

How to Resolve the E-Signature Restriction.

Part One

To get through this situation there are various sections of an application that need to be completed correctly. A triage of the application must occur. (Below is a screen shot of the “e-Signature Restriction” page)

1. Check to see if the person completing the application is qualified to do so and whose name is in all 3 of the correct locations within an application. In this screen shot you will see in the top right-hand corner by the avatar of a doctor the name Kimberly M. (Group and Administrator are fictional)

ePREP PORTAL NEW HOPE Kimberly M

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

Provider Name 12% Complete 0% Documents
Provider Type Physician 12%
Application ID 2112MOBE 0%
Creation Date 12/09/2021
Package Type Rendering Provider

New Message Submit
Send to Rendering

Group Info Expand All
Business Information
Group Signature
Electronic Signature

Rendering Info Expand All
Getting Started
Profile Information
Business Information
Practice Information
Disclosure Information

Declarations Electronic Signature Summary

It seems that you need to meet some requirements in order to proceed. Please read below to see what still needs to be done before you can sign this application.

If you need help with this section, please watch this In-Context Tutorial about e-signing a Group application.

e-Signature Restriction

In order to sign this application, you must:

- Be authorized to sign on behalf of the Group, as recognized by Maryland Medicaid.
- Have the ePREP Portal User Role of Administrator, Manager, or Authorized Signer
- Have completely filled out the [Profile Information](#) sub-form, and
- Have your name in [User Settings](#) exactly match your legal name in the Profile Information sub-form

If you do not meet these requirements, please send a [message](#) to the person who has ownership or control interest in your Group to sign this application.

Previous Continue

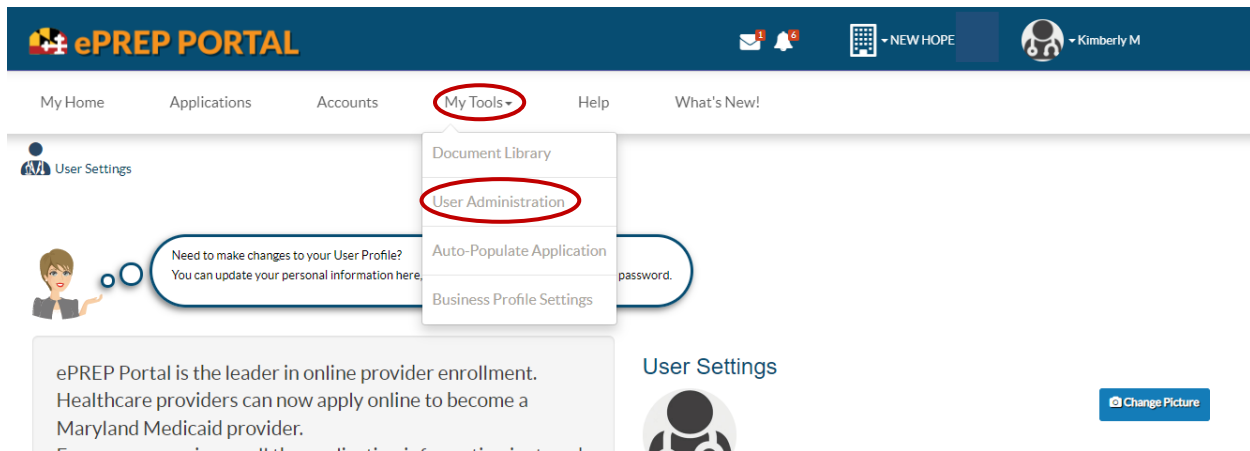
2. By clicking on the name Kimberly M., you may open the “User Settings” to see her full name.
 - In the following screen shot you will see her full name as she is the administrator

The screenshot shows the ePREP PORTAL dashboard. The top navigation bar includes the portal logo, a notification bell, a location dropdown set to 'NEW HOPE', and a user profile dropdown for 'Kimberly M.'. The 'User Settings' option in the dropdown is circled in red. Below the navigation bar, the 'Applications' tab is selected. The main content area displays application details for 'NEW HOPE', including provider type, application ID, creation date, and package type. Progress bars for '78% Complete' and '100% Documents' are shown. Buttons for 'New Message' and 'Submit' are also visible.

- On this screen shot you will see the full name of the admin creating the application, Kimberly M Johnson. This is the first place you will check to see how his/her name appears in the application.
- The next 2 locations to find her name in the portal will follow
- Reminder: It cannot be Kim Johnson or even Kimberly Johnson, it must be her full name with her middle initial as seen below. (All 3 locations the admin name is found must match exactly)

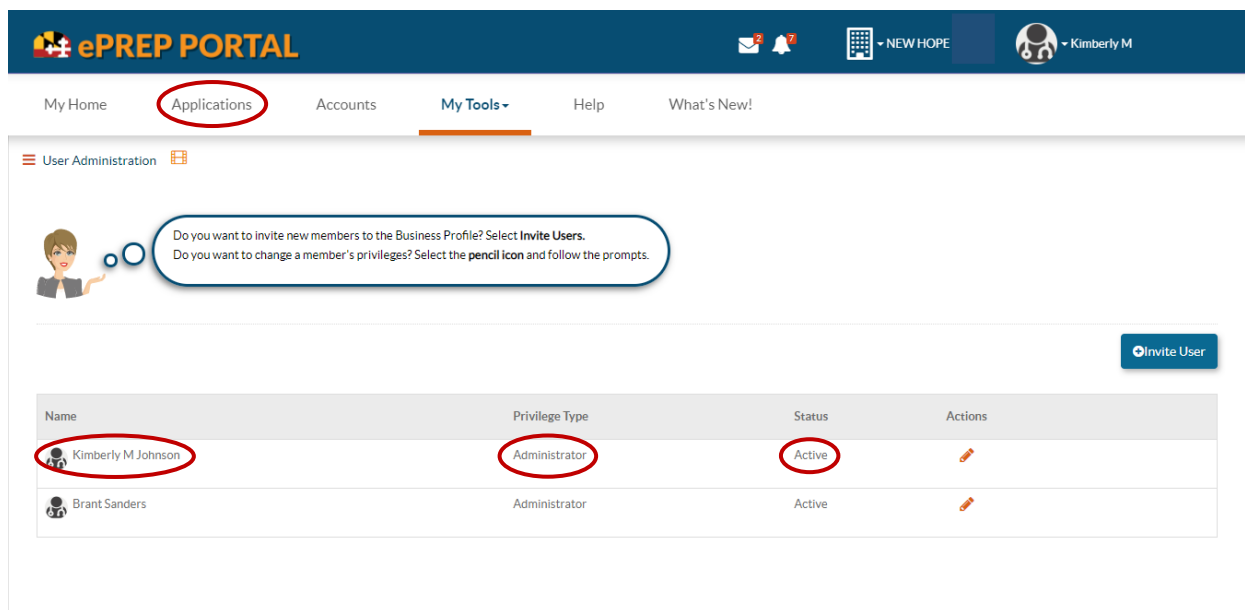
The screenshot shows the 'User Settings' page in the ePREP PORTAL. The top navigation bar has 'My Tools' circled in red. Below the navigation bar, the 'User Settings' page is displayed. A callout bubble asks if the user needs to make changes to their profile. The page includes a description of the portal's purpose and a photo of healthcare providers. The 'User Settings' section contains a profile picture, a 'Change Picture' button, and input fields for 'First name' (circled in red, containing 'Kimberly M') and 'Last name' (circled in red, containing 'Johnson'). There are also fields for 'Phone number' and 'Extension'. Below these are 'Hover Help Settings' with toggle switches for 'Enable Lucy Hover Help' and 'Enable Lucy animation', both currently turned off. At the bottom, there is an 'Update Email' section with an 'Email address' field containing 'kimjohnson@mailinator.com' and a 'Change Email' button.

3. Checking to see who has administrative rights. From this screen you may click on “My Tools.” When you click on My Tools a drop down will appear with 4 choices. You will click on “User Administration.” (See below)



Once you click on User Administration the screen below will open.

The screen below shows the same Kimberly M Johnson as Administrator, and her status is Active. Again, be sure it is her full name so that everything matches. You may also see there is a second Administrator or more for a group account which is common. After you have seen that her name is correct, and she is an administrator you may click on the circled “Applications” heading.



By clicking on the Applications tab this will take you to the applications screen and the third place to make sure all names match as who is the admin on this application.

Below is the Applications page for the group “New Hope.” As seen by the name next to the Building in the Blue Header, this is the **Business Profile** for the group. It is not out of the ordinary for a group to have multiple applications at various stages of completion. The application we are currently working on for New Hope is found as the second of 2 applications shown below. On the far right are a bunch of very prominent orange icons. This is designed on purpose and titled “Actions” so that you may locate them more easily.

Just to the left of Actions you will see “Owner.” The “owner” of an application must be the same as the name on the User Settings, as in User Administration. If the owner does match the previous two, all three criteria are now met.

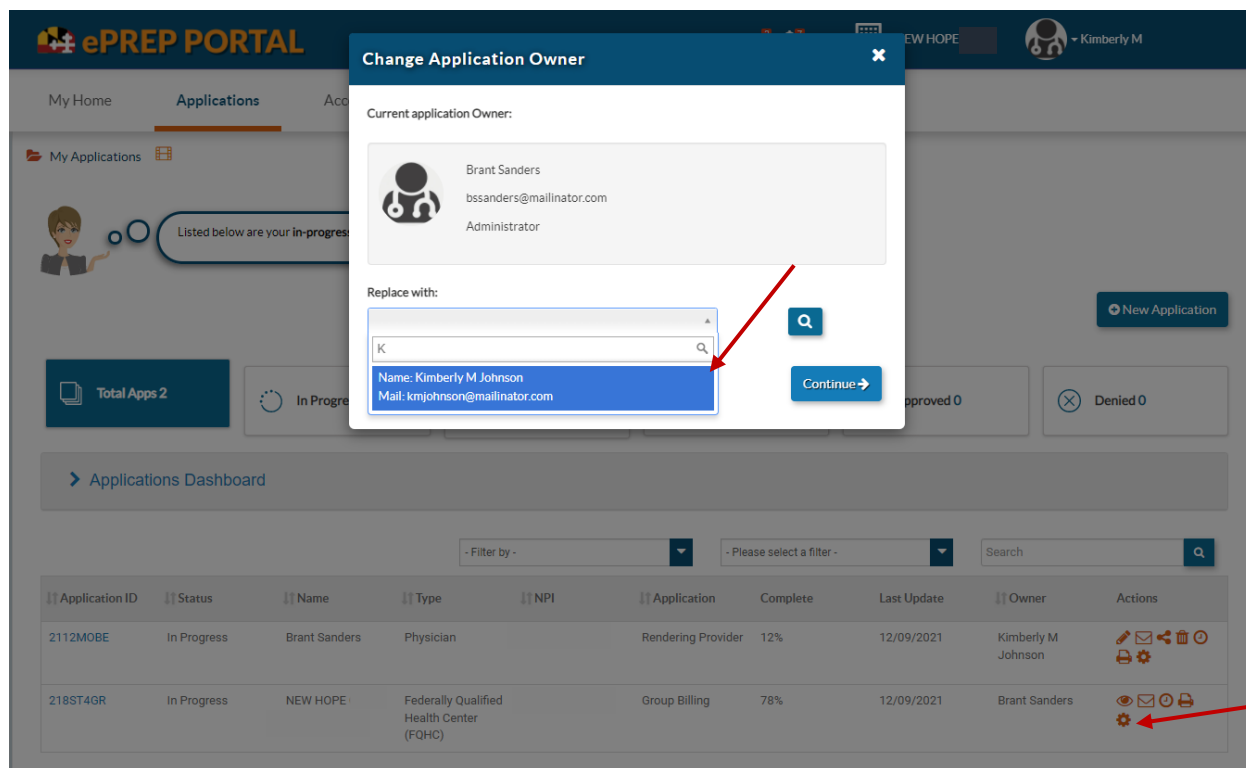
Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
2112MOBE	In Progress	Brant Sanders	Physician		Rendering Provider	12%	12/09/2021	Kimberly M. Johnson	[Icons]
218ST4GR	In Progress	NEW HOPE	Federally Qualified Health Center (FQHC)		Group Billing	78%	12/09/2021	Brant Sanders	[Icons]

You will see in the above screen shot the name of the application we are working is for New Hope but notice under the “Owner” the name is not Kimberly M. Johnson, rather it is a Brant Sanders. This is your cause of the e-Signature Restriction.

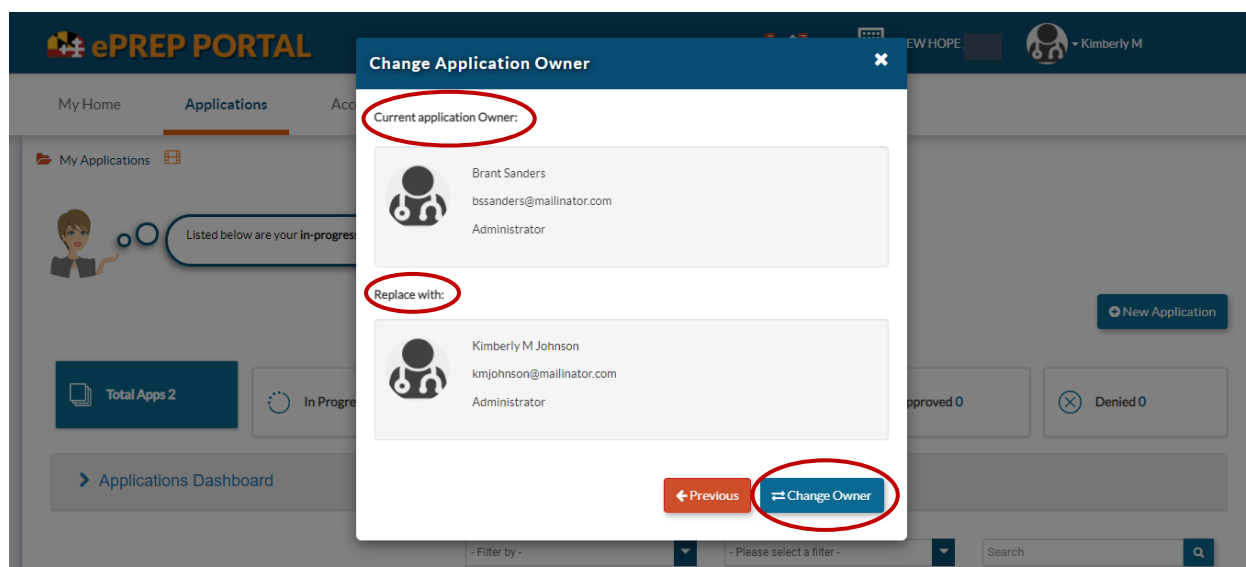
4. How to make the fix.

- See the red arrow pointing at an orange icon of a gear or a sprocket? That is your fix for this scenario.
- See below Screen Shot.

By clicking on the orange gear or sprocket the “Change Application Owner” will open. There will be a drop down to click on and then simply start typing the name of the person for whom you wish to make the new owner of the application. You will see below by typing in a K, Kimberly M Johnson’s name and email appear, and when you hover over her name it will turn blue as seen below.








Once you click on her name and hit the continue button the next screen will appear. Showing “Current application Owner” and “Replace with:.”



Now all you need do is click on “Change Owner,” and see next screen shot.


Below you will see that Kimberly M Johnson is now the Owner of the application. That makes her name in User Settings, User Administration under “My Tools” as an Administrator, and now Owner of the Application. You may now get past the e-Signature Restriction. Unless the cause is an entirely different situation.



 Kimberly M

[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 2

In Progress 2

Return to Provider 0

Resubmitted 0

Approved 0











Denied 0

Applications Dashboard

- Filter by -

- Please select a filter -

Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
2112MOBE	In Progress	Brant Sanders	Physician		Rendering Provider	12%	12/09/2021	Kimberly M Johnson	    
218ST4GR	In Progress	NEW HOPE	Federally Qualified Health Center (FQHC)		Group Billing	78%	12/09/2021	Kimberly M Johnson	    

How to Resolve the E-Signature Restriction.

Part Two

To sign any application, whether an individual or a group, you must have 4 items. A SSN, a DOB, the log in email, and the login password.

For an individual application the Personal Information is completed first, if it is NOT completed correctly, it may cause an e-Signature Restriction. For a group application the Personal Information section is found in the “Disclosure Information” section under “Ownership/Control Interest.”

In the screen shot below is what this restriction looks like, and on the third bulleted line is a hyper link to “Personal Information.”

Often for a group the owner does not complete the application, rather they have an office person act as the individual responsible for doing all credentialling.

For this step-by step guide Kimberly M Johnson will be doing the application for New Hope.

1. The 2nd possible fix for an e-Signature Restriction is to click on the hyperlink circled below titled, “Personal Information” found in the 3rd bullet point.

The screenshot displays the ePREP PORTAL interface. At the top, the header includes the portal logo, navigation links (My Home, Applications, Accounts, My Tools, Help, What's New!), and user information (NEW HOPE, Kimberly M). The main content area shows application details for NEW HOPE, including Provider Name, Type, ID, Creation Date, and Package Type. A progress bar indicates 83% completion for the application and 100% for documents. A message box states: "It seems like you need to meet some requirements in order to proceed. Please read below to see what still needs to be done before you can sign this application." Below this, a section titled "e-Signature Restriction" lists requirements: being legally authorized, having the correct user role (Administrator, Manager, or Authorized Signer), having completed the Personal Information section (circled in red), and having the name in User Settings match the legal name. A "Continue" button is at the bottom right.

Provider Name: NEW HOPE
Provider Type: Federally Qualified Health Center (FQHC)
Application ID: 218ST4GR
Creation Date: 08/27/2021
Package Type: Group Billing

83% Complete
100% Documents

New Message Submit

Content Expand All

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

Declarations E-Signature Summary

It seems like you need to meet some requirements in order to proceed.
Please read below to see what still needs to be done before you can sign this application.

If you need help with this section, please watch this In-Context Tutorial about e-signing a Group application.

e-Signature Restriction

In order to sign this application, you must:

- Be legally authorized to sign on behalf of the Group as recognized by Maryland Medicaid.
- Have the ePREP Portal User Role of Administrator, Manager, or Authorized Signer
- Have completely filled out the **Personal Information** section of the Ownership/Control Interest sub-form, and
- Have your name in User Settings exactly match your legal name in the Personal Information section

If you do not meet these requirements, please send a message to the person who has ownership or control interest in your Group to sign this application.

Previous Continue

- This will take you to a little box with the name of your credentialer's (or whoever is completing the application) name pre-filled in; click on add and the following will appear.

There are two items to note:

- Notice the bar with open circles above her (Kimberly M Johnson's name); as she completes each screen the circles will become full. Only when all are full will she get past the e-Signature restriction.
- The 2nd item is the "Ownership/Control Interest" and the "Disclosure Information" both only have half-filled in circles.

Provider Name: NEW HOPE
Provider Type: Federally Qualified Health Center (FQHC)
Application ID: 218ST4GR
Creation Date: 08/27/2021
Package Type: Group Billing

83% Complete
100% Documents

New Message Submit

Content Expand All

- Getting Started
- Business Information
- Practice Information
- Disclosure Information
- Adverse Actions
- Fines and Debts (Gov.)
- Subcontractors
- Ownership/Control Interest
- Significant Transactions
- Delegated Officials
- Rendering Provider Affiliations

Individual Information Ownership/Control Interest Associations Adverse Actions Summary

Please enter the following information

First name: Kimberly M

Middle name:

Last name: Johnson

Primary Residence Address

View Address

Street: Address Line 1
Required value

Ste. / Apt. #: Suite/Apt

City: City
Required value

As you, or your credentialing employee goes through this section they must choose Managing employee after filling in the Individual Information as seen below. This will include his/her SSN and DOB that are needed to complete the e-signature.

Notice how the Individual Information circle is entirely filled in; this means you have fully completed that page. Now, the orange is designating you are in the “Ownership/Control Interest” screen, this is where you will check off Managing employee with the effective date.

The screenshot displays the ePREP PORTAL interface. At the top, the header includes the ePREP PORTAL logo, a calendar icon, a notification bell with 8 alerts, a 'NEW HOPE' button, and a user profile for Kimberly M. Below the header, a summary bar shows 'Provider Name: NEW HOPE', 'Provider Type: Federally Qualified Health Center (FQHC)', 'Application ID: 218ST4GR', 'Creation Date: 08/27/2021', and 'Package Type: Group Billing'. Progress indicators show '83% Complete' and '100% Documents'. A 'New Message' button and a 'Submit' button are also present.

The main content area features a sidebar on the left with a 'Content' menu and an 'Expand All' button. The menu items include: Getting Started, Business Information, Practice Information, Disclosure Information (highlighted), Adverse Actions, Fines and Debts (Gov.), Subcontractors, Ownership/Control Interest (highlighted with an orange circle), Significant Transactions, Delegated Officials, Rendering Provider Affiliations, and Signature.

The main panel shows a progress bar with five steps: Individual Information (fully filled), Ownership/Control Interest (highlighted with an orange circle), Associations, Adverse Actions, and Summary. Below the progress bar, a section titled 'Please select one or more of the options that apply to Kimberly M Johnson' contains four checkboxes: '5% or more Ownership Interest', 'Partnership', 'Board Member', and 'Managing Employee' (checked and highlighted with an orange circle). Below these checkboxes is a field for 'Effective date of control' with the date '12/31/2015' entered.

Once you have completed each section including the summary the next screen will appear.

Provider Name

NEW HOPE

Provider Type

Federally Qualified Health Center (FQHC)

Application ID

218ST4GR

Creation Date

08/27/2021

Package Type

Group Billing

89% Complete

100% Documents

New Message

Submit

Content

Expand All

Getting Started

Business Information

Practice Information

Disclosure Information

Adverse Actions

Fines and Debts (Gov)

Subcontractors

Ownership/Control Interest

Significant Transactions

Delegated Officials

Rendering Provider Affiliations

Signature

Ownership/Control Interest

Summary

In this section, a complete disclosure of ownership and financial interest is required. Please add at least one owner or those parties who have control interest in your Group. Keep in mind that you can share any record with another user, making it easy to complete your application.

List any Individuals or Entities who have 5% or more (direct or indirect) Ownership, control interest, or partnership interest in NEW HOPE OF INDIANA, INC.?

All board members, officers, directors, agents, and managing employees must be disclosed in this section.

Indirect entity owners do not need to disclose board members, officers, or directors if those individuals' only relationship with the applicant is through the indirect owner.

Add

Type	Name	Ownership/Control Interest	Status	Actions
	Kimberly M. Johnson	Managing Employee		
	Memorial Hospital	Owner		

Now you may click “Continue” at the bottom of each screen, which also acts as a save button, all the way through to where you had previously hit the e-Signature Restriction Screen. Instead of coming to this page with the E-Signature Restriction and the crossed off “Declaration,” “E-Signature,” And “Summary” (See Blue arrows) The second screen below will appear.

Content

Expand All

Getting Started

Business Information

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

E-Signature

Submit Application

Declarations

E-Signature

Summary

It seems like you need to meet some requirements in order to proceed.

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- Have your name in [User Settings](#) exactly match your legal name in the Personal Information section

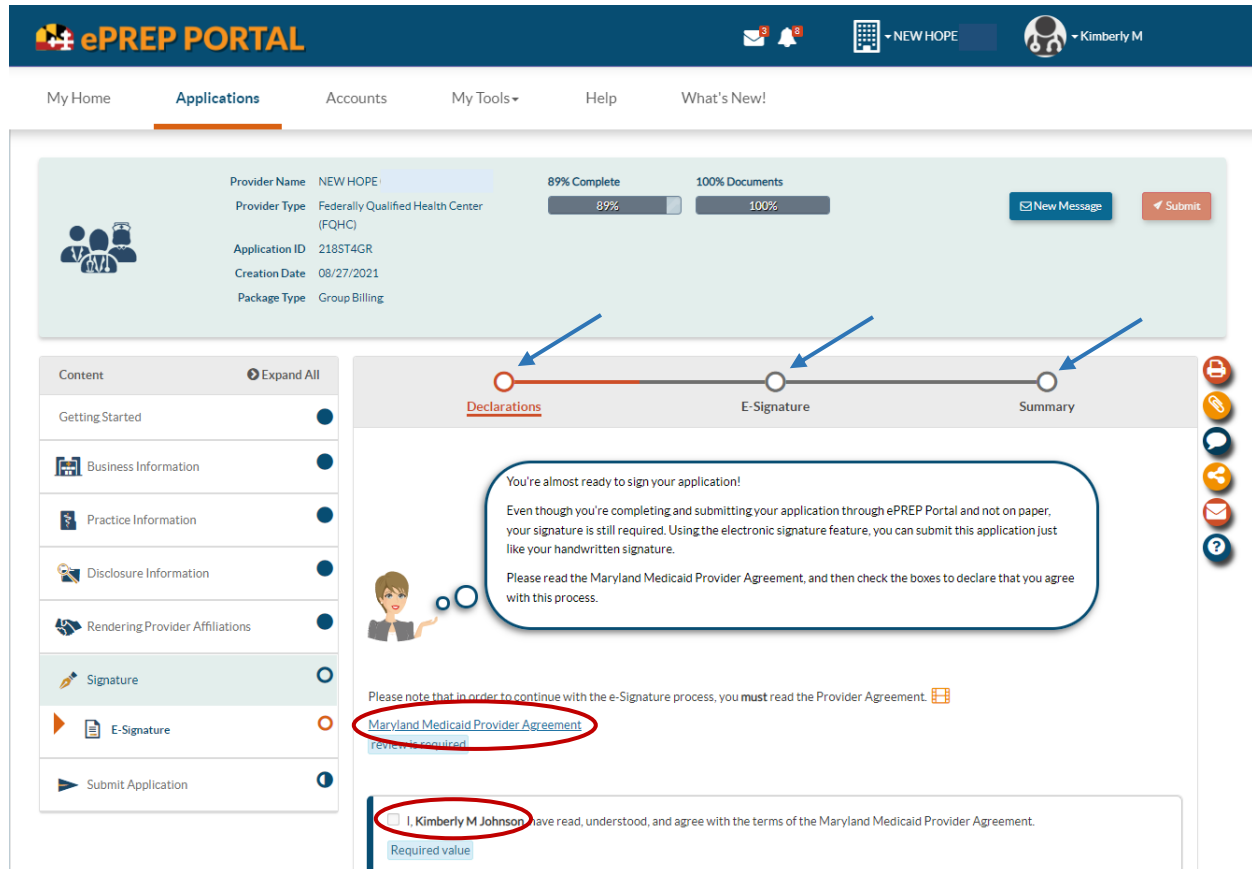
If you do not meet these requirements, please send a [message](#) to the person who has ownership or control interest in your Group to sign this application.

Previous

Continue

3. Notice the “Declaration,” “E-Signature,” and “Summary” are all now open circles. (See Blue Arrows)

To be able to start the signature process you must first click on the hyper link that says, “Maryland Medicaid Provider Agreement,” shown in below screen shot. This will open the provider agreement which is necessary before you may continue clicking on the “I, Kimberly M Johnson.”



ePREP PORTAL

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

Provider Name: NEW HOPE 89% Complete 100% Documents
Provider Type: Federally Qualified Health Center (FQHC) 89% 100%
Application ID: 218ST4GR
Creation Date: 08/27/2021
Package Type: Group Billing

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, Kimberly M Johnson, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.

Required value

This is the Provider Agreement pdf. Which you may print or download by clicking on the ellipsis. After it is viewed you may ex-out of this window and continue with the signature portion of the application.

The screenshot displays the ePREP PORTAL interface with a modal window titled "Preview Maryland Medicaid Provider Agreement". The modal window shows a PDF document titled "ProviderAgreement.pdf" with a search icon and a menu icon (three dots) circled in red. The PDF content includes a "CURRENT" banner, a paragraph about the agreement, and a section titled "I. PROVIDER OBLIGATIONS:" with sub-section "A." detailing compliance requirements. The PDF viewer includes a toolbar with a print icon and a download icon, both circled in red. The background shows the ePREP PORTAL navigation menu with options like "My Home", "Applicant", "Business Information", "Practice Information", "Disclosure Information", "Rendering Provider Aff", "Signature", "E-Signature", and "Submit Application". A "Submit" button is visible in the top right corner of the background interface.

My Home Appl

Content

Getting Started

Business Information

Practice Information

Disclosure Information

Rendering Provider Aff

Signature

E-Signature

Submit Application

Submit

Preview Maryland Medicaid Provider Agreement

ProviderAgreement.pdf
Last Modified: Jul 21, 2021, 12:36 PM

CURRENT

This Agreement (the "Agreement"), entered into between the Maryland Department of Health (the "Department") and Provider, is made pursuant to Title XIX and Title XXI of the Social Security Act, Health-General, Title 15, Annotated Code of Maryland and state regulations promulgated thereunder to provide medical care, and home- and community-based services and/or remedial care and services ("Service(s)") to eligible Maryland Medical Assistance recipients ("Recipient(s)"). On its effective date, this Agreement supersedes and replaces any existing contracts between the parties related to the provision of Services to Recipients.

I. PROVIDER OBLIGATIONS:

A. The Provider complies with all standards of practice, professional standards, levels of Service, and all applicable federal and state laws, statutes, rules and regulations, as well as all administrative policies, pr

1 / 8

97%

I, Kimberly M Johnson, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.

Required value

After the Provider Agreement is closed you may continue in checking off all the “I, Kimberly M Johnson” boxes and then hit Continue. (It will be your name, and not Kimberly M Johnson)

Kimberly M

Business Information

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

E-Signature

Submit Application

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](#)

☒ I, **Kimberly M Johnson**, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.

☒ I, **Kimberly M Johnson**, declare that I have legal authorization to sign this application for and on behalf of **NEW HOPE OF INDIANA, INC.**

☒ I, **Kimberly M Johnson**, have reviewed my application and believe all information and attachments are correct to the best of my knowledge.

☒ I, **Kimberly M 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.

4. Now you are finally at the signature page. Therefore, when filling in the Profile Information it is crucial you get the SSN and the DOB correct. After you check the last “I, Kimberly M Johnson” box it is time to sign, by filling in the last four digits of the SSN, the year of the DOB, the log in email is prepopulated, and then enter the password used to log in to ePREP. Every part must be exact, and you only get 3 tries.

Kimberly M

Creation Date

08/27/2021

Package Type

Group Billing

Content

Expand All

Getting Started

Business Information

Practice Information

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Rendering Provider Affiliations

Signature

E-Signature

Submit Application

Declarations

E-Signature

Summary

To continue with 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 **Ownership/Control Interest** sub-form.

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

If you need help with this section, please watch this In-Context Tutorial about e-signing a Group application.

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

Required value

SSN (last 4 digits)

###-##-____

Year of birth

##/##/____

Email address

kmjohnson@mailinator.com

Password

Previous

Continue

This is how it looks filled in prior to hitting Continue. Before you hit Continue take notice to the 2 circles, blue and orange on the left of the screen they are still only half full. If everything is correct, you will see on the next screen both of those circles will be filled.

Kimberly M

Creation Date 08/27/2021
Package Type Group Billing

ContentExpand All

Getting Started

Business Information

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Signature

E-Signature

Submit Application

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E-Signature

Summary

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

If you need help with this section, please watch this In-Context Tutorial about e-signing a Group application.

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

SSN (last 4 digits)###-##-6789


Year of birth###/1965


Email addresskmjohnson@mailinator.com


PasswordGarden21!


Previous


Continue


 Business Information


 Practice Information


 Disclosure Information


 Rendering Provider Affiliations


 Signature


 E-Signature


 Submit Application


 Kimberly M


 3


 10


 NEW HOPE


 Kimberly M


 3


 10


 NEW HOPE


 Business Information


 Practice Information


 Disclosure Information


 Rendering Provider Affiliations


 Signature


 E-Signature


 Submit Application


 Kimberly M


 3


 10


 NEW HOPE


 Kimberly M


 3


 10


 NEW HOPE


 Business Information


 Practice Information


 Disclosure Information


 Rendering Provider Affiliations


 Signature


 E-Signature


 Submit Application


 Kimberly M


 3


 10


 NEW HOPE


 Kimberly M


 3


 10


 NEW HOPE


 Business Information


 Practice Information


 Disclosure Information


 Rendering Provider Affiliations


 Signature


 E-Signature


 Submit Application


 Kimberly M


 3


 10


 NEW HOPE


 Kimberly M


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 NEW HOPE


 Business Information


 Practice Information


 Disclosure Information


 Rendering Provider Affiliations


 Signature


 E-Signature


 Submit Application


 Kimberly M


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
 Kimberly M


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 NEW HOPE


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
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
 Kimberly M


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 NEW HOPE


 Kimberly M


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 NEW HOPE


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
 Rendering Provider Affiliations


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
 Kimberly M


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
 Kimberly M


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 NEW HOPE


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
 Rendering Provider Affiliations


 Signature

 E-Signature

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 Kimberly M

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NEW HOPE

Kimberly M

Package Type

Group Billing

Content

Expand All

Getting Started

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Practice Information

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Submit Application

Checklist

Submit

Document Attachment

Application

Excellent! [0]! This is your **final document review**.

All legible documents listed below must be attached to this application before submitting.

The **Action icons** can be used to manage and preview your documents.

Document	Form/SubForm/Section	Mandatory	Attached	Actions
Articles of Incorporation	Business Information/Business Profile/Business Profile	Yes		
TIN/EIN	Business Information/Business Profile/TIN/SDAT & Business License	Yes		
Addenda/Supporting Document	Practice Information/Additional Information/Addenda/Supporting Documents	Yes		

Previous

Continue

Notice in the below screen shot the completion bar is at 97%. That is because the last 3% are used for submitting the application. That is done by clicking the “Submit Application” at the bottom left.

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

Provider Name NEW HOPE

Provider Type Federally Qualified Health Center (FQHC)

Application ID 218ST4GR

Creation Date 08/27/2021

Package Type Group Billing

97% Complete

100% Documents

97%

100%

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

Content

Getting Started

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Submit Application

Checklist

Submit

[Submit Application](#)


Almost finished! Before you submit Kimberly M Johnson application, you may want to review the most common mistakes made that cause these applications to be deficient. To review the common mistakes, select the "Show Me" button below.





[Show common mistakes that cause application deficiencies](#) [Show Me](#)

Provider Agreement

[Submit Application](#) [Previous](#)


Once completed it will take you back to the “Applications” screen. Here you will see under the “Status” header it will say “Submitted” and under the “Complete” header it will say “100%.”



NEW HOPEKimberly M

My HomeApplicationsAccountsMy ToolsHelpWhat's New!

My Applications



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

New Application













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

Applications Dashboard

- Filter by -

- Please select a filter -

Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
2112MOBE	In Progress	Brant Sanders	Physician	1407841422	Rendering Provider	12%	12/09/2021	Kimberly M Johnson	     
218ST4GR	Submitted	NEW HOPE OF INDIANA, INC.	Federally Qualified Health Center (FQHC)	1265472872	Group Billing	100%	12/10/2021	Kimberly M Johnson	     

Congratulations

You have successfully gotten past the e-Signature Restriction and completed your application.