



Maryland Medicaid Administration

Frequently Asked Questions

Maryland Medicaid Provider Enrollment

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Provider Enrollment Policy

What are the average application processing times?

The average period for a full Maryland Medicaid Provider Enrollment application review varies based on provider type and risk level. Limited Risk provider type applications have an average processing time of 2-3 weeks. Due to site visit requirements, Moderate and High Risk provider types may have an average application processing time of 4-6 weeks.

What are the State Department of Assessments and Taxation (SDAT) requirements?

All providers billing Maryland Medicaid are required to obtain the appropriate State Department of Assessments and Taxation (SDAT) identification number and maintain good standing. Please note that specific registration requirements apply depending on your enrollment type. Facility and Group providers must register under their business name, SDAT numbers with a leading "T" or "L" are not accepted for these enrollment types. Individual Billing providers must register under their individual name as a sole proprietor. For this specific enrollment type, only SDAT numbers with a leading "L" are accepted.

Why can't I continue with my application after my SDAT number was entered?

MPRIME interfaces directly with [Maryland Business Express](#). To submit or continue an application in MPRIME your SDAT must be in good standing. If your business is not in good standing you will need to resolve the issue with the [Department of Assessments and Taxation](#) before you can continue with your application.

What is the Legal Name Policy?

All providers must be enrolled with their legal name on file with the IRS. For group and facility enrollments, the legal name on the IRS Letter must match the legal business name on the application or provider account. Individual billing providers must have their name listed first on the IRS Letter to bill through a Tax ID.

Why do I need to upload a W-9 form with my application?

The W-9 form is a critical document for both enrollment and post-enrollment payment resolution. When a payment issue involving paper checks, undelivered checks, or missed payments arises, an accurate W-9 is required for data reconciliation. Providers should ensure that a current W-9 form, signed and dated within the year, is on file in MPRIME. An updated W-9 form can be uploaded to MPRIME at any time through an update application.



What are the W-9 Form requirements?

Name and pay-to information on file in MPRIME and listed on the W-9 must be identical for payments to be reissued or reprocessed. The name listed on the W-9 must match the enrollment information and the legal name on the IRS Letter. The address listed must be the exact pay-to address on file, reflecting the same spelling, abbreviations, and inclusion or exclusion of zip+4 extension.

What is the Location-Specific NPI requirement?

Maryland Medicaid requires each location providing services to Maryland Medicaid recipients be enrolled separately, each with a unique NPI, regardless of the relationship between these locations. Multiple service locations may not be consolidated under a single enrollment account.

Are there any exceptions to the Unique NPI Policy?

Most hospitals (PT 01, 02, 03, 04, 05, and 09) are excluded from the Unique NPI requirement and can continue to share the same NPI across hospital enrollments. Additionally, this requirement does not apply to providers with a Type 1 Individual NPI. The only other exceptions to this requirement are Provider Type Skilled Nursing Facility Therapy Group (PT NT) and Provider Type Pharmacy (PT RX) also enrolled as Provider Type DMS/DME Provider (PT 62). For more information on the excluded provider types, see Section 2 of the [2024 Summer General Provider Updates Transmittal](#).



MPRIME Transition

What is the timeline for the transition to MPRIME?

MPRIME replaces ePREP October 13, 2026. Maryland Medicaid implemented a hold on applications submitted in ePREP ahead of the transition to MPRIME. The application hold for moderate and high risk providers was effective July 1, 2026. Followed by the application hold for all limited risk providers, effective August 1, 2026. Details regarding these holds were communicated in [PT 59-26](#), with a follow up FAQ shared in [PT 65-26](#).

Will providers who enrolled in ePREP be preloaded into the new system?

Yes, all provider enrollment information on file from ePREP will be transferred to MPRIME. However, in MPRIME you will need to create a new user account and associate your MPRIME user account with your existing provider(s) to obtain access and administrator responsibilities for the provider account(s). Resource guides demonstrating these processes are available on our website, [MPRIME Training Center](#).

Will current ePREP affiliations transfer to the new system for both groups and rendering providers currently enrolled with Maryland Medicaid?

Yes, provider affiliations will be retained and can be seen on the Provider Home page once the user associates themselves with the respective provider account.

Will ePREP application attachments or documents transfer to the new system?

No, documents and attachments from the ePREP Document Library will not be loaded into MPRIME.

Will ePREP applications that were in-process during the phase out timeline show up in the new system?

No, applications in ePREP that were denied, or ePREP application drafts that were never submitted, will NOT transfer to MPRIME. A new application must be created and submitted in MPRIME when the new system is available.

Will Maryland Medicaid backdate providers that did not enroll before the application hold deadline?

Yes, newly enrolling providers who submit a complete and processable application in MPRIME on or before December 31, 2026, will be eligible for a backdated enrollment effective date. Details regarding the Backdate Policy and other exceptions were communicated in [PT 94-26](#).



MPRIME Portal

How do I access MPRIME?

Visit mprime.health.maryland.gov to access Maryland Medicaid's web-based provider enrollment portal, MPRIME.

Can you have more than one MPRIME user account? Can my organization share an MPRIME user account?

No, each user will have one individual MPRIME user account registered to their email address and cannot be shared. Users can manage multiple providers simultaneously from their single user login. In MPRIME, there is no limit to the number of provider accounts you can be an admin for. Likewise, there is no limit to the number of admins a provider account can have.

Why do I need to enter my mobile number to create an account?

First time users creating a new user account in MPRIME will need to use a mobile number that can receive text messages during the registration process. You will receive a one-time passcode via text message to verify and register your user account.

What web browser should I use to access MPRIME?

For the best user experience and security, it is recommended to use the most up to date version of Google Chrome or Microsoft Edge.

How long before the system times out due to inactivity?

MPRIME will time out after 15 minutes of inactivity.

Which file formats are supported for required document uploads?

The W-9 form, IRS Letter, and any Licenses and Certificates must be a pdf, png, jpg, or jpeg file and under 10 MB to utilize the text extraction feature. Documents uploaded to all other application sections (Supporting Information, Disclosure Information, and MOCA) can be any of the following file types: pdf, png, jpg, jpeg, bmp, tiff, xlsx, doc/docx, and ppt/pptx.

What is the file size limit for uploaded documents?

The maximum size limit for the following documents are 10 MB: W-9 form, IRS Letter, out of state License, CLIA, Lab Permit, DEA, and NCPDP. All other uploaded documents cannot exceed 50 MB.



Provider Account Management

Do individual providers need to create and manage their own MPRIME accounts?

Although we prefer that providers own their own information, we understand that many organizations have designated credentialers who create and maintain the enrollment account on behalf of their provider population. MPRIME supports both functionalities and does not limit the number of users that can manage an enrollment account.

How do I access my provider account?

To access a provider's enrollment information, you need to associate your user account with the individual, group, or facility in MPRIME. Select "Add New Provider" in the top right corner of the main Provider Selection Page. Then you can enter the required information for the provider you wish to associate with your user account and configure your access permissions. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

What are the different user permissions on a provider account?

There are two options for a user associating with a provider account, Administrator or Read-only. Administrator access allows users to add or remove associations to or from provider accounts, and make all provider related changes including application submission and disenrollment. Read-only access allows users to view historical applications.

How do I become an administrator on a provider account?

To obtain admin responsibilities for an enrolled provider account you are required to enter two additional pieces of provider data. For a group or facility, enter the provider's Medicaid Provider ID (MA number) and pay-to address zip code. For an individual provider, enter the provider's DOB and SSN. Users can start with read-only access and upgrade to administrator access at any time by clicking the User Management tile on the Provider Home page. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

Does a provider need to grant an administrator authorization to gain access to their account?

No, any user with the validating information can become an administrator of an account without needing a provider to grant them access.



What if our group has many providers, do I need to associate with each?

Yes, to manage any provider's information you need to associate your user with the provider's account in MPRIME and accept admin responsibilities.

Is there a limit to the number of users who can access a provider account?

No, there is no limit to the number of users who can have admin responsibilities on a single provider account.

Is there a limit to the number of provider accounts a user can access?

No, there is no limit to the number of provider accounts a user can associate with.

Can I download my entire provider roster?

Yes, from the Provider Selection (Welcome) Page, view all accounts and pages you wish to download and click the download arrow in the top right corner, an Excel File will be downloaded with all account information listed. The MPRIME Portal Navigation Guide on our website, [MPRIME Training Center](#), demonstrates this process.

Where do I find enrollment or application correspondence for a provider account?

Any user with administrator responsibilities can view all official MDH enrollment or application correspondence, including approval and suspension letters, as well as application deficiency (RTP) and revalidation notices, in the Letters tile on the Provider Home page.

Why are other individuals outside my organization listed on my provider's User Management tile?

MPRIME is a self service portal on a secure, web-based platform allowing users to independently access information, manage accounts, and resolve issues at any time without directly contacting support staff. As a result, multiple individuals and organizations can be associated with a provider's account simultaneously.



MPRIME Application Management

Who can submit an application in MPRIME?

Any user that is an administrator on the provider account can generate, edit, sign, and submit an application for the provider.

What is an Application Owner in MPRIME?

While multiple administrators can draft and edit an unsubmitted application, only one user is designated as the application owner upon submission. Application ownership is assigned to the specific administrator that signs and submits the application in MPRIME. Only the application owner can edit and respond to RTP (return to provider) requests associated with the application.

Who can edit an application while it is still in draft mode?

Any administrator on the provider's account can edit an application before it is submitted. Multiple users can hold administrator access for the same provider account simultaneously.

Who can edit an application after it has been submitted?

Once an application is submitted, editing rights are restricted to the application owner (the individual user who submitted the application). Other administrators on the account will no longer have editing rights for that specific application unless ownership is transferred to them.

Can I change an application owner?

The user who signs and submits an application automatically becomes the application owner. After submission, the current owner can reassign ownership to any other administrator on the provider account at any time. The designated application owner receives all updates and deficiency notifications related to that application. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

What is an Enrollment Contact? How is that different from an Application Owner or Administrator?

The information entered for the Enrollment Contact on an MPRIME application becomes the contact on file for that enrollment account. While a provider account can have many administrators, there can only be one Enrollment Contact on file. The Enrollment Contact is used when MDH needs to communicate policy or regulation correspondence to the Maryland Medicaid provider population.



How are applications signed in MPRIME?

MPRIME utilizes built-in electronic signatures integrated directly into the Provider Agreement section.

Who is authorized to sign an application in MPRIME?

To electronically sign an application, the user must be an administrator on the account and be listed in Section 3 (Managing Employees) of the Managers, Owners, Controlling Agents (MOCA) disclosure information within the application.

What is a Return to Provider (RTP) Notice?

A Return to Provider (RTP) or application deficiency notice is issued when MDH reviewers identify missing or incorrect information or attachments in a submitted application and return it to the provider to correct the deficiencies.

How will I be notified if my application is returned?

The application owner will receive an email notification when an application has been returned and requires action. The Return to Provider (RTP) Notice can be found in the Letters tile on the Provider Home page. Additionally, any administrator on the provider's account can see application status updates, deficiencies, and alerts directly on the Provider Home page.

Who can respond to an RTP request?

Only the designated application owner can update flagged data fields, upload requested documents, and resubmit the application that has been returned. If another administrator needs to correct the application deficiencies, application ownership must first be transferred to that user.

Do providers still need to upload application addenda in MPRIME?

No, providers no longer need to upload addenda to their applications. In MPRIME applications are customized for each provider and practice type with programmatic requirements embedded directly in the application.

Why are there applications under my provider account that I did not submit?

As MPRIME is a self service portal, any user that has administrator responsibilities to a provider account will have the ability to submit applications and manage the provider's account.



Provider Account Data

Does MPRIME interface with Maryland licensing boards?

Yes, MPRIME has interfacing capabilities with Maryland state licensing boards. Any Maryland provider licensed by one of the participating licensing boards is only required to update their professional licenses with their respective Maryland licensing board. These providers will not need to upload a license attachment to their application or submit an update application to renew their license in MPRIME.

To see the full list of provider types included in the Maryland Board Interface Process please see provider transmittal [PT 34-25](#).

Does the license interface work for out-of-state providers?

No, out-of-state licensed providers are not included in the interface. Providers enrolled with a non-Maryland state license will need to upload a license attachment to their application and submit an update application to update their license information in MPRIME once they have renewed their license. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

How can I verify a provider's enrollment status?

MDH provides public access to the [Maryland Medicaid Provider Verification System \(PVS\)](#) to verify provider statuses and enrollment information.

Additionally, provider information including original enrollment date, current enrollment status and effective date, historical and next revalidation date, can all be found on the Provider Home page in MPRIME.



Update or Change Enrollment Information

What is a CHOW application and when is it required?

A Change of Ownership (CHOW) application is required only when changing a tax ID while all other provider information, including the NPI and service address, remains the same. Please note that a new MA number will be assigned once the CHOW process is complete. A resource guide demonstrating the CHOW application process is available on our website, [MPRIME Training Center](#).

How do I update ownership information under the same Tax ID?

For any changes pertaining to ownership, a Managers, Owners, and Controlling Agents (MOCA) update application is required. This process is strictly for ownership updates and does not include changes to the Tax ID number. A resource guide demonstrating the Update Application process is available on our website, [MPRIME Training Center](#).

What is the acceptable timeframe for all ownership changes?

You have 45 days from the date the change of ownership occurred to submit an update application.

Can an individual provider switch practice types? How will this impact billing?

Yes, the provider can facilitate this change by selecting the Change to Individual Billing or Change to Rendering Practitioner tile on the Provider Home page. This update results in the issuance of a new effective enrollment status date.

Upon becoming an Individual Biller, the provider assumes full and sole responsibility for billing for all services provided. Upon becoming a Rendering Provider, the group or practice assumes responsibility for billing all services performed by that individual. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).



Enrollment Revalidation

How often do providers need to revalidate enrollment?

Revalidation is required every 5 years for all Maryland Medicaid providers to remain enrolled and in good standing.

How do I know when a provider is due for revalidation?

When a provider is due for revalidation, account admins will receive an email notification from MPRIME, a notification within the MPRIME portal, and a revalidation letter, which can be found in the Letters tile on the Provider Home page. These notifications will occur 90, 60, and 30 days from the revalidation due date.

How do I start a revalidation application?

On the provider selection or Welcome Page of MPRIME, a banner will appear on the provider's account indicating they are due for revalidation. When the provider has been selected from the selection page, the Revalidation tile will be visible on the Provider Home page. Clicking the Revalidation tile will generate a revalidation application. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

How long do I have to complete my revalidation?

Providers have 90 days from the due date of their revalidation to complete the application. If the revalidation has not been completed by then, the provider's account will be suspended. No gap in enrollment status will occur as a result of the suspension if the revalidation is completed within one year of the suspension.

Can I revalidate early?

If extenuating circumstances prevent you from completing your revalidation during your scheduled 90-day window, we may be able to accommodate an early revalidation. However, please note an early revalidation is not guaranteed.



Disenrollment

How do I disenroll a provider from Maryland Medicaid?

Login to MPRIME as an administrator for the provider account you wish to disenroll. Click on the Disenroll tile on the Provider Home page to generate and submit a disenrollment application. This application will automatically disenroll the provider from Maryland Medicaid, effective immediately upon submission. Resource guides demonstrating this process are available on our website, [MPRIME Training Center](#).

What happens to payments after a disenrollment application is submitted?

Payments will stop immediately from the date the disenrollment application is submitted.

What happens if a disenrollment application is submitted in error?

Once submitted, a disenrollment application will immediately disenroll the provider from Maryland Medicaid, it cannot be undone. If incorrectly submitted, the provider will have to submit a new application to re-enroll in Maryland Medicaid granting them a new effective date.



Resources

[MPRIME Portal](#) - *Access the Maryland Provider Registration and Information Management Enterprise Enrollment Portal*

Maryland Medicaid Provider Enrollment Resources:

[MPRIME Training Center](#) - *Find additional workflows, video tutorials, and guides*
[Provider Enrollment Requirements](#)

[Provider Verification System](#) - *Check provider enrollment status and information*
[Provider Enrollment Information](#)

[Medicaid Provider Information](#)

MPRIME Provider Transmittals:

[PT 59-26: Provider Enrollment Portal Transition 1/29/26](#)

[PT 65-26: Provider Enrollment Portal Transition 2/23/26](#)

[PT 94-26: MPRIME Updates 6/18/26](#)

[PT 04-27: MPRIME Training Sessions 7/12/26](#)

[PT 14-27: MPRIME Resources 8/10/26](#)

[Provider Transmittals](#) - *Search all Maryland Medicaid Provider Transmittals*

Contact Information:

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MPRIME Call Center: 1-844-463-7768

[Provider Services Contacts](#)