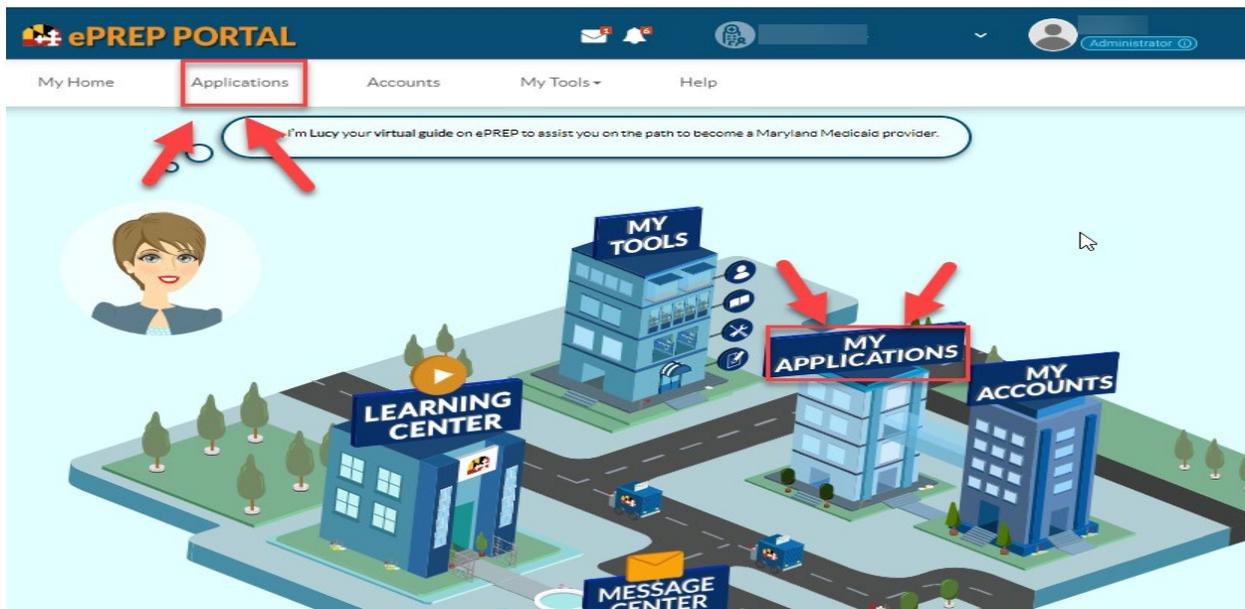


Doula Rendering WITH AFFILIATION New Enrollment Workflow:

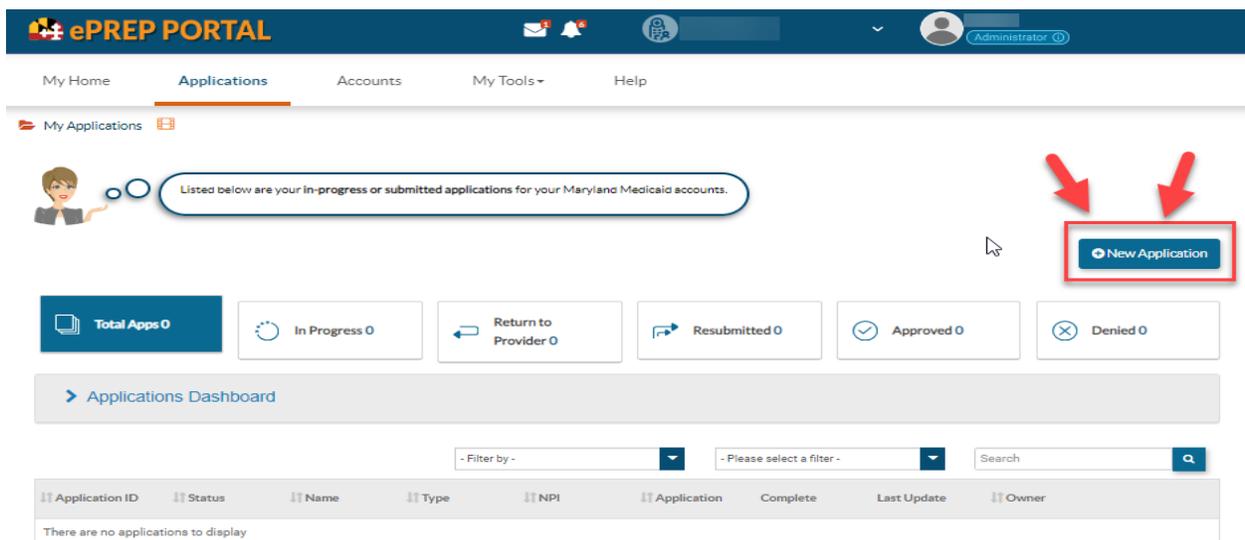
The instructions below are specific for a newly enrolling individual practicing doula who plans to render services through a doula group. Should you have any additional questions regarding the enrollment process, please contact us at: mdh.providerenrollment@maryland.gov and Call Center Contact Number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

If you have not set up an ePREP account and/or business profile, please see [The Getting Started 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.



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, [redacted]

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

Which 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 →](#)

STEP 4: Next select “I’m a rendering Provider” WITH an affiliation and then select “Continue”.

Great! Now select which business structure best fits you as a health care Individual provider.

I'm a Solo Practitioner

I'm a Rendering Provider

With an affiliation

- I'll be using my **Type 1 NPI** (individual)
- I provide medical services to Maryland Medicaid participants for a Group practice or clinic
- I don't submit claims for health care services rendered to Maryland Medicaid participants

Without an affiliation

I'm an Ordering/Referring/Prescribing (ORP) provider

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

[← Previous](#) [Continue →](#)

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

The screenshot shows a progress bar at the top with four steps: Start Application, Business Structure, NPI (highlighted in red), and Provider Type. Below the progress bar, a message bubble says: "Okay, you have chosen Rendering Provider for your application. Please enter your Type 1 National Provider Identifier (NPI) that you want to use for this application, and select Verify." The form contains a text input field for the NPI, a "Verify" button, and two radio button options: "I just received my NPI within the last few months, and I'd like to continue with the application process." (selected) and "I've had my NPI for a while, and I've been using it actively." Below these are links for more information and a "Continue" button. Red callout boxes with numbers 1, 2, and 3 point to the NPI input field, the Verify button, and the Continue button respectively. A "Previous" button is also visible.

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

The screenshot shows the same progress bar as in Step 5, but now the "Provider Type" step is highlighted in red. The message bubble says: "Now, choose one of the following options and specify your provider type from the drop-down list. Then select Continue when you're finished." The form contains a dropdown menu labeled "Select your Rendering provider type" with "Doula" selected. A "Continue" button is highlighted with a red box. A "Previous" button is also visible.

STEP 7: The enter the Doula Group’s NPI, select verify, and then hit “Continue”.

Start Application Business Structure NPI Provider Type Search Affiliation Summary

Okay, now that I know you're a(n) Doula, I need the NPI of the provider that you want as your affiliate.
If you're wanting to affiliate with a **Group** practice, they must have an **existing** Maryland Medicaid account.
Click **Verify** to see all accounts or applications associated with this NPI, and select the right service location you want to affiliate with.

National Provider Identifier (NPI) **Verify >**

Required value

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 Personal Information Correspondence Address Identification Summary

Please take a few minutes to fill out some personal information to continue with your application.

Prefix: <Select a Prefix> **1**

First name:

Middle name:

Last name: **2**

Suffix: <Select a Suffix>

Professional title: <Select a Professional Title>

Gender: Female **3**

Date of birth: **4**

Age:

Email address: **5**

Has the individual completed cultural competence training? Yes No

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 Name [Redacted] 5% Complete 0% Documents
Provider Type Doula
Application ID [Redacted]
Creation Date 11/20/2023
Package Type Rendering No Affiliation

Content: Getting Started, Profile Information, Individual Profile, Business Information, Practice Information, Disclosure Information, Rendering Signature, Submit Application

Personal Information | **Correspondence Address** | Identification | Summary

Since Maryland Medicaid's Rendering providers render services at different locations, please provide me with an address where MDH can send you official correspondence.

View Address

Street [Redacted] 88
Ste./Apt.# [Redacted]
City [Redacted]
State/Province Maryland, MD
County Baltimore
ZIP Code/Postal Code [Redacted]

Previous Continue

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

My Home Applications Accounts My Tools- Help

Provider Name [Redacted] 10% Complete 0% Documents
Provider Type Doula
Application ID [Redacted]
Creation Date 11/20/2023
Package Type Rendering No Affiliation

Content: Getting Started, Profile Information, Individual Profile, Business Information, Practice Information, Disclosure Information, Rendering Signature, Submit Application

Personal Information | Correspondence Address | **Identification** | Summary

Please provide me with your identification so I can make sure I'm verifying the right person.

Social Security Number [Redacted] Required value

Do you go by any other names (alias) besides the one you included in the Personal Information sub-form? (Enter all that apply) Yes No

Previous Continue

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

Getting Started

Business Information

Business Profile

Contact Person

Addresses

Logistics

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Contact Person Information Summary

Who should I contact if I have questions about your application?
Please choose a contact person who will be available during regular business hours.

1

2

3

4

5

6

First name

Last name

Title/Position

Business number

Extension

Fax Number

Correspondence email address

Previous

Continue

STEP 12: Individual Licenses & Certifications: Doula are required to upload proof of certification from the approved certifying bodies (please see [doula addenda-individual](#) 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".

The screenshot displays the 'Individual Licenses & Certifications' section of a web application. The sidebar on the left includes options like 'Getting Started', 'Profile Information', 'Business Information', 'Practice Information', 'Licenses & Certifications', 'NPI/Taxonomy/Specialty', 'Additional Information', 'Disclosure Information', 'Rendering Signature', and 'Submit Application'. The main content area features a 'Summary' tab and a message box stating: 'Here you can attach your professional licenses and certificates. 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.' Below this, there is a section titled 'Please disclose your professional license or certificate number.' with a text input field for 'State health care license number' (containing '0') and a file upload area for 'Health Care State License' (containing '195LL6VK Lice...'). A message box indicates 'Your license was not found. But don't worry, instead you may enter your information manually below.' This is followed by fields for 'Issuance State/Province' (Maryland, MD), 'Issuance date' (11/01/2023), and 'Expiration date' (11/01/2033). A question asks 'Is Dina Doula required to have copies of other specialized Licenses or Certifications from the appropriate board or authority?' with radio buttons for 'Yes' and 'No'. At the bottom, there are 'Previous' and 'Continue' buttons.

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: Doula 38% 100% New Message Submit

Application ID: [Redacted]
Creation Date: 11/20/2023
Package Type: Rendering/No Affiliation

Content Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Licenses & Certifications
- NPI/Taxonomy/Specialty
- Additional Information
- Disclosure Information
- Rendering/Signature
- Submit Application

NPI/Taxonomy/Specialty Summary

Great work! Now let's check the NPI number you provided and verified when you created your application. Then enter your taxonomies. Don't forget to have ready a Primary Taxonomy Code.

National Provider Identification (NPI) [Redacted]

Associated Taxonomy Codes

Add

Description	Taxonomy Code	Type	Actions
No taxonomy code listed.			

Previous Continue

Add Taxonomy Code

Taxonomy code: 374J00000X - Doula

Type: Primary Secondary

+ Add Cancel

Provider Name: [Redacted] 38% Complete 100% Documents New Message Submit

Provider Type: Doula 38% 100%
Application ID: [Redacted]
Creation Date: 11/20/2023
Package Type: Rendering/No Affiliation

Content Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Licenses & Certifications
- NPI/Taxonomy/Specialty
- Additional Information
- Disclosure Information
- Rendering/Signature
- Submit Application

NPI/Taxonomy/Specialty Summary

Great work! Now let's check the NPI number you provided and verified when you created your application. Then enter your taxonomies. Don't forget to have ready a Primary Taxonomy Code.

National Provider Identification (NPI) [Redacted]

Associated Taxonomy Codes

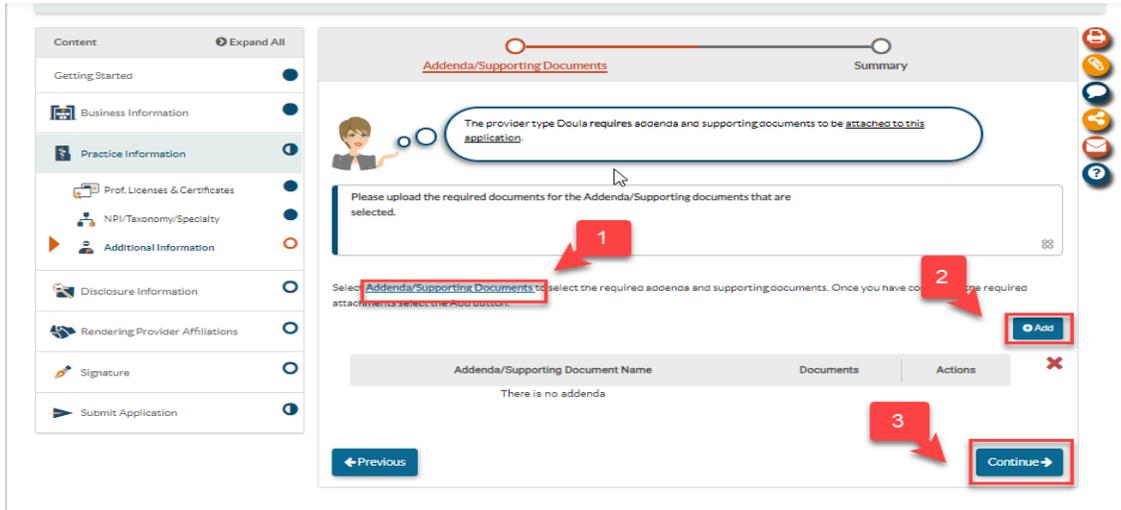
Add

Description	Taxonomy Code	Type	Actions
Doula	374J00000X	Primary	[Edit] [Delete] [Refresh]

Previous Continue

STEP 14: Additional Information: In this section you will be required to upload the completed [Doula Addenda-Individual](#). 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.



If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7767)** Monday – Friday from 9am – 5pm.

All providers are required to use the **electronic Provider Revalidation and Enrollment Portal**, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidation:

Please fill out the information below and upload the completed addendum to the “Additional Information” “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any documents requested within the addendum.

Provider Information

NPI:

SSN:

MA Provider Number (if already enrolled in Maryland Medicaid):

Individual Doula Attestation of Certification [Check the applicable organization, making sure that you have **every** certification listed for that organization. Examples of certificates are below.]

- Ancient Song Doula Services
 - Full Spectrum Labor & Postpartum Certification
- Childbirth International (CBI)
 - Birth Doula Certification **AND** Postpartum Doula Certifications
- The Childbirth and Postpartum Professional Association (CAPPA):
 - Certified Labor Doula **AND** Certified Postpartum Doula **AND** Certified Community Lactation Educator Certification
- Doulas of North America (DONA)
 - Birth Doula Certification **AND** Postpartum Doula Certification
- Doula Trainings International
 - Full Spectrum Doula Certification **OR**
 - Birth Doula Certification **AND** Postpartum Doula Certification
- Black Doula Training, formerly the International Black Doula Institute (IBDI)
 - Pregnancy & Childbirth Doula Certification **AND** Postpartum & Newborn Certification **AND** Lactation/Breastfeeding Certificate of Completion
- International Childbirth Education Association (ICEA)
 - Birth Doula Certification **AND** Postpartum Doula Certification
- Mamatoto Village
 - Community Birth Worker Certification
- MaternityWise:
 - Labor Doula Certification **AND** Postpartum Doula Certification

Attestation of Liability Insurance [Check one]

- Yes, I have adequate liability insurance.
- No.

STEP 15: Adverse Actions: Answer the “yes or no” questions accordingly then select “Continue”.

Has [redacted] been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid program in Maryland or in any other State, Medicare, or any governmental or private medical insurance program? Yes No

Has [redacted] 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 morals in any State? Yes No

Has [redacted] ever been found liable for fraud or abuse involving a government program in any civil proceeding? Yes No

Has [redacted] ever entered into a settlement to resolve a proceeding related to fraud or abuse involving a government program? Yes No

Has [redacted] 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? Yes No

Are there currently any proceedings that could result in the above-stated sanctions? Yes No

[← Previous](#) [Continue →](#)

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

Contract/Program Actions License Actions Summary

Please declare all actions applied to your certifications (or other approval to provide health care) with a clear copy of each requested document.

Have any licenses, certificates or other approval to provide healthcare ever been suspended or revoked for [redacted]? Yes No

Has [redacted] otherwise lost or surrendered their license, certificate, or other approval to provide healthcare while a disciplinary hearing was pending? Yes No

Have any licenses, certificates or other approvals to provide health care ever been disciplined by any licensing authority for [redacted]? Yes No

[← Previous](#) [Continue →](#)

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”.

The screenshot shows the 'Fines and Debts (Gov.)' step in the application process. On the left is a navigation menu with 'Fines and Debts (Gov.)' selected. The main content area has a progress bar with 'Fines and Debts (Gov.)' and 'Summary'. A message bubble says: '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.' Below this, a text box contains the instruction: 'List below any fines or debts due or owed by the provider to any federal, state, or local government that relates to Medicare, Medicaid, or other federal/state healthcare programs.' A checkbox is checked with the text: 'This business has no current State or Federal government Fines/Debts'. At the bottom, there are 'Previous' and 'Continue' buttons, with 'Continue' highlighted by a red box.

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

The screenshot shows the 'Declarations' step in the application process. On the left is a navigation menu with 'E-Signature' selected. The main content area has a progress bar with 'Declarations', 'E-Signature', and 'Summary'. A message bubble says: 'You're almost ready to sign your application! 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. Before checking the declarations below, please read the Maryland Medicaid Provider Agreement.' Below this, a text box contains the instruction: 'Please note that in order to continue with the e-Signature process, you must read the Provider Agreement.' A link 'Maryland Medicaid Provider Agreement' is highlighted with a red box and a red arrow labeled '1'. Below are three checkboxes, all of which are checked. The first checkbox is followed by the text: 'I have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.' The second checkbox is followed by: 'I have reviewed my application and believe all information and attachments are correct to the best of my knowledge.' The third checkbox is followed by: 'I 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.' At the bottom, there are 'Previous' and 'Continue' buttons, with 'Continue' highlighted by a red box.

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

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

agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208.

SSN (last 4 digits) Required value

Year of birth Required value

Email address

Password Required value

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

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

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

agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208.

SSN (last 4 digits) Required value

Year of birth Required value

Email address

Password Required value

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

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

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
TIN/EIN	Business Information/Business Profile/TIN/SDAT & Business License	Yes	<input checked="" type="checkbox"/>	
W-9 Form	Business Information/Business Profile/TIN/SDAT & Business License	Yes	<input checked="" type="checkbox"/>	
Addenda/Supporting Document	Practice Information/Additional Information/Addenda/Supporting Documents	Yes	<input checked="" type="checkbox"/>	

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

NPI/Taxonomy/Specialty		
Additional Information	✓	100
Addenda/Supporting Documents	✓	
Disclosure Information	✓	100
Adverse Actions	✓	100
Contract/Program Actions	✓	
License Actions	✓	
Fines and Debts (Gov.)	✓	100
Fines and Debts (Gov.)	✓	
Rendering Signature	✓	100
E-Signature	✓	100
Declarations	✓	
E-Signature	✓	
Submit Application	✗	50
Checklist	✓	100
Submit	✗	0
Submit Application	✗	

[← Previous](#)
[Continue →](#)

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

Content Expand All

- Getting Started
- Profile Information
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application
- Checklist
- Submit

Submit Application

Great job, Dina Doula! Now your application is ready to be submitted for approval. Remember that once you submit 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.

Provider Agreement

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.

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

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