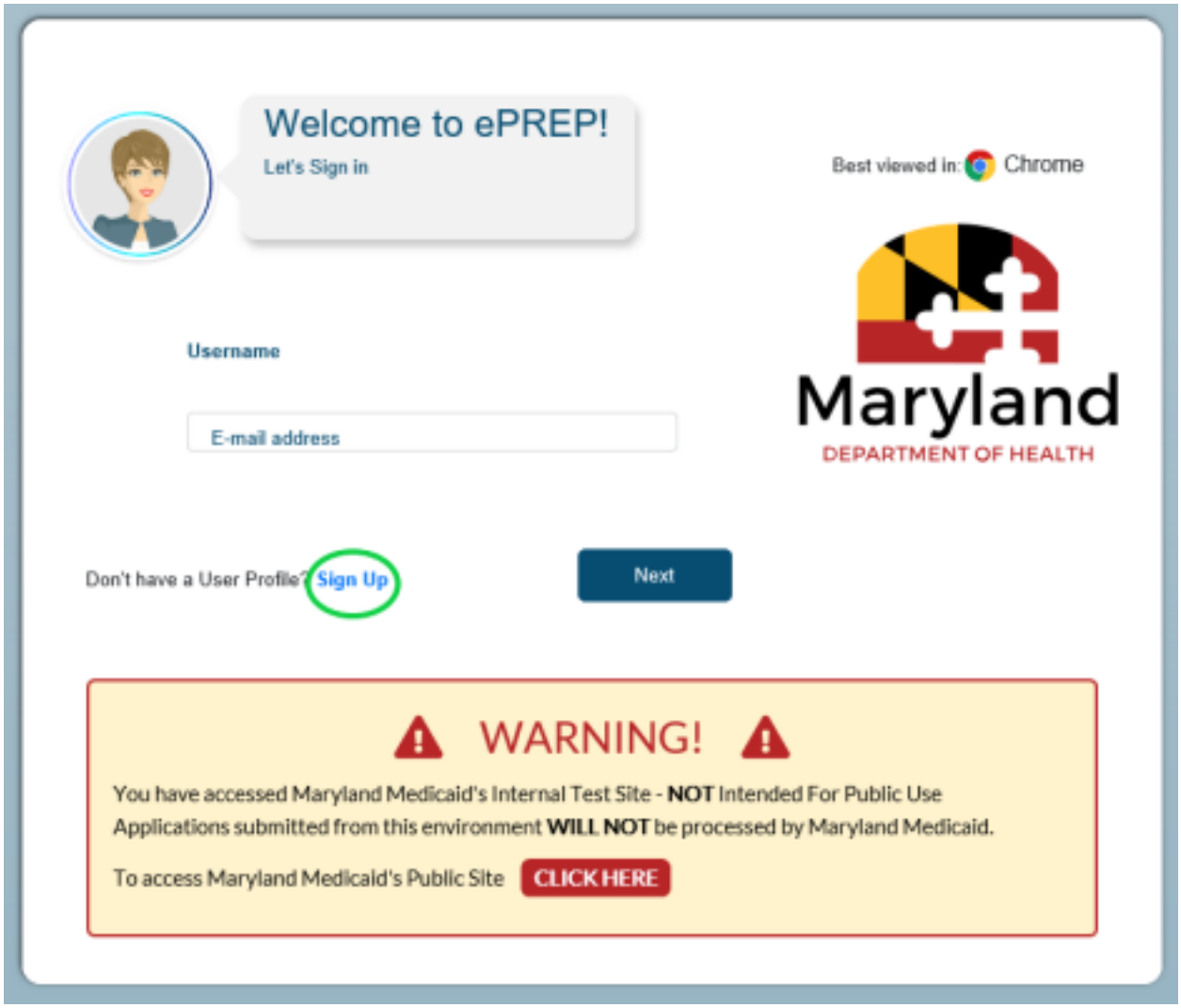
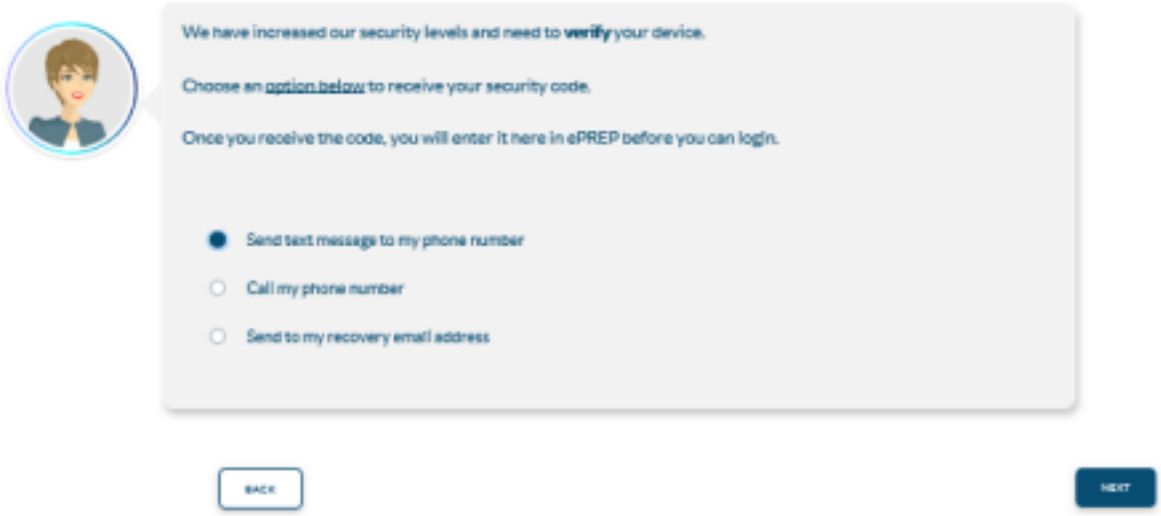
Welcome to the e PREP provider portal page!

1. For DDA Services Providers enrolling with Maryland Medicaid for the first time, you will need to create a user profile. In order to begin this process, please click the “Sign Up” hyperlink shown below:

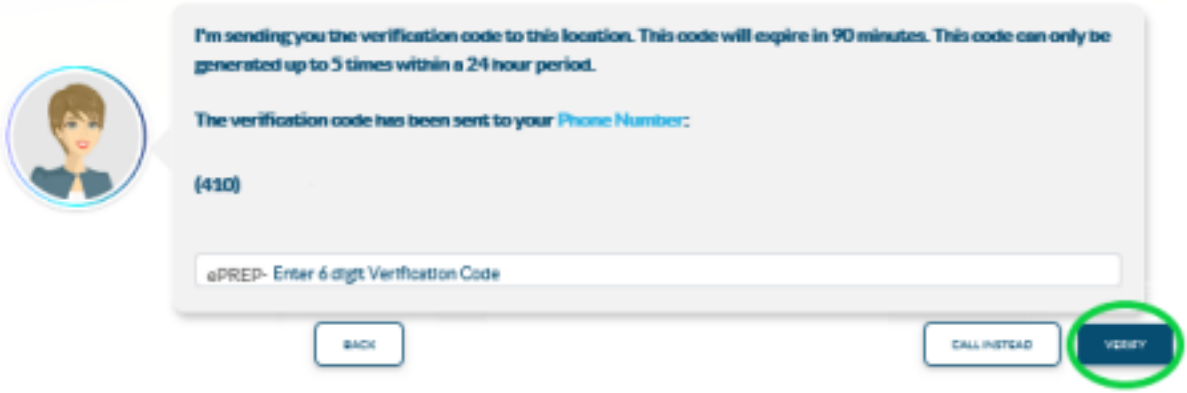


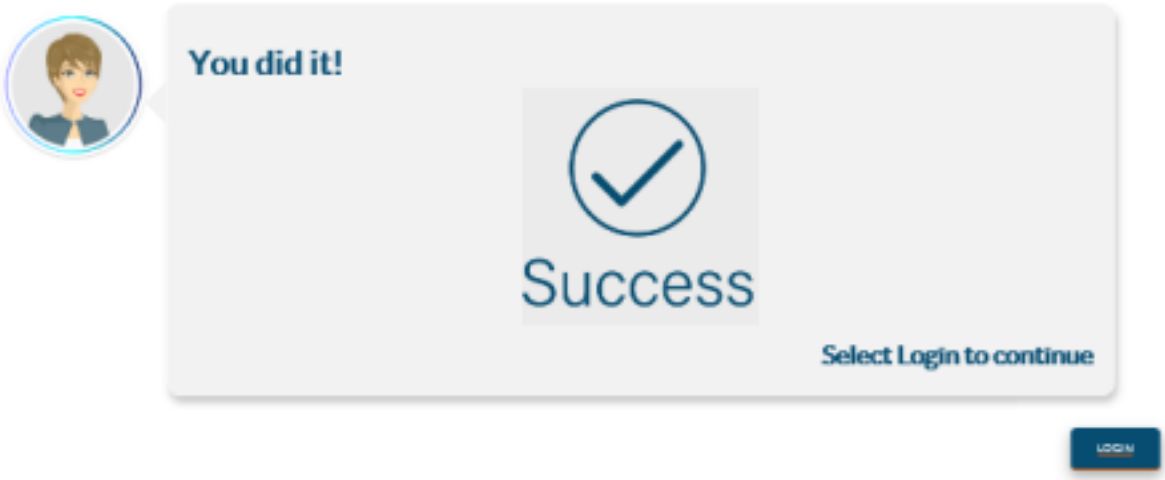
2. On this page, you will enter your personal information (first and last name), create a username, password and fill in all corresponding information followed by selecting the “Next” button when completed.

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’.

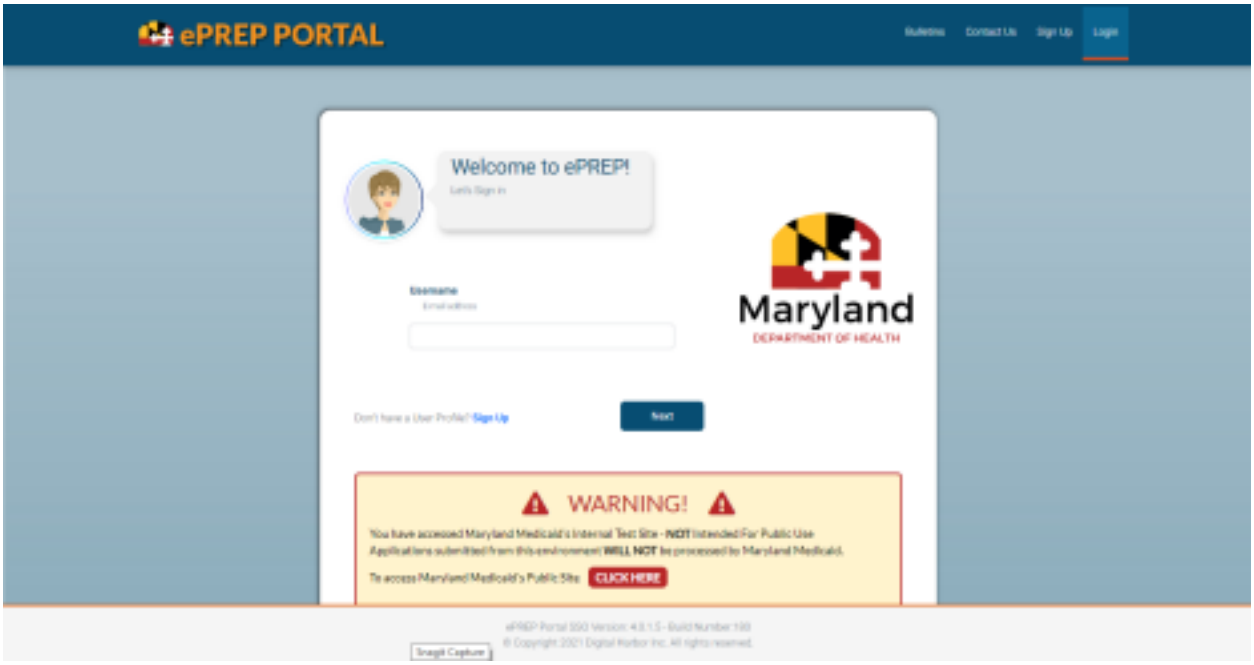


4. Please enter your 6 digit authentication code and click ‘Verify’.

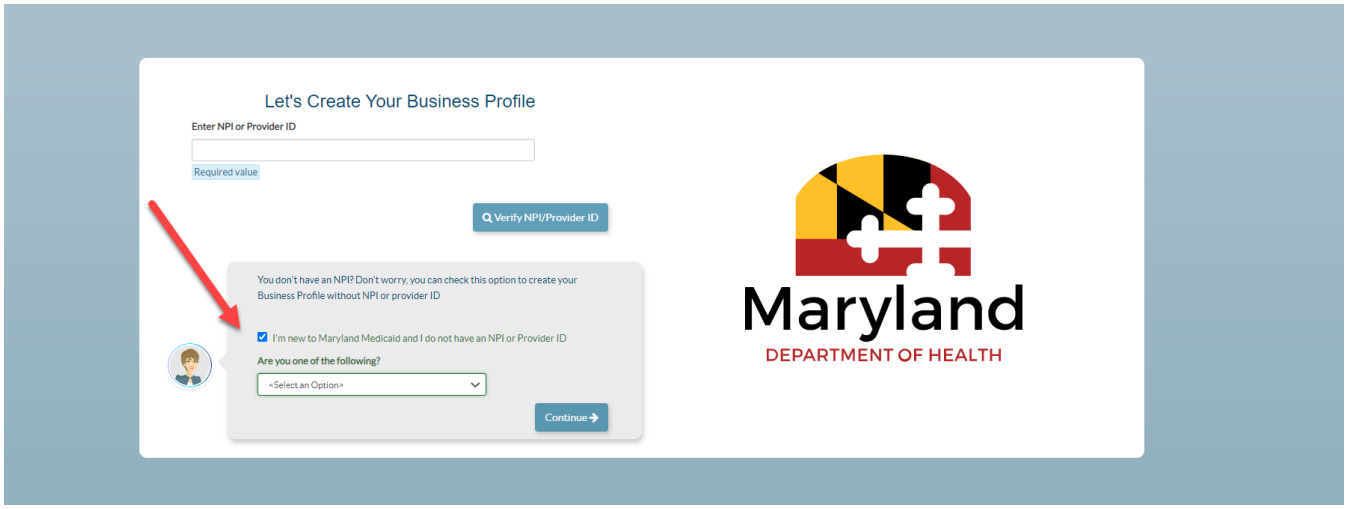




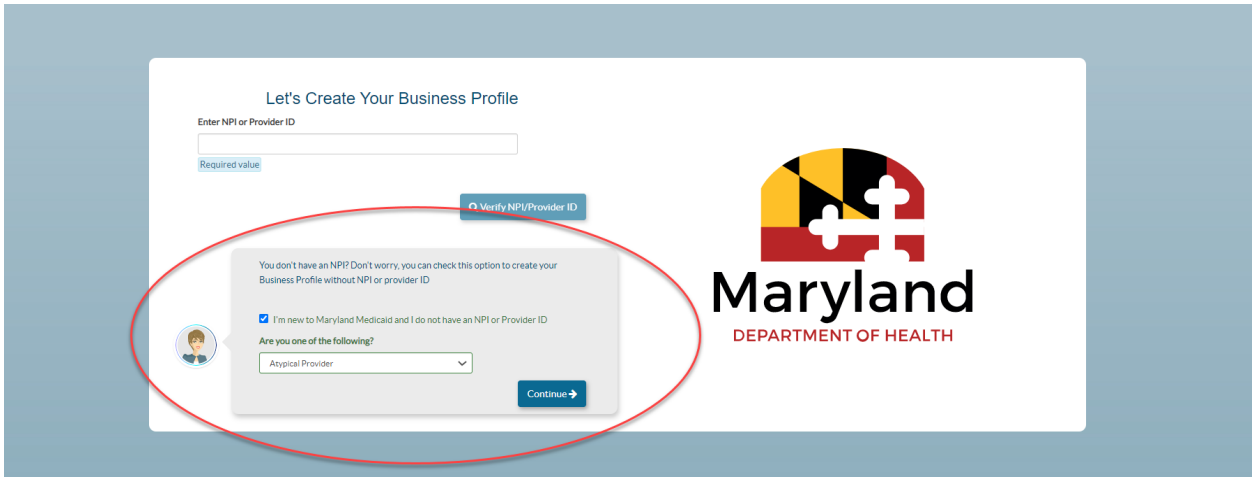
5. Once you have successfully entered and verified your security code, users will need to login for the first time with your username (email address) and password. Both of which were entered and created in the steps above.



6. Once you have entered your credentials, you will be asked to create your business profile. In order to do this, you must select “I’m new to Medicaid and I don’t have an NPI or provider ID.



7. You will then be asked “Are you one of the following?” You will always select **Atypical Provider** for DDA Services. The question box will turn green, and you will be able to continue.



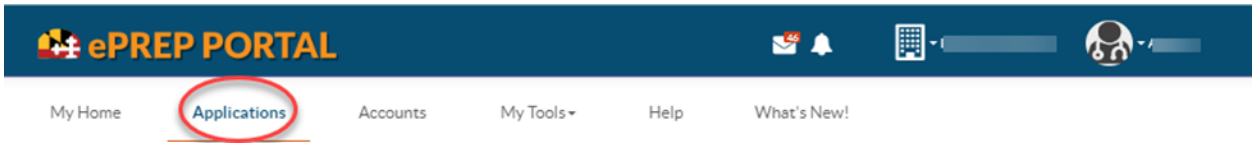
8. Once you have entered your business profile name. The business profile name box will turn green, and you will be able to create your business profile. (We recommend you use the legal business name, which can be found on your IRS letter.)

9. ***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”.

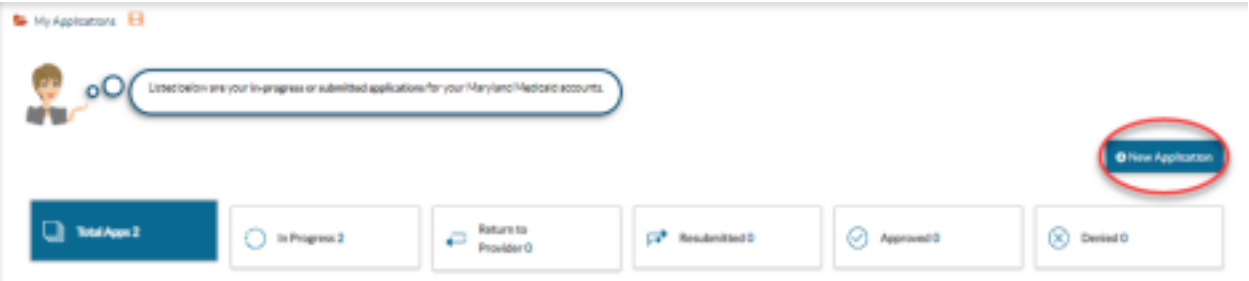
****It’s important to note that sometimes these security questions are bypassed and are able to be completed later in the enrollment process****

10. Once your business profile has been created, you will be taken to the e PREP home page shown below:

11. From here, please click the “My Applications” tab / or building with the “My Applications” heading attached shown above.



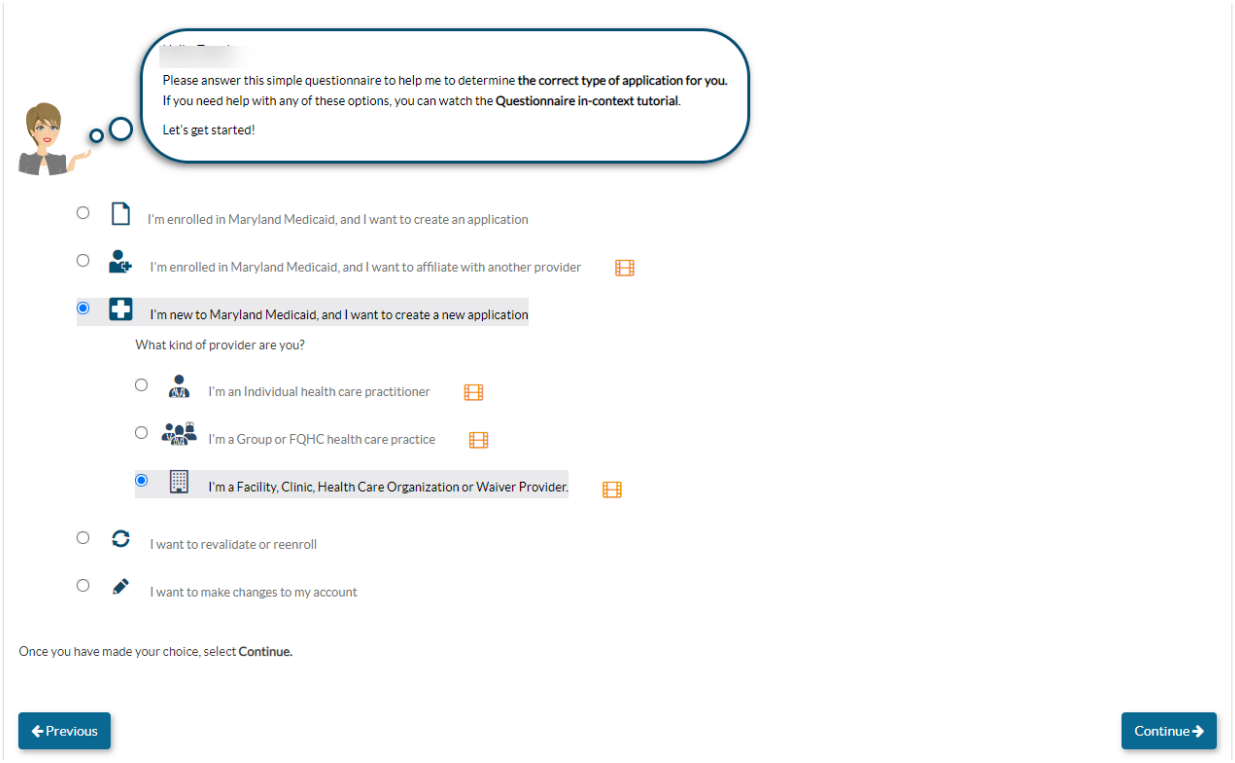
12. Once you have successfully entered the “My Applications” tab, you will need to create a new application in order to enroll your provider type with Maryland Medicaid. **Circled in the screenshot below.**



13. ***Application generation***: Once you have clicked the "New Application" button, the following selection will need to take place in order to generate your enrollment application.

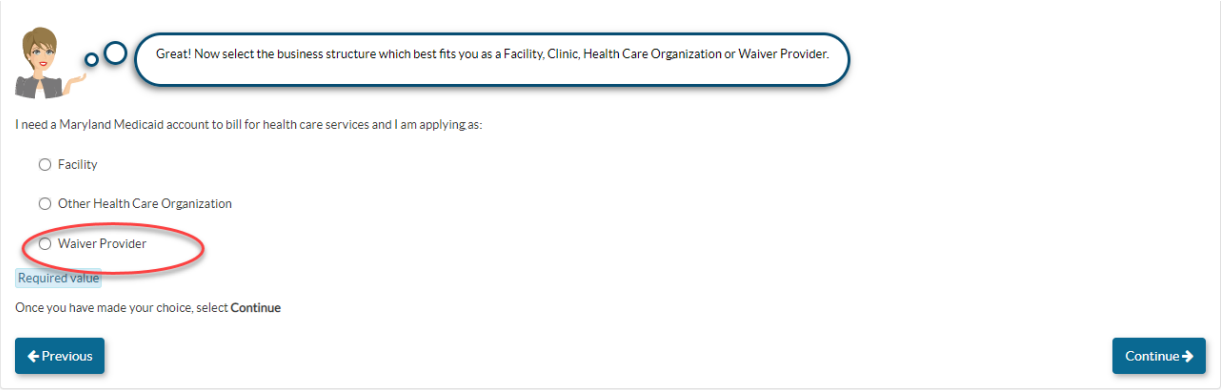
14. ***Application Generation Selection***: please make the selections listed below:
    - I'm new to Maryland Medicaid, and I want to create a new application
    - I'm a Facility, Clinic, Health Care Organization or Waiver Provider.

    (We are always a waiver provider with DDA Services)



Here three business structures are presented: Please select the third option **"Waiver Provider**''.

- **“Waiver Provider”**



- Then you are asked are you a **“Solo Practitioner”** or **“Organization”.**

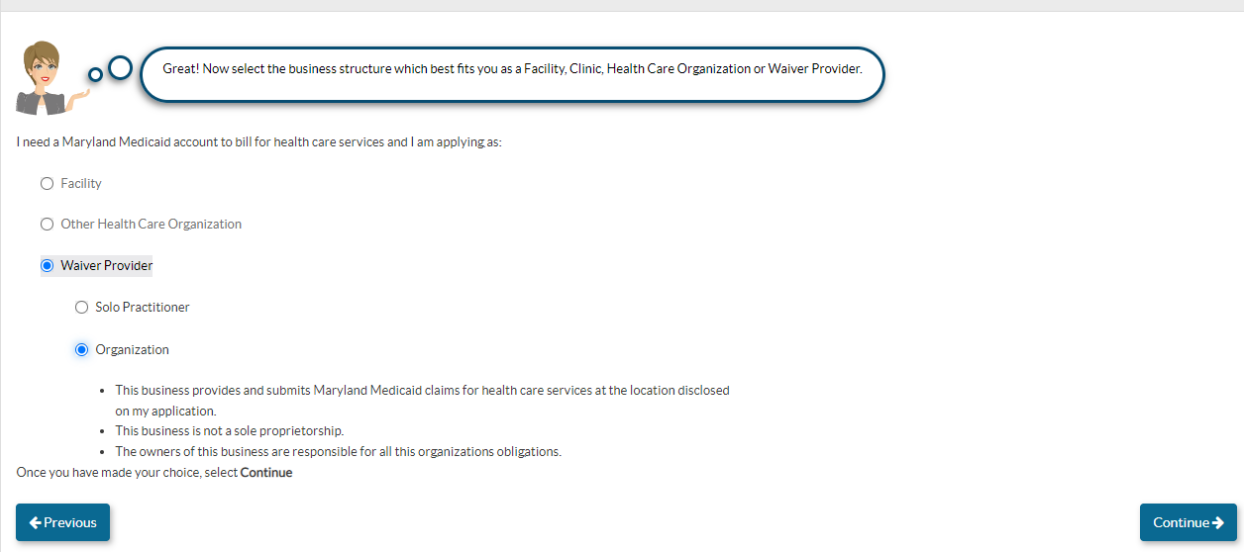
If you are a **Solo Practitioner:**

- You own the business 100 %
- You practice your business independently (no other employees)
- You are registered with the State Department of Assessment and Taxation (SDAT) as a sole practitioner

If you are an **organization**: Which most are with DDA Services.

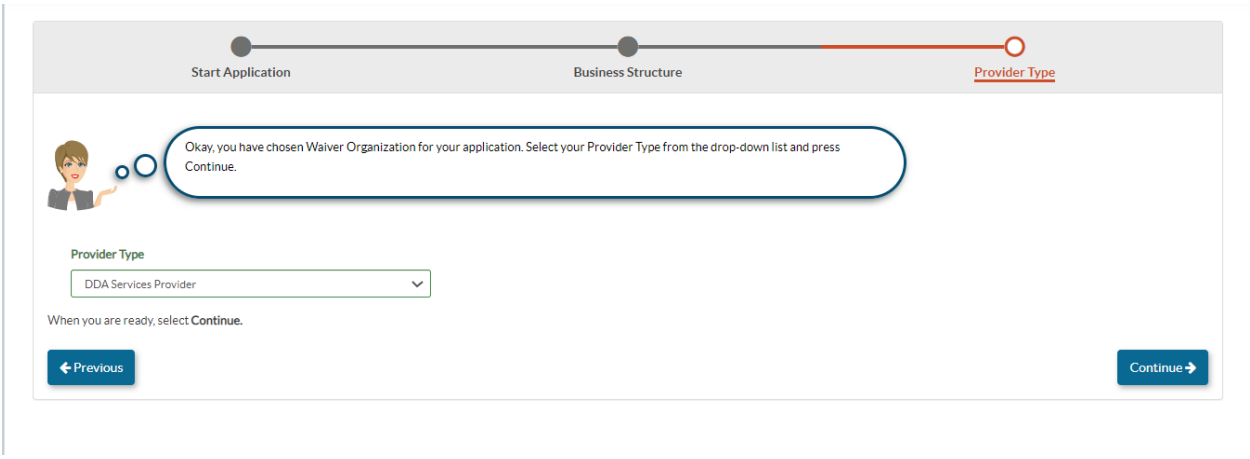
- There are at least 2 or more employees for this business
- You are **not** registered as a sole proprietor with SDAT
- Your business provides and submits Maryland Medicaid claims for health care services at the location disclosed.

Select the option that best corresponds to your business and continue.

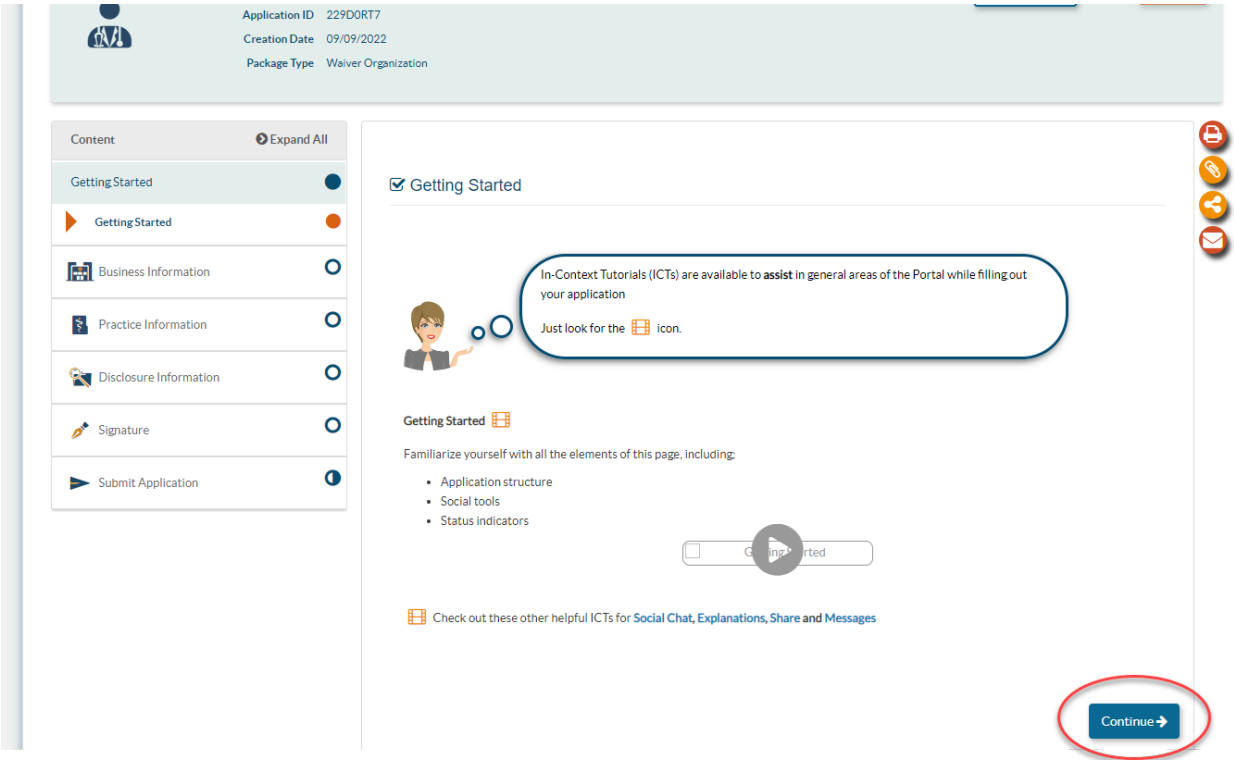


You will now be asked your **Provider Type:**

- ***Provider type*** - in the drop-down box menu, please select the provider type **DDA Services Provider** and click continue.

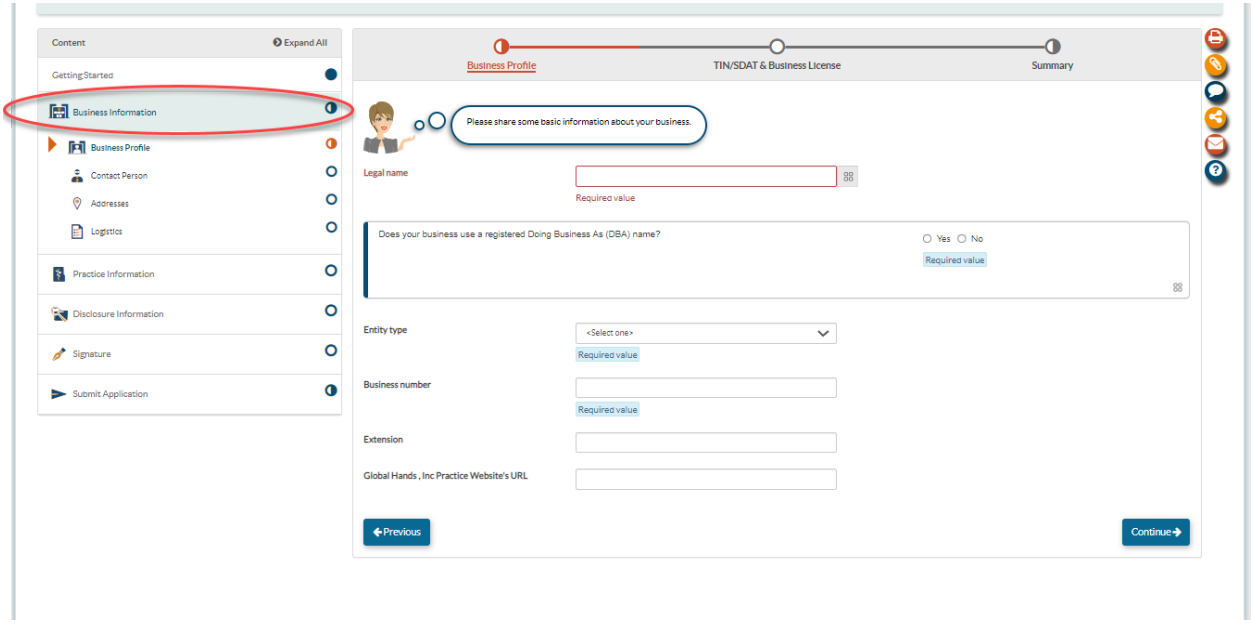


15.***Successful Application Generation*** - Once you have generated the application, you will be able to complete each required section from start to submission.

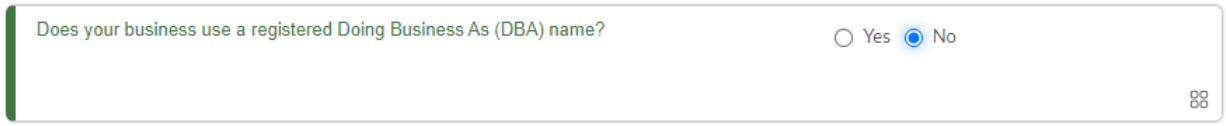


16. ***Business Information*:**

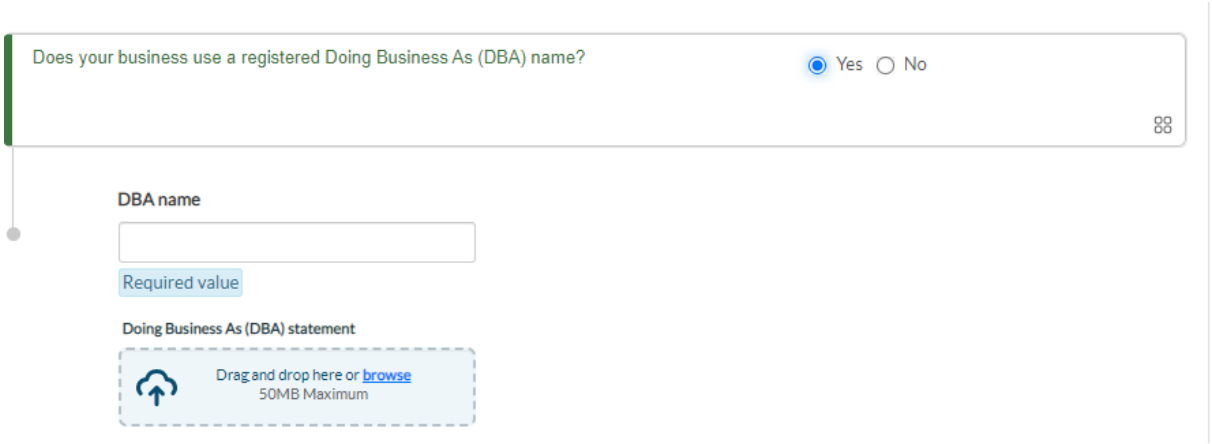
Here you are asked to enter your business legal name. (As listed on your IRS letter).
Once you have entered your business legal name the name with turn green.



Please make sure to answer the following question correctly.



If you select “Yes”, please attached enter the DBA name and the DBA statement document.

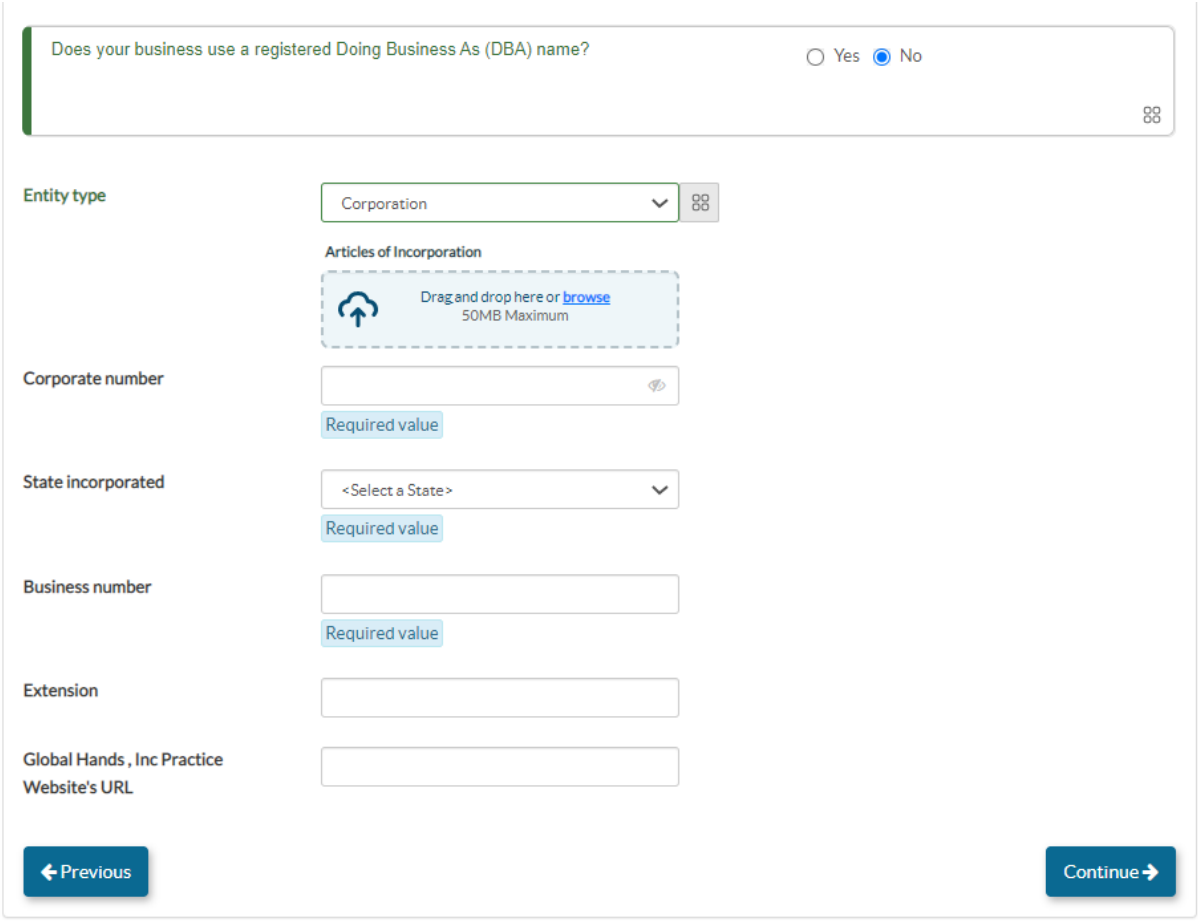


17. ***Entity Type:***

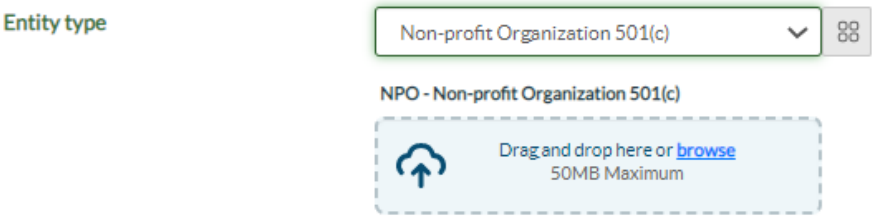
In this portion you will enter your Entity Type, the most common used for DDA services are:

- Corporation
- Limited Liability Company
- Non- profit 501 organization

If you select **“Corporation”** please upload Articles of Incorporation as seen below. Enter corporate number and state incorporated.



If you select **"Non-Profit 501(c)"** please upload 501(c) certificate along with your article of Incorporation.

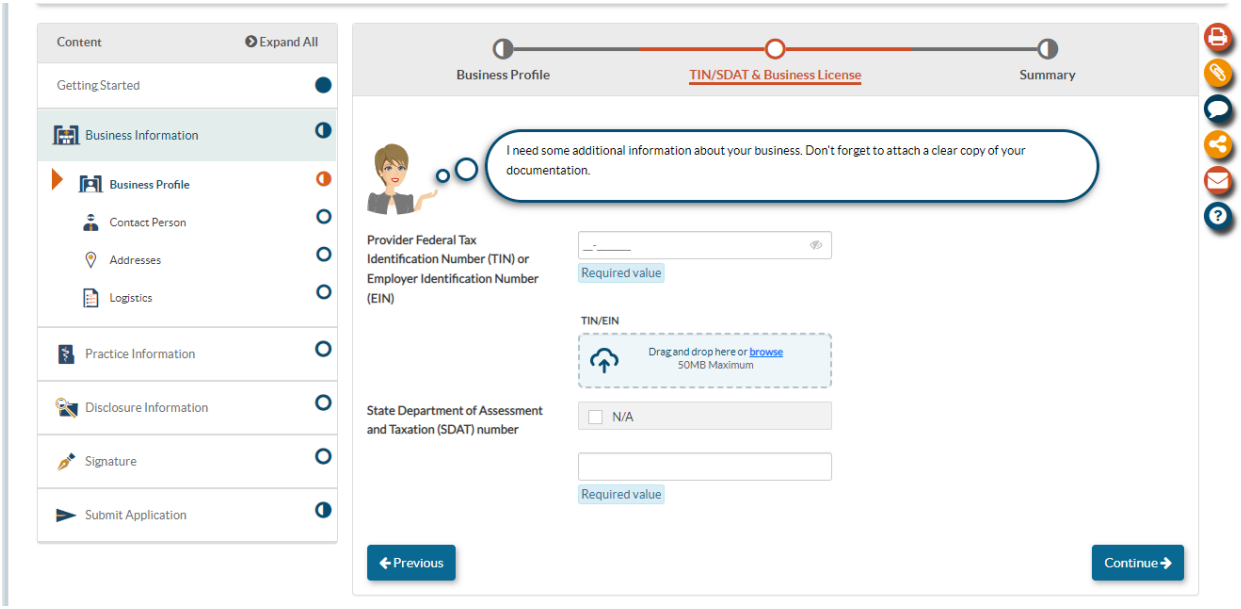


18. ***Business Number, Extension and Website's URL:***

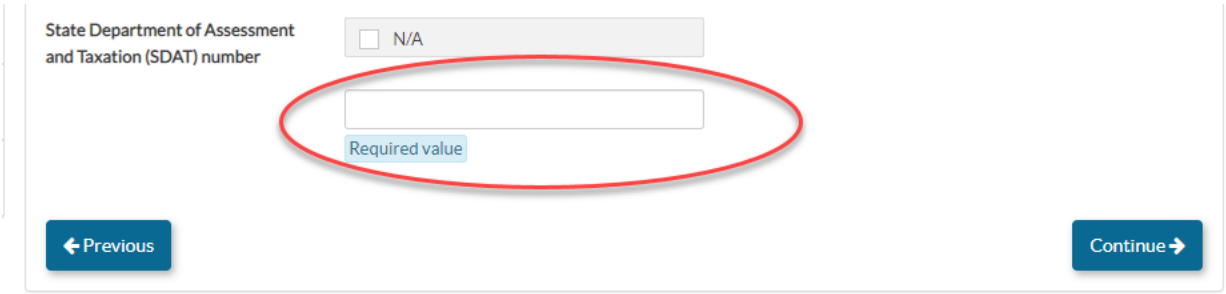
Enter your business number which is your personal number. If you have a website for your business enter the website's URL.

19. ***TIN/SDAT & Business License:***

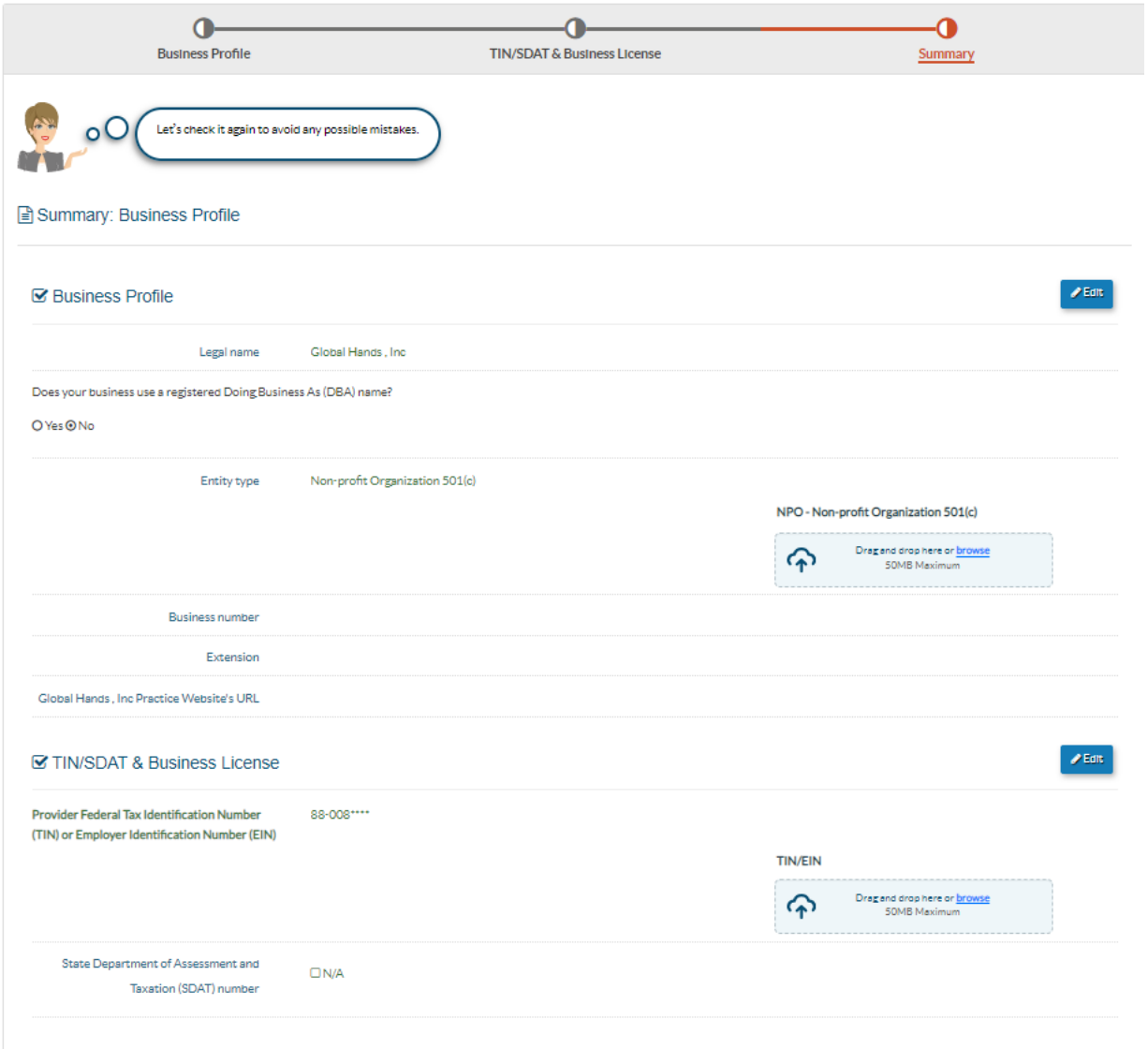
The following segment you will enter your Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN). Along with your IRS letter in which they assigned you your TIN or EIN number.



All should have an (SDAT) number. An SDAT number is a 9-digit number issued by the State of Maryland department of assessment and taxation. If you do not know your number, you can find it here: https://egov.maryland.gov/BusinessExpress/EntitySearch

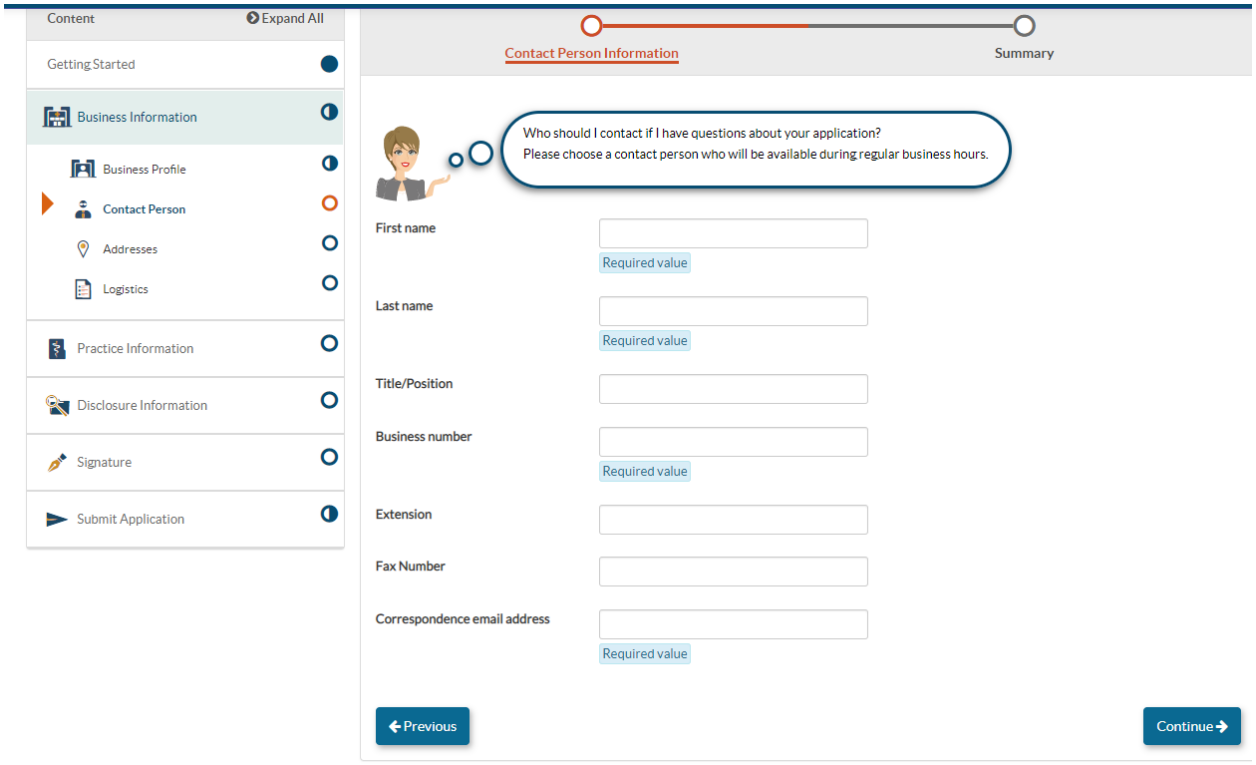


20. ***Summary*:** A summary will be generated with all the information entered in this section thus far. After reviewing the information, select continue.

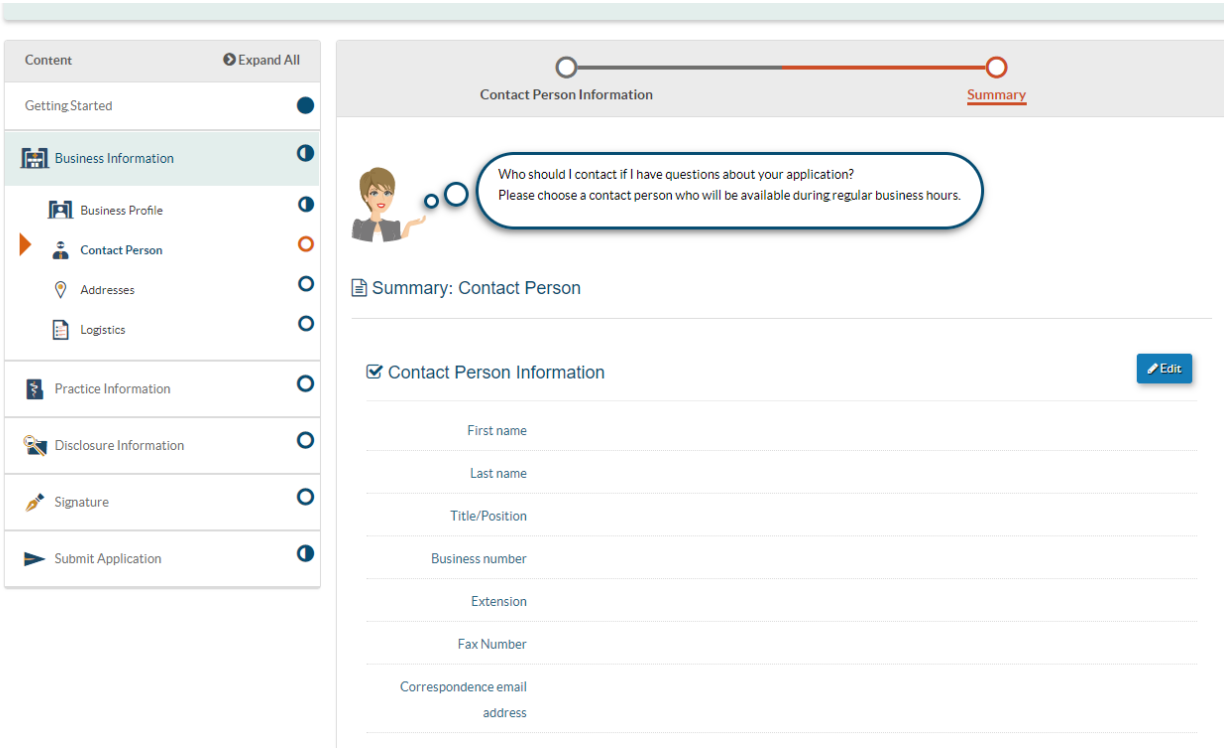


21. ***Contact Person Information:***

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. Additionally, this person can be contacted during regular business hours.***

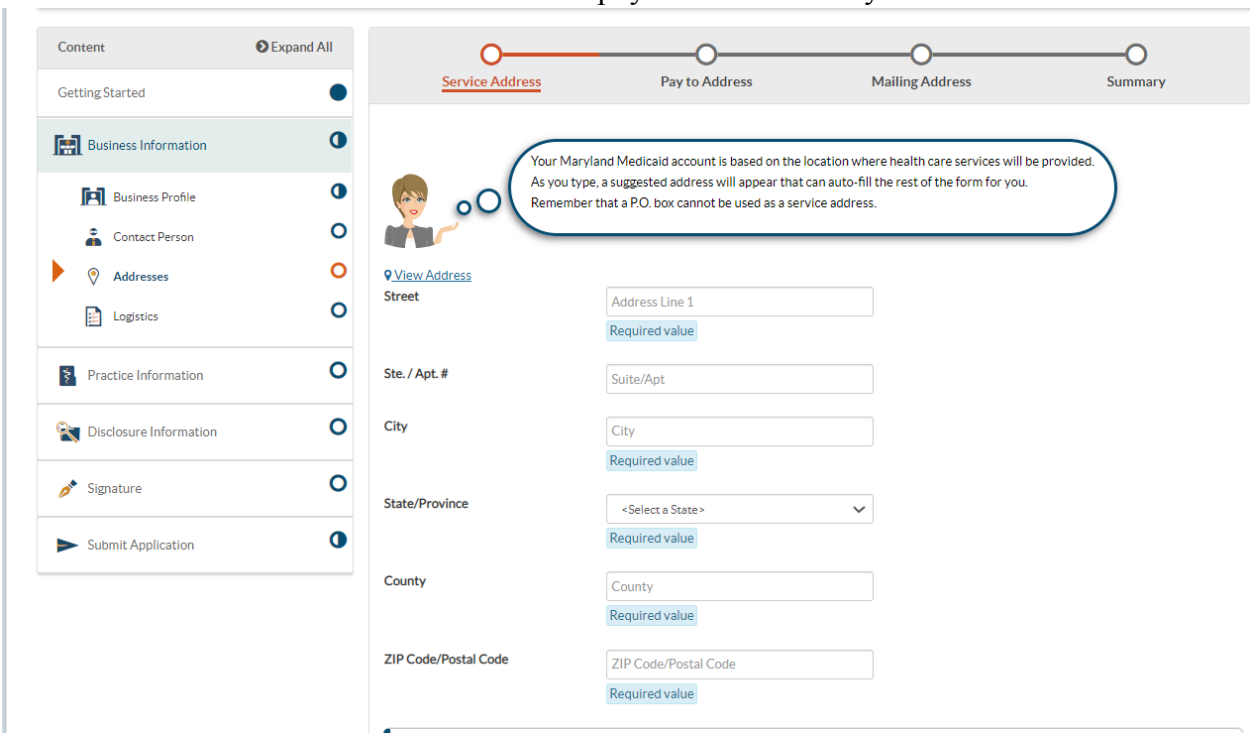


22. ***Summary*:** A summary will be generated with all the information entered in this section thus far. After reviewing the information, select continue.

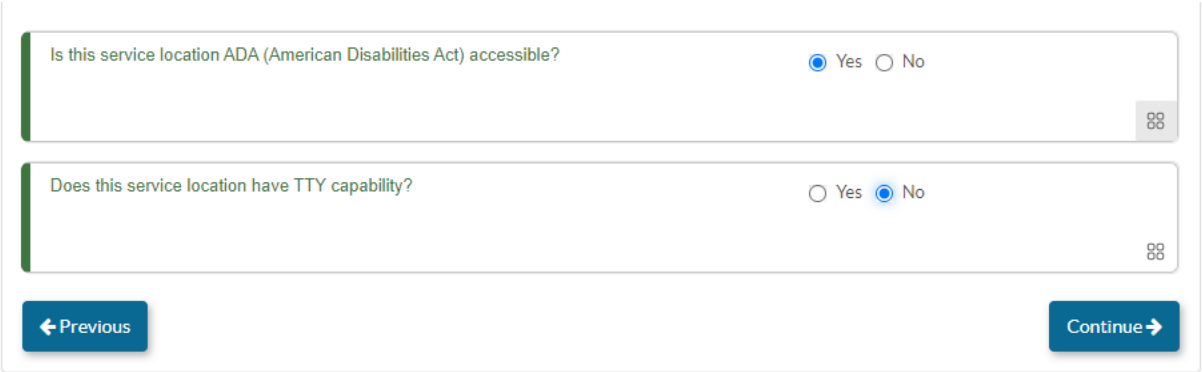


23. ***Service Address:***

It important to remember the **Service Address** will change during each phase. For Phase 1- the Service Address you should enter should be the administrative office location. Please do not enter a P.O. Box. Enter physical location only.

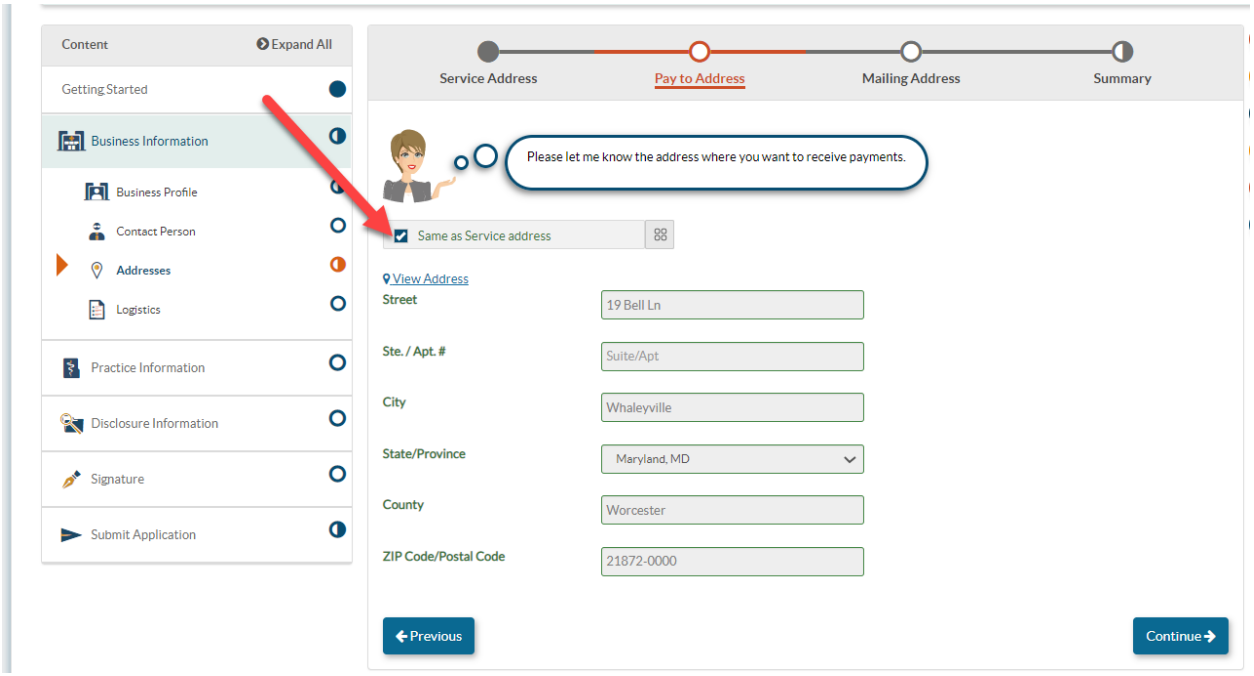


Please make sure to answer the following questions correctly. The first question all should answer “Yes”.



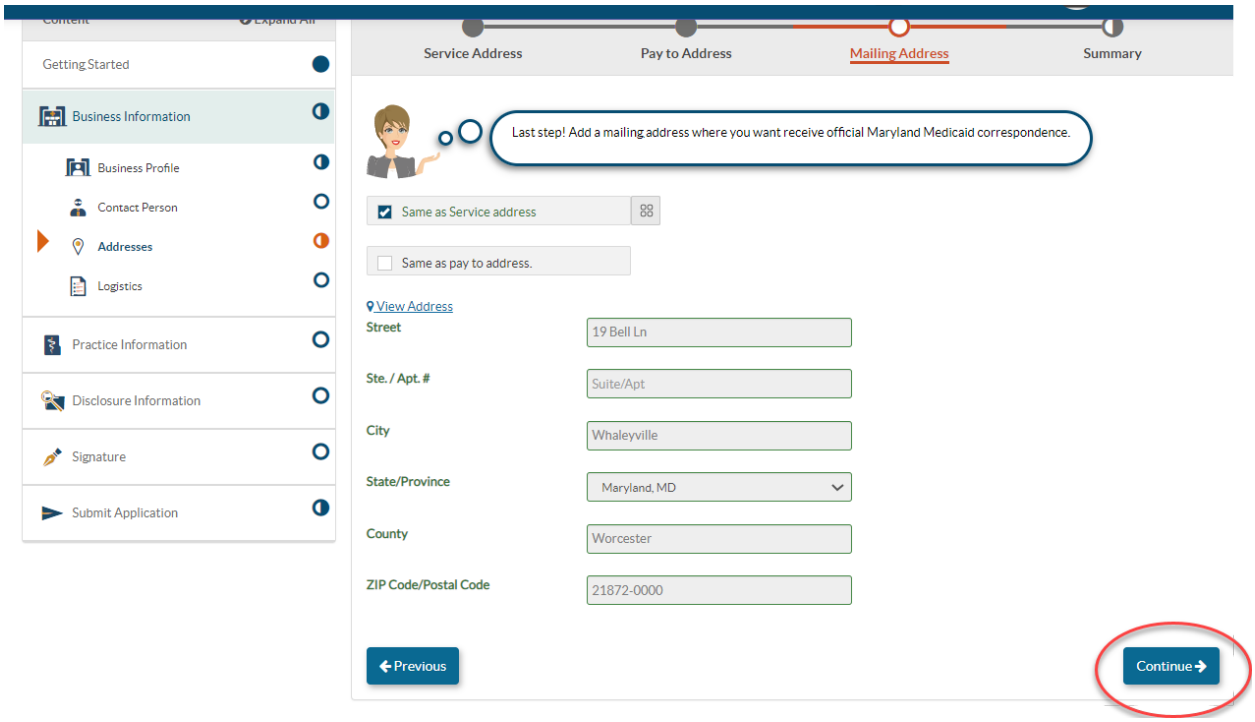
24.***Pay to Address:***

Here you will enter the address of where you want to receive payment for the services provided. If it’s the same address as your administrative location, you can select Same as Service Address as shown below:

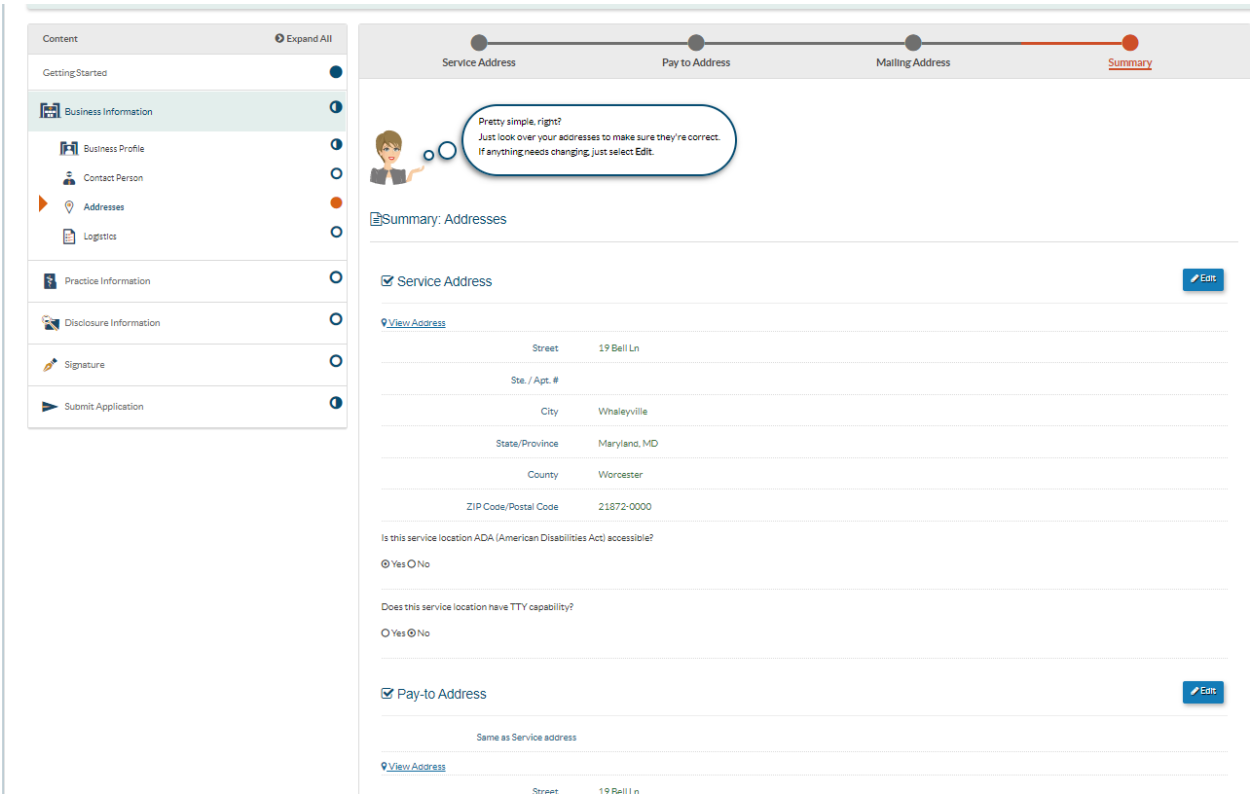


However, if you would like payments to be sent to a P.O. Box you can add the address.

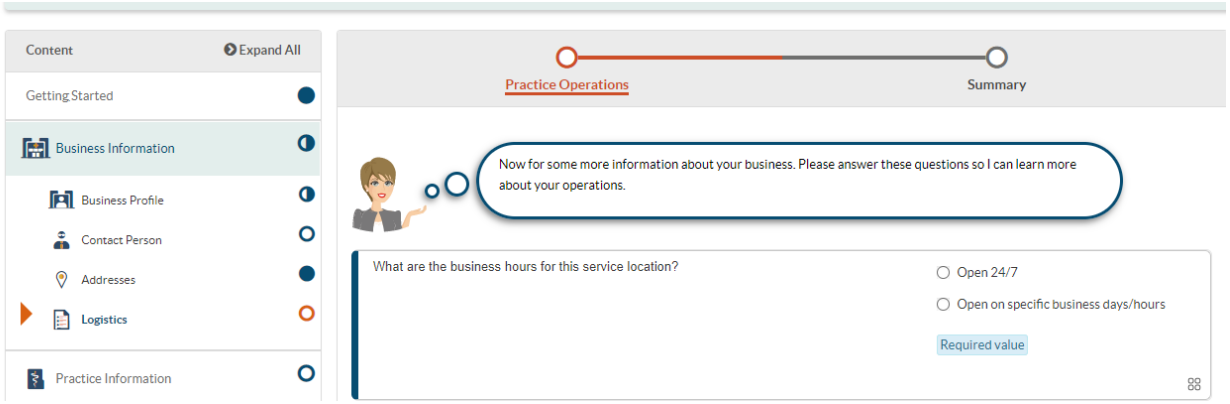
25. ***Mailing Address*:** Please enter an address where you would like MDH to send you official correspondence. Again, you are given the option of selecting the same as service address or same as pay to address. You can even enter a different address. Once the information has been entered. Select Continue.



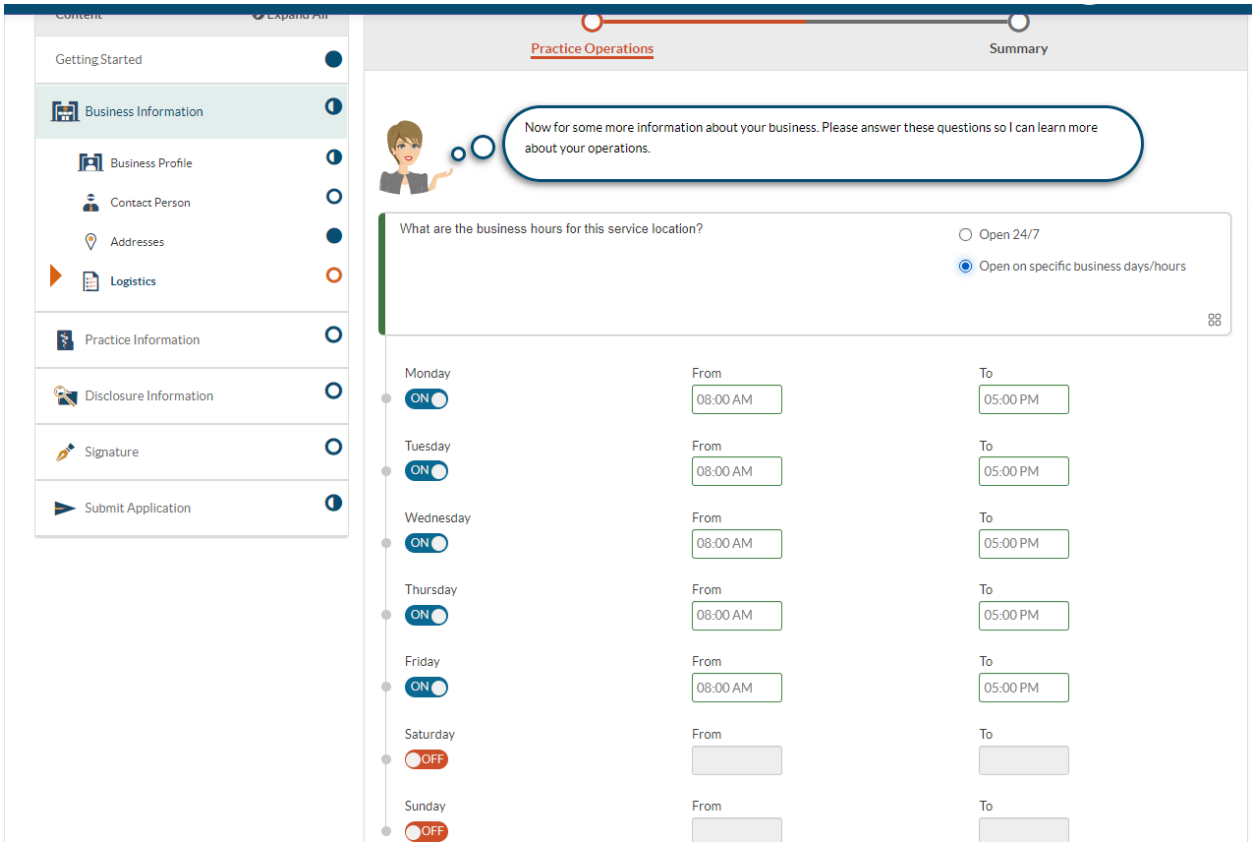
26. ***Summary*:** A summary will be generated with all the information entered in this section thus far. After reviewing the information, select continue.



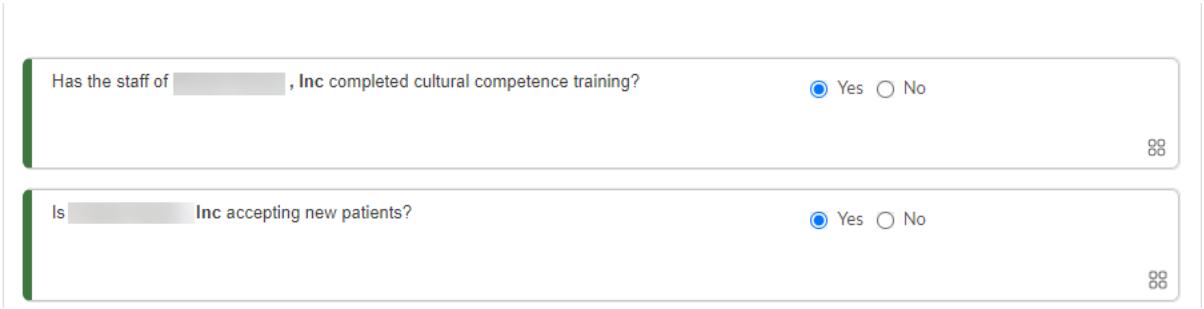
27. ***Logistics & Practice Operation:***
In this portion you will specify the hours of operations for your business. More importantly your admin hours.



Once you have selected "Open on specific business days/hours "you are able to change the hours/days" accordantly. As shown below:

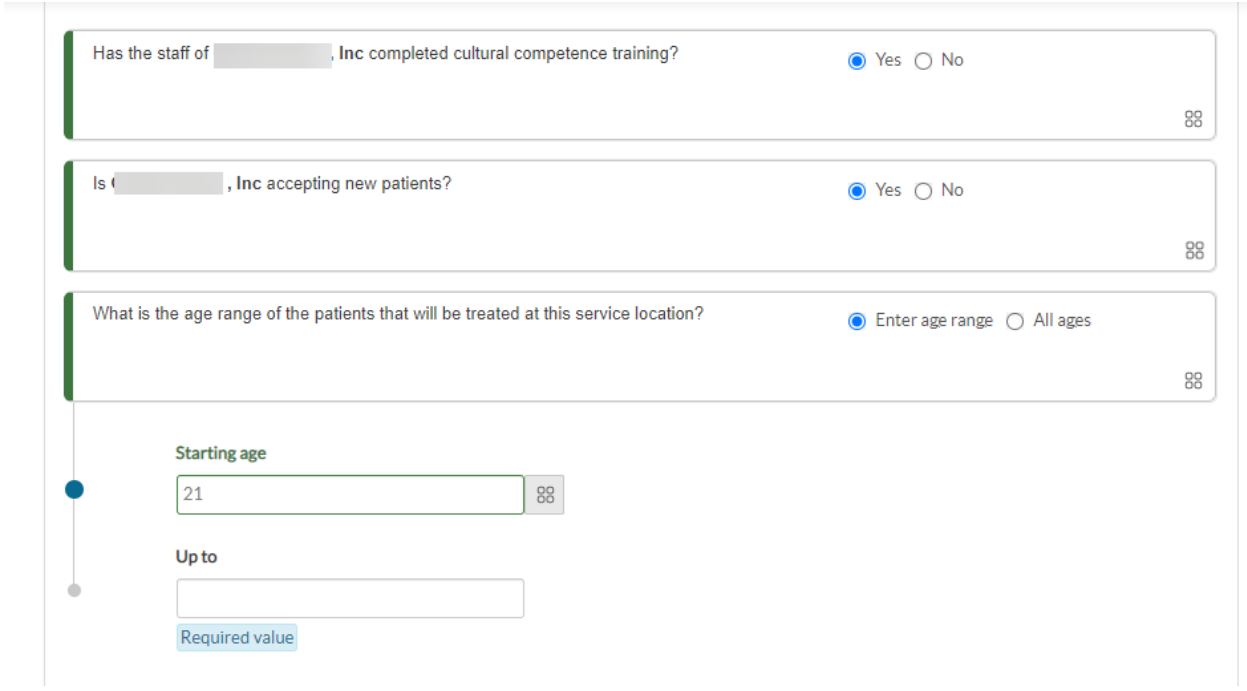


Please make sure to answer the following questions correctly.

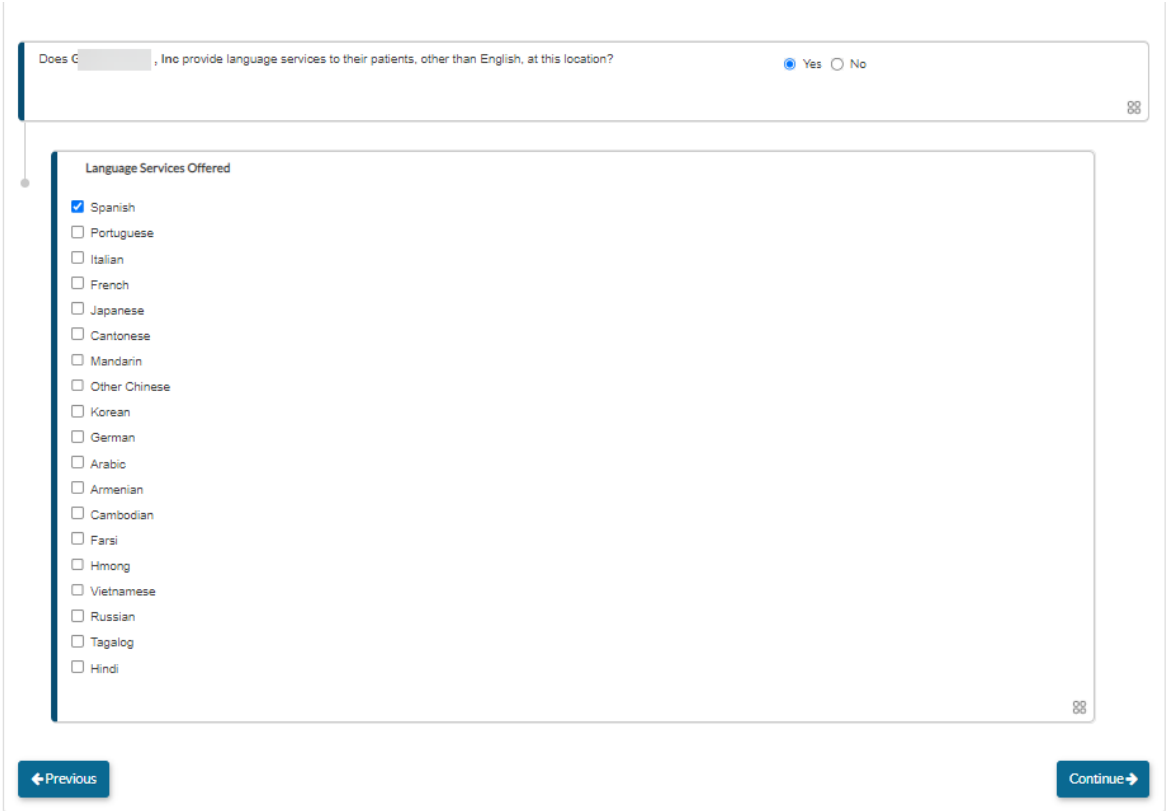


For the following question **"What is the age range of the individual that will be treated at the location?"** you are able to enter the specific ages you were approved to provide services. (Note if you are providing services to DDA Adults the age for an adult starts at age 21.)

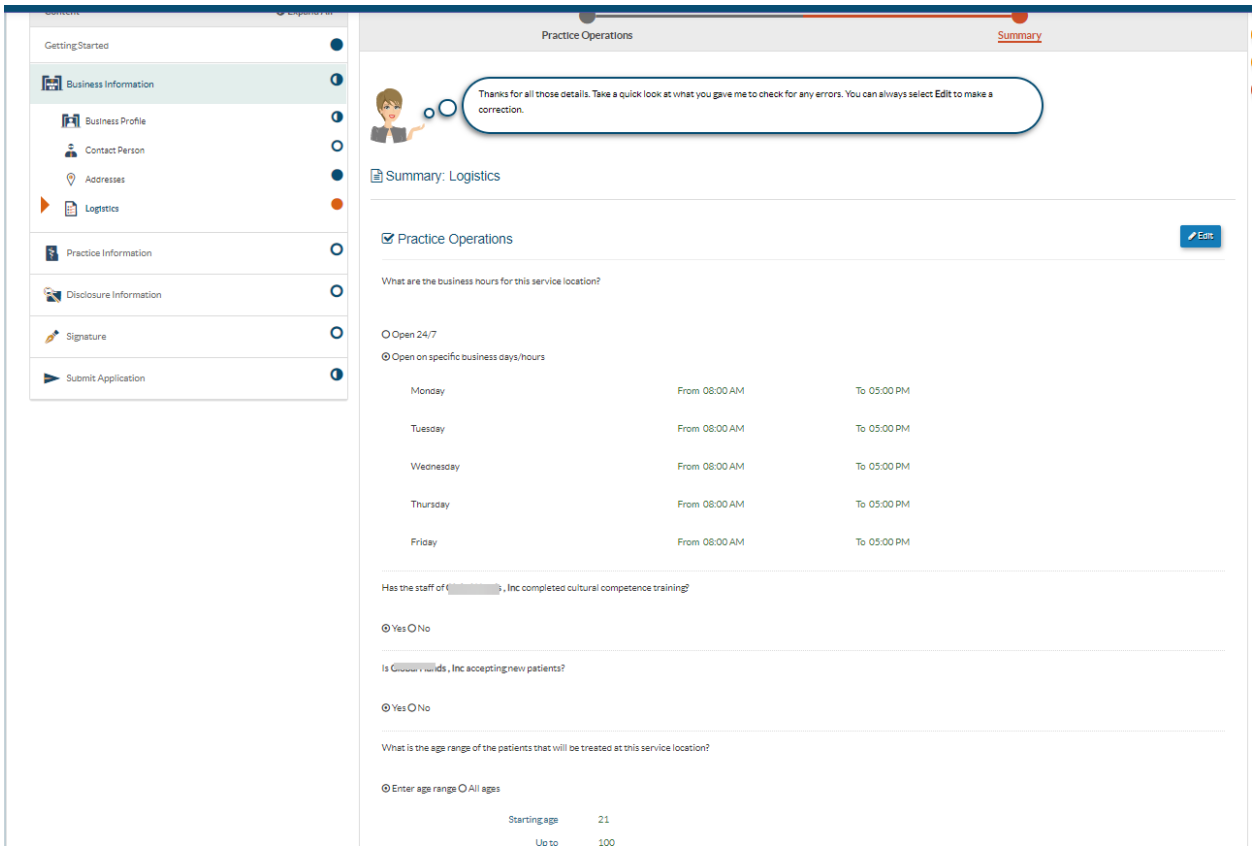
You will only select **"All ages"** if approved to provide services for youth and adults.



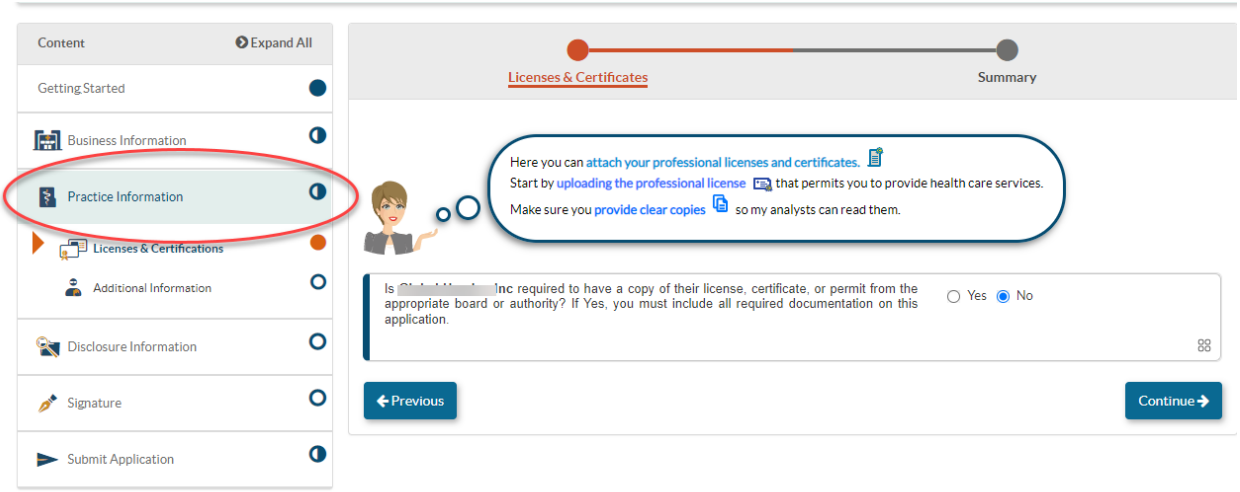
The last question in this segment allows you to add the languages provided in your administrative location. As shown below:



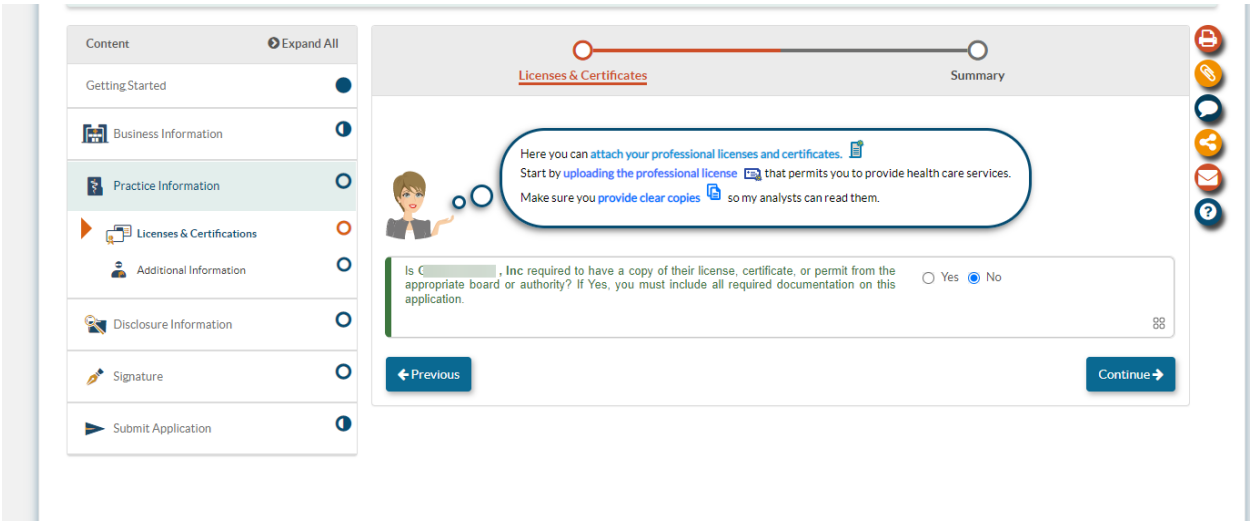
28. ***Summary*:** A summary will be generated with all the information entered in this section thus far. After reviewing the information, select continue.



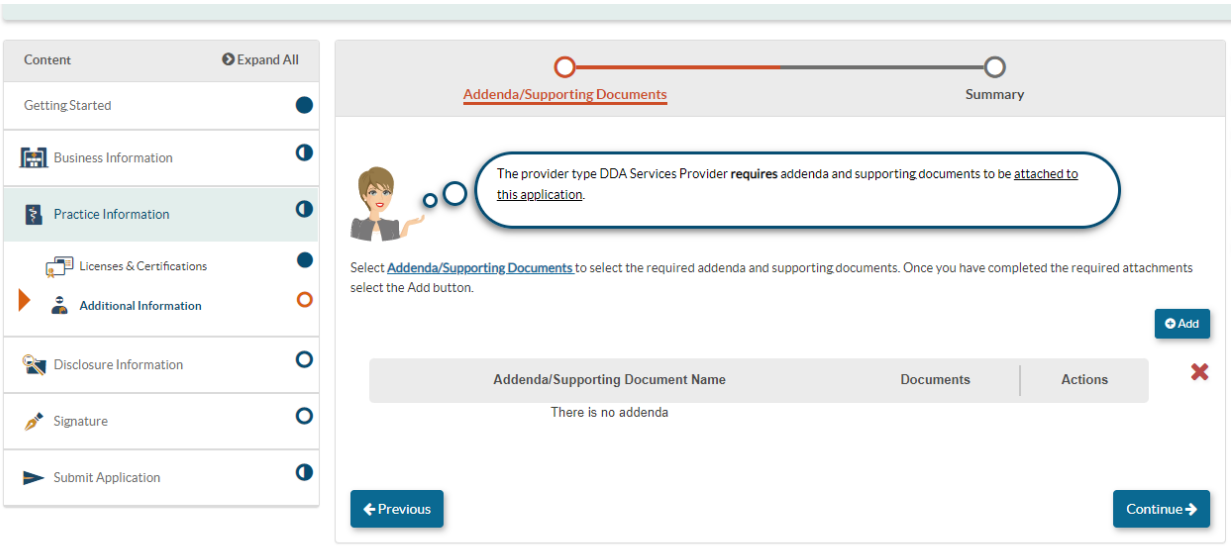
29. ***Practice Information*:** Please enter all provider information into the corresponding data fields within this section. Select continue, after all information has been added.



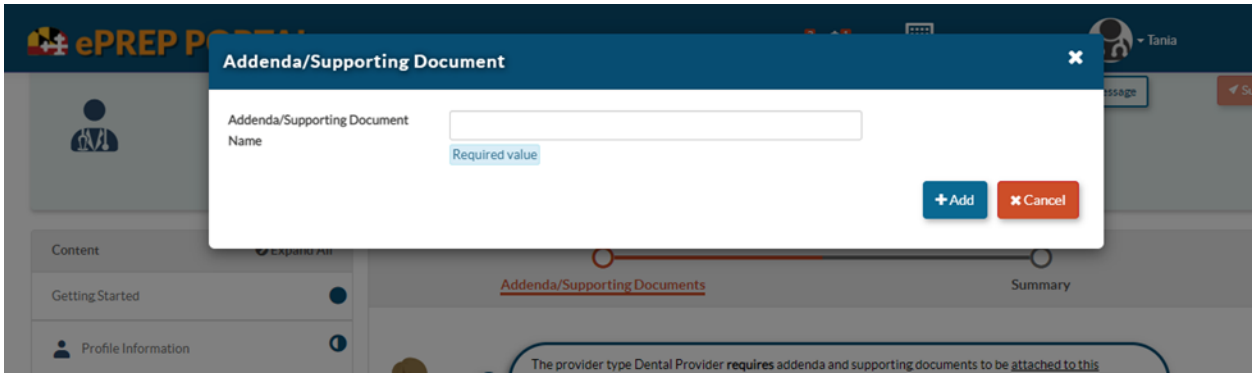
30. ***Licenses & Certification:*** All DDA providers will answer "No" in this section at all phases.



31. ***Additional Information*****:** The **DDA Services** provider type has a required addendum that must be uploaded to the application submission.



- Select the +ADD button to upload the addenda. In this section, you can also add any other supporting documents. Please click on the 'Add' button to name the Addendum.



32. ***Addenda/ Supporting Documents*** - Please be sure to attach the Medical Assistance Program Application Addendum

- ***PT 90 – DDA Provider*** is the correct addenda needing to be attached to this section of the application.
- 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

PT 90 – DDA Provide Services Addendum Example Phase 1:

MARYLAND
Department of Health

Addendum for Participation in Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

PT 90 DDA

Additional documentation may be required to enroll as this provider type.
To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

For additional assistance on completing the addendum, please contact the responsible DDA Provider Relations regional team.

- SMRO – smro.providerrelations@maryland.gov
- CRMO – cmro.providerrelations@maryland.gov
- ESRO – esro.providerrelations@maryland.gov
- WMRO – wmro.providerrelations@maryland.gov

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the "Additional Information" section under "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with any additional documents requested within the addendum.

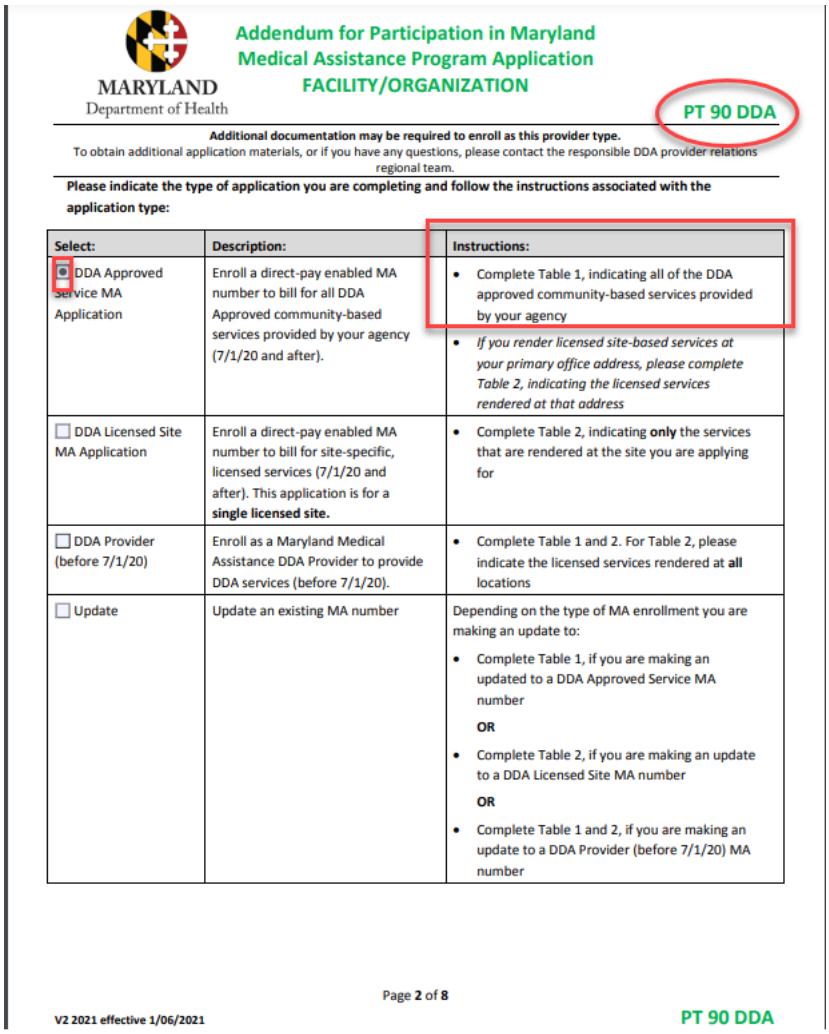
Provider Information

Tax ID:

Please visit health.maryland.gov/ePREP for more information about ePREP. If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768) Monday – Friday** from **7am – 7pm.**

On page 2, of the addendum please select**" DDA Approved Service MA Application"**.

You are then instructed to completed **Table 1 only**. As shown in the instruction box in red.



MARYLAND
Department of Health

Addendum for Participation in Maryland Medical Assistance Program Application
FACILITY/ORGANIZATION

PT 90 DDA

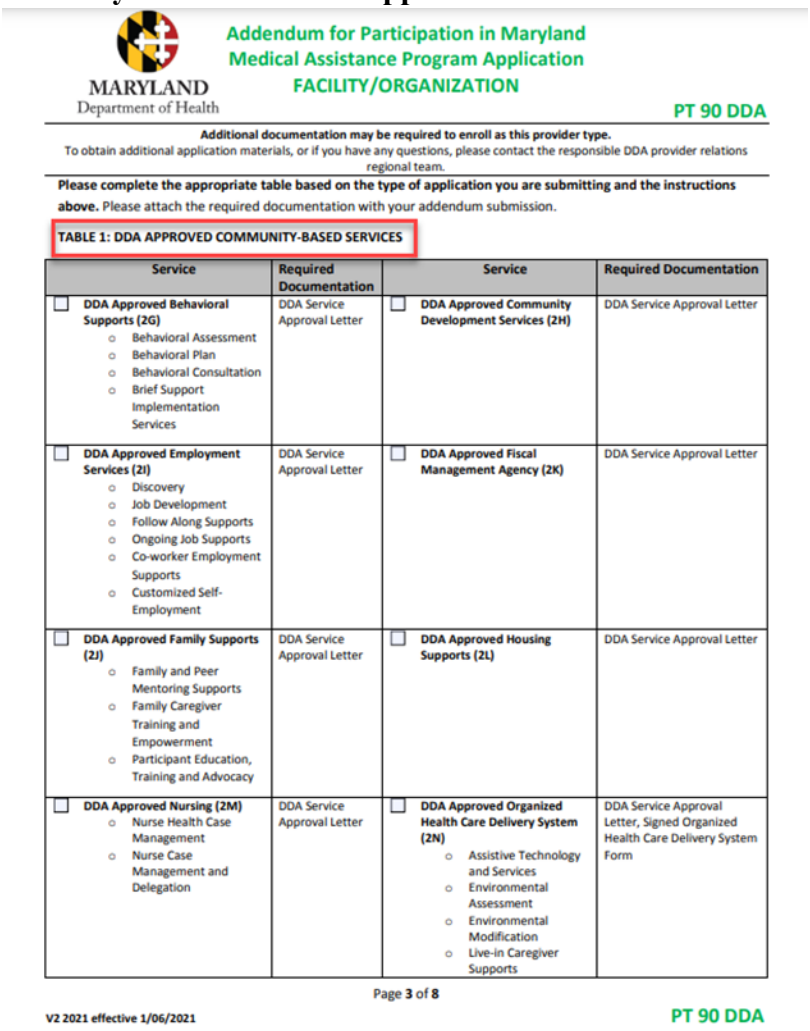
Additional documentation may be required to enroll as this provider type.
To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

Please indicate the type of application you are completing and follow the instructions associated with the application type:

Select:	Description:	Instructions:
◉ DDA Approved Service MA Application	Enroll a direct-pay enabled MA number to bill for all DDA Approved community-based services provided by your agency (7/1/20 and after).	• Complete Table 1, indicating all of the DDA approved community-based services provided by your agency • *If you render licensed site-based services at your primary office address, please complete Table 2, indicating the licensed services rendered at that address*
☐ DDA Licensed Site MA Application	Enroll a direct-pay enabled MA number to bill for site-specific, licensed services (7/1/20 and after). This application is for a **single licensed site.**	• Complete Table 2, indicating **only** the services that are rendered at the site you are applying for
☐ DDA Provider (before 7/1/20)	Enroll as a Maryland Medical Assistance DDA Provider to provide DDA services (before 7/1/20).	• Complete Table 1 and 2. For Table 2, please indicate the licensed services rendered at **all** locations
☐ Update	Update an existing MA number	Depending on the type of MA enrollment you are making an update to: • Complete Table 1, if you are making an updated to a DDA Approved Service MA number **OR** • Complete Table 2, if you are making an update to a DDA Licensed Site MA number **OR** • Complete Table 1 and 2, if you are making an update to a DDA Provider (before 7/1/20) MA number

Table 1: DDA Approved Community – Based Services

On page 3, Please only select services in which you have been approved. **Don't select services you have not been approved for.**



MARYLAND
Department of Health

Addendum for Participation in Maryland Medical Assistance Program Application
FACILITY/ORGANIZATION

PT 90 DDA

Additional documentation may be required to enroll as this provider type.
To obtain additional application materials, or if you have any questions, please contact the responsible DDA provider relations regional team.

Please complete the appropriate table based on the type of application you are submitting and the instructions above. Please attach the required documentation with your addendum submission.

TABLE 1: DDA APPROVED COMMUNITY-BASED SERVICES

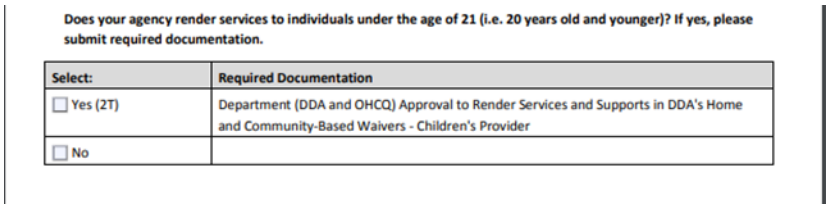
Service	Required Documentation	Service	Required Documentation
☐ **DDA Approved Behavioral Supports (2G)** ○ Behavioral Assessment ○ Behavioral Plan ○ Behavioral Consultation ○ Brief Support Implementation Services	DDA Service Approval Letter	☐ **DDA Approved Community Development Services (2H)**	DDA Service Approval Letter
☐ **DDA Approved Employment Services (2I)** ○ Discovery ○ Job Development ○ Follow Along Supports ○ Ongoing Job Supports ○ Co-worker Employment Supports ○ Customized Self-Employment	DDA Service Approval Letter	☐ **DDA Approved Fiscal Management Agency (2K)**	DDA Service Approval Letter
☐ **DDA Approved Family Supports (2J)** ○ Family and Peer Mentoring Supports ○ Family Caregiver Training and Empowerment ○ Participant Education, Training and Advocacy	DDA Service Approval Letter	☐ **DDA Approved Housing Supports (2L)**	DDA Service Approval Letter
☐ **DDA Approved Nursing (2M)** ○ Nurse Health Case Management ○ Nurse Case Management and Delegation	DDA Service Approval Letter	☐ **DDA Approved Organized Health Care Delivery System (2N)** ○ Assistive Technology and Services ○ Environmental Assessment ○ Environmental Modification ○ Live-in Caregiver Supports	DDA Service Approval Letter, Signed Organized Health Care Delivery System Form

Page **3** of **8**

V2 2021 effective 1/06/2021

PT 90 DDA

At the end of **Table 1:** You are asked if you have been approved to provide services to the youth. If so, you will select "Yes" if not you will select "NO".



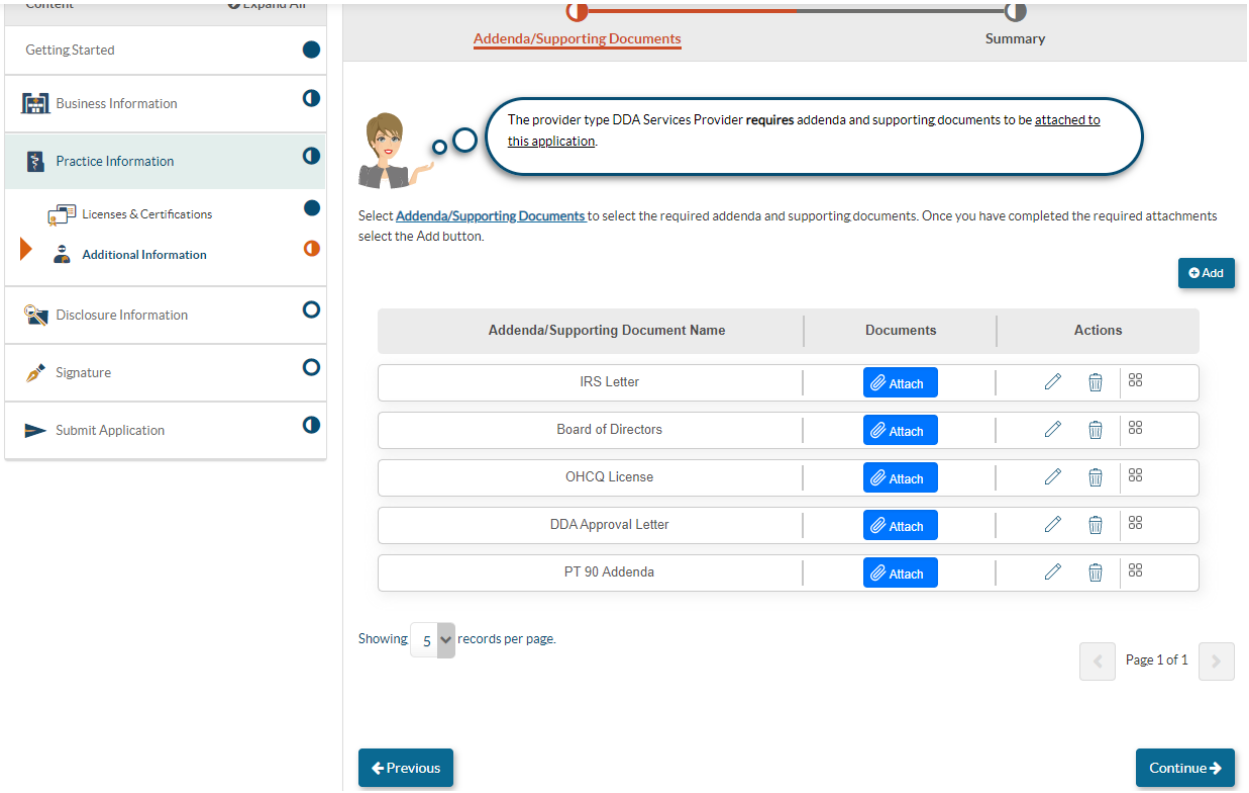
Does your agency render services to individuals under the age of 21 (i.e. 20 years old and younger)? If yes, please submit required documentation.

Select:	Required Documentation
☐ Yes (2T)	Department (DDA and OHCQ) Approval to Render Services and Supports in DDA's Home and Community-Based Waivers - Children's Provider
☐ No	

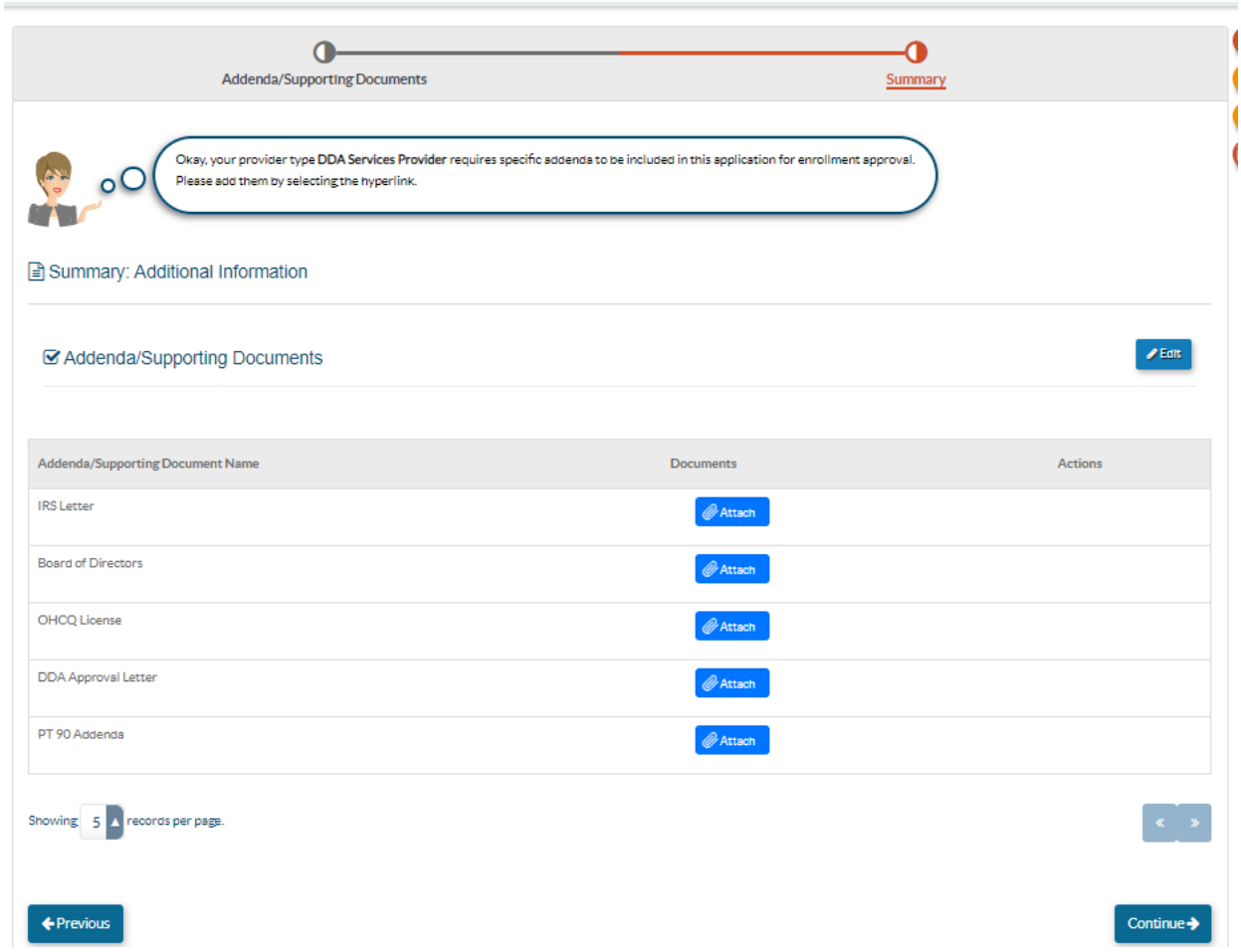
Additional information is needed to upload in this portion of the application. The following documents are required:

- **IRS Letter**
- **Board of Directors- full names, DOB, and Contact Information**
- **OHCQ License**
- **DDA Approval Letter**
- **PT 90 addenda**

Please select continue once the documents have successfully been uploaded to the application.

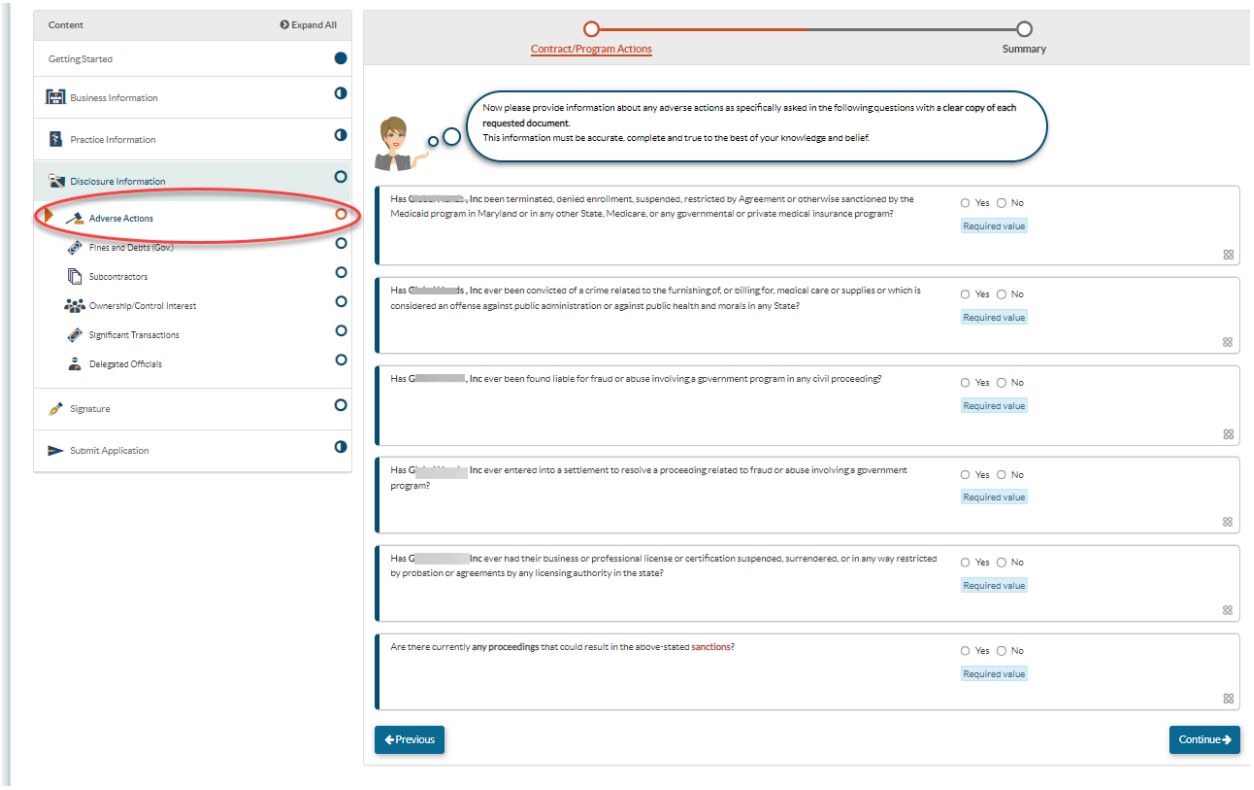


33. ***Summary*****:** A summary will be generated with all the information entered in this section thus far. After reviewing the information, select continue.

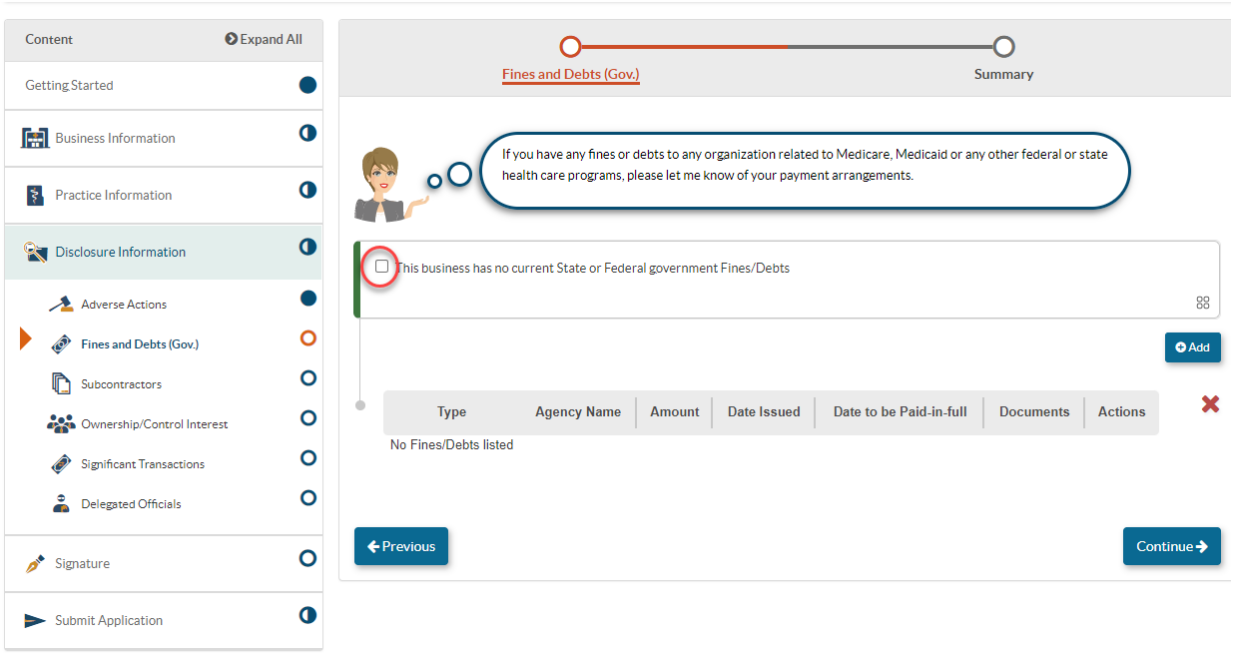


34. ***Disclosure Information*:**

***Adverse Action*:** Please fill out any adverse action information.

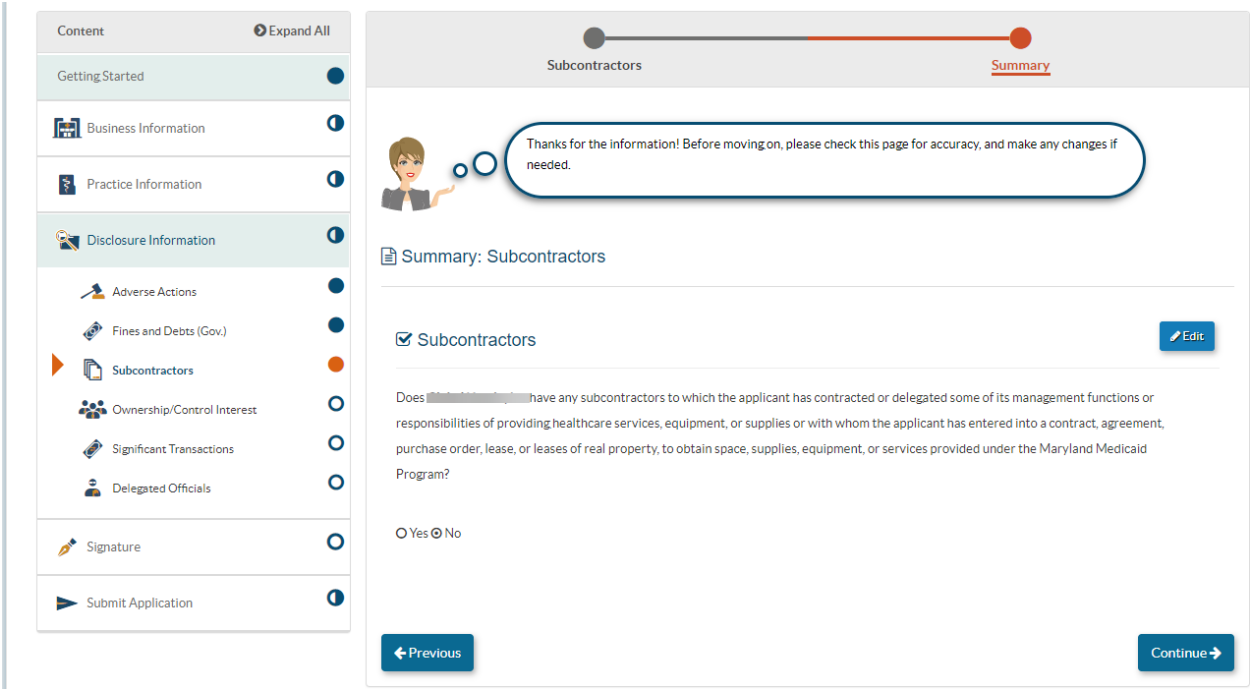


Once you have completed the adverse action page, please click continue. Please fill out any fines or debts that the organization has. If the organization has none, please check the box shown in the screenshot below: Select continue.

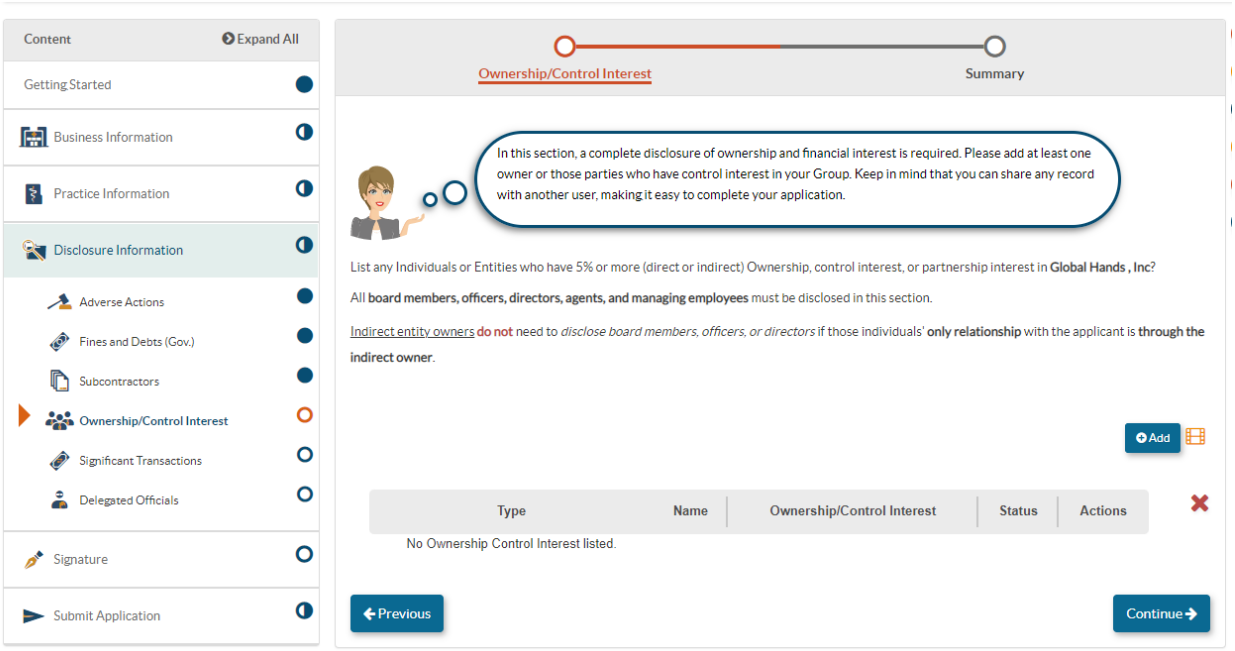


35. ***Subcontractors:***

Please answer ‘Yes’ or ‘No’ to this question as it corresponds to your organization.



36. ***Ownership/ Control Interest:***

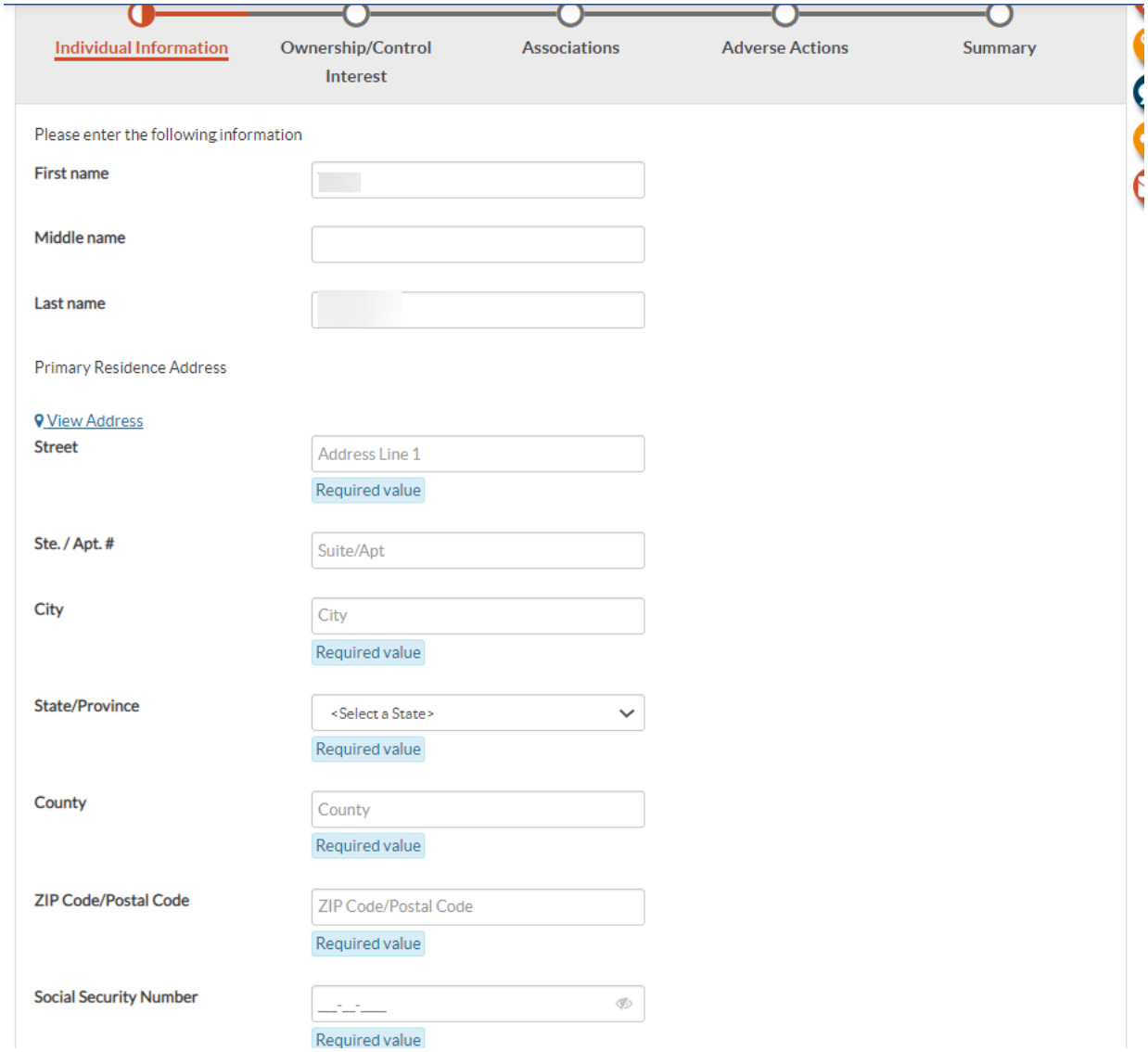


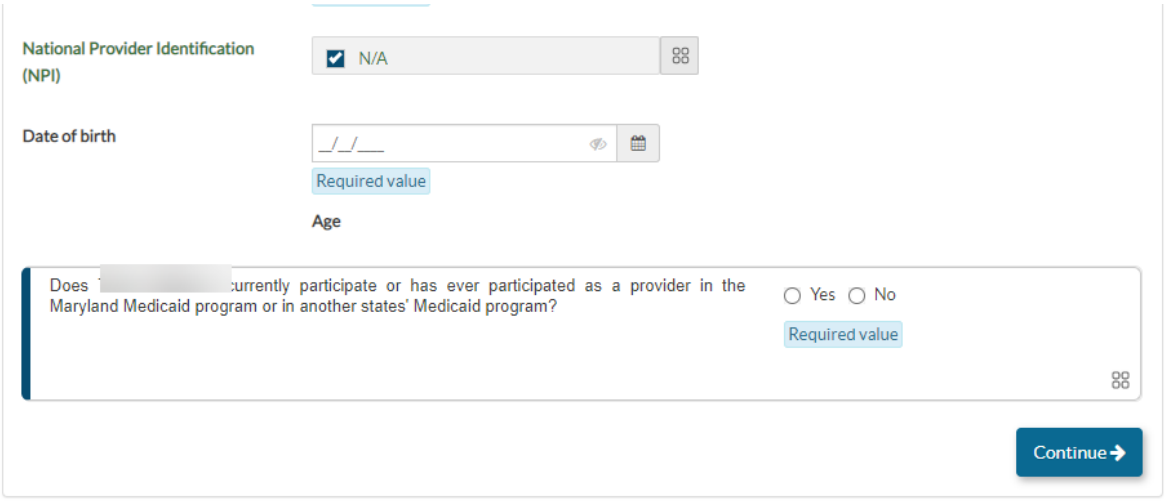
• Please click ‘Add.’ Please enter each board member's name and address.

• Please identify if the organization is owned by an entity or an individual.

Once you have made the appropriate selection: entity or individual; please list the name and select + add to continue.

Please fill out the ownership individual/entity information.

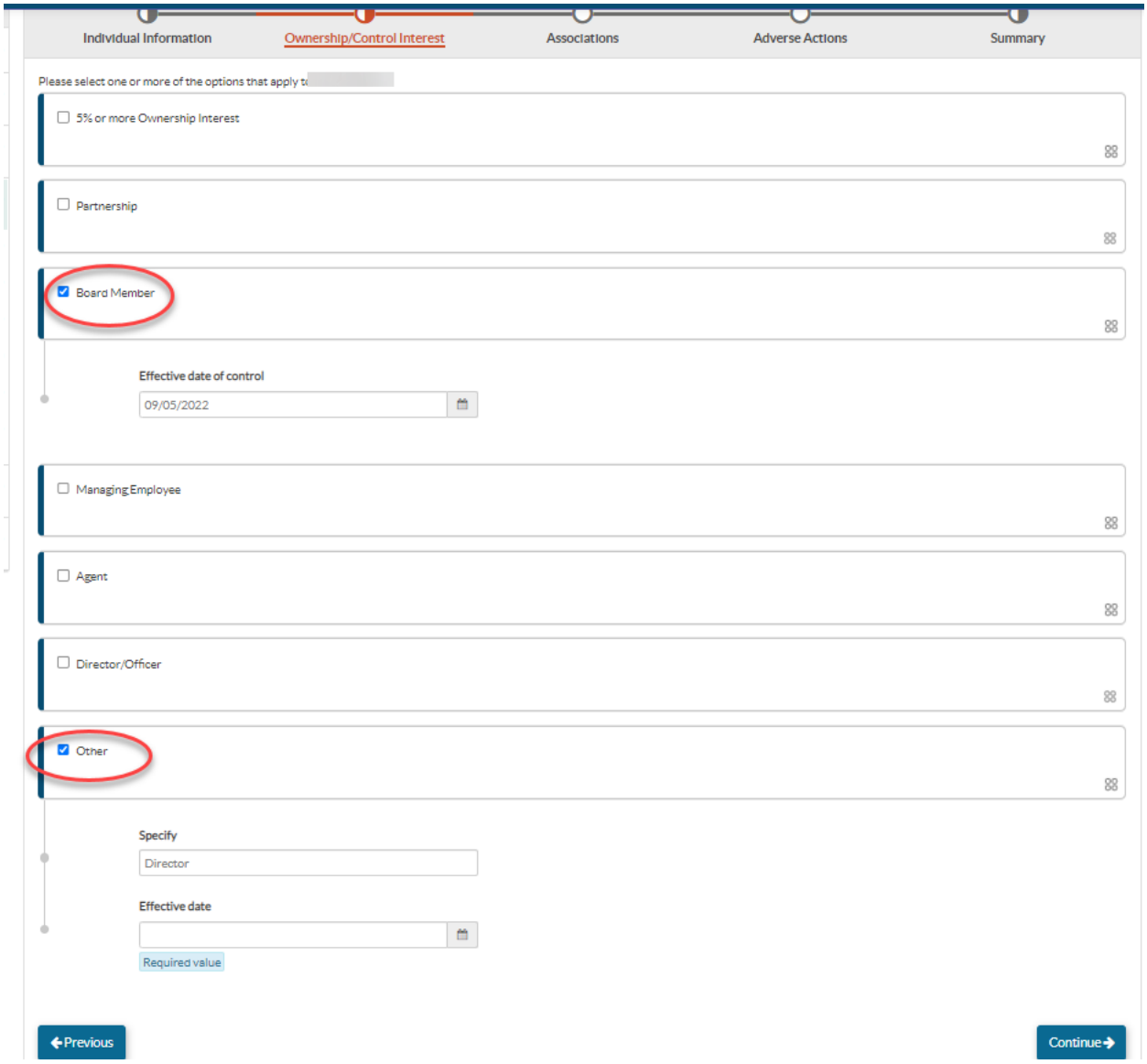

Individual Information
Ownership/Control Interest
Associations
Adverse Actions
Summary
Please enter the following information
First name
Middle name
Last name
Primary Residence Address
View Address
Street
Address Line 1
Required value
Ste. / Apt. #
Suite/Apt
City
City
Required value
State/Province
<Select a State>
Required value
County
County
Required value
ZIP Code/Postal Code
ZIP Code/Postal Code
Required value
Social Security Number
__-__-____
Required value



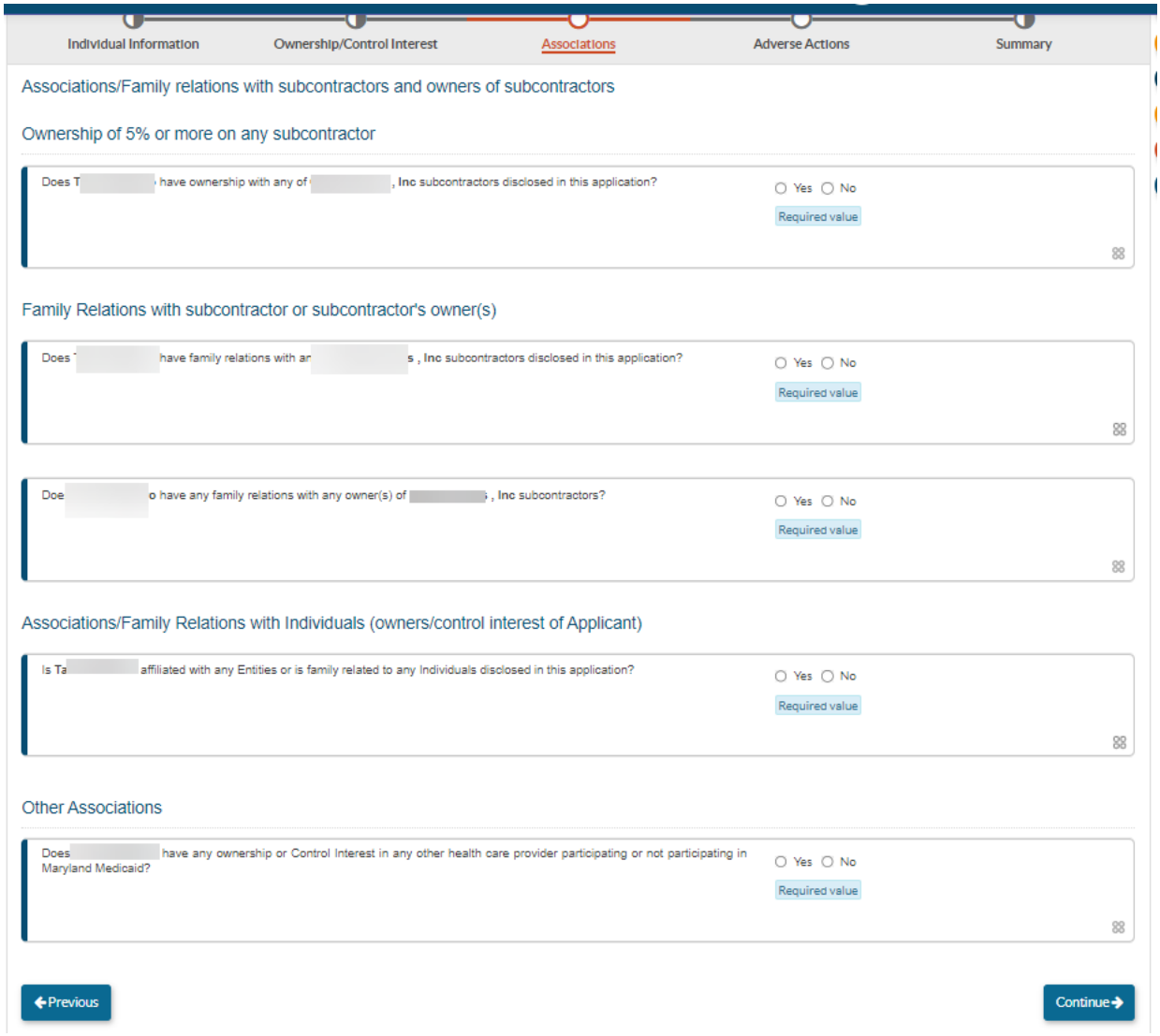
Please make the appropriate selection for the individual/ entity listed as it corresponds to their ownership involvement:

- The example shown below illustrates how you will need to add your Board President, Director, or Chair of the Board.

You will need to select "Board Member", enter the date in which they joined the organization, and select "other "then enter under Specify their title within the organization.

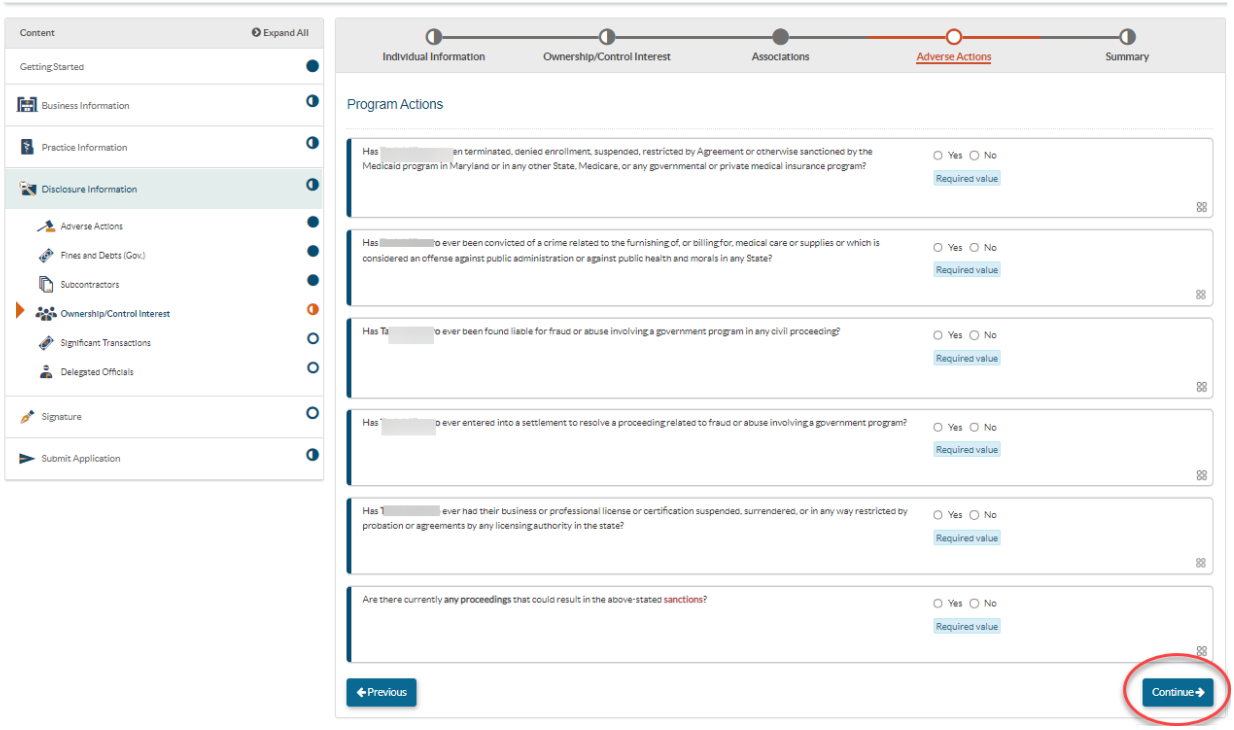


Please answer the ‘Yes’ or ‘No’ questions about the associations involving the entity or individual

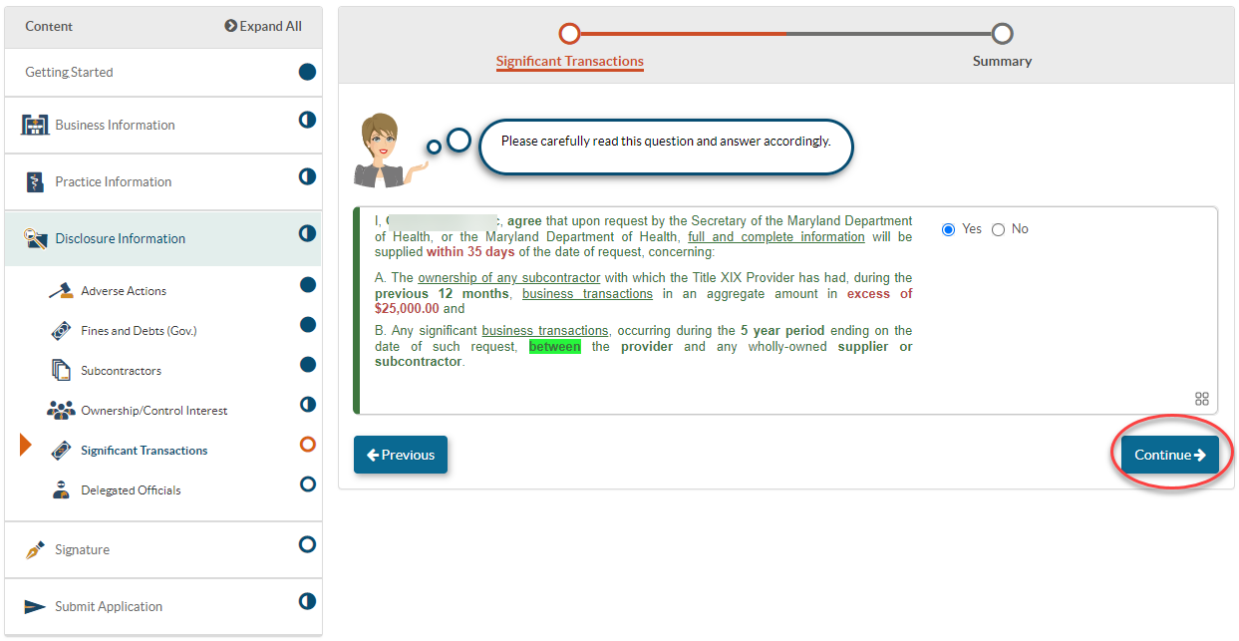


37. ***Adverse Actions:***

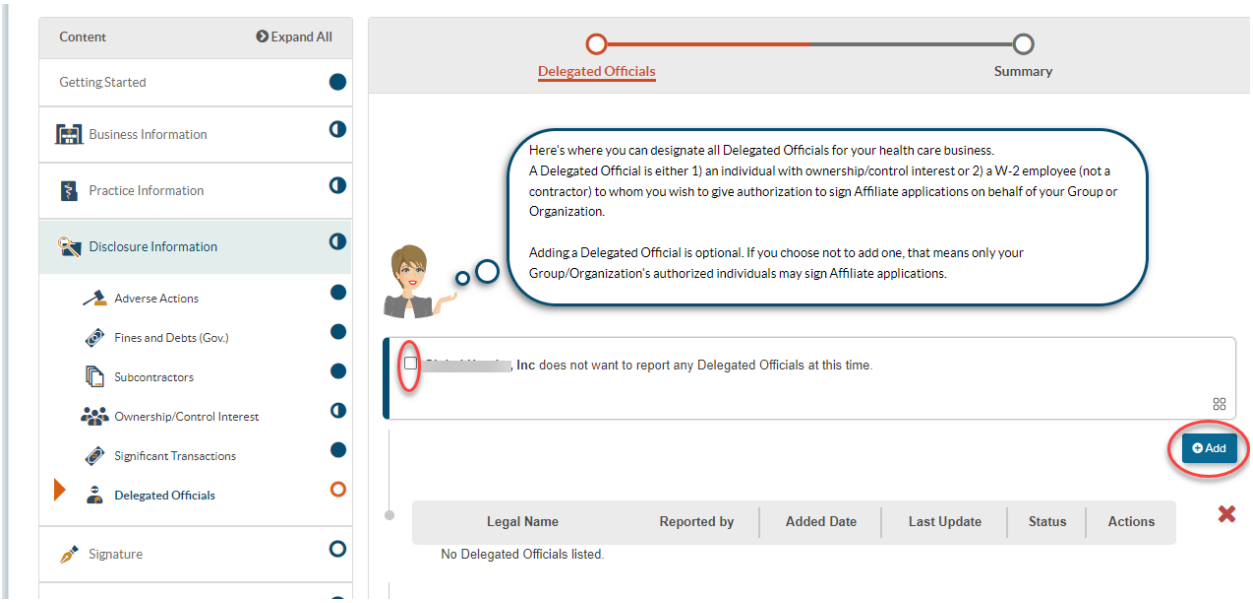
Please answer 'Yes' or 'No' to the questions involving any adverse actions associated with the individual listed:



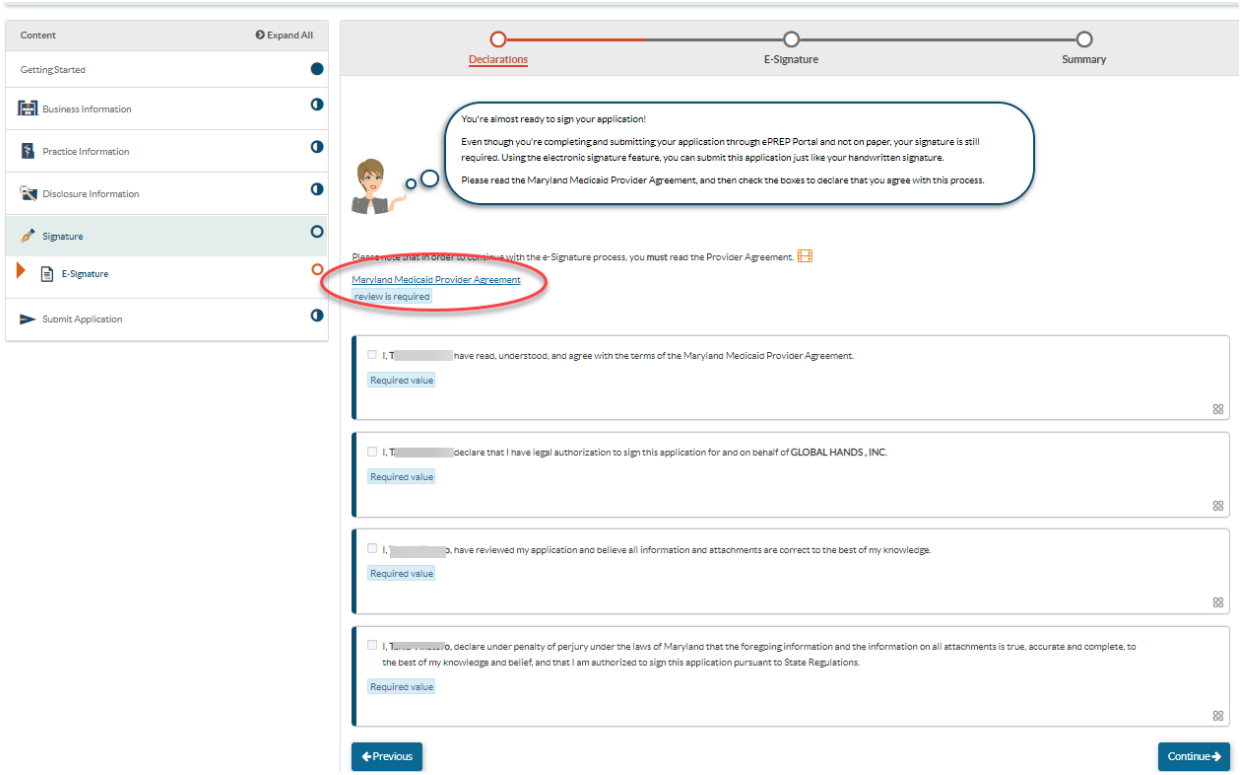
38. ***Significant Transactions***: Please mark 'Yes' to the following question:



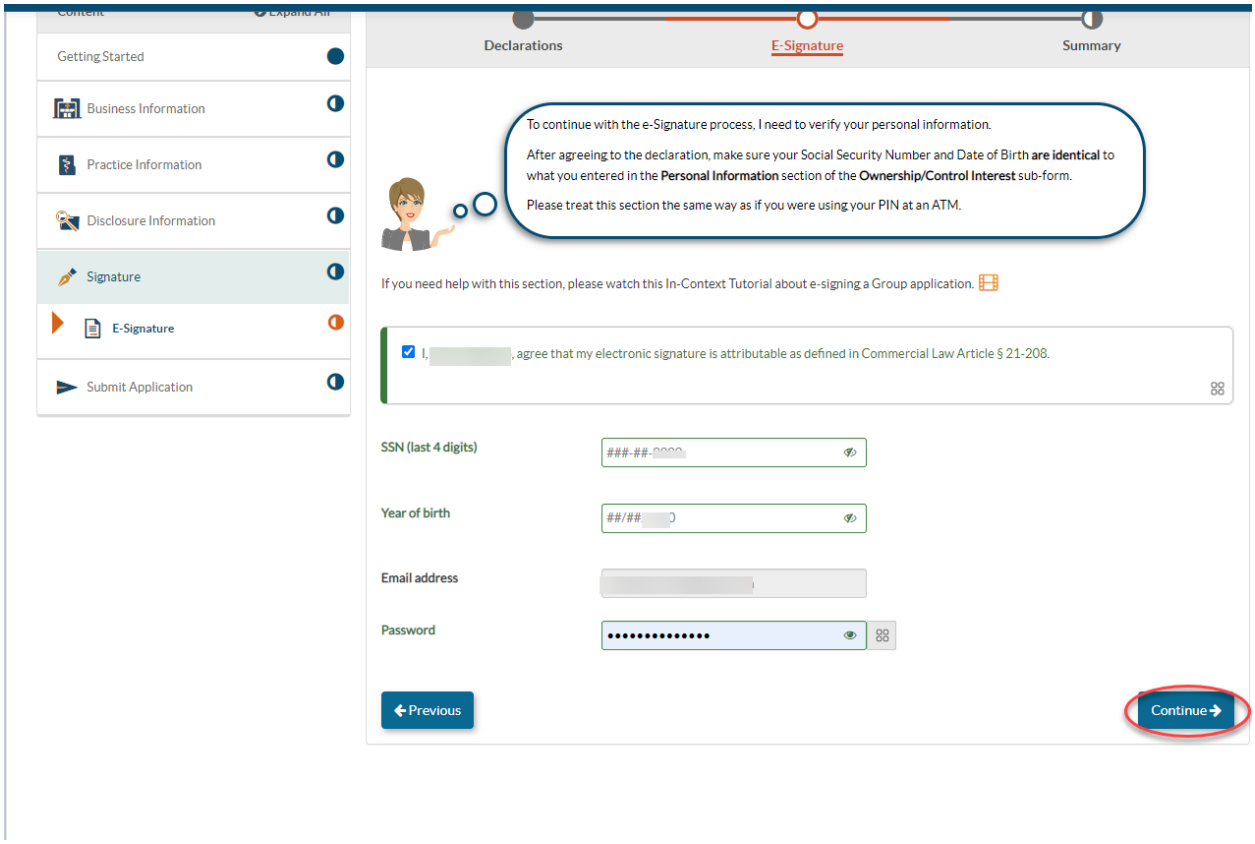
39. ***Delegated Officials:***
Please list any associated delegated officials in this section of the application by selecting the 'Add' option. Should your organization chose not to disclose any delegated officials at this time, please check the option shown below. Note that all individuals identified in the Ownership/Control Interest section **can already act** as a delegated official for the business.



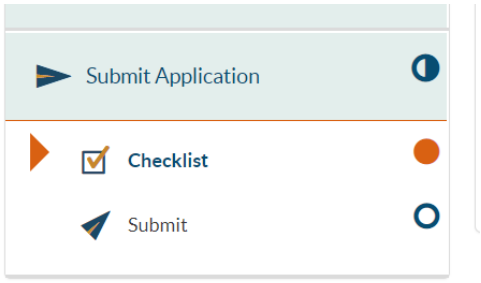
40. ***Signature Portion***: Please read the required provider agreement and click 'Agree' Please fill out the required information to sign the application and once completed, click submit:



41. ***E- Signature*:** Please fill out the required fields and select continue.

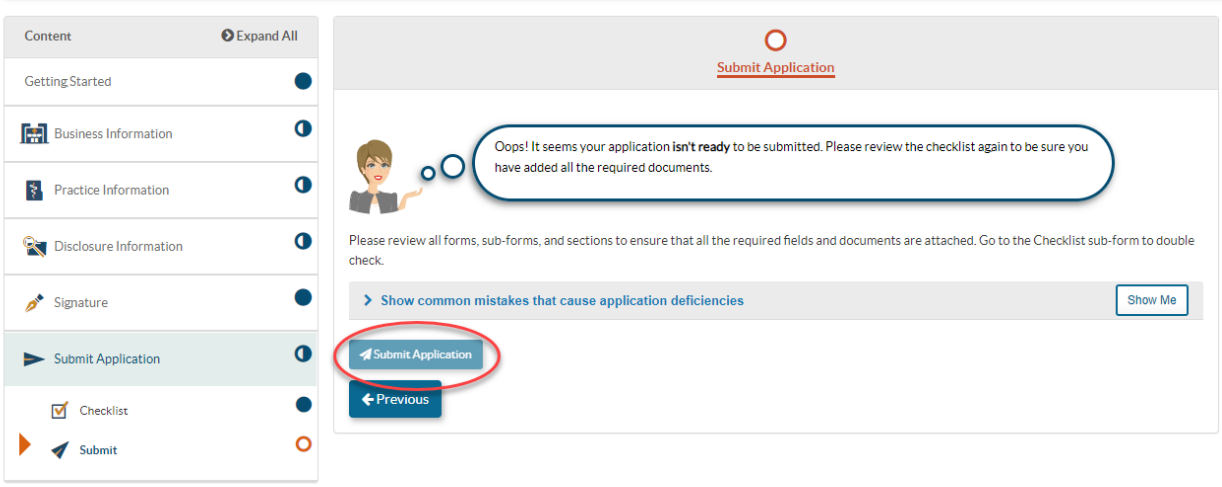


42. Before submitting the application. A final checklist will appear.



43. A green check mark will be seen, if all documentation associated with each section's data fields has been completed. If a document has not been uploaded, or the corresponding data associated with a portion of the application is missing, a red X will appear next to the incomplete section.

44. Once all sections have a green check mark. Application is ready to be submitted. Select Submit Application.



Should you have any additional questions regarding the enrollment process, please contact us at:
mdh.providerenrollment@maryland.gov

Once you have successfully completed phase I, you will receive a base MA# to bill for unlicensed services in our LTSS billing system. This billing includes billing for:

- ***Personal Supports (via EVV), and***

- ***Supported Living***