

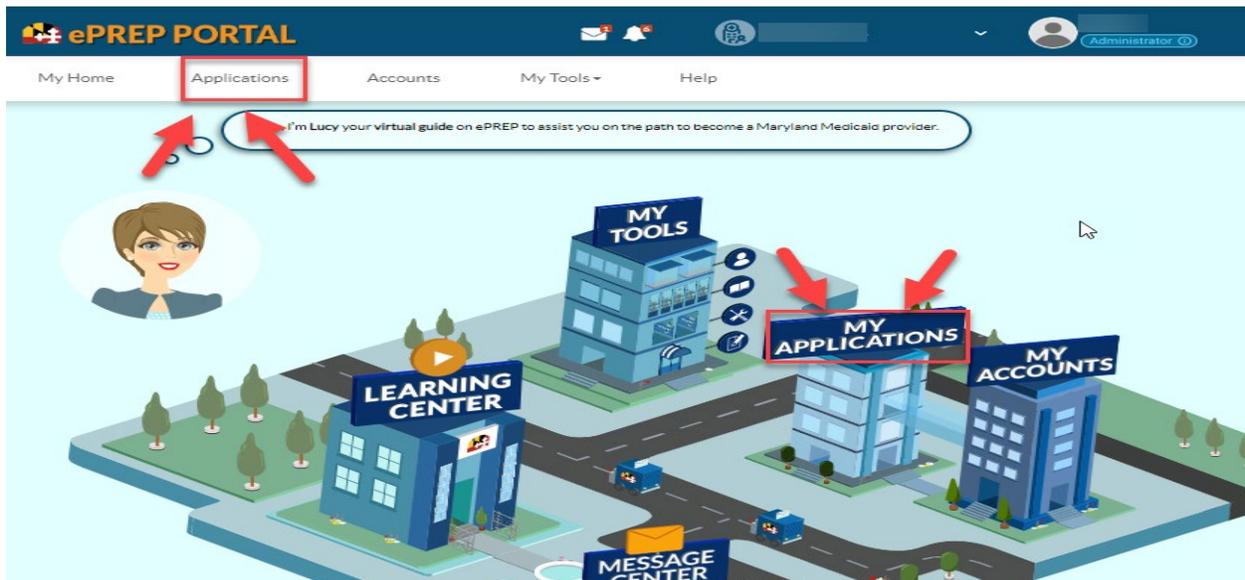
Doula Group New Enrollment Workflow:

The instructions below are specific for a newly enrolling doula group. Should you have any additional questions regarding the enrollment process, please contact us at:

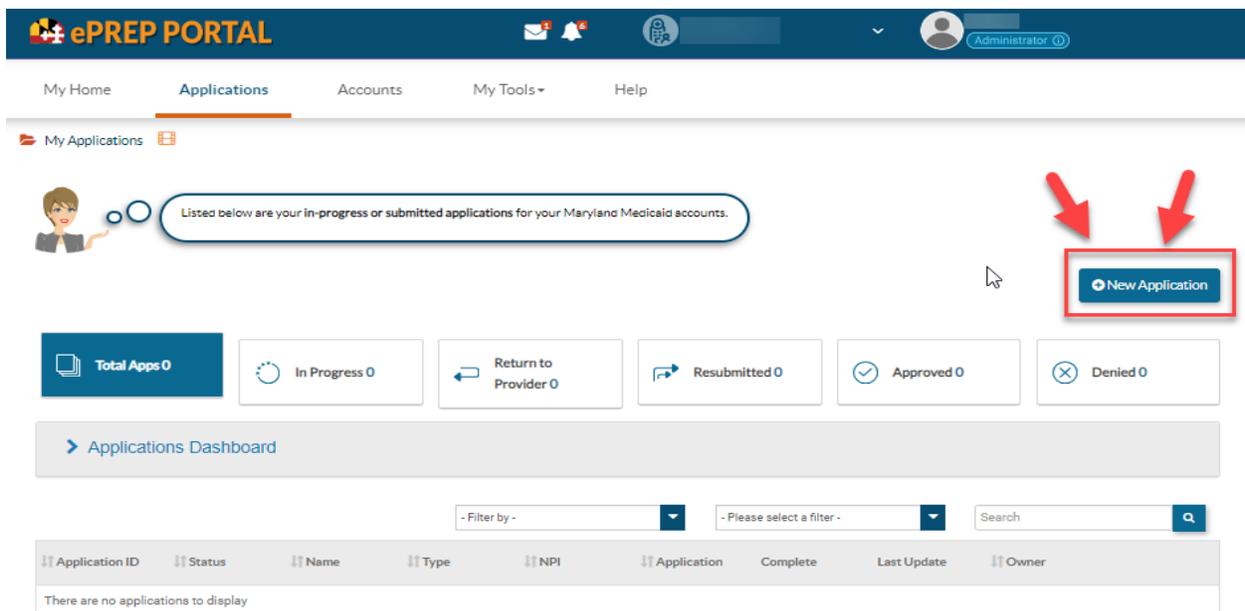
mdh.providerenrollment@maryland.gov and Call Center Contact Number 1-844-463-7768.

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 a Group or FQHC health care practice” 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

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 →](#)

STEP 4: Next select “I’m a Health Care Group” (unless your group is an FQHC) then click “Continue”.

My Home **Applications** Accounts My Tools Help

Start Application **Business Structure** NPI Provider Type

Great! Now select which business structure best fits your health care Group.

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

- I'm a Health Care Group
 - I'll be using my Type 2 NPI (Organization)
 - I have one or more affiliated health care professionals who render services
 - My Group practice has one or more owners
- I'm a Federally Qualified Health Center (FQHC)

Once you have made your choice, select Continue

[← Previous](#) [Continue →](#)

STEP 5: Put your groups NPI in section labeled “1”, then select verify (2), and once your group NPI is verified select “Continue” (3).

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type

Oops! The NPI number that was entered is **incorrect**. Please check to see if the number is correct and select from one of the following choices so we can continue.
For more information, review the NPES website: <https://npiregistry.cms.hhs.gov>. Once you are sure about your NPI number, press Continue.

1

National Provider Identifier (NPI)

Verify >

2

I just received my NPI within the last few months, and I'd like to continue with the application process.
 I've had my NPI for a while, and I've been using it actively.
For more information about NPIs, please see the NPES website.

When you have entered and verified your NPI, select Continue.

3

← Previous Continue →

STEP 6: In the “Provider Type” drop down, choose “doula” and then select “Continue”.

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type

Now that your NPI has been verified, select your Group's Provider Type from the drop-down list, and press Continue to move on.

Provider Type
Doula

When you are ready, select Continue.

← Previous Continue →

STEP 7: Now your group new enrollment application has been generated.

Provider Name: Doula
Provider Type: Doula
Application ID: 2311B05M
Created Date: 11/20/2023
Package Type: Group Billing

0% Complete
0% Documents

Getting Started

In-Context Tutorials (ICTs) are available to assist in general areas of the Portal while filling out your application. Just look for the [icon] icon.

Getting Started

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

- Application structure
- Social tools
- Status indicators

Continue

STEP 8: Business Profile:

1. First, enter your legal business name (Must match your legal business name on your IRS letter)
2. Select “yes or no” if you have a DBA name, if “yes” please upload your DBA statement.
3. Choose your entity type from the drop down tab
4. Enter your business phone number, then select “Continue”

Business Profile

TIN/SDAT & Business License

Summary

Please share some basic information about your business.

Legal name

Does your business use a registered Doing Business As (DBA) name?

Entity type

Corporate number

State incorporated

Business number

Extension

[Business Name goes here]
Practice Website's URL

Previous

Continue

STEP 9: Business Profile: TIN/EIN:

1. This section requires you to enter your TIN/EIN number
2. Upload of your Tax ID document (Please see example below)
3. A signed and dated W-9 form
4. SDAT number.

***NOTE-** This provider type requires a (SDAT) number. An SDAT number is a 9-digit number issued by the State of Maryland department of assessment and taxation. Maryland Medicaid requires that all SDAT numbers to be in GOOD standing with the state. In order to verify your SDAT status, please utilize the link below: <https://egov.maryland.gov/BusinessExpress/EntitySearch>

The screenshot shows a web form titled "Business Information" with a sidebar menu. The main content area has a header with a person icon and a message: "I need some additional information about your business. Don't forget to attach a clear copy of your documentation." Below this are several input fields:

- 1. "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)" - a text input field.
- 2. "TIN/EIN" - a dropdown menu with "Lic..." selected.
- 3. "W-9 Form" - a large text area for uploading a document.
- 4. "State Department of Assessment and Taxation (SDAT) number" - a text input field with a "N/A" checkbox.
- 5. "W-9 Form" - another large text area for uploading a document.

At the bottom, there are "Previous" and "Continue" buttons.

The image shows a tax notice stub with the following text:

Date of this notice: [redacted]
Employer Identification Number: [redacted]
Form: SS-4
Number of this notice: [redacted]

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-462577. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	01/31/2019
Form 940	01/31/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (forms 941, 943, 940, 944, 945, CI-1, or 1842), excise taxes (form 720), or income taxes (form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover.

STEP 10: 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.

The screenshot shows the 'Contact Person Information' form. On the left is a navigation menu with 'Contact Person' selected. The main form area has a progress bar at the top with 'Contact Person Information' and 'Summary' markers. A callout box asks: 'Who should I contact if I have questions about your application? Please choose a contact person who will be available during regular business hours.' Below this are input fields for: First name, Last name, Title/Position, Business number, Extension, Fax Number, and Correspondence email address. At the bottom are 'Previous' and 'Continue' buttons. Red callout boxes with numbers 1-6 point to: 1. Callout box, 2. First name field, 3. Title/Position field, 4. Business number field, 5. Correspondence email address field, and 6. Continue button.

STEP 11: Service Address: This is the address where services are being rendered. If patients are not seen at a specific location, the service address should be a headquarters address. Complete the address fields and answer the two “yes or no” questions below then select “Continue”.

The screenshot shows the 'Service Address' form. On the left is a navigation menu with 'Addresses' selected. The main form area has a progress bar at the top with 'Addresses' and 'Summary' markers. A callout box says: 'Remember that a P.O. box cannot be used as a service address.' Below this are input fields for: Street, Ste./ Apt. #, City, State/Province (pre-filled with 'Maryland, MD'), County (pre-filled with 'Baltimore City'), and ZIP Code/Postal Code. At the bottom are two radio button questions: 'Is this service location ADA (American Disabilities Act) accessible?' (with 'Yes' selected) and 'Does this service location have TTY capability?' (with 'No' selected). At the bottom are 'Previous' and 'Continue' buttons. Red callout boxes with numbers 1-4 point to: 1. Callout box, 2. Street field, 3. State/Province dropdown, and 4. ZIP Code/Postal Code field.

STEP 12: Pay-to Address: This address is where payments will be sent. Either select the “same as service address” or complete the address fields then select “Continue”.

Content Expand All

- Getting Started
- Business Information
 - Business Profile
 - Contact Person
 - Addresses
 - Logistics
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Signature
- Submit Application

Service Address **Pay to Address** Mailing Address Summary

Please let me know the address where you want to receive payments.

Same as Service address 88

[View Address](#)

Street

Ste. / Apt. # Suite/Apt

City Baltimore

State/Province Maryland, MD

County Baltimore City

ZIP Code/Postal Code

← Previous **Continue →**

STEP 13: Mailing Address: This is the address where any correspondences will be sent. Either select the “same as service address” or “the same as pay to address” or complete the address fields then select “Continue”.

Content Expand All

- Getting Started
- Business Information
 - Business Profile
 - Contact Person
 - Addresses
 - Logistics
- Practice Information
- Disclosure Information
- Rendering Provider Affiliations
- Signature
- Submit Application

Service Address Pay to Address **Mailing Address** Summary

Last step! Add a mailing address where you want receive official Maryland Medicaid correspondence.

Same as Service address 88

Same as pay to address.

[View Address](#)

Street

Ste. / Apt. # Suite/Apt

City Baltimore

State/Province Maryland, MD

County

ZIP Code/Postal Code

← Previous **Continue →**

STEP 14: Logistics: The three images shown below will collect information such as: hours of operation, ages of patients, languages offered, training etc. Answer the questions accordingly and check that the information is correct before selecting “continue”. **NOTE-** The answer to question: Does **XXX Group** see fee-for-service (FFS) Medicaid participants? Must be “yes”.

Content Expand All

- Getting Started
- Business Information**
 - Business Profile
 - Contact Person
 - Addresses
 - Logistics
- Practice Information
- Disclosure Information
- Signature
- Submit Application

Practice Operations Summary

Now for some more information about your business. Please answer these questions so I can learn more about your operations

What are the business hours for this service location?

Open 24/7

Open on specific business days/hours

Day	From	To
Monday	08:00 AM	05:00 PM
Tuesday	08:00 AM	05:00 PM
Wednesday	08:00 AM	05:00 PM
Thursday	08:00 AM	05:00 PM
Friday	08:00 AM	05:00 PM
Saturday		
Sunday		

Practice Information Expand All

- Disclosure Information
- Rendering/Provider Affiliations
- Signature
- Submit Application

Practice Information Summary

Has the staff of [redacted] completed cultural competence training?

Yes No

Is [redacted] accepting new patients?

Yes No

What is the age range of the patients that will be treated at this service location?

Enter age range All ages

Does [redacted] see fee-for-service (FFS) Medicaid participants?

Yes

No, I only accept HealthChoice managed care patients

Does [redacted] provide language services to their patients, other than English, at this location?

Yes No

Language Services Offered

- Spanish
- Portuguese
- Italian

Language Services Offered Expand All

- Spanish
- Portuguese
- Italian
- French
- Japanese
- Cantonese
- Mandarin
- Other Chinese
- Korean
- German
- Arabic
- Armenian
- Cambodian
- Farsi
- Hmong
- Vietnamese
- Russian
- Tagalog
- Hindi

Do you ONLY provide Telehealth services at this location?

Yes No

Do you ONLY provide Telehealth services at this location? If you offer both Telehealth and in person services, please select "No".

Yes No

Previous Continue

STEP 15: Prof. Licenses & Certificates: Answer the “yes or no” question about providing lab services and select “Continue”. If “yes” is selected, upload a CLIA License and/or Lab Permit.

The screenshot shows the 'Laboratory Certifications' step of an application process. At the top, there is a header with a logo, provider information (Provider Type: Doula, Application ID, Creation Date: 11/20/2023, Package Type: Group Billing), and progress indicators (33% and 100%). A 'New Message' button and a 'Submit' button are also present. The main content area is titled 'Laboratory Certifications' and includes a progress bar and a 'Summary' link. A callout box with a woman icon says: "Here's where you can attach all of your professional licenses and certificates. Please provide clear copies so my analysts can read them." Below this, a question is asked: "Will [redacted] bill for laboratory services provided to Maryland Medicaid participants at this location?" with radio buttons for 'Yes' and 'No'. The 'No' button is selected. At the bottom, there are 'Previous' and 'Continue' buttons. A sidebar on the left lists various sections: Getting Started, Business Information, Practice Information, Prof. Licenses & Certificates (highlighted), NPI/Taxonomy/Specialty, Additional Information, Disclosure Information, Rendering Provider Affiliations, Signature, and Submit Application.

STEP 16: NPI/Taxonomy Certifications: The three images below show the process of selecting and adding the taxonomy code of your group from the dropdown provided.

The screenshot shows the 'NPI/Taxonomy/Specialty' step of the application process. The header is similar to the previous step, but the progress indicators are now 39% and 100%. The main content area is titled 'NPI/Taxonomy/Specialty' and includes a progress bar and a 'Summary' link. A callout box with a woman icon says: "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." Below this, there is a field for 'National Provider Identification (NPI)' and a section for 'Associated Taxonomy Codes'. An 'Add' button is highlighted with a red box. At the bottom, there are 'Previous' and 'Continue' buttons. A sidebar on the left lists various sections: Getting Started, Business Information, Practice Information, Prof. Licenses & Certificates, NPI/Taxonomy/Specialty (highlighted), Additional Information, Disclosure Information, Rendering Provider Affiliations, Signature, and Submit Application.

ePREP PORTAL

Administrator

Provider Type: D
Application ID: 23
Creation Date: 11/20/2023
Package Type: G

Content **Expand All**

- Getting Started
- Business Information
- Practice Information
- Prof. Licenses & Certificates
- NPI/Taxonomy/Specialty**
- Additional Information

Add Taxonomy Code

Taxonomy code: 374J00000X - Doula

Type: Primary Secondary

+ Add x Cancel

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

Application ID: [Redacted]
Creation Date: 11/20/2023
Package Type: Group Billing

Content **Expand All**

- Getting Started
- Business Information
- Practice Information**
- Prof. Licenses & Certificates
- NPI/Taxonomy/Specialty**
- Additional Information
- Disclosure Information
- Rendering Provider Affiliations
- 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	

← Previous **Continue →**

STEP 17: Additional Information: In this section you will be required to upload the completed [Doula Group Addenda](#)

On the Doula Group addenda- Add your NPI and Tax ID

Provider Information

NPI:

Tax ID:

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

And Attest to the follow below:

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

Attestation of Liability Insurance [Check one]

- Yes, **my organization** requires adequate liability insurance for each doula.
- No

Attestation of Fingerprint Criminal Background Check Completion

- I understand that all doula providers have passed a Fingerprint Criminal Background Check (FCBC).

The screenshot displays the 'Addenda/Supporting Documents' section of the ePREP application. On the left is a sidebar with a 'Content' menu where 'Additional Information' is selected. The main area features a progress bar at the top with 'Addenda/Supporting Documents' and 'Summary' tabs. A message box states: 'The provider type Doula requires addenda and supporting documents to be attached to this application.' Below this is an instruction: 'Please upload the required documents for the Addenda/Supporting documents that are selected.' A text input field is present, followed by a selection area for documents. A table below the selection area has columns for 'Addenda/Supporting Document Name', 'Documents', and 'Actions', and currently shows 'There is no addenda'. Navigation buttons for 'Previous' and 'Continue' are at the bottom. Red callouts 1, 2, and 3 point to the 'Addenda/Supporting Documents' link, the 'Add' button, and the 'Continue' button respectively.

STEP 18: Disclosure Information- Adverse Actions: Complete the “Adverse Actions” section by answering the questions on this page. When finished, select “Continue”.

Now please provide information about any adverse actions as specifically asked in the following questions with a clear copy of each requested document. This information must be accurate, complete and true to the best of your knowledge and belief.

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

STEP 19: Disclosure Information- Fines and Debts (Gov.)- Select the check box if your group has **NO** fines or debts. Please select “add” **IF** your group has any fine and debts to upload. Once complete, select “Continue”.

Provider Type: Doula 56% 100% New Message Submit

Application ID [redacted]

Creation Date: 11/20/2023

Package Type: Group Billing

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

Fines and Debts (Gov.) Summary

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.

This business has no current State or Federal government Fines/Debts Add

Type	Agency Name	Amount	Date Issued	Date to be Paid-in-full	Documents	Actions
No Fines/Debts listed						

Previous Continue

STEP 20: Disclose any subcontractors you may have. Once complete, select “Continue”.

The screenshot shows the 'Subcontractors' step of an application. At the top, there is a progress bar with '61% Complete' and '100% Documents'. Below this, a sidebar on the left lists various sections: Getting Started, Business Information, Practice Information, Disclosure Information (highlighted), Adverse Actions, Fines and Debts (Gov.), Subcontractors (current step), Ownership/Control Interest, and Significant Transactions. The main content area features a progress indicator with 'Subcontractors' and 'Summary' tabs. A callout bubble says: 'Awesome, [redacted] This part is even simpler. It's related to any subcontractors you may or may not have.' Below this is a question: 'Does [redacted] have any subcontractors to which the applicant has contracted or delegated some of its management functions or responsibilities of providing healthcare services, equipment, or supplies or with whom the applicant has entered into a contract, agreement, purchase order, lease, or leases of real property, to obtain space, supplies, equipment, or services provided under the Maryland Medicaid Program?' The question has two radio buttons: 'Yes' and 'No', with 'No' selected. At the bottom, there are 'Previous' and 'Continue' buttons.

STEP 21: Ownership/Control Interest: List anyone who has direct/indirect ownership or control that equals 5% or more. Select the “add” button to add new members. When the “add” button is selected, a pop-up will appear. In the pop-up screen, complete all the required personal information about the new member. **NOTE-** To sign and submit this application, the “Contact Person” must be listed in this section.

The screenshot shows the 'Ownership/Control Interest' step of an application. The sidebar on the left is similar to the previous step, but 'Ownership/Control Interest' is highlighted. The main content area has a progress indicator with 'Ownership/Control Interest' and 'Summary' tabs. A callout bubble says: '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.' Below this is a yellow-highlighted instruction: 'List any Individuals or Entities who have 5% or more (direct or indirect) Ownership, control interest, or partnership interest in [redacted]'. A note states: '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.' An 'Add' button is highlighted with a red box. Below this is a table with columns: Type, Name, Ownership/Control Interest, Status, and Actions. The table is currently empty, with the text 'No Ownership Control Interest listed.' below it. At the bottom, there are 'Previous' and 'Continue' buttons.

STEP 22: Ownership/Control Interest: Once “add” is selected check either Entity or Individual and complete the required information. Once complete hit “add”.

This screenshot shows the 'Add Ownership/Control Interest' form with the 'Entity' radio button selected. The form includes the following elements:

- Radio buttons for 'Entity' (selected) and 'Individual' (1).
- A question 'Is this Entity a corporation?' with 'Yes' and 'No' radio buttons (2).
- A 'Required value' label above a text input field for 'Legal name' (3).
- '+ Add' and 'x Cancel' buttons (4).

This screenshot shows the 'Add Ownership/Control Interest' form with the 'Individual' radio button selected. The form includes the following elements:

- Radio buttons for 'Entity' and 'Individual' (1).
- Text input fields for 'First name', 'Middle name', and 'Last name' (2).
- 'Required value' labels below the 'First name' and 'Last name' fields (3).
- '+ Add' and 'x Cancel' buttons (4).

STEP 23: Ownership/Control Interest: Once the pop-up is completed and added, ePREP will request information about the individual/entity such as: residential address, SSN, date of birth, NPI, EIN/TIN, service address. Once complete, select “Continue”.

This screenshot shows the main application form with a sidebar on the left and a main content area on the right. Red arrows point to the following fields:

- Street (1)
- Ste. / Apt. # (2)
- City (3)
- State/Province (4)
- County (5)
- ZIP Code/Postal Code (6)
- Social Security Number (7)
- National Provider Identification (NPI) (8)
- Please explain (9)
- Date of birth (10)
- Age (11)
- Does [redacted] currently participate or has ever participated as a provider in the Maryland Medicaid program or in another states' Medicaid program? (12)

STEP 24: Ownership/Control Interest: Select how the individual or entity is affiliated with your group, fill out the required information if applicable, then select “Continue”.

This screenshot shows a web application interface for selecting affiliations. On the left is a navigation menu with categories: Practice Information, Disclosure Information (selected), Adverse Actions, Fines and Debts (Gov.), Subcontractors, Ownership/Control Interest (active), Significant Transactions, Delegated Officials, Rendering Provider Affiliations, Signature, and Submit Application. The main content area is titled 'Please select one or more of the options that apply to' and contains seven rows of checkboxes: '5% or more Ownership Interest', 'Partnership', 'Board Member', 'Managing Employee', 'Agent', 'Director/Officer', and 'Other'. Each checkbox is highlighted with a red box. At the bottom, there are 'Previous' and 'Continue' buttons, with 'Continue' also highlighted in red. A 'Check i applican' button is visible on the right side.

STEP 25: Ownership/Control Interest: Answer the “yes or no” questions on the next two pages and then select “Continue” once complete:

This screenshot shows the 'Associations' step of the application. A progress bar at the top indicates the current step. The main heading is 'Associations/Family relations with subcontractors and owners of subcontractors'. Under the sub-heading 'Ownership of 5% or more on any subcontractor', there is a question: 'Does [redacted] have ownership with any of [redacted] subcontractors disclosed in this application?'. Below the question are radio buttons for 'Yes' and 'No', with 'No' selected. A 'Required value' button is highlighted in red. The next section is 'Family Relations with subcontractor or subcontractor's owner(s)'. It contains two similar questions: 'Does [redacted] have family relations with any of [redacted] subcontractors disclosed in this application?' and 'Does [redacted] have any family relations with any owner(s) of [redacted] Inc. subcontractors?'. Both have 'No' selected and a 'Required value' button highlighted in red. The left navigation menu is the same as in Step 24, with 'Ownership/Control Interest' selected.

STEP 26: Significant Transactions: This answer should be “yes”. When finished select “Continue”.

The screenshot shows a web application interface for the 'Significant Transactions' step. On the left is a navigation menu with categories: Content (Expand All), Getting Started, Business Information, Practice Information, Disclosure Information (highlighted), Adverse Actions, Fines and Debts (Gov.), Subcontractors, Ownership/Control Interest, Significant Transactions (highlighted with an orange circle), Delegated Officials, and Rendering Provider Affiliations. The main content area has a progress bar at the top with 'Significant Transactions' and 'Summary' markers. A blue callout box says 'Please carefully read this question and answer accordingly.' The question text reads: 'I, [redacted] agree that upon request by the Secretary of the Maryland Department of Health, or the Maryland Department of Health, full and complete information will be supplied within 35 days of the date of request, concerning: A. The ownership of any subcontractor with which the Title XIX Provider has had, during the previous 12 months, business transactions in an aggregate amount in excess of \$25,000.00 and B. Any significant business transactions, occurring during the 5 year period ending on the date of such request, between the provider and any wholly-owned supplier or subcontractor.' Below the question is a radio button selection with 'Yes' selected and 'No' unselected. At the bottom are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted with a red box.

STEP 27: Delegated Officials: Please list any associated delegated officials in this section of the application by selecting the ‘Add’ option. Should your organization choose not to disclose any delegated officials at this time, please select the check box then select “Continue”.

The screenshot shows a web application interface for the 'Delegated Officials' step. The navigation menu on the left is similar to the previous step, but 'Delegated Officials' is highlighted with an orange circle. The main content area has a progress bar at the top with 'Delegated Officials' and 'Summary' markers. A blue callout box explains: 'Here's where you can designate all Delegated Officials for your health care business. A Delegated Official is either 1) an individual with ownership/control interest or 2) a W-2 employee (not a contractor) to whom you wish to give authorization to sign Affiliate applications on behalf of your Group or Organization. Adding a Delegated Official is optional. If you choose not to add one, that means only your Group/Organization's authorized individuals may sign Affiliate applications.' Below this is a text input field with a checked checkbox and the text 'does not want to report any Delegated Officials at this time.' At the bottom are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted with a red box.

STEP 28: Rendering Provider Affiliations: A doula group is required to add an individual doula who renders services for the group. To do this, select “Add Affiliation”

Provider Name [redacted] 83% Complete 100% Documents
Provider Type Doula 83% 100%
Application ID [redacted]
Creation Date 11/20/2023
Package Type Group Billing

Content Expand All
Getting Started
Business Information
Practice Information
Disclosure Information
Rendering Provider Affiliations
Rendering Provider Affiliations
Signature
Submit Application

Rendering Provider Affiliations Summary

Please disclose each Rendering provider affiliation by selecting [Add Affiliation](#) (at least one is required).
If an individual is disclosed in the Ownership/Control Interest sub-form and renders services at this location, they must also be added as a Rendering provider.

[Add Affiliation](#)

Affiliation list

App ID	App Status	Provider Name	Provider Type	NPI	Status	Actions
No affiliations listed						

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

STEP 29: Rendering Provider Affiliations: Put the NPI of the rendering provider in the required field and then select “verify”.

Create Affiliation Application

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

1

National Provider Identification (NPI) [input field] Required value

2

Verify

Cancel

STEP 30: Once “Verify” is selected, double check the pop-up information is correct then select, “Create Affiliation”

This screenshot shows the 'Verify' step of the provider information form. At the top, there is a 'National Provider Identification (NPI)' field with a 'Verify' button. Below this is the 'Your Provider Information' section, which includes fields for 'Account ID', 'NPI', 'Provider Type' (set to 'Doula'), 'Application Type' (set to 'Rendering Simplified (Rendering-S)'), and 'Lic. State' (set to 'Maryland'). To the right of this section is a circular icon of a doctor. Below the provider information is the 'Your Group Practice Information' section, which includes fields for 'NPI', 'Group App ID', and 'Provider Type' (set to 'Doula'). At the bottom right, there are two buttons: 'Cancel' and 'Create affiliation', with the latter highlighted by a red box.

STEP 31: Render-S application- A rendering-S application will generate to create an affiliation between your group and your rendering doula provider. Select “Sign and send to provider” and then “Submit”

This screenshot shows the 'Affiliation Summary' page. At the top, there is a summary bar with a 'Provider Name' field, a 'Provider Type' dropdown (set to 'Doula'), and 'Application ID' and 'Creation Date' (11/21/2023) fields. To the right of this bar are two progress indicators: '17% Complete' and '100% Documents', along with a 'New Message' button and a 'Sign and Send to Provider' button. Below the summary bar is a sidebar with a 'Group and Provider info' section and a list of options: 'Business Information', 'Affiliation Summary' (highlighted), 'Group Signature', 'Provider Signature', and 'Submit Application'. The main content area is titled 'Affiliation Summary' and contains a message: 'Listed below is your affiliation between [Group Information] if there are additional services locations associated you can select those for [Provider Information] to also provide services.' Below this message are two columns: 'Group Information' and 'Provider Information'. The 'Group Information' column includes fields for 'NPI', 'Group App ID', and 'Provider Type' (set to 'Doula'), along with a 'Primary Service Location' field. The 'Provider Information' column includes fields for 'NPI', 'Provider Type' (set to 'Doula'), 'Activation date' (11/20/2023), and 'Enrollment date' (11/21/2023). At the bottom right, there is a 'Sign and Send to Provider' button highlighted by a red box.

Last Step!
You can sign by entering the last four digits of your SSN and checking the electronic signature agreement.

Enter the Last Four Digits of your SSN ✓

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

STEP 32: Affiliation- Once affiliation is complete, select “Continue”

Rendering Provider Affiliations Summary

Up to this point, you have completed the Rendering Provider Affiliations Sub-Form. Let's review again the provided information.

Summary: Rendering Provider Affiliations

Rendering Provider Affiliations

App ID	App Status	Provider Name	Provider Type	NPI	Status	Actions
	In Progress		Doula			

STEP 33: Signature: First, read the Maryland Medicaid Provider Agreement, then select the check boxes and “Continue”.

Signature

E-Signature

Submit Application

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

[Maryland Medicaid Provider Agreement](#)

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

I declare that I have legal authorization to sign this application for and on behalf of

I have reviewed my application and believe all information and attachments are correct to the best of my knowledge.

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.

Previous

Continue

STEP 36: Signature: Select the check box, enter the required personal information, and then select “Continue”.

Disclosure Information

Rendering Signature

E-Signature

Submit Application

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

I 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 37: Submit Application Checklist: Double check the information on this page is correct and then select “Continue”.

Document Attachment Application

Excellent! 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	✓	🔍 🗑️
W-9 Form	Business Information/Business Profile/TIN/SDAT & Business License	Yes	✓	🔍 🗑️
Addenda/Supporting Document	Practice Information/Additional Information/Addenda/Supporting Documents	Yes	✓	🔍 🗑️

← 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 38: Submit Application: When ready, select “Submit Application” to complete the application process.

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