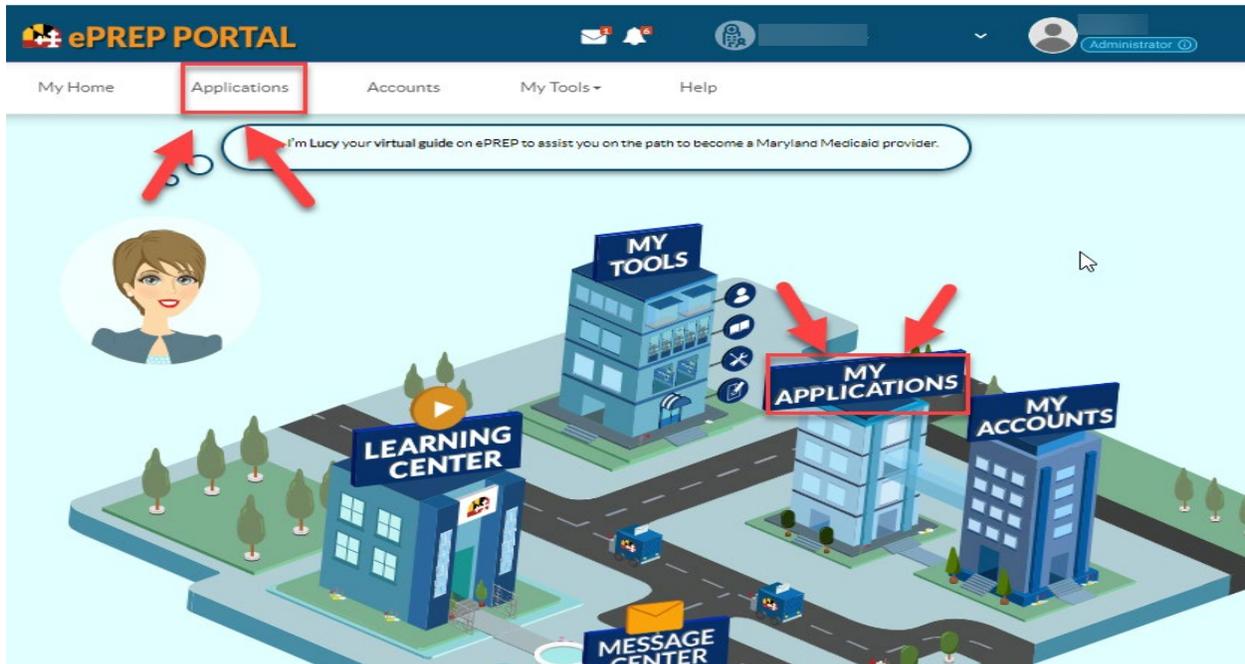


Doula Individual New Enrollment Workflow:

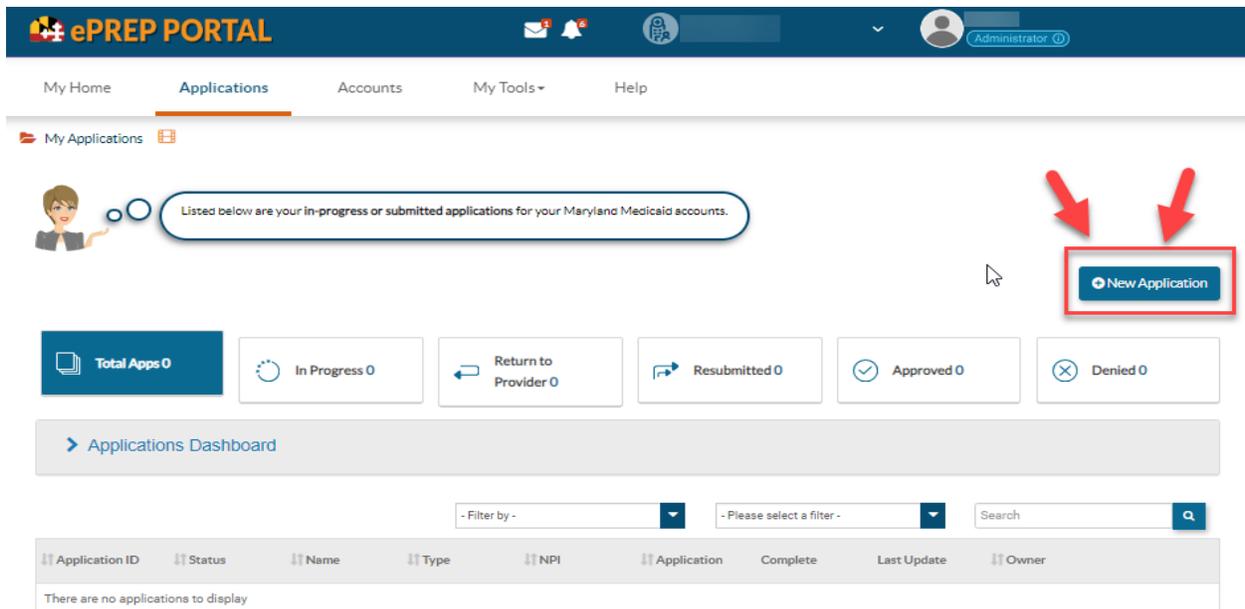
The instructions below are specific for a newly enrolling Individual solo practitioner Doula. Should you have any additional questions regarding the enrollment process, please contact us at:

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.



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 Solo Practitioner” 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'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 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 a "Continue" button. A red box labeled "1" highlights the NPI input field, a red box labeled "2" highlights the "Verify" button, and a red box labeled "3" highlights the "Continue" button. Below the input field, there are 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 options is a link: "For more information about NPIs, please see the NPPES website." At the bottom, there is a "Previous" button on the left and a "Continue" button on the right.

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 progress bar, a 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 "Previous" button is on the left and a "Continue" button is on the right. Both the dropdown menu and the "Continue" button are highlighted with red boxes.

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”.

The screenshot shows a web application interface for entering personal information. On the left is a sidebar menu with options: Profile Information (selected), Individual Profile, Business Information, Practice Information, Disclosure Information, Rendering Signature, and Submit Application. The main content area features a header with a user icon and a message: "Please take a few minutes to fill out some personal information to continue with your application." Below this are several form fields: Prefix (dropdown), First name (text input), Middle name (text input), Last name (text input), Suffix (dropdown), Professional title (dropdown), Gender (dropdown with "Female" selected), Date of birth (calendar icon), Age (text input), and Email address (text input with a character count of 88). A question "Has the individual completed cultural competence training?" is followed by radio buttons for "Yes" (selected) and "No". At the bottom are "Previous" and "Continue" buttons. Red arrows and boxes highlight the First name, Last name, Gender, Date of birth, Email address, and the "Continue" button.

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

The screenshot shows the Identification step of the application. The sidebar menu is the same as in Step 7. The main content area has a progress bar at the top with three steps: Personal Information, Identification (current step), and Summary. A header with a user icon and a message: "Please provide me with your identification so I can make sure I'm verifying the right person." Below this is a "Social Security Number" field (text input with a character count of 88) and a "Required value" label. A question "Do you go by any other names (alias) besides the one you included in the Personal Information sub-form? (Enter all that apply)" is followed by radio buttons for "Yes" and "No" (selected). At the bottom are "Previous" and "Continue" buttons. Red arrows and boxes highlight the Social Security Number field and the "Continue" button.

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 a web application interface for business registration. On the left is a navigation menu with options: Business Profile, Contact Person, Addresses, Logistics, Practice Information, Disclosure Information, Signature, and Submit Application. The main content area contains several sections: 1. A checkbox labeled 'Please use my Social Security Number (SSN) since I don't have a Federal Tax Identification Number (TIN)'. 2. An input field for 'SSN'. 3. A section for 'W-9 Form' with an upload button. 4. A section for 'State Department of Assessment and Taxation (SDAT) number' with a radio button for 'N/A' and an input field. 5. A question 'Does your business use a registered Doing Business As (DBA) name?' with radio buttons for 'Yes' and 'No'. 6. An input field for 'Business number'.

The document is a tax notice from the IRS. At the top, it says 'Date of this notice:' followed by a redacted date, and 'Employer Identification Number:' followed by a redacted EIN. It also includes 'Form: SS-4' and 'Number of this notice:'. Below this, it provides contact information: 'For assistance you may call us at: 1-800-829-4933'. The main heading is 'WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER'. The text explains that the EIN is assigned for business accounts, tax returns, and documents. It includes instructions on how to file tax forms (Form 941 and Form 940) by the due date of 01/31/2019. It also provides information on how to request a private letter ruling from the IRS and how to deposit employment taxes electronically through the EFTPS system.

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. The left sidebar contains a navigation menu with 'Contact Person' selected. The main form area has a progress bar at the top with 'Contact Person Information' and 'Summary'. A blue 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. A 'Previous' button is on the left and a 'Continue' button is on the right. Red callout boxes with numbers 1 through 6 point to the following elements: 1. The callout box, 2. First name field, 3. Last name field, 4. Title/Position field, 5. Business number field, 6. The '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. The left sidebar contains a navigation menu with 'Addresses' selected. The main form area has a progress bar at the top with 'Contact Person Information' and 'Service Address'. A blue 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. There 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). A 'Previous' button is on the left and a 'Continue' button is on the right. Red callout boxes with numbers 1 through 4 point to the following elements: 1. The callout box, 2. Street field, 3. State/Province dropdown, 4. The 'Continue' button.

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

ePREP PORTAL

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

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

Language Services Offered

- 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?
 If you offer both Telehealth and in person services, please select 'No'.
 Yes No

[← Previous](#) [Continue →](#)

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 a web form titled "Individual Licenses & Certifications" with a "Summary" tab. A sidebar on the left lists navigation options: Getting Started, Profile Information, Business Information, Practice Information, Licenses & Certifications (highlighted), NPI/Taxonomy/Specialty, Additional Information, Disclosure Information, Rendering Signature, and Submit Application. The main form area contains a blue callout box with instructions: "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 is a section titled "Please disclose your professional license or certificate number." with a red arrow labeled "1" pointing to the "State health care license number" input field containing "0". A second red arrow labeled "2" points to a file upload area for "Health Care State License" showing a preview of a document titled "195LL6VK Lice...". A yellow warning box states "Your license was not found. But don't worry, instead you may enter your information manually below." Below this, three red arrows labeled "3", "4", and "5" point to the "Issuance State/Province" dropdown (set to "Maryland, MD"), the "Issuance date" field (set to "11/01/2023"), and the "Expiration date" field (set to "11/01/2033"). 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 radio buttons for "Yes" and "No" (selected), highlighted by a red box. A "Continue" button is also highlighted with a red box. A "Previous" button is visible at the bottom left.

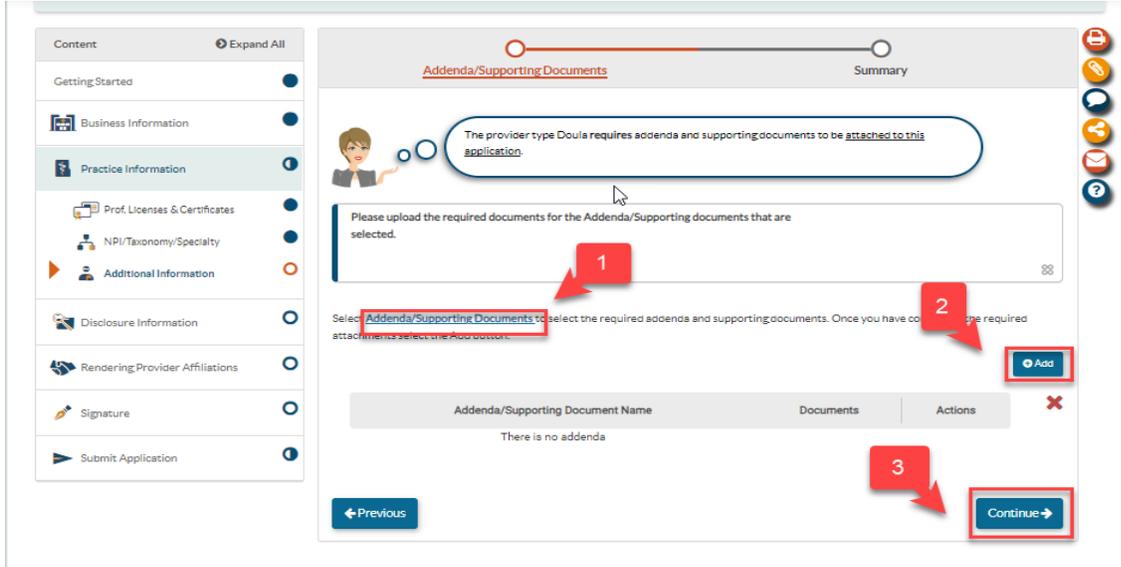
STEP 16: NPI/Taxonomy/Specialty: Select “add” and a pop-up will appear to select your taxonomy code. Choose the taxonomy code, type, and then select “add”. Lastly, once the taxonomy code is successfully added to the application, select “Continue”.

The screenshot shows the application dashboard with a progress bar at the top indicating 38% completion. The left sidebar lists various sections, with 'NPI/Taxonomy/Specialty' selected. The main content area displays a message: "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 section for 'Associated Taxonomy Codes' with a table that currently contains no data. A red box highlights the '+ Add' button in the top right corner of the table area.

The 'Add Taxonomy Code' pop-up window is shown. It has a dark blue header with a close button. The 'Taxonomy code' field is a dropdown menu with '374J00000X - Doula' selected. The 'Type' section has two radio buttons: 'Primary' (selected) and 'Secondary'. At the bottom, there are two buttons: '+ Add' (highlighted with a red box) and 'x Cancel'.

The screenshot shows the application dashboard after the taxonomy code has been added. The progress bar now shows 100% completion. The 'Associated Taxonomy Codes' table now contains one entry: 'Doula' with taxonomy code '374J00000X' and type 'Primary'. A red box highlights the 'Continue' button at the bottom right of the main content area.

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.



If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-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 56% 100% New Message Submit

Application ID

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 application form for Step 20: Subcontractors. At the top, there is a header with a provider icon, application details (Provider Name, Provider Type: Doula, Application ID, Creation Date: 11/20/2023, Package Type: Group Billing), and progress indicators (61% Complete, 100% Documents). A 'New Message' button and a 'Submit' button are also present. The left sidebar shows the 'Content' menu with 'Subcontractors' selected. The main content area has a progress bar 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 radio buttons for '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 select 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 application form for Step 21: Ownership/Control Interest. The left sidebar shows the 'Content' menu with 'Ownership/Control Interest' selected. The main content area has a progress bar 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 text input field with a placeholder: "List any Individuals or Entities who have 5% or more (direct or indirect) Ownership, control interest, or partnership interest in [redacted]". Below the input field is a note: "All board members, officers, directors, agents, and managing employees must be disclosed in this section." and another note: "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." At the bottom right, there is an 'Add' button. Below the 'Add' button 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. Red callouts numbered 1 through 4 point to the 'Entity' radio button, the 'Is this Entity a corporation?' radio buttons (Yes/No), the 'Legal name' text input field, and the '+ Add' button respectively.

This screenshot shows the 'Add Ownership/Control Interest' form with the 'Individual' radio button selected. Red callouts numbered 1 through 4 point to the 'Individual' radio button, the 'First name' text input field, the 'Last name' text input field, and the '+ Add' button respectively.

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 form for providing personal and professional information. A sidebar on the left contains navigation options: Subcontractors, Ownership/Control Interest, Significant Transactions, Delegated Officials, Rendering Provider Affiliations, Signature, and Submit Application. The main form fields include: Street, Ste. / Apt. #, City, State/Province (dropdown), County, ZIP Code/Postal Code, Social Security Number, National Provider Identification (NPI) with a checked 'N/A' option, Please explain, Date of birth, and Age. A question at the bottom asks if the user currently or has ever participated as a provider in the Maryland Medicaid program or in another state's Medicaid program, with 'Yes' and 'No' radio buttons and a 'Required value' label. Red arrows point to each of these input fields.

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”.

This screenshot shows a web application interface for selecting ownership or control interest. On the left is a navigation menu with categories: Practice Information, Disclosure Information (highlighted), 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. On the right side, there are icons for help, search, and a 'Check i applican' button.

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' page within the Ownership/Control Interest section. The top navigation bar includes 'Individual Information', 'Ownership/Control Interest', 'Associations' (active), 'Adverse Actions', and 'Summary'. The main content area is titled 'Associations/Family relations with subcontractors and owners of subcontractors' and contains three questions, each with 'Yes' and 'No' radio buttons and a 'Required value' button highlighted in red. The questions are: 1) 'Does [redacted] have ownership with any of [redacted] subcontractors disclosed in this application?'; 2) 'Does [redacted] have family relations with any of [redacted] subcontractors disclosed in this application?'; and 3) 'Does [redacted] have any family relations with any owner(s) of [redacted] Inc. subcontractors?'. The left navigation menu is the same as in Step 24, with 'Ownership/Control Interest' highlighted. On the right side, there are icons for help, search, and a 'Check i applican' button.

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”.

The screenshot shows a web application interface for the 'Significant Transactions' step. On the left is a navigation menu with categories like 'Getting Started', 'Business Information', 'Practice Information', 'Disclosure Information', and 'Rendering Provider Affiliations'. The 'Significant Transactions' item is highlighted. The main content area has a progress bar at the top with 'Significant Transactions' and 'Summary' markers. Below the progress bar is a blue callout box with a person icon and the text: '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, involving the provider and any wholly-owned supplier or subcontractor.' To the right of the question is a radio button interface with 'Yes' selected and 'No' unselected. At the bottom of the question area are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box. On the right side of the page, there is a vertical toolbar with icons for print, save, help, and other functions.

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”.

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. The main content area has a progress bar at the top with 'Delegated Officials' and 'Summary' markers. Below the progress bar is a blue callout box with a person icon and the text: '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 the callout box 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 of the input area are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box. The right side of the page features the same vertical toolbar as the previous step.

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

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

STEP 30: Submit Application Checklist: Double check the information on this page 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	✓	100	🗑️
Additional Information	✓	100	🗑️
Addenda/Supporting Documents	✓	100	🗑️
Disclosure Information	✓	100	🗑️
Adverse Actions	✓	100	🗑️
Contract/Program Actions	✓	100	🗑️
License Actions	✓	100	🗑️
Fines and Debts (Gov.)	✓	100	🗑️
Fines and Debts (Gov.)	✓	100	🗑️
Rendering Signature	✓	100	🗑️
E-Signature	✓	100	🗑️
Declarations	✓	100	🗑️
E-Signature	✓	100	🗑️
Submit Application	✗	50	🗑️
Checklist	✓	100	🗑️
Submit	✗	0	🗑️
Submit Application	✗	0	🗑️

← Previous Continue →

STEP 31: 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