers must enroll via ePREP at [ePREP.health.maryland.gov](http://ePREP.health.maryland.gov). You may also click on the "ePREP" link next to your provider type to enroll.

For more information about Phase I provider types and ePREP, please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP).

To access applications for Facilities, Dental Providers and 1915(j) provider types, please click on the "X" next to the appropriate provider type.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

**A**

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
AUDIOLOGY PROVIDER	19	ePREP	ePREP	X
AMBULATORY SURGERY CENTER	39			X
ADAA CERTIFIED ADDICTIONS OUTPATIENT PROGRAM	50			X
ACUPUNCTURE	AC	ePREP	ePREP	
AMBULANCE COMPANY	T4			X

**N**

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
NURSE ANESTHETIST	21	ePREP		
NURSE MIDWIFE	22	ePREP	ePREP	
NURSE PRACTITIONER	23	ePREP	ePREP	
NURSE PSYCHOTHERAPISTS	24	ePREP		
<b>NURSING FACILITY</b>	57			<b>X</b>

**O**

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
OCCUPATIONAL THERAPIST	18	ePREP	ePREP	
OXYGEN PROVIDER	63			X

**P**

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
PODIATRY PROVIDERS	11	ePREP	ePREP	
PSYCHOLOGIST	15	ePREP		
PHYSICAL THERAPIST	16	ePREP	ePREP	
PHYSICIAN	20	ePREP	ePREP	
PERSONAL CARE MONITOR	47			X

# Completing Addenda

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## Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

**PT 57 NURSING FACILITY**

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If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 7am – 7pm.**

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Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)) “Applications” tab, along with any additional applicable supporting documents requested below.

### Section I:

Please upload the following (attach) document to [ePREP](#):

1. Completed Nursing Facility Title XIX Provider Agreement (attached)

# Uploaded file will be indicated by number next to the paper clip



Okay, your provider type **Nursing Facility** requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the **Nursing Facility** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

 Add

Addenda/Supporting Document Name	Documents	Actions
Addendum	 <i>Attached: Addendum</i>	   

 Previous

Continue 

# Disclosure of Ownership

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- **MOCA = Managing employees, Owners and Controlling interest Agents.**
  - These will always be updated in the Disclosure Information section of an ePREP application.
  - MOCA information can be updated without a need to complete a CHOW application

# Disclosure of Ownership Cont.

- Add new MOCAs to Disclosure Information form and this determines who can sign the application.

The screenshot shows a web application interface for completing a disclosure form. On the left is a navigation menu with the following items: Disclosure Information, Adverse Actions, Fines and Debts (Gov.), Subcontractors, Ownership/Control Interest (highlighted with a red box), Significant Transactions, Delegated Officials, Rendering Provider Affiliations, Signature, and Submit Application. The main content area is titled "complete your application." and contains the following text:

Are there any Individuals or Entities (Corporations, unincorporated associations, partnerships, or similar entities) who have 5% or more (direct or indirect) Ownership or control interest, or any partnership interest in AGAPE NURSING & REHABILITATION CENTER, LLC?

All entity owners' board members, officers of a corporation, and directors must be disclosed in this section. Indirect entity owners do not need to disclose board members, officers of a corporation or directors if those individuals' only relation to applicant is via the indirect owner.

Additionally all board members, officers of a corporation, directors, agents, and managing employees of AGAPE NURSING & REHABILITATION CENTER, LLC must be reported in this section as well.

At the bottom right of the main content area, there is a red-bordered box containing an "Add" button with a plus icon and a table icon. A red arrow points from the text "AGAPE NURSING & REHABILITATION CENTER, LLC" to this "Add" button.

Below the text is a table with the following structure:

Type	Name	Ownership/Control Interest	Status	Actions
No Ownership Control Interest listed.				

At the bottom of the form are two buttons: "Previous" on the left and "Continue" on the right.

# Electronic Signature

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Signature
- E-Signature**
- Submit Application

Declarations E-Signature Summary

You're almost ready to sign your application!

Even though you're completing and submitting your application through ePREP Portal and not on paper, your signature is still required. Using the electronic signature feature, you can submit this application just like your handwritten signature.

Please read the Maryland Medicaid Provider Agreement, and then check the boxes to declare that you agree with this process.

Please note that in order to continue with the e-Signature process, you **must** read the Provider Agreement.

[Maryland Medicaid Provider Agreement](#)  
review is required

I, **Eprep Portal**, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.  
value is required

I, **Eprep Portal**, declare that I have legal authorization to sign this application for and on behalf of **3330 WILKENS AVENUE OPERATIONS LLC**.  
value is required

# Applications

Messages

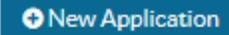
Notifications

My Applications 

Here are your in-progress or submitted applications for your Maryland Medicaid accounts. Once you have completed the enrollment process, you will be able to modify your accounts. Listed below are the provider applications you have or are currently enrolling in Maryland Medicaid.

Your list of submitted and in progress apps.

The Status of your apps.



- Filter by -  - Please select a filter -  Search 

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	
1878JVC7	In Progress		Nursing Facility		Supplemental	0%		     
187187BA	In Progress		Nursing Facility		Facility	5%	07/27/2018	    

Additional Status Information.

# Questions & Contacts

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ePREP Portal: [eprep.health.maryland.gov](https://eprep.health.maryland.gov)

Resources and frequently asked questions: [health.maryland.gov/eprep](https://health.maryland.gov/eprep)

ePREP Call Center: 1-844-4MD-PROV (1-844-463-7768)

Monday – Friday 9AM- 5PM

\*\*\*Closed on State holidays\*\*\*