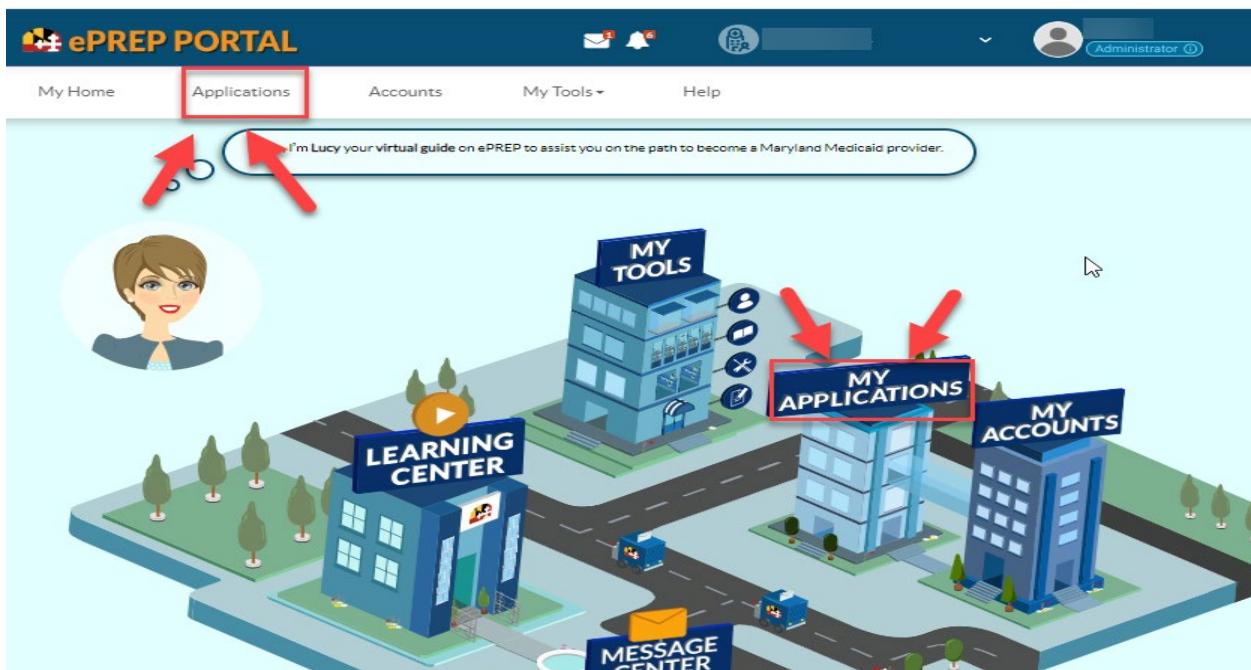


Doula Individual New Enrollment Workflow:

The instructions below are specific for a newly enrolling Individual solo practitioner Doula. 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.

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.

A screenshot of the ePREP Portal Applications tab. The 'Applications' tab is selected, indicated by an orange underline. On the left, there is a sidebar with a user icon and the text 'My Applications'. Below the sidebar are several buttons: 'Total Apps 0', 'In Progress 0', 'Return to Provider 0', 'Resubmitted 0', 'Approved 0', and 'Denied 0'. A large red box highlights the 'New Application' button, which is located in the bottom right corner of the main content area. Two red arrows point from the top towards this button. The main content area displays a message: 'Listed below are your in-progress or submitted applications for your Maryland Medicaid accounts.' Below this message is a table header with columns for Application ID, Status, Name, Type, NPI, Application, Complete, Last Update, and Owner. The table body is empty, stating 'There are no applications to display'. At the bottom of the page are search and filter options.

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”.

The screenshot shows a user interface for generating a new enrollment application. At the top, there's a greeting from a female icon: "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!" Below this, a list of provider types is shown with radio buttons. The third option, "I'm new to Maryland Medicaid, and I want to create a new application," is selected and highlighted with a red box. Underneath, another red box highlights the sub-option "I'm an Individual health care practitioner". A cursor arrow points towards the "Continue" button at the bottom right of the page.

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 Solo Practitioner” and then select “Continue”.

The screenshot shows a user interface for selecting a business structure. A message at the top says, "Great! Now select which business structure best fits you as a health care individual provider." Below this, the "I'm a Solo Practitioner" option is selected and highlighted with a red box. A list of four options follows, with the first one checked. A cursor arrow points towards the "Continue" button at the bottom right of the page.

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

I'm a Solo Practitioner

- I'll be using my Type 1 NPI (Individual)
- I provide and submit Maryland Medicaid claims for medical services at the location disclosed in my application
- I'm the only medical professional who provides services at the disclosed service location to Maryland Medicaid participants
- My practice and I are legally one and the same. I am personally responsible for all of its obligations

I'm a Rendering Provider

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

Once you have made your choice, select Continue

[← Previous](#) [Continue →](#)

STEP 5: Enter the 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 bar, a message from a character 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." A red box labeled '1' highlights the NPI input field. A red box labeled '2' highlights the 'Verify >' button. A red box labeled '3' highlights the 'Continue' button.

National Provider Identifier (NPI)

Please select Verify in order to continue.

Verify >

1

2

3

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

← Previous

Continue →

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

The screenshot shows a progress bar at the top with four steps: Start Application, Business Structure, NPI, and Provider Type (highlighted in red). Below the bar, a message from a character 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." A red box highlights the provider type dropdown menu, which shows "Doula" selected. A red box highlights the "Continue" button.

Select your Rendering provider type

Doula

Provider Type

1

2

3

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

← Previous

Continue →

STEP 7: Personal Information: Now your 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”.

Profile Information

Individual Profile

Business Information

Practice Information

Disclosure Information

RenderingSignature

Submit Application

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

Prefix: <Select a Prefix>

First name: [Red arrow 1]

Middle name:

Last name: [Red arrow 2]

Suffix: <Select a Suffix>

Professional title: <Select a Professional Title>

Gender: Female [Red arrow 3]

Date of birth: [Red arrow 4]

Age:

Email address: [Red arrow 5]

Has the individual completed cultural competence training?

Yes No

← Previous Continue →

STEP 8: Identification: Enter your social security number and answer the “yes or no” question. Then select “Continue”.

Content Expand All

Getting Started

Profile Information

Individual Profile

Business Information

Practice Information

Disclosure Information

Signature

Submit Application

Personal Information Identification Summary

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

Social Security Number: [Red arrow 1]

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 9: Business Information: Fill in the following information:

1. This section requires you to enter your TIN/EIN number **OR** your SSN
2. If applicable, upload of your Tax ID document (Please see example below)
3. A signed and dated W-9 form
4. SDAT number
5. If applicable, if you have a DBA name, upload a DBA Statement

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 the 'Business Profile' application interface. On the left, a sidebar lists navigation options: Business Profile, Contact Person, Addresses, Logistics, Practice Information, Disclosure Information, Signature, and Submit Application. The main area contains several input fields and sections:

- SSN:** A text input field is highlighted with a red border.
- SDAT Form:** A file upload input field is highlighted with a red border.
- State Department of Assessment and Taxation (SDAT) number:** A text input field is highlighted with a red border.
- Does your business use a registered Doing Business As (DBA) name?** A radio button group with 'No' selected is highlighted with a red border.
- Business number:** A text input field is highlighted with a red border.

Below the main form, there is a printed notice from the IRS:

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 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 in complete, clear, 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 Form 948	01/31/2019 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 2009-11, Private Letter Rulings, or by contacting the appropriate IRS office. 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 1042), 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.

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.

First name

Last name

Title/Position

Business number

Extension

Fax Number

Correspondence email address

← Previous

Continue →

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”.

Contact Person

Addresses

Logistics

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Remember that a PO. box cannot be used as a service address.

View Address

Street

Ste. / Apt. #

City

State/Province

County

ZIP Code/Postal Code

Is this service location ADA (American Disabilities Act) accessible?

Yes No

Does this service location have TTY capability?

Yes No

← Previous

Continue →

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”.

The screenshot shows the 'Pay to Address' step of a form. On the left is a sidebar with various tabs like 'Business Profile', 'Contact Person', and 'Addresses'. The main area has a progress bar at the top with four steps: 'Service Address', 'Pay to Address' (which is active and highlighted in red), 'Mailing Address', and 'Summary'. Below the progress bar is a message from a cartoon character: 'Please let me know the address where you want to receive payments.' There are two checkboxes: one checked 'Same as Service address' and one unchecked 'Same as pay to address'. Below these are fields for 'Street', 'Ste. / Apt. #', 'City', 'State/Province', 'County', and 'ZIP Code/Postal Code', all pre-filled with 'Baltimore', 'Maryland, MD', 'Baltimore City', and '21201'. At the bottom are 'Previous' and 'Continue' buttons, with 'Continue' being highlighted by a red box.

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”.

The screenshot shows the 'Mailing Address' step of the form. The sidebar and progress bar are identical to the previous step. The message from the character says: 'Last step! Add a mailing address where you want receive official Maryland Medicaid correspondence.' There are two checkboxes: 'Same as Service address' (checked) and 'Same as pay to address.' (unchecked). Below are the same address fields as the previous step, all pre-filled with 'Baltimore', 'Maryland, MD', 'Baltimore City', and '21201'. The 'Previous' and 'Continue' buttons are at the bottom, with 'Continue' being highlighted by a red box.

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”. When finished select “Continue”. **NOTE-** The answer to question: Does **XXX Group** see fee-for-service (FFS) Medicaid participants? Must be “yes”.

The ePREP PORTAL interface is displayed, showing the 'Business Information' section. On the left, a sidebar lists 'Content' items: Getting Started, Business Profile (selected), Contact Person, Addresses, Logistics (highlighted in orange), Practice Information, Disclosure Information, Signature, and Submit Application. The main area shows 'Practice Operations' with a message: "Now for some more information about your business. Please answer these questions so I can learn more about your operations". A large callout bubble points to the 'Logistics' section. The 'Logistics' section asks: "What are the business hours for this service location?" with options for "Open 24/7" (radio button) and "Open on specific business days/hours" (radio button, selected). Below are tables for each day of the week, with 'Monday' through 'Saturday' showing 'ON' status and 'From' and 'To' times. 'Sunday' shows a red 'OFF' icon and empty 'From' and 'To' fields. To the right, a vertical sidebar has icons for phone, fax, email, and help, with a callout 'What are' pointing to the 'Logistics' section. The 'Practice Information' sidebar on the left includes 'Rendering Provider Affiliations', 'Signature', and 'Submit Application'. The 'Logistics' section also includes questions about cultural competence training completion, accepting new patients, patient age range (with 'All ages' selected), seeing FFS Medicaid participants (with 'Yes' selected), and providing language services other than English (with 'Yes' selected). A 'Language Services Offered' section lists Spanish, Portuguese, Italian, French, Urdu, Cantonese, Mandarin, Other Chinese, Korean, German, Arabic, Armenian, Cambodian, Farsi, Hmong, Vietnamese, Russian, Tagalog, and Hindi. The 'Do you ONLY provide Telehealth services at this location?' question has 'No' selected. At the bottom, a 'Languages select' callout points to the language service list. Navigation buttons include '< Previous' and 'Continue' (highlighted with a red border).

STEP 15: 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 shows the 'Individual Licenses & Certifications' section of a software application. On the left, a sidebar lists various sections: Getting Started, Profile Information, Business Information, Practice Information (selected), Licenses & Certifications (selected), NPI/Taxonomy/Specialty, Additional Information, Disclosure Information, Rendering Signature, and Submit Application. The main area has a header 'Individual Licenses & Certifications' and a 'Summary' button. A large callout bubble provides instructions for uploading a professional license. Below it, a text box says 'Please disclose your professional license or certificate number.' with a file icon. A red arrow labeled '1' points to a text input field containing '0'. To its right is a 'Health Care State License' input field containing '195LL6VK Lice...' with a red arrow labeled '2' pointing to it. Below these are dropdowns for 'Issuance State/Province' (Maryland, MD) and 'Issuance date' (11/01/2023), and a date input field for 'Expiration date' (11/01/2033). Red arrows labeled '3', '4', and '5' point to these three fields respectively. At the bottom, a question asks 'Is Dina Doula required to have copies of other specialized Licenses or Certifications from the appropriate board or authority?' with 'Yes' and 'No' radio buttons. The 'No' button is selected and highlighted with a red box. Finally, a red box highlights the 'Continue →' button at the bottom right.

STEP 16: 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”.

The screenshot shows the 'NPI/Taxonomy/Specialty' section of the application. On the left, a sidebar lists various sections like 'Getting Started', 'Profile Information', 'Business Information', 'Practice Information' (which is selected), 'Disclosure Information', 'Rendering Signature', and 'Submit Application'. The main area displays a table for 'Associated Taxonomy Codes' with one row: 'Description' (No taxonomy code listed). To the right of the table is a red-bordered 'Add' button. A callout bubble highlights this 'Add' button with the text: '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.'

This is a modal dialog titled 'Add Taxonomy Code'. It contains fields for 'Taxonomy code' (with the value '374J00000X - Doula') and 'Type' (with radio buttons for 'Primary' and 'Secondary', where 'Primary' is selected). At the bottom are 'Add' and 'Cancel' buttons, with the 'Add' button highlighted by a red border.

The screenshot shows the 'NPI/Taxonomy/Specialty' section again. The table now has a row for 'Doula' with 'Taxonomy Code' '374J00000X', 'Type' 'Primary', and 'Actions' (edit, delete, etc.). A callout bubble points to the 'Add' button in the top right corner of the taxonomy codes table. The 'Continue' button at the bottom right is also highlighted with a red border.

STEP 17: 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.

The provider type Doula requires addenda and supporting documents to be attached to this application.

Please upload the required documents for the Addenda/Supporting documents that are selected.

Select [Addenda/Supporting Documents](#) to select the required addenda and supporting documents. Once you have completed the required attachments select the Add button.

Add

Addenda/Supporting Document Name Documents Actions

There is no addenda

Previous Continue

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7769)** 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 18: Disclosure Information- Adverse Actions: Complete the “Adverse Actions” section by correctly 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 you have **NO fines or debts**. Please select “add” IF you have any fine and debts to upload. Once complete, select “Continue”.

Provider Type Doula Application ID [redacted] 56% 100% New Message Submit

Content Expand All

Getting Started

Business Information

Practice Information

Disclosure Information

Adverse Actions

Fines and Debts (Gov.) This business has no current State or Federal government Fines/Debts Add

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.

No Fines/Debts listed

Type Agency Name Amount Date Issued Date to be Paid-in-full Documents Actions

← Previous Continue →

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

Provider Name: [REDACTED] 61% Complete
Provider Type: Doula 61%
Application ID: [REDACTED] 100% Documents
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

Subcontractors Summary

Awesome, this part is even simpler. It's related to any subcontractors you may or may not have.

Does the applicant 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?

Yes No

Previous Continue

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.

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 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.

Type	Name	Ownership/Control Interest	Status	Actions
No Ownership Control Interest listed.				

Add

Previous Continue

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

Add Ownership/Control Interest

Entity Individual 1

Is this Entity a corporation?
 Yes No 3

Legal name 2 4

Required Value 2 3

+Add **Cancel**

Add Ownership/Control Interest

Entity Individual

First name 1 2

Middle name 3

Last name 4

+ Add × Cancel

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”.

	Subcontractors	<input type="radio"/>
	Ownership/Control Interest	<input checked="" type="radio"/>
	Significant Transactions	<input type="radio"/>
	Delegated Officials	<input type="radio"/>
	Rendering Provider Affiliations	<input type="radio"/>
	Signature	<input type="radio"/>
	Submit Application	<input type="radio"/>
<p>View Address</p> <p>Street <input type="text"/></p> <p>Ste. / Apt. # <input type="text"/></p> <p>City <input type="text"/></p> <p>State/Province <input type="text" value="Maryland, MD"/></p> <p>County <input type="text" value="Baltimore"/></p> <p>ZIP Code/Postal Code <input type="text"/></p> <p>Social Security Number <input type="text"/></p> <p>National Provider Identification (NPI) <input checked="" type="checkbox"/> N/A</p> <p>Please explain <input type="text" value="N/A"/></p> <p>Date of birth <input type="text"/> </p> <p>Age <input type="text"/></p> <p>Does <input type="text"/> currently participate or has ever participated as a provider in the Maryland Medicaid program or in another states' Medicaid program?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Required value</p>		

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

Please select one or more of the options that apply to:

- 5% or more Ownership Interest
- Partnership
- Board Member
- Managing Employee
- Agent
- Director/Officer
- Other

[← Previous](#) [Continue →](#)

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

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
- Submit Application

Individual Information Ownership/Control Interest **Associations** Adverse Actions Summary

Associations/Family relations with subcontractors and owners of subcontractors

Ownership of 5% or more on any subcontractor

Does [REDACTED] have ownership with any of [REDACTED] subcontractors disclosed in this application?

Yes No Required value

Family Relations with subcontractor or subcontractor's owner(s)

Does [REDACTED] have family relations with any of [REDACTED] subcontractors disclosed in this application?

Yes No Required value

Does [REDACTED] have any family relations with any owner(s) of [REDACTED] Inc. subcontractors?

Yes No Required value

STEP 26: Significant Transactions: This answer should be “yes”. Double check that the information is correct and make any changes necessary. When finished select “Continue”.

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

Significant Transactions

Please carefully read this question and answer accordingly.

I. I 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.

Previous Continue

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

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

Submit Application

Delegated Officials

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.

does not want to report any Delegated Officials at this time.

Previous Continue

STEP 28: Signature: First, read the Maryland Medicaid Provider Agreement, then select the check boxes and “Continue”.

The screenshot shows the 'Declarations' step of the ePREP Portal. On the left, a sidebar lists steps: Getting Started, Profile Information, Business Information, Practice Information, Disclosure Information, RenderingSignature (highlighted in light blue), E-Signature (highlighted in orange), and Submit Application. The main area has tabs: Declarations (highlighted in red), E-Signature, and Summary. A callout box points to the 'Maryland Medicaid Provider Agreement' link, which is highlighted with a red box and numbered 1. Below it, three checkboxes are checked: 'have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.', 'have reviewed my application and believe all information and attachments are correct to the best of my knowledge.', and '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 right, a 'Continue' button is highlighted with a red box and numbered 2.

STEP 29: Signature: Select the check box, enter the required personal information, and then select “Continue”.

The screenshot shows the 'E-Signature' step of the ePREP Portal. On the left, a sidebar lists steps: Disclosure Information, RenderingSignature (highlighted in light blue), E-Signature (highlighted in orange), and Submit Application. The main area has tabs: Declarations, E-Signature (highlighted in red), and Summary. A callout box points to the 'agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208.' checkbox, which is highlighted with a red box and numbered 1. Below it, four input fields are shown: 'SSN (last 4 digits)' with a placeholder '### #__', 'Year of birth' with a placeholder '##/#/_', 'Email address', and 'Password'. Each of these fields has a red arrow pointing to it and is numbered 2, 3, 4, and 5 respectively. At the bottom right, a 'Continue' button is highlighted with a red box and numbered 6.

STEP 30: Submit Application Checklist: Double check the information on this page and then select “Continue”.

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"/>	

NPI/Taxonomy/Specialty	<input checked="" type="checkbox"/>	100	
Additional Information	<input checked="" type="checkbox"/>		
Addenda/Supporting Documents	<input checked="" type="checkbox"/>		
Disclosure Information	<input checked="" type="checkbox"/>	100	
Adverse Actions	<input checked="" type="checkbox"/>	100	
Contract/Program Actions	<input checked="" type="checkbox"/>		
License Actions	<input checked="" type="checkbox"/>		
Fines and Debts (Gov.)	<input checked="" type="checkbox"/>	100	
Fines and Debts (Gov.)	<input checked="" type="checkbox"/>		
Rendering Signature	<input checked="" type="checkbox"/>	100	
E-Signature	<input checked="" type="checkbox"/>	100	
Declarations	<input checked="" type="checkbox"/>		
E-Signature	<input checked="" type="checkbox"/>		
Submit Application	<input checked="" type="checkbox"/>	50	
Checklist	<input checked="" type="checkbox"/>	100	
Submit	<input checked="" type="checkbox"/>	0	
Submit Application	<input checked="" type="checkbox"/>		

STEP 31: Submit Application: When ready, select “Submit Application” to complete the application process.

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