# Doula Rendering WITH AFFILIATION New Enrollment Workflow:

The instructions below are specific for a newly enrolling individual practicing doula who plans to render services through a doula group. 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.

If you have not set up an ePREP account and/or business profile, please see The Getting Started Document for guidance.

STEP 1: Sign into ePREP and select the Business Profile that you plan on submitting a new enrollment application. Proceed to the "Applications" tab.
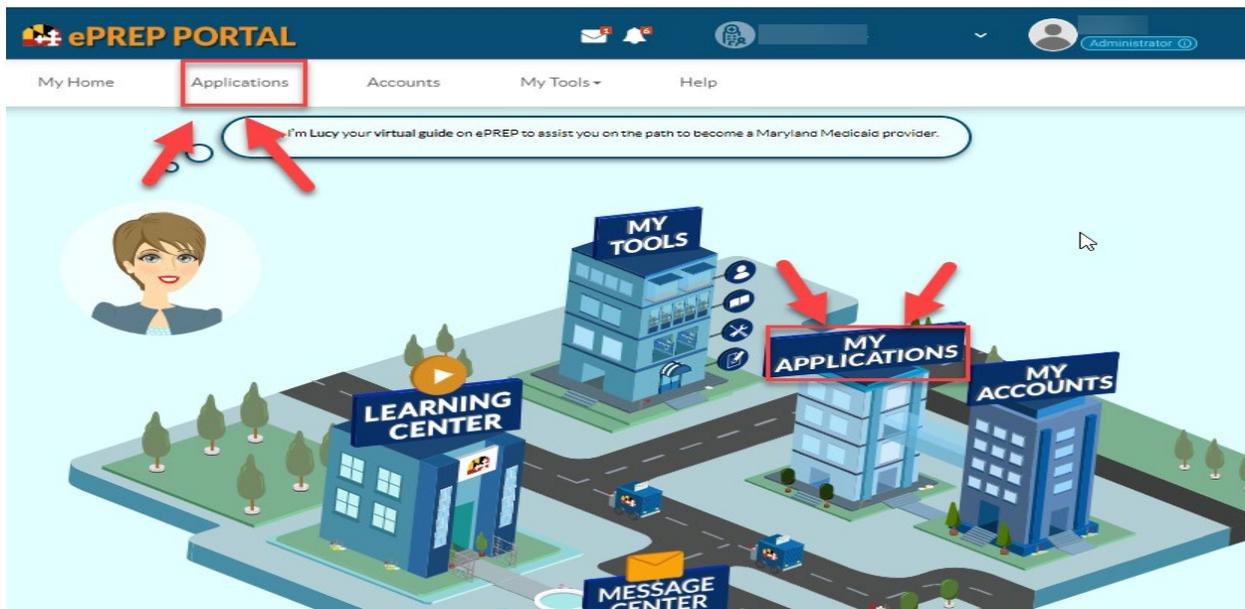
STEP 2: Once in the application Tab, select "New Application" to create a new enrollment application.
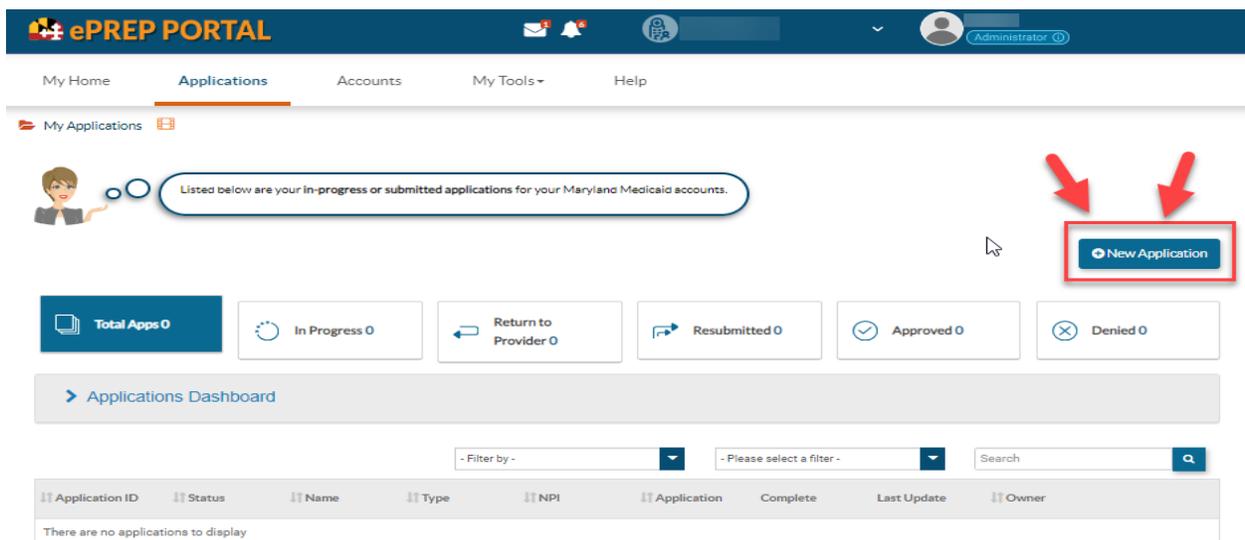
STEP 3: To generate a new enrollment application, select "I'm new to Maryland Medicaid and I want to create a new application" then choose, "I'm an Individual healthcare practitioner" and then select "Continue".

STEP 4: Next select "I'm a rendering Provider" WITH an affiliation and then select "Continue".

STEP 5: Enter the rendering providers NPI, select verify, and then hit "Continue".

STEP 6: Choose "Doula" from the provider type drop down, and then select "Continue".

STEP 7: The enter the Doula Group's NPI, select verify, and then hit "Continue".

STEP 8: Personal Information: Now you 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".

STEP 9: Correspondence Address: Enter the address in which you would like to receive mail in the required fields: Street. City, State, and zip code. The select "Continue".

STEP 10: Identification: Enter your social security number and answer the "yes or no" question. The select "Continue".

STEP 11: 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.

STEP 12: 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".

STEP 13: 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".

STEP 14: 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.
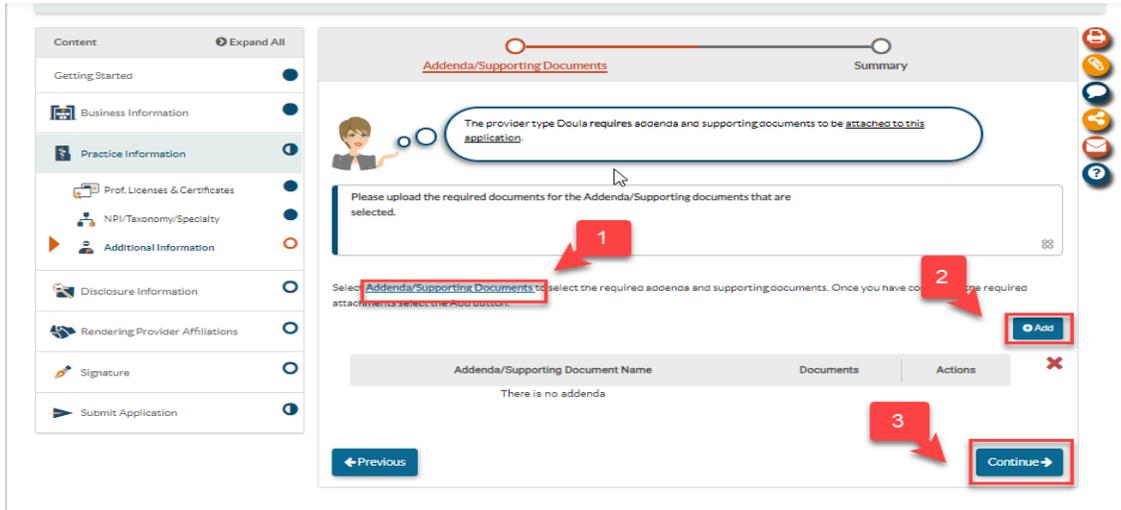
All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidation:

Please fill out the information below and upload the completed addendum to the "Additional Informati "Practice Information" within the ePREP (eprep.health.maryland.gov) "Applications" tab, along with an 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 15: Adverse Actions: Answer the "yes or no" questions accordingly then select "Continue".

STEP 16: Adverse Actions: Answer the "yes or no" questions accordingly then select "Continue".

STEP 17: Fines and Debts (Gov.)- Select the check box if you have **NO fines or debts**. Please select "add" **IF** you have fine and debts to upload. Once complete, select "Continue".

STEP 18: Signature: First, read the Maryland Medicaid Provider Agreement, then select the check boxes and "Continue".

STEP 19: Signature: Select the check box, enter the required personal information, and then select "Continue".

STEP 20: Submit Application Checklist: Double check the information on this page and then select "Continue".

STEP 21: Submit Application Checklist: Double check the information on this page and then select "Continue".

STEP 22: Submit Application: When ready, select "Submit Application" to complete the application process.