Doula Rendering WITH AFFILIATION New Enrollment Workflow:

The instructions below are specific for a newly enrolling individual practicing doula who plans to render services through a doula group. Should you have any additional questions regarding the enrollment process, please contact us at: md Call Center Contact Number 1-844-463-7768.

If you have not set up an ePREP account and/or business profile, please see <u>The Getting Started</u> Document for guidance.

STEP 1: Sign into ePREP and select the Business Profile that you plan on submitting a new enrollment application. Proceed to the "Applications" tab.



STEP 2: Once in the application Tab, select "New Application" to create a new enrollment application.

eprep Portal	Sa 🐂		~ 😩	Administrator ①
My Home Applications Accounts	My Tools -	Help		
s My Applications				
Listed below are your in-progress or submitted	applications for your Maryla	nd Medicaid accounts.		
				New Application
Total Apps 0	Return to Provider 0	Resubmitted 0	Approved 0	Denied 0
> Applications Dashboard				
	- Filter by -	- Please select a filter	r. 💌	Search
↓† Application ID ↓† Status ↓† Name ↓† Typ	e J†NPI	11 Application Complete	Last Update	1) Owner
There are no applications to display				

STEP 3: To generate a new enrollment application, select "I'm new to Maryland Medicaid and I want to create a new application" then choose, "I'm an Individual healthcare practitioner" and then select "Continue".

Hello, 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!	
O D 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 🔡	\searrow
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 FOHC 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 ->

STEP 4: Next select "I'm a rendering Provider" WITH an affiliation and then select "Continue".



STEP 5: Enter the rendering providers NPI, select verify, and then hit "Continue".

Start Application	Business Structure	<u> </u>	Provider Type
Oksy, you have chose want to use for this a	en Rendering Provider for your application. Please enter you pplication, and select Verify.	Type 1 National Provider Identifier (NPI) tr	nat you
National Provider Identifier (NPI)	Please select Verify in order to continu	Verify>	2
I just received my NPI within the last few more stated and the last few	onths, and I'd like to continue with the application process.		
I've had my NPI for a while, and I've been us	ing it actively.		_
For more information about NPIs, please see th	e NPPES website.		3
Vrien you have entered and vermed your NPI, Previous	eret continue.		Continue >

STEP 6: Choose "Doula" from the provider type drop down, and then select "Continue".

My Home	Applications	Accounts	My Tools •	Help			
	Start Application	Bus	Iness Structure		NPI	Provider Type	
	Now, choose one of finished.	the following options and	d specify your provider of	be from the drop-c	own list. Then select Continue v	when you're	
Select y	our Rendering provider type	~]				
◆ Previo	us					Continue 🗲	

STEP 7: The enter the Doula Group's NPI, select verify, and then hit "Continue".

Start Application	Business Structure	NPI	Provider Type	O Search Affiliation	Summary
Okay. If you' Click V National Provider Identifier (NPI	now that I know you're a(n) Doula, I re wanting to affiliate with a Group ; Aerify to see all accounts or applicati	need the NPI of the provid oractice, they must have ar ons associated with this N	er that you want as your affiliate. n existing Maryland Medicaid acco Pl, and select the right service loca	unt. tion you want to affiliate with.	
← Previous					Continue 🔶

STEP 8: Personal Information: Now you application has been generated. Please enter the application information in the required fields: First name, Last name, Gender, Date of Birth, Email address, and answer the "yes or no" question. Then select "Continue".

Getting Started	٠	Personal Information	Correspondence Address	Identification	Summary	2
Profile Information	0	•O Please take a	few minutes to fill out some personal informat	tion to continue with your applicat	sion.	5
Individual Profile	0)
Business Information	0	Prefix	<select a="" prefix=""></select>	~	C.	,
Practice Information	0	First name				
Clisclosure Information	0	Middle name			D.	
📌 RenderingSignature	0	Last name				
Submit Application	0	Suttix	<select a="" suffix=""></select>	~		
-		Professional title	<select a="" professional="" title=""></select>	<u> </u>		
		Gender	Female	→ 3		
		Date of birth		ø 🗂 🔁 🕹		
			Age			
		Email address		88 5		
		Has the individual completed cultu	ral competence training?	(e) Yes	: _ No 88	
		← Previous			Continue >	

STEP 9: Correspondence Address: Enter the address in which you would like to receive mail in the required fields: Street. City, State, and zip code. The select "Continue".

	Provider Type Doule Application ID Creation Date 11/20/2 Package Type Render	2023 Ing No Affiliation	<u>83</u>	New Messa	ge Submit
Content	Expand All	Personal Information	O-Correspondence Address	Identification	Summary
Cetting Started	•	Since Ma	ryland Medicald's Rendering providers render	services at different locations, please provide	a ma with an
Individual Profile	6 0	address	vhere MDH can send you official corresponder	nce.	
Business Information	0	Q <u>View Address</u> Street		88 1	
Practice Information	0	Ste./Apt.#	Suite/Apt		
Disclosure Information	0	City		2	
Submit Application	0	State/Province	Merylend, MD	×	
- country philotium		ZIP Code/Postal Code	Baltimore		
		← Previous		-	Continue ->

STEP 10: Identification: Enter your social security number and answer the "yes or no" question. The select "Continue".

My Home Appl	ications Accou	nts My Tools+	Help				
	Provider Name Provider Type Doula Application ID Creation Date 11/20 Package Type Rende	v2023 ring No Affiliation	10% Complete	0% Documents	New Message		✓ Submit
Content Getting Started	S Expand All	Personal Information	Corresponden	ce Address	O- Identification		6
Profile Information	0	O Plesse	provide me with your identifica	ation so I can make sure I'm	verifying the right person.		
Business Information	0	Social Security Number	Required value	4			õ
Practice Information Comparison Disclosure Information	0	Do you go by any other name form? (Enter all that apply)	es (alias) besides the one you	included in the Personal Ir	offormation sub-	2	
Rendering Signature	0	← Previous				Continu	e ->
Submit Application	0						

STEP 11: Contact Person:

- 1. Enter first name
- 2. Enter Last name
- 3. Title and position
- 4. Business phone number
- 5. Contact email address

NOTE: The contact person should be the managing employee of the application. All electronic

notifications regarding application corrections, status updates approvals and denials will be sent to the email address listed in the correspondence address data field.

Content	Expand All	00
Getting Started	•	Contact Person Information Summary
Business Information	0	Who should I contact if I have questions about your application?
Business Profile	•	Please choose a contact person who will be available during reaction to be set the set of the set o
 Contact Person Addresses 	0	First name
Logistics	0	Last name
Practice Information	0	Title/Position
Disclosure Information	0	Business number 3
😵 Rendering Provider Affiliat	tions O	
🥕 Signature	0	Correspondence email address
Submit Application	0	
		←Previous

STEP 12: Individual Licenses & Certifications: Doula are required to upload proof of certification from the approved certifying bodies (please see <u>doula addenda-individual</u> for list).

- 1. Enter the license number listed on the certification. If there is no certification number please enter 0.
- 2. Upload a copy of doula certification.
- 3. Select the State
- 4. Select the issue date that is listed on the certification.
- 5. Select the expiration date listed on the certification, if this is a non-expiring certification, please select an expiration date of 5 years or more.
- 6. For the last question, if you are required to upload 2 or more certification (based on the addenda requirements), please select "yes" and upload the 2nd certification. If only 1 certification is required for upload, this question will be "no".

GettingStarted	Individual Licenses & Certifications Summary	<u> </u>
Profile Information	Here you can attach your professional licenses and certificates.	3
Business Information	Start by uploading the professional license 🕞 that permits you to provide health care services. Make sure you provide clear copies 🗟 so my analysts can read them.	2
Practice Information	•	•
 Ucenses & Certifications NPI/Texonomy/Specialty Additional Information 	 Please disclose your professional license or certificate number. Important in the state health care license number State health care license number Health Care State License Health Care State License 195LL6VK Lice 	
Sisclosure Information	O Your license was not found.	
🥕 Rendering Signature	O But don't worry, Instead you may enter your information manually Er beliow.	
Submit Application	Issuance State/Province Maryland, MD	
	Issuance date	
	Expiration date 11/01/2033	
	Is Dina Doula required to have copies of other specialized Licenses or Certifications from the Ves No	88
	€ Previous Contin	iue 🗲

STEP 13: NPI/Taxonomy/Specialty: Select "add" and a pop-up will appear to select your taxonomy code. Choose the taxonomy code, type, and then select "add". Lastly, once the taxonomy code is successfully added to the application, select "Continue".

	Provider Type Do Application ID Creation Date 11. Package Type Res	ula /20/2023 ndering No Affiliation	36%	100%	• (⊠ New Message	l	✓ Submit
Content	Expand All		NPI/Taxonomy/Specialty			O		e
Getting Started Profile Information	•						_	ŏ
Business Information	•	000 💿	Great work! Now let's check the N your taxonomies. Don't forget to have ready a Prima	PI number you provided and y Taxonomy Code.	verified when you creat	ed your application. Th	nen enter	2
Practice Information	0	National Provider Identific	ation (NPI)					(2)
Licenses & Certifications	•	Associated Taxonomy Code	15					
Artitional Information	0						Ľ	Add
	0		Description	Тахороту	Code	Type	Actions	×
Rendering Signature	0	No tax	onomy code listed.	10,01011		1984	, ottoria	
Submit Application	0	← Previous					Continu	ie ->
Taxonomy code	3	74J00000X - Doula	Y + Add	* Cancel				
Prov Pro App Cres Pac	ider Name vider Type Douls lication ID ation Date 11/20/2023 kage Type Rendering N	38 No Affiliation	% Complete 100% Docu	ments 100%	New Message		✓ Sutmit	
Content	Expand All		0		0		8	
GettingStarted	•	<u>NPI/Taxor</u>	iomy/Specialty	D.	Summary		2	
Profile Information	•	Grest work! your taxonor	Now let's check the NPI number you p nles.	rovided and verified when you	created your application. T	hen enter	9	
Business Information		O Don't forget	to have ready a Primary Taxonomy Co	ie.			0	
Practice Information		National Provider Identification (NPI)						
NPI/Taxonomy/Specialty	0					•	Add	
La Additional Information	0							
State Disclosure Information	0	Description	Taxonomy Code	Туре	Acti	ions		
	0	Doula	374J00000X	Primary				
Submit Application	•	← Previous				Continue	• •	

STEP 14: Additional Information: In this section you will be required to upload the completed <u>Doula</u> <u>Addenda-Individual</u>. Select "add", then upload the completed addenda. Lastly select "Continue".

Requirements for the addenda: NPI, SSN, select your doula certification, answer the "yes or no" attestation question, and lastly check the box of the fingerprint attestation.

		Addenda/Supportin	ng Documents		C) mary	
Getting Started	•	Addenua/supportir	6 Documents		Sum	y and y	
Business Information	•	Guine	t un Daude en side en side				\
R Practice Information	•	oO (application	type Doula requires adde	enda and supporting d	locuments to be <u>attache</u>	<u>ao to triis</u>)
Practice momation							
Prof. Licenses & Certificates	Ple	ase upload the required documer	nts for the Addenda/Supp	porting documents the	atare		
NPI/Taxonomy/Specialty	 sel 	ected.					
Additional Information	•		1			_	88
C Disclosure Information	O Selec	Addenda/Supporting Documents	te select the required ad	Idenda and supporting	gdocuments. Once you	have co	ne required
Tendering Provider Affiliations	O	nents select the Add botton.	-				• Add
🥕 Signature	0	Addenda/Supp	orting Document Name		Documents	Actions	s X
Submit Application	0	There	is no addenda				
- Subinit Application						3	
	€ P	revious			-		Continue ->
	_	_					
If you have gue	tions, plance o	etact the Brouider E	prollmont Holp	ine at 1 944 /			
If you have ques	tions, please co	Monday – Frid	lay from 9am –	5pm.	+IVID-PROV (1-	0.44	
All providers are requi	red to use the	electronic Provider R	evalidation and	Enrollment P	ortal, or ePREF	•	
(eprep.health.marylar	d.gov) for enro	Ilment, information	updates, provid	er affiliations	and revalidation	ons	
Please fill out the info	mation below	and upload the comp	pleted addendu	m to the "Add	litional Informa	atio	
"Practice Information"	within the ePF	EP (eprep.health.ma	aryland.gov) "Ap	oplications" ta	ib, along with a	any	
documents requested	within the add	endum.					
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Provider Information			63				
Provider Information			63				
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STEP 15: Adverse Actions: Answer the "yes or no" questions accordingly then select "Continue".

Practice information	-			
Disclosure Information	0	Has been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medical program in Maryland or in any other State, Medicare, or any governmental or private medical insurance program?		
Adverse Actions	0			
Fines and Debts (Gov.)	օ	Has ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense against public administration or against public health and models are careful or the second statement of t		
A Rendering Signature	् ०	morais in any state?	88	If Yes, Inc
Submit Application	0	Has ever been found Itable for fraud or abuse Involving a government program In any civil proceeding? Ves No		
			88	
		Has ever entered into a settlement to resolve a proceeding related to fraud or abuse Involving a government program?		
		Has ever had their business or professional license or certification suspended, surrendered, or in any way restricted by probation or agreements by any licensing authority in the state?		
			88	
		Are there currently any proceedings that could result in the above-stated sanctions?		
		L	88	
		← Previous	Continue 🗲]

STEP 16: Adverse Actions: Answer the "yes or no" questions accordingly then select "Continue".

Content	Expand All	•	O	0	
Getting Started	•	Contract/Program Actions	License Actions	Summary	
Profile Information	•	Please declare all actions app	plied to your certifications (or other approval to provide it	nealth care) with a clear copy of	
Business Information	•	esch requested document			6
Practice Information	•	Have any licenses, certificates or other approva revoked for ?	al to provide healthcare ever been suspended or	🔿 Yes 💿 No	
Disclosure Information	0				88
Adverse Actions	0	Has otherwise lost or surrendered the healthcare while a disciplinary hearing was pendin	eir license, certificate, or other approval to provide Jg?	🔿 Yes 💿 No	
Fines and Debts (Gov.)	0				88
Rendering Signature	0	Have any licenses, certificates or other approvals licensing authority for ?	to provide health care ever been disciplined by any	🔿 Yes 💿 No	
Submit Application	0	L			88
		← Previous		Co	ntinue 🗲

STEP 17: Fines and Debts (Gov.)- Select the check box if you have **NO fines or debts**. Please select "add" **IF** you have fine and debts to upload. Once complete, select "Continue".

Content	Expand All	oo
Getting Started	•	Fines and Debts (Gov.) Summary
Profile Information	•	If you have any fines or debts to any organization related to Medicare, Medicaid or any other federal or state health care programs, please let me know of your payment arrangements.
Practice Information	•	List below any fines or debts due or owed by the provider to <u>any federal, state, or local government</u> that relates to Medicare, Medicaid, or other federal/state healthcare programs.
Disclosure Information	0	This business has no current State or Federal government Fines/Debts
🕕 Adverse Actions	•	88
Fines and Debts (Gov.)	0	
Arendering Signature	0	€ Previous Continue →
Submit Application	0	

STEP 18: Signature: First, read the Maryland Medicaid Provider Agreement, then select the check boxes and "Continue".

Content	Expand All	000	
Getting Started	•	Declarations E-Signature Summary	
Profile Information	•	You're almost ready to sign your application!	
Business Information	٠	Even though you're completing and submitting this Affiliate 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.	
Practice Information	•	Before checking the declarations below, please read the Maryland Medicaid Provider Agreement.	
Tisclosure Information	•	5	
RenderingSignature	0	Please note that in order to continue with the e-Signature process, you must read the Provider Agreement.	
E-Signature	0		_
Submit Application	0	have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.	88
			2
		have reviewed my application and believe all information and attachments are correct to the best of my knowledge.	
		8	8
		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.	
		8	38
		€ Previous	•

STEP 19: Signature: Select the check box, enter the required personal information, and then select "Continue".

State Of Science Information	If you need help with this section, pleas	e watch this In-Context Tutorial about e-signing a Rendering application.	8
💉 RenderingSignature	sgree that my elec	tronic signature is attributable as defined in Commercial Law Article § 21	-208.
E-Signature		-	88
Submit Application	SSN (last 4 digits)	### ## Ø	
		Required value	
	Year of birth	##/##/ Ø	
	Email address		
	Password		5
		Required value	_
	← Previous		Continue ->

STEP 20: Submit Application Checklist: Double check the information on this page and then select "Continue".

Set Disclosure Information	If you need help with this section, please	watch this In-Context Tutorial about e-signing a Renderi	ng spplication. 🔁	
RenderingSignature	sgree that my elect	ronic signature is attributable as defined in Commercial L	aw Article § 21-208.	
Submit Application	SSN (last 4 digits)	### ##	2	88
	Year of birth	##/##/@	3	
	Email address		4	
		(In the second s	5	
	← Previous			Continue ->

STEP 21: Submit Application Checklist: Double check the information on this page and then select "Continue".

Getting Starteri		Docume	ant Attachment	Applic	cation	
Business Information	•	Excellent (0))! This This is your final document review.			
Practice Information	- 🤶	O All legible d The Action	locuments listed below must be attached to this application before submi loons can be used to manage and preview your documents.	Itting		
Disclosure Information	Docume	ent	Form/SubForm/Section	Mandatory	Attached	Actions
Rendering Provider Affiliations	TIN/EIN	4	Business Information/Business Profile/TIN/SDAT & Business Licen se	Yes		∆ @ <u>†</u>
	•	m	Business Information/Business Profile/TIN/SDAT & Business Licen	Yes		4 © İİ
📌 Signature	VV-7 POR		se			
 Signature Submit Application 	Addend	a/Supporting Document	se Practice Information/Additional Information/Addenda/Supporting Documents	Yes		4 © î

쉽 Additional Information		100	an a
Addenda/Supporting 1 Documents	2		
Disclosure	2	100	
쉽 Adverse Actions	•	100	
Contract/Program Actions	S 2		
License Actions			
化 Fines and Debts (Gov.)		100	
Pines and Debts (Gov.)			
RenderingSignature		100	ø
션 E-Signature		100	
Declarations			
C E-Signature			
Submit Application	×	50	
Checklist		100	
션 Submit	×	0	
Submit Application	×		ø

STEP 22: Submit Application: When ready, select "Submit Application" to complete the application process.

Content	Expand All	0	8
Getting Started	•	Submit Application	2
Profile Information	•	Great job, Dina Doula! Now your application is ready to be submitted for approval. Remember that once you submit	0
Business Information	•	This application, you can't make any changes to it. Thank you for giving me such important information and for letting me guide you along your journey.	
Practice Information	•	Provider Agreement	
Sinclosure Information	•	Please review all forms, sub-forms, and sections to ensure that all the required fields and documents are attached. Go to the Checklist sub-form to double check.	
Rendering Signature	•	Show common mistakes that cause application deficiencies Show Me	
Submit Application	0		
Checklist	•		
🕨 🚽 Submit	0	Previous	