Medicaid group pharmacist are required to be licensed pharmacies. However, the pharmacist group application does not indicate where license should be uploaded. The purpose of this document is to demonstrate how to upload a pharmacy license through the Signature form in the ePREP application.

Below are instructions for *newly* enrolling group pharmacist uploading pharmacy licenses in ePREP.

My Home Applications Accounts My Tools - Help
Se My Applications 🗄
Here are your in-progress or submitted applications for your Maryland Medicaid accounts. Once you have completed the enrollment process, you will be able to modify your accounts. Listed below are the provider applications you have or are currently enrolling in Maryland Medicaid. • Filter by - • • • • • • • • • • • • • • • • • •
↓↑ Application ID ↓↑ Status ↓↑ Name ↓↑ Type ↓↑ NPI ↓↑ Application Complete Last Update ↓↑ Owner Actions
Applications Shared By Maryland Medicaid Reviewer

1. Navigate to **Applications** – select the "New Application" icon.

2. Select **"I'm new to Maryland Medicaid, and I want to create a new application"**. ePREP will ask you to state what kind of provider you are. Select **"I'm a Group or FQHC health care practice"**.

	<mark></mark>	,	@ .	
Hello. Please answer this simple questionnaire to help me to determine the correct type of If you need help with any of these options, you can watch the Questionnaire in-cont Let's get started!	application for you ext tutorial.			
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 Provide.				
I want to make changes to my account				
Once you have made your choice, select Continue.				
≮ Previous			Continue >	

3. Under the Business Structure section, select "I'm a Health Care Group".

🖶 ePREP PORTAL	∽ ₽ Щ. 🥵.
My Home Applications Accounts My	y Tools
Start Application Business Structu	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 appl	lying as :
If the using my type Z MM (Organization I have one or more affiliated health care professionation sender set My Group practice has one or more owners	arvices
I'm a Federally Qualified Health Center (FQHC)	
Once you have made your choice, select Continue	Continue ->

4. Under the **NPI** section, enter your National Provider Identifier (NPI). Please note this should be the Type 2 organization NPI you obtained for pharmacist (PT PH) group – NOT the NPI used for pharmacy (PT RX) billing. Then, verify the information is correct by selecting **'yes'**.

()	PREP PORTAL		🛃 🍾 🛄	A .
	Start Application	Business Structure		Provider Type
\$	Terrific! Now I have your reg	rjstry! To take safety precautions, check if you	information is correct before moving on.)
Nat	ional Provider Identifier (NPI)	~	Verify >	
Nat	ional Provider Identifier (NPI)			
Тур	2			
Leg	al name			
NPF	PES address (registered)			
ls th van	is information correct? /es) No set is required			
Wh	en you have entered and verified your NPI, select C	Continue.		
	Denvirus			Carling

5. Select your provider type (pharmacist).

😝 ePREP PORTAL		<mark>⊳1</mark> ↓ 2	· -	
Start Application	Business Structure	NPI	O Provider Type	
Now that your NPI has	been verified, select your Group's Provider Typ	e from the drop-down list, and press Conti	inue to move on.	
Provider Type Pharmaciat Prescriber When your are teady, select Commune.				
← Previous			Continue	
	ePRE Version: 4.10 © Copyright 2020 Digital I	EP Portal .6.23 Build: #751 Harbor Inc. All rights reserved.		•
	ePRE Version: 4.10 © Copyright 2020 Digital H	EP Portal .6.23 Build: #751 Harbor Inc. All rights reserved.		0

6. Click into the **Signature** form. Select the orange paperclip on the right side of the screen. An Upload Document window will appear. Select your file and add a title. Then, select **'Attach'**.

			<u> </u>	
terki	Application Sec	Upload Document	× ×	
My Home	Declarations s			
		Drag and drop here, or Select your file File size can not be greater than 50 MB	3 Upload Document	
	Document name	Section Name Declarations Document Name 2	Action	2
Content		Title value is required		
Business	Information	Description		
Practice	Information	Share it in Document Library.	gn this	e
Disclosur	re Information	This is a sensitive document	ch Cancel application.	
1 Renderir	ng Provider Affiliations			
Signature	e	In order to sign this application, you must: Be legally authorized to sign on behalf of the Group as recogniz Have the ePREP Portal User Role of Administrator, Manager, or		

 Return to the Getting Started form and proceed with the application. If you have any questions as you are completing the application, please contact the ePREP Call Center: 1-844-4MD-PROV (1-844-463-7768). Please direct questions regarding your participation in Maryland Medicaid as a pharmacist to MDH.pharmacistenrollment@maryland.gov.