

How to Withdraw an Application

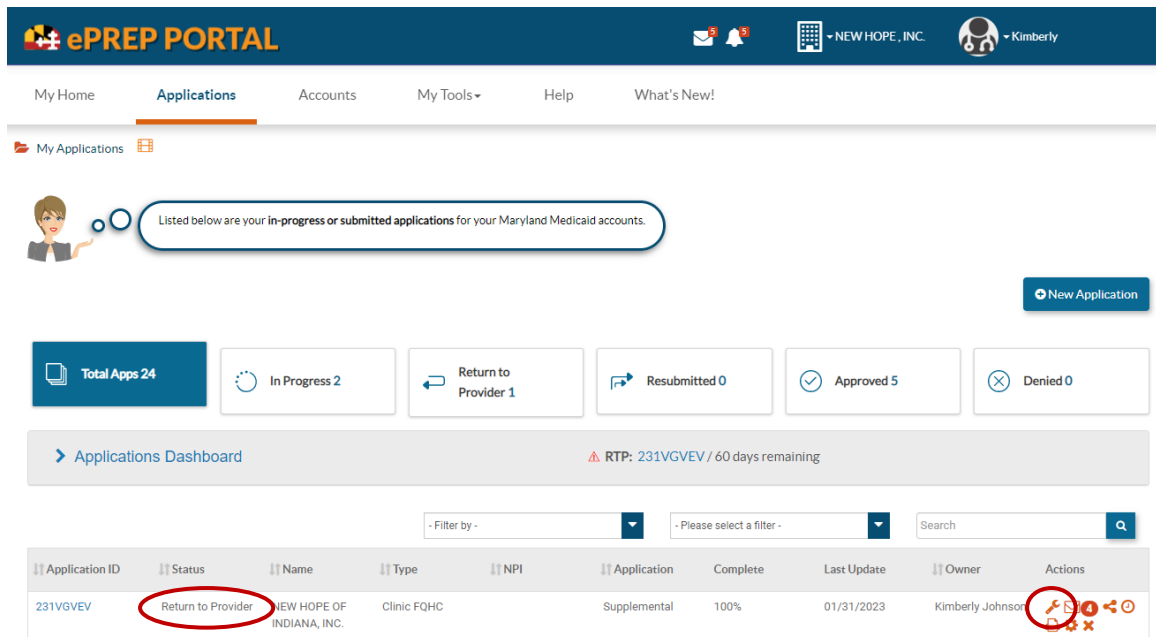
Reasons to Withdraw an Application

- Provider has applied for wrong Provider Type
- Provider realized they attached wrong documentation after submission
- MDH has requested the provider do so, as they already have an account at the same address or same NPI
 - Regardless of the reasons the process is the same.

Step 1: Make sure you are in the correct Business Profile and then click on the Applications Tab.



Step 2: Once on the Applications page, find the returned application and click on the orange icon of a wrench. This will take you straight to your deficiency.



ePREP PORTAL

My Home **Applications** Accounts My Tools Help What's New!


My Applications

Listed below are your in-progress or submitted applications for your Maryland Medicaid accounts.

[New Application](#)

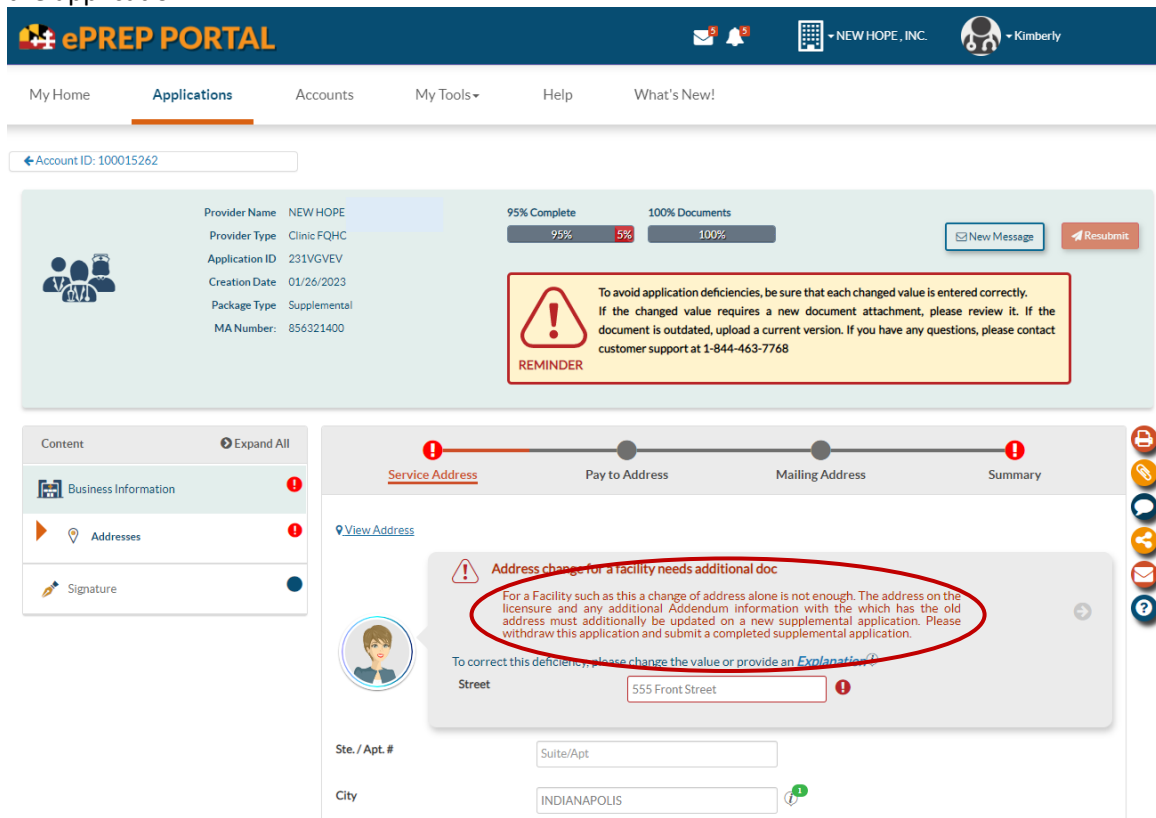
Total Apps 24 In Progress 2 Return to Provider 1 Resubmitted 0 Approved 5 Denied 0

Applications Dashboard RTP: 231VGVEV / 60 days remaining

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
231VGVEV	Return to Provider	NEW HOPE OF INDIANA, INC.	Clinic FQHC		Supplemental	100%	01/31/2023	Kimberly Johnson	

Wrench 

Step 3: The deficiency found on your Return to Provider letter will be the same as what is written within the application.



ePREP PORTAL

My Home **Applications** Accounts My Tools Help What's New!

Account ID: 100015262

Provider Name: NEW HOPE
Provider Type: Clinic FQHC
Application ID: 231VGVEV
Creation Date: 01/26/2023
Package Type: Supplemental
MA Number: 856321400

95% Complete 100% Documents

[New Message](#) [Resubmit](#)

REMINDER

To avoid application deficiencies, be sure that each changed value is entered correctly. If the changed value requires a new document attachment, please review it. If the document is outdated, upload a current version. If you have any questions, please contact customer support at 1-844-463-7768

Content [Expand All](#)

[Business Information](#) [Addresses](#) [Signature](#)

Service Address Pay to Address Mailing Address Summary

[View Address](#)

Address change for a facility needs additional doc

For a Facility such as this a change of address alone is not enough. The address on the licensure and any additional Addendum information with which has the old address must additionally be updated on a new supplemental application. Please withdraw this application and submit a completed supplemental application.


To correct this deficiency, please change the value or provide an [Explanation](#)

Street

Ste./Apt. #


City





In this case the deficiency is asking that you withdraw the application as it did not contain proper documentation. See below.

**Address change for a facility needs additional doc**

For a Facility such as this a change of address alone is not enough. The address on the licensure and any additional Addendum information with the which has the old address must additionally be updated on a new supplemental application. Please withdraw this application and submit a completed supplemental application.


Step 4: Return to the Applications Screen by clicking on the Applications Tab



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[My Home](#) **Applications** [Accounts](#) [My Tools](#) [Help](#) [What's New!](#)

Account ID: 100015262




Provider Name	NEW HOPE
Provider Type	Clinic FQHC
Application ID	231VGVEV
Creation Date	01/26/2023
Package Type	Supplemental
MA Number	856321400

95% Complete

100% Documents



95%5%100%



[New Message](#)[Resubmit](#)



**REMINDER**


To avoid application deficiencies, be sure that each changed value is entered correctly. If the changed value requires a new document attachment, please review it. If the document is outdated, upload a current version. If you have any questions, please contact customer support at 1-844-463-7768

ContentExpand All

Business Information


Addresses

Signature


**Service Address**


Pay to Address

Mailing Address

**Summary**


[View Address](#)




**Address change for a facility needs additional doc**







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Street

Ste. / Apt. #

City



Step 5: Once back in the Applications screen find your returned application and once again look at the orange action icons. Find and click on the orange X icon.

ePREP PORTAL

My Home **Applications** Accounts My Tools Help What's New!


My Applications

Listed below are your in-progress or submitted applications for your Maryland Medicaid accounts.

New Application

Total Apps 24 In Progress 2 Return to Provider 1 Resubmitted 0 Approved 5 Denied 0

Applications Dashboard RTP: 231VGVEV / 60 days remaining

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
231VGVEV	Return to Provider	NEW HOPE	Clinic FQHC		Supplemental	95%	01/31/2023	Kimberly Johnson	

Once you click the orange X a popup window will open stating “A Withdraw application will be created.” Click on the continue button. This will open the Withdraw application in a new tab.

ePREP PORTAL

My Home **Applications** Accounts My Tools Help What's New!


My Applications

Listed below are your in-progress or submitted applications for your Maryland Medicaid accounts.

New Application

Total Apps 24 In Progress 2 Return to Provider 1 Resubmitted 0 Approved 5 Denied 0

Applications Dashboard RTP: 231VGVEV / 60 days remaining

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
231VGVEV	Return to Provider	NEW HOPE	Clinic FQHC		Supplemental	95%	01/31/2023	Kimberly Johnson	

A Withdraw application will be created

You have chosen to withdraw the Maryland Medicaid application 231VGVEV. If you continue this process, this application will no longer be considered for enrollment purposes.

A withdraw application will be created. You have to sign and submit this application to complete the withdraw process.

Please select **Continue** to create the withdraw application or **Cancel** to close this message

Continue **Cancel**

Step 6: This will bring up a short new application that must be completed. Notice the Package Type. Then complete it like any other application. Click continue.

The screenshot shows the 'Getting Started' screen in the ePREP PORTAL. The header includes the portal logo, user information (NEW HOPE, INC., Kimberly), and navigation links (My Home, Applications, Accounts, My Tools, Help, What's New!). The main content area displays application details: Provider Name (NEW HOPE), Provider Type (Clinic FQHC), Application ID (231H4U7N), Creation Date (01/31/2023), and Package Type (Withdraw, which is circled in red). Progress bars show 0% Complete and 100% Documents. A 'New Message' button and a 'Submit' button are present. A sidebar on the left lists content items: Getting Started (selected), Profile Information, Signature, and Submit Application. The main content area contains instructions for withdrawing the application, stating that the enrollment application 231VGVEV will no longer be considered for enrollment. It advises reviewing the Profile Information form and provides 'Cancel' and 'Continue' buttons.

Content	Expand All
Getting Started	●
Getting Started	●
Profile Information	●
Signature	○
Submit Application	●

Getting Started

By signing and submitting this withdraw application, your enrollment application 231VGVEV will no longer be considered for enrollment purpose.

Review the Profile Information form to make sure that this is the application you want to withdraw, then sign and submit this application.

If you do not want to proceed, you can cancel the application by selecting the *Cancel* button.

[Cancel](#) [Continue](#)

The next Screen is to be sure the Profile Information is correct so that you are withdrawing for the correct entity or individual. Once confirmed, click continue.

The screenshot shows the 'Profile Information' screen in the ePREP PORTAL. The header is identical to the previous screen. The main content area displays application details: Provider Name (NEW HOPE), Provider Type (Clinic FQHC), Application ID (231H4U7N), Creation Date (01/31/2023), and Package Type (Withdraw). Progress bars show 0% Complete and 100% Documents. A 'New Message' button and a 'Submit' button are present. A sidebar on the left lists content items: Getting Started, Profile Information (selected), Signature, and Submit Application. The main content area contains instructions for reviewing the application information to ensure it is the correct one to withdraw. It provides a table of application details and a 'Continue' button.

Content	Expand All
Getting Started	●
Profile Information	●
Profile Information	●
Signature	○
Submit Application	●


Profile Information





Please review the application information to make you sure this is the application you want to withdraw. Select continue to sign and submit this application.

Application ID	231VGVEV
Provider Name	NEW HOPE
Provider Type	Clinic FQHC
National Provider Identification (NPI)	
Service Address	555 Front Street Marion 46268-0000


[Continue](#)

Step 7: Below you will see familiar screen shots for signing off and submitting the withdraw application.





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Provider NameNEW HOPE

Provider TypeClinic FQHC

Application ID231H4U7N

Creation Date01/31/2023

Package TypeWithdraw

0% Complete

100% Documents

[New Message](#) [Submit](#)

ContentExpand All

Getting Started

Profile Information

Signature

Electronic Signature

Submit Application

DeclarationsE-SignatureSummary


This looks great so far!





Here's where you sign to request a withdrawal of your previously-submitted application. Using the electronic signature feature, you can submit this application just like your handwritten signature.

Please check the box to declare that you agree with this process.


☒ I, Kimberly Johnson, declare under penalty of perjury under the laws of Maryland that the foregoing information and the information on all attachments is true, accurate and complete, to the best of my knowledge and belief, and that I am authorized to sign this application pursuant to State Regulations.

[Previous](#) [Continue](#)





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Provider NameNEW HOPE

Provider TypeClinic FQHC

Application ID231H4U7N

Creation Date01/31/2023

Package TypeWithdraw

33% Complete

100% Documents

[New Message](#) [Submit](#)

ContentExpand All

Getting Started

Profile Information

Signature

Electronic Signature

Submit Application

DeclarationsE-SignatureSummary

Now to complete the e-Signature process, I need to verify your personal information.

After agreeing to the declaration, make sure your Social Security Number and Date of Birth are identical to what you entered in the Personal Information section of the Profile Information form.

Please treat this section the same way as if you were using your PIN at an ATM.

☒ I, Kimberly Johnson, agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208.


SSN (last 4 digits)###-##-4321





Year of birth##/##/1965

Email addresskmjohnson@mailinator.com


Password*****

Step 8: Finally, the Submit button will turn blue and you can click on it to submit the application



NEW HOPE, INC.Kimberly

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Provider NameNEW HOPE

Provider TypeClinic FQHC

Application ID231H4U7N

Creation Date01/31/2023

Package TypeWithdraw

100% Complete100%

100% Documents100%

New Message

Submit

ContentExpand All

Getting Started

Profile Information

Signature

Submit Application

Submit

Submit Application

Your withdraw application is completed. Select the submit option to submit this application.

Submit Application

Previous

