Welcome to the e PREP provider portal page!

1. New providers / groups enrolling with Maryland Medicaid for the first time will need to create a user profile. In order to begin this process, please click the “Sign Up” hyperlink shown below:

2. On this page, you will enter your personal information (first and last name), create a username, password and fill in all corresponding information followed by selecting the “Next” button when completed.
3. In an attempt to increase security measures within the portal, please determine how you would like to receive your authentication code - once you have made your selection, please click ‘Next’.

We have increased our security levels and need to verify your device.

Choose an option below to receive your security code.

Once you receive the code, you will enter it here in ePREP before you can login.

- Send text message to my phone number
- Call my phone number
- Send to my recovery email address

4. Please enter your 6 digit authentication code and click “Verify”.
5. Once you have successfully entered and verified your security code, users will need to login for the first time with your username (email address) and password. Both of which were entered and created in the steps above.
6. Once you have entered your credentials, you will be asked to create your business profile. In order to do this, you must first enter and verify your NPI number.

Let's Create Your Business Profile

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.

- **Enter NPI or Provider ID**
- **Required value**

- I’m new to Maryland Medicaid and I do not have an NPI or Provider ID

7. Once you have entered and verified your NPI, the provider ID box will turn green and you will be able to enter the provider / group name you are attempting to enroll.

**This is the name that will be listed on your provider business profile.**
8. Security questions portion: please select and correctly answer three corresponding security questions as they pertain to your business. Once you have completed this portion, you will be able to continue moving forward through the business profile creation process by selecting “Next”.

**It’s important to note that sometimes these security questions are bypassed and are able to be completed later in the enrollment process**

9. Once your business profile has been created, you will be taken to the e PREP home page shown below:
10. From here, please click the “My Applications” tab / or building with the “My Applications” heading attached shown above.

11. Once you have successfully entered the “My Applications” tab, you will need to create a new application in order to enroll your provider type with Maryland Medicaid. **Circled in the screenshot below.**
10. **Application Generation**: One you have clicked the ‘New Application’ tab, the following selection will need to take place in order to generate your enrollment application.

11. **Application Generation Selection**: please make the selections listed below:

- I’m new to Maryland Medicaid, and I want to create a new application
- I’m a Facility, Clinic, Health Care Organization or Waiver Provider.

- Select the option: Other Healthcare Organization
12. Once you have entered your NPI, please click the ‘verify’ option. Once the NPI has been verified, the NPI box will turn green and you will be able to successfully continue through the application generation process.

**Please ensure that the Legal name, Provider type, entity type and Taxonomy are correct**
13. If all of the organizational information displays correctly, please select ‘Yes’ and continue.

14. **Provider Type** - in the drop down box menu, please select the provider type **Home Visiting Services** and click continue.

15. **Successful Application Generation** - Once you have generated the application, you will be able to complete each required section from start to submission.
16. As you navigate the application, this side bar will indicate your progress. A fully shaded circle denotes a finished section, while a half shaded circle signifies an incomplete section. Example shown below:
Business Information: Please enter all provider information into the corresponding data fields within this section.

17. If your organization has a DBA name, please select ‘Yes’ and enter the DBA name in addition to adding the supporting documentation for this DBA.
   ● If your organization does not have a DBA, please select ‘No’
Please share some basic information about your business.

Legal name: MH V HOME VISITING SERVICES

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

- [ ] Yes
- [ ] No

Entity type: [Select one]

Business number: [Required value]

Extension: [Required value]
For Entity type, please choose the entity that best fits your organization. Please be prepared to upload all supporting documentation for this choice ex: Non-profit Organization requires a 501(c) be attached to the application.
18. **TIN / SDAT Business License**: Please enter your TAX ID number into the corresponding data field. Once entered, please click on the ‘Select your file’ button to upload the TIN/EIN document and name your document in the ‘Document Name’ box.
I need some additional information about your business. Don't forget to attach a clear copy of your documentation.
Example of a TIN / EIN Letter:
19. **State department of Assessment and Taxation (SDAT)** number, please enter your business SDAT number.
   - Providers are required to obtain and disclose their SDAT number on all applications that request it. Please do not check ‘N/A’.

20. **Contact Person Information**: Please be sure to fill out the contact information correctly. The contact person should be the managing employee of the application. If there are any questions regarding the application, this person will be the direct contact person.
21. **Service Address**: Please fill out the service address portion of the application
22. Please answer the following “Yes” or “No” questions as they pertain to the organization.

23. **Pay-to Address**: Please enter the pay to address of the group. If the pay-to address is the same as the group’s service address, please select the “same as service address” check box.
   - If you are not registered for EFT, this is the address the payment will be sent to.
24. Please fill out the Mailing Address for the location. If there is a specific person that needs correspondence, please identify them. Please say: **ATTN:LAST NAME, FIRST NAME**

- If the mailing address is the same as either the service address or pay-to address (or both), please check the boxes circled below.
Logistics / Practice Operations - Please answer the following questions as they pertain to your business:

25. What are the business hours for this business location?
   - If you are open 24/7, please check the box.
   - If you are open for specific business hours, please list them here
26. Has the staff of (Organization) completed cultural competency training? Please answer yes or no.

27. Is (Organization) accepting new patients? Please answer yes or no.

28. What is the age range of the patients that will be treated at this service location?
29. Does (Organization) see fee-for-services (FFS) Medicaid participants? Please answer ‘yes’ to the following question.

30. Does (Organization) provide language services to their patients, other than English, at this location? Please answer yes or no.
31. Once you have completed filling out all of the Business Information, the circle will be completely filled in.

Practice Information: License and Certifications

32. Please select ‘No’ for any questions regarding license / Certifications / DEA / NCPDP / and Laboratory certifications
33. **NPI/ Taxonomy/ Specialty page**: Please double check that the NPI listed on this page is correct.

- Taxonomy code should match what is in NPPES
- Specialty codes are assigned by MDH staff, Leave specialty codes blank - please select ‘N/A’
Please list the associated taxonomy code. This taxonomy code is listed in NPPES and was given to you when you first registered for the NPI.
34. This is the Addenda/ Supporting Documents page. Please be sure to attach the ‘Medical Assistance Program Application Facility / Organization: PT Home Visiting Services.’
You can find the needed Addendum by going to the Maryland Medicaid website or by clicking on the following link and downloading the Addendum:

https://health.maryland.gov/mmcp/Pages/Provider-Enrollment.aspx

The following screenshot is an image of the needed Addendum.
If you answered ‘Yes’ and additional documentation is needed, please upload it to the application.

35. Please click on the ‘Add’ button to name the Addendum

36. Once the Addendum is uploaded, please click continue.
37. **Adverse Action**: Please fill out any adverse action information.

38. Once you have completed the adverse action page, please click continue. Please fill out any fines or debts that the organization has.
39. Subcontractors: please list any subcontractors the business currently has. If none, please select ‘no.’
40. **Ownership/ Control Interest:** Please list all individuals / entities who currently own 5% or more of the organization.

41. Please identify if the organization is owned by an entity or an individual; click ‘add.’
42. With either the entity or individual, please identify their name.

43. Please fill out the ownership individual/entity information.
Please select the correct option as it pertains to each individual/entity and enter the corresponding ownership percentage:
44. Please answer the yes or no questions about the ownership entity or individual.
45. This is the ‘Significant Transactions’ page. Please mark ‘yes’ to the following question.
46. Please identify any delegated officials. If you do not wish to disclose any delegated officials, please check the box associated with the question.

47. Home Visiting Services for Doula’s are not required to add rendering provider affiliations, please select ‘No’.

48. Once onto the signature portion, please fill out the required information and click submit.
You are almost ready to sign your application. Even though you’re completing and submitting your application through the FEP Portal and not on paper, your signature is still required. Using the electronic signature feature, you can sign this application just like your handwritten signature.

Please read the Maryland Medicaid Provider Agreement, and then check the boxes to indicate that you agree with this process.

Maryland Medicaid Provider Agreement

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

I, Allyson Leegee, declare that I have legal authorization to sign this application for and on behalf of MOH HOME VISITING SERVICES.

I, Allyson Leegee, make known my application and declare all information and statements are correct to the best of my knowledge.

I, Allyson Leegee, 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.

To continue with the eSignature process, I need to verify your personal information. After agreeing to the declaration, make sure your Social Security Number and Date of Birth are identical to what you entered in the Personal Information section of this Ownership/Control Interest Application Form. Please enter the same value as the date you were born in your SSN and at an ATM.

If you need help with this section, please watch the In-Context Tutorial about eSignature Facility Application.

SDN (last 4 digits):

Year of birth:

Email address:

Password:
Please feel free to rate the e PREP system and leave any comments that pertain to your application submission.

Thank you for your time.
If you have any questions, please contact us at mdh.providerenrollment@maryland.gov