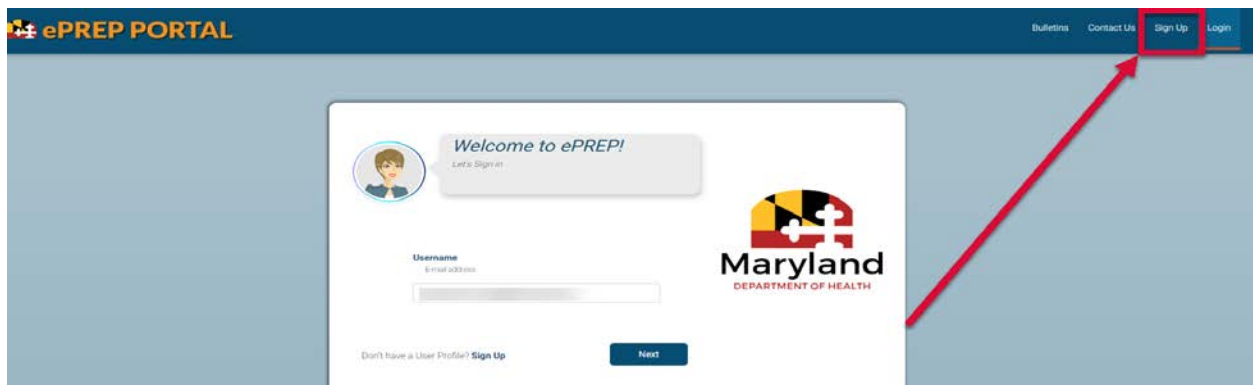


EPREP FOR LOCAL LEAD AGENCIES, LOCAL EDUCATION AGENCIES, AND NONPUBLIC SCHOOLS

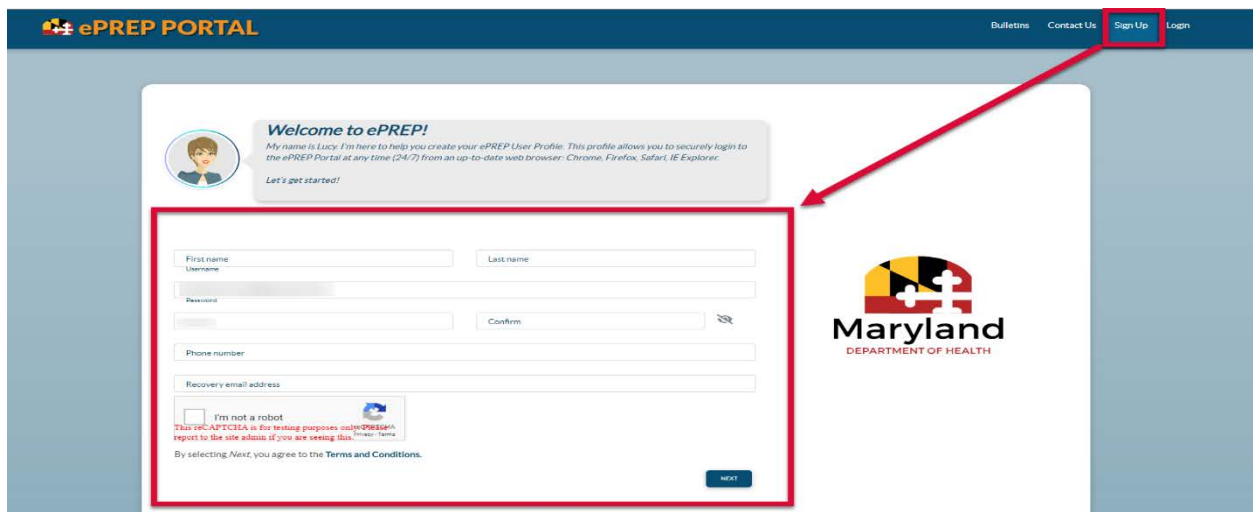
Setting Up Your User Profile

STEP 1: The screen below is the known as the ePREP landing page. At the top, Lucy, ePREP’s virtual guide, introduces herself. Click “Sign Up” on the right.



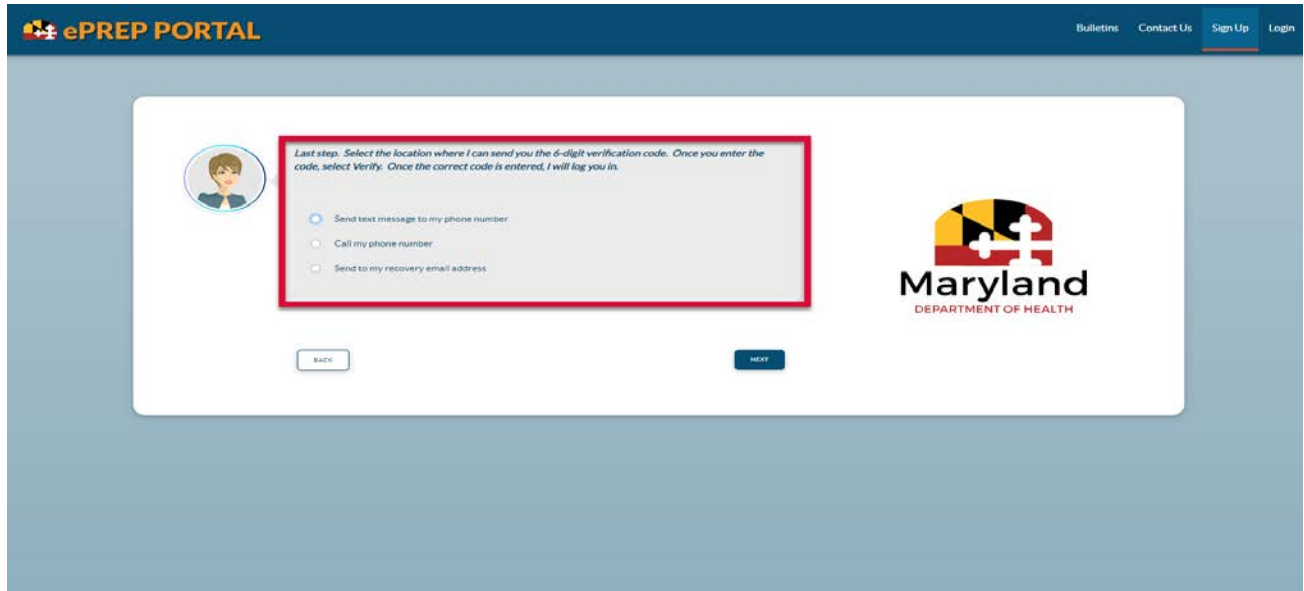
STEP 2: Once you’ve selected “Sign Up,” ePREP asks the User to enter their personal information. Once entered, select “Continue.”

***NOTE:** MDH recommends utilizing a Cell Phone in the Phone Number section to fully execute the Two-Factor Authentication.

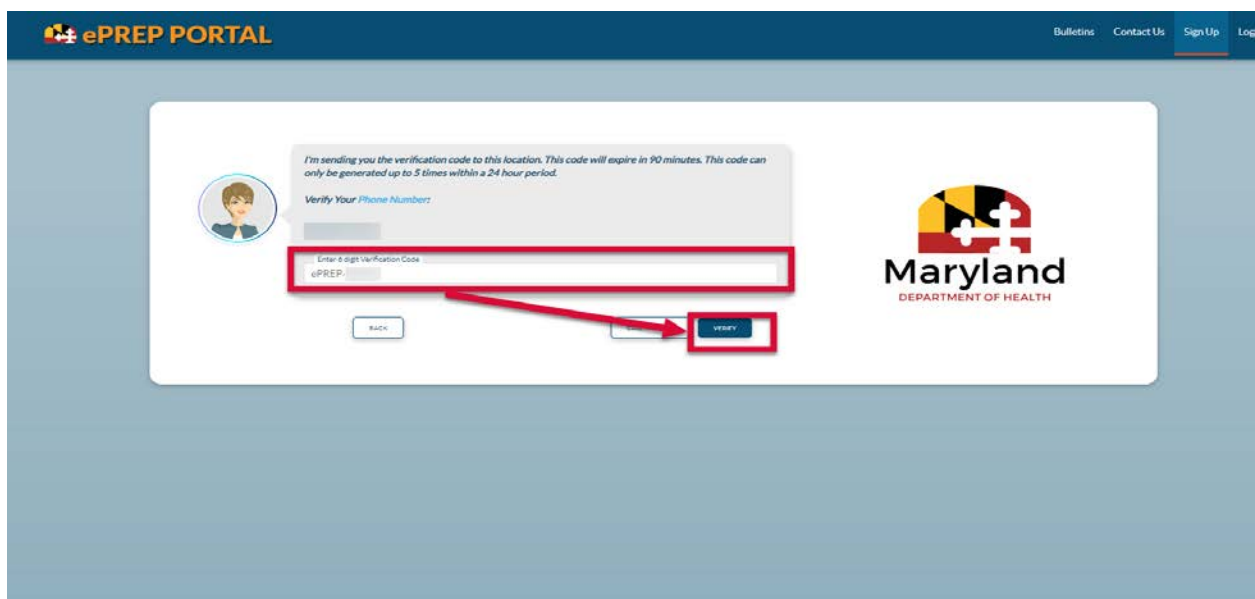


STEP 3: The next page allows the User to access ePREP’s Multi-Factor Authentication tool. The User can select from three options to have their Verification Code sent to them to complete the Sign Up process:

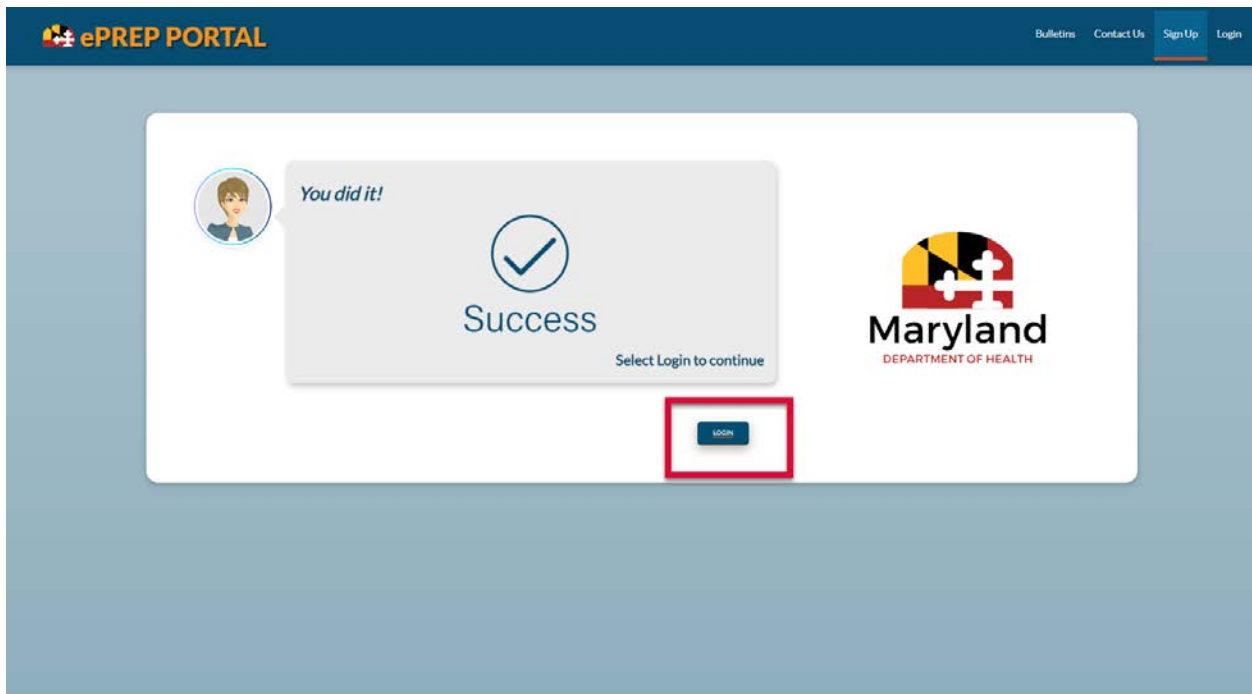
- a. Text Message
- b. Phone Call
- c. Email



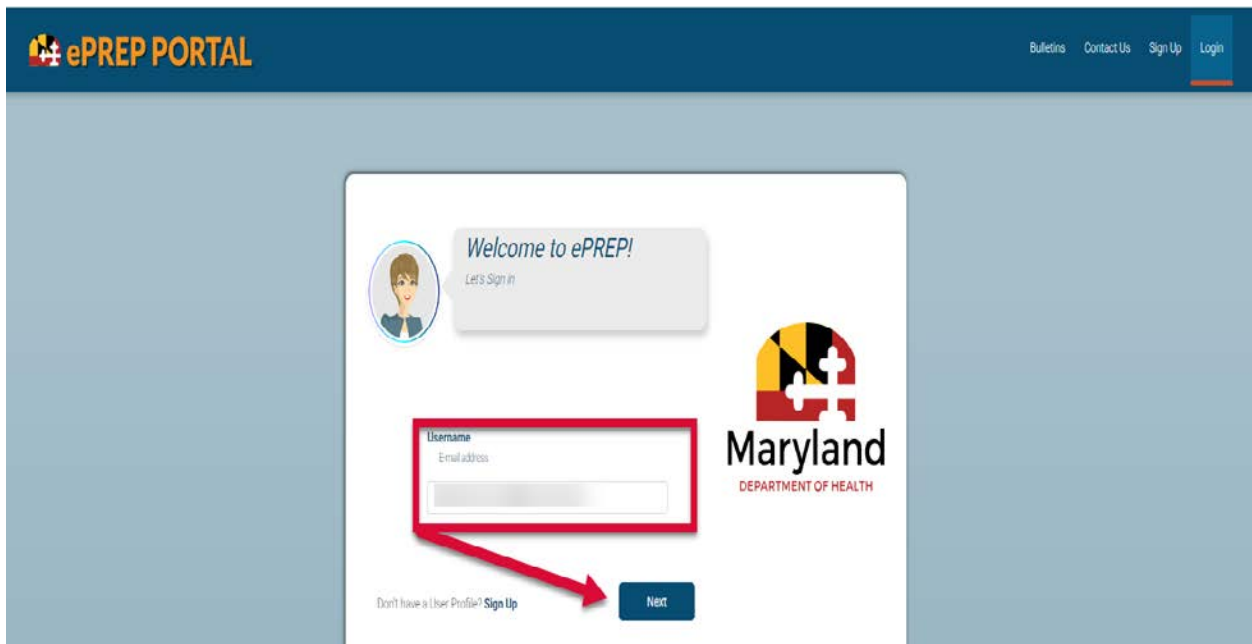
STEP 4 Once the User has received the Verification Code via one of the methods above, enter the Verification Code to complete the Sign Up process.



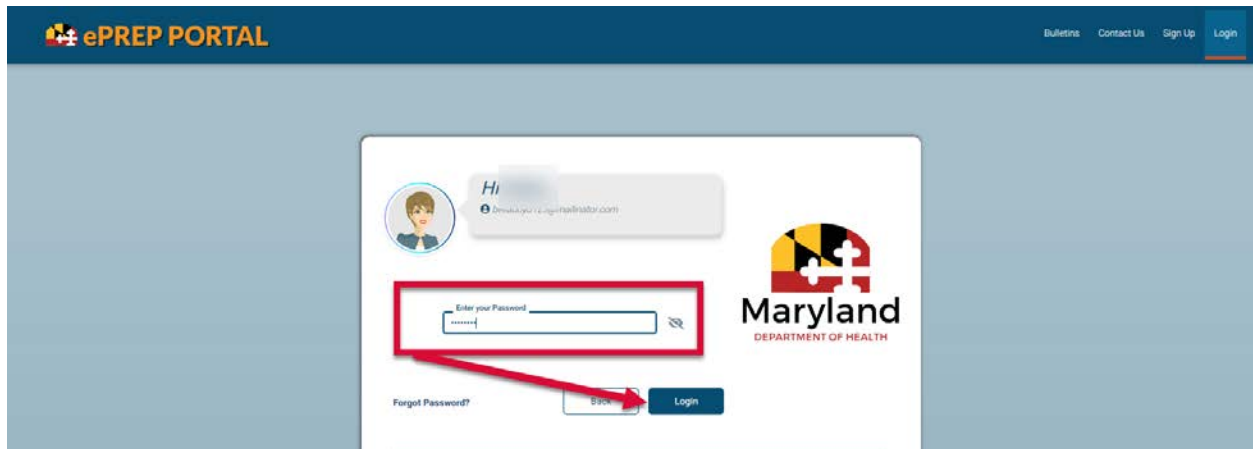
STEP 5: The User will then be prompted to return to the Login Page.



STEP 6: On the Login Page, the User will enter the Username (aka Email Address) and Click Next.



STEP 7: The next Login Page will prompt the User to enter the Password and select Login.



STEP 8: ePREP will now prompt the User to set up the Business Profile. This requires the User to enter a NPI. Enter the NPI and click “Verify NPI/Provider ID.” Based on the NPI, ePREP will automatically run through one of the three options below:

- a. If the User is new to Maryland Medicaid and ePREP, ePREP will require the User to create an entirely new Business Profile.
- b. If the User is currently enrolled in Maryland Medicaid but are not registered with ePREP, ePREP will recognize the NPI, however, the User will still need to enroll in ePREP.
- c. If the User is currently enrolled with Maryland Medicaid AND ePREP recognizes that the NPI is already associated with an existing Business Profile, the User will have to Request to Join the existing Business Profile.

STEP 9: Once the Sign Up process is complete, the User will be directed to the ePREP landing page.



STEPS FOR ENROLLING PRACTITIONERS

PT 91 provider set up and initiating affiliation with Rendering Provider* (PT 17 Speech Language Pathologist example) Other provider types allowed to be enrolled include the following:

- Physicians (Psychiatrists)
- Psychologists (Clinical)
- Licensed Certified Social Workers – Clinical
- Nurse Psychotherapists
- Audiologists
- Physical Therapists
- Occupational Therapists
- Speech Language Pathologists
- Dietitians/Nutritionists

Provider types that Maryland Medicaid does not enroll include:

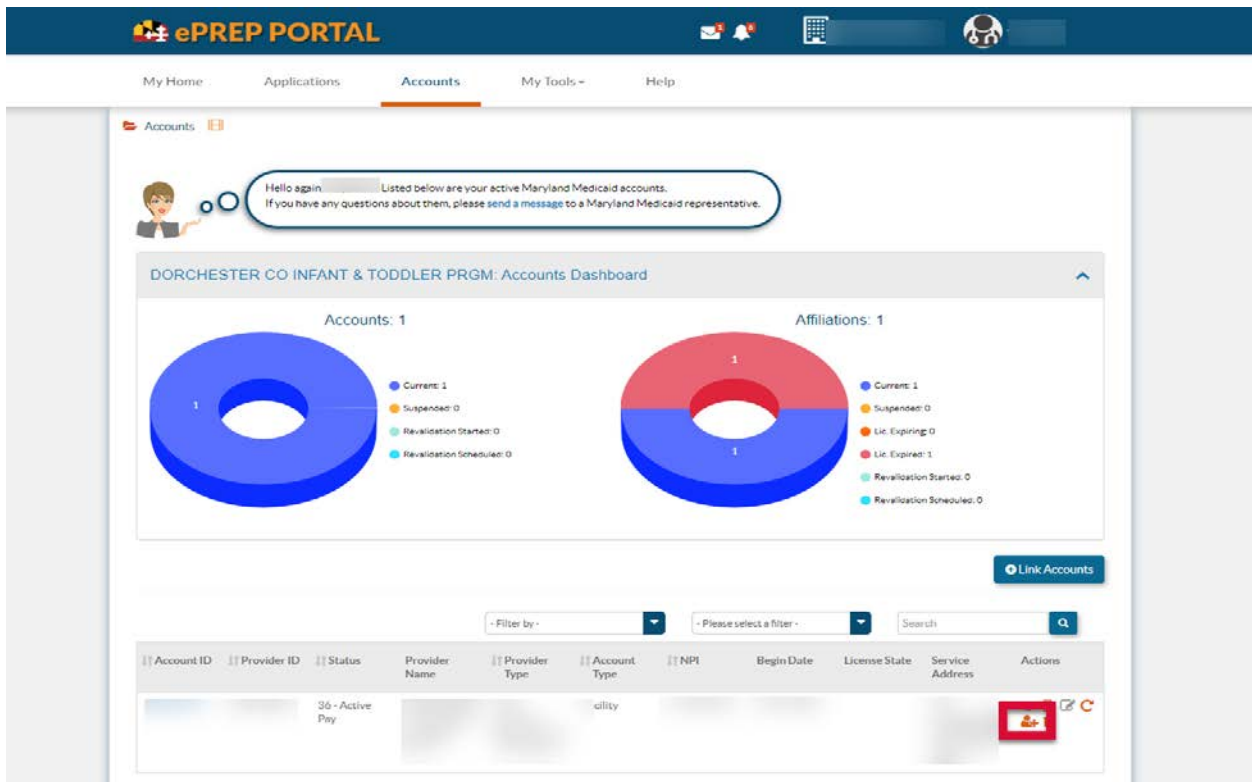
- Teachers
- Registered nurses
- Social workers (unlicensed)
- School psychologists (unlicensed)
- Physical Therapy Assistants
- Occupation Therapy Assistants
- Speech Language Pathology Assistants

***Note:** Facilities are required to enroll licensed practitioners who will be listed as Referring providers on claim submissions. Such providers are called “Rendering” providers in ePREP.

STEP 11: When the User arrives on the ePREP portal home page, select My Accounts from the menu.

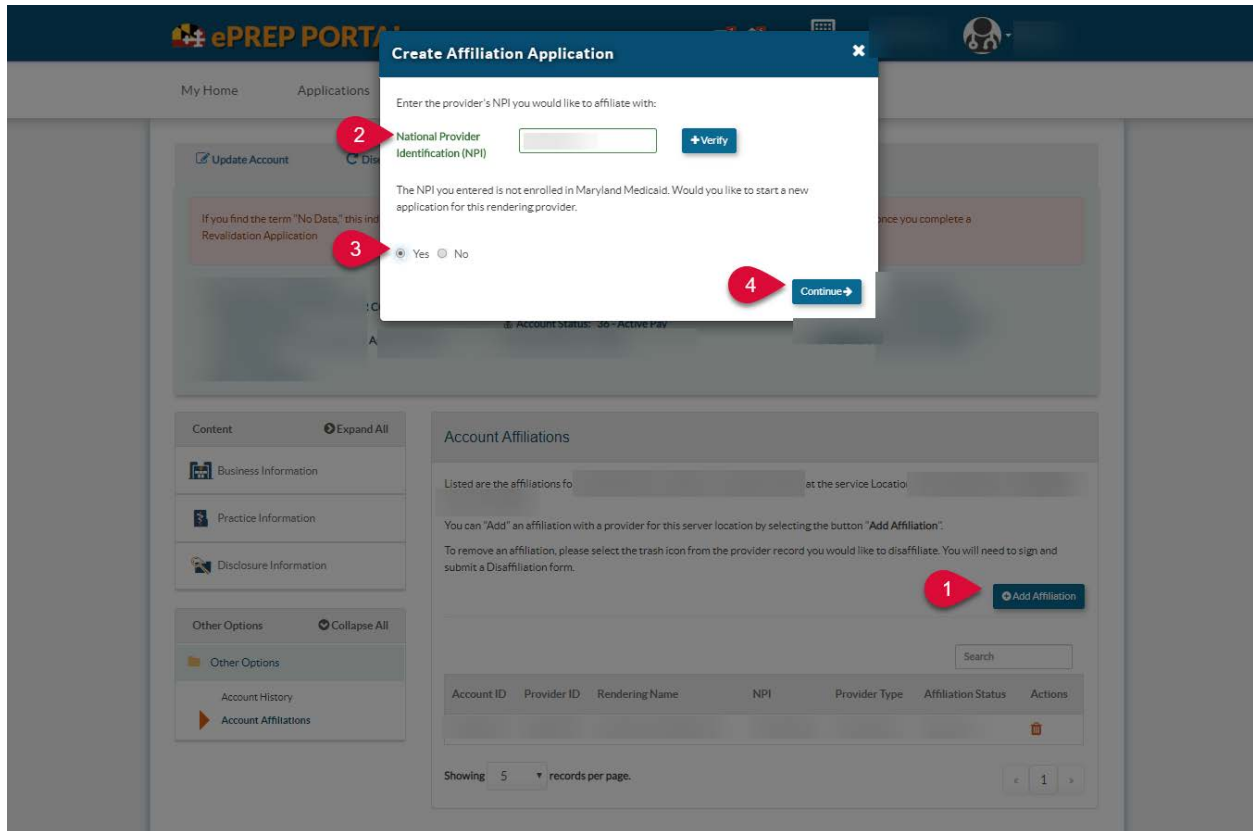


STEP 12: From the My Accounts menu, under the actions tab on the Account info, select the “Add Affiliation” icon.



STEP 13: On the Account Affiliations page, click “Add Affiliation.” This will bring the User to a pop-up screen where the affiliated NPI should be entered. This is where the User will add the Licensed Practitioner NPI to affiliate and then click Verify.

STEP 14: Once the provider’s NPI is verified, start a new application for the rendering provider by checking “Yes” then Continue.

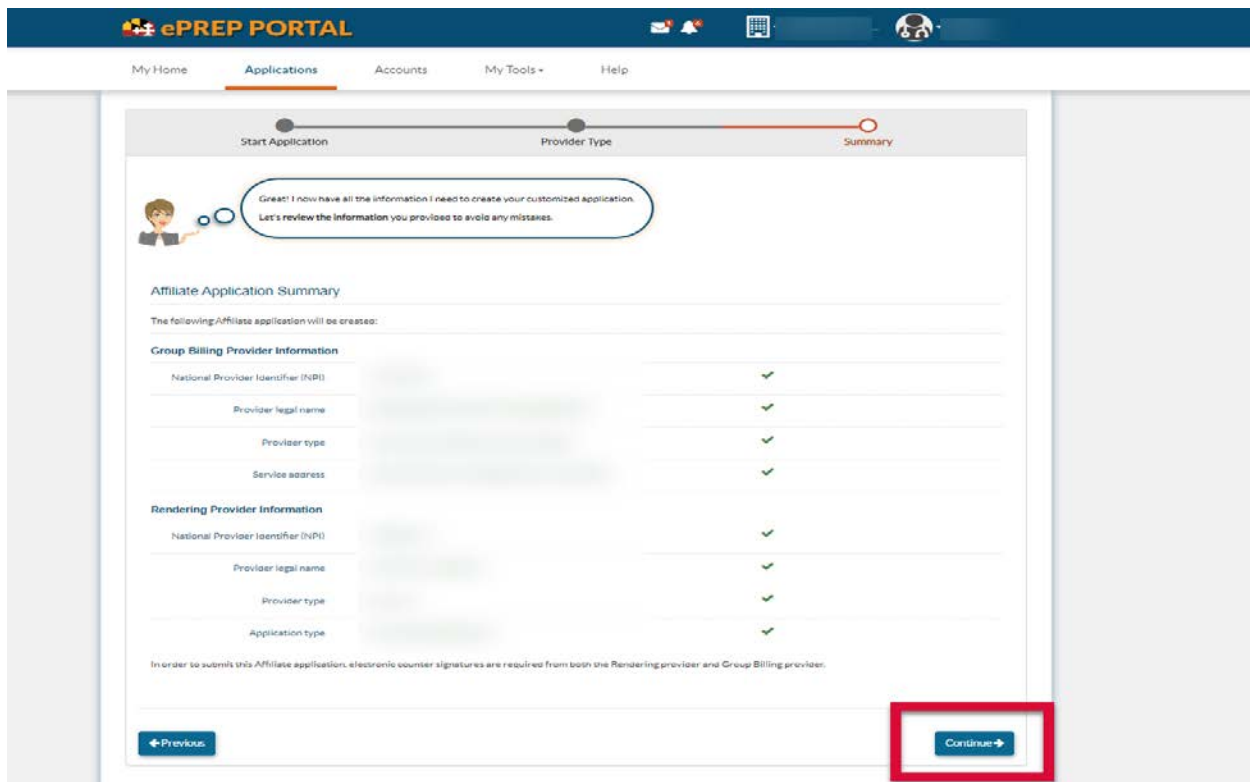


STEP 15: Confirm the Licensed Practitioner's name is correct on the next page before selecting continue at the bottom right corner. It is okay if the taxonomy code is not correct or cannot be confirmed at this point.

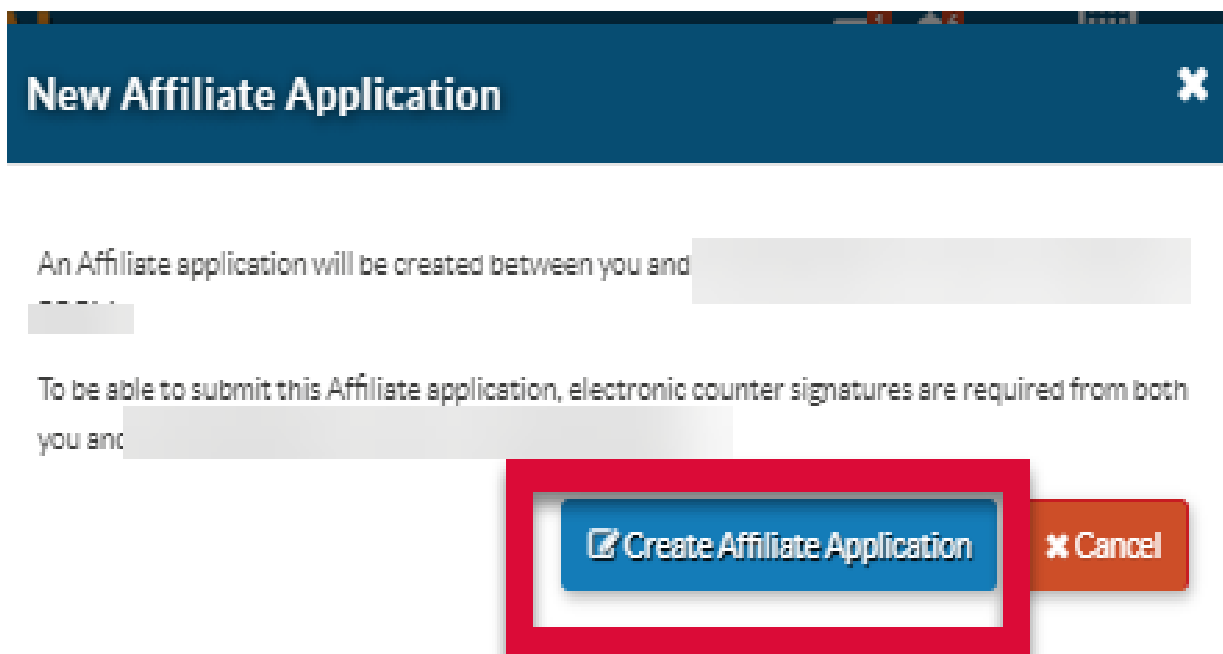
STEP 16: You can select the Rendering provider type from the drop down menu on the next page. For example: Speech/Language Pathologist, then select Continue. Provider types to be enrolled include physicians (psychiatrists), psychologists (clinical), licensed social workers – clinical, nurse psychotherapists, licensed certified professional counselors, audiologists, physical therapists, occupational therapists, speech language pathologists, dietitians/nutritionists. Maryland Medicaid does not enroll teachers, registered nurses, social workers (unlicensed), school psychologists (unlicensed), psychical therapy assistants, occupation therapy assistants, and speech language pathology assistants.

The screenshot shows the ePREP Portal interface. At the top, there is a navigation bar with 'My Home', 'Applications', 'Accounts', 'My Tools -', and 'Help'. Below this is a progress bar with three stages: 'Start Application', 'Provider Type' (which is the current stage), and 'Summary'. A message box with a cartoon character says: 'Now, choose one of the following options and specify your provider type from the drop-down list. Then select Continue when you're finished.' Below the message is a dropdown menu titled 'Select your Rendering provider type'. The dropdown is open, showing a list of provider types: '[Select a Provider Type]', '[Select a Provider Type]', 'ABA Services', 'Audiology Provider', 'Certified Professional Counselor', 'Dietician/Nutritionist', 'Nurse Practitioner', 'Nurse Psychotherapist', 'Occupational Therapist', 'Physical Therapist', 'Physician', 'Physician Assistant', 'Psychologist', 'Social Worker', and 'Speech/Language Pathologist'. A red arrow points from the 'Speech/Language Pathologist' option to a 'Continue' button located at the bottom right of the form area.

STEP 17: You can confirm the information is correct for both the Facility Billing Provider and the affiliated Rendering Provider information on the next page. It will be important for both the administrator in charge of Facility Provider information and the Rendering provider to be consistent with the submitted information.



STEP 18: A pop up window will come up. Select “Create Affiliate Application.”



STEP 19: The User will be brought to a page containing all Facility Provider Information and the Rendering Provider information. Start under the Group Info tab and select “Business Information” to confirm the Facility’s Profile information and Service Address of the affiliated Rendering Provider. Then, click continue to go to the next page.
 *The circles on the Tabs next to the title indicate progress toward completion for that section. A filled circle means that section is complete.

Profile Information Page:

ePREP PORTAL

My Home Applications Accounts My Tools Help

Provider Name [Redacted] 12% Complete 100% Documents
 Provider Type Physician 12% 100%
 Application ID 203DPOSM
 Creation Date 03/27/2020
 Package Type Rendering Provider

New Message Submit
 Send to Rendering

Group Info Expand All
 Business Information ●
 Profile Information ●
 Service Address ●
 Group Signature ○

Rendering Info Expand All
 Getting Started ●
 Profile Information ○
 Business Information ○
 Practice Information ○

Profile Information

Please review the accuracy of the information belonging to the affliator application.

Account ID	✓
Provider name	✓
Provider type	✓

Service Address Page:

Provider Name [redacted] 12% Complete 100% Documents
Provider Type Physician 12% 100%
Application ID [redacted]
Creation Date 04/27/2020
Package Type Rendering Provider

New Message Submit
Send to Rendering

Group Info Expand All
Business Information
Profile Information
Service Address
Group Signature

Rendering Info Expand All
Getting Started
Profile Information
Business Information
Practice Information
Disclosure Information
Rendering Signature

Service Address

Please review the Rendering information belonging to: [redacted]

Service Address

Listed is the service address where [redacted] will provide services.

Account ID	NPI	Service Address
[redacted]	[redacted]	[redacted]

Below are additional service addresses associated with the NP [redacted]. Please indicate if [redacted] will also provide services to MDH Maryland Medicaid beneficiaries at any of these locations.

Select All Clear All

STEP 20: Under the Group Signature subset, confirm the information is true by clicking the checkbox then continue.

Provider Name [redacted] 12% Complete 0% Documents
Provider Type [redacted] 12% 0%
Application ID [redacted]
Creation Date [redacted]
Package Type [redacted]

New Message Submit
Send to Rendering

Group Info Expand All
Business Information
Group Signature
Electronic Signature

Rendering Info Expand All
Getting Started
Profile Information
Business Information
Practice Information
Disclosure Information

Declarations Electronic Signature Summary

You're almost ready to sign your application!
Even though you have access to agree to these declarations, you might not meet the requirements to sign on behalf of the Group because you're not authorized or aren't an approved Delegated Official.
To prevent a Return to Provider (RTP), make sure you have already been disclosed and approved as a Delegated Official or someone with ownership or control interest in your Group.

I, [redacted] 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.

Previous Continue

STEP 21: On the Electronic Signature section, enter the last four digits of your Social Security Number (SSN), Year of Birth, and login password. Check the electronic signature agreement box before continuing.

The screenshot displays the 'ePREP PORTAL' interface. At the top, there's a navigation bar with 'My Home', 'Applications', 'Accounts', 'My Tools', and 'Help'. The 'Applications' section is active, showing a progress bar with 'Electronic Signature' highlighted. A tutorial box states: 'Now to complete the e-Signature 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 have already disclosed to Maryland Medicaid as someone who has ownership or control interest in the Group. Please treat this section the same way as if you were using your PIN at an ATM.' Below the tutorial, there's a checkbox for agreement, which is checked. The form fields are: 'SSN (last 4 digits)', 'Year of birth', 'Email address', and 'Password'. A red callout number '1' points to the 'Profile Information' tab in the 'Rendering Info' sidebar. Red callout numbers '2', '3', and '4' point to the SSN, Year of birth, and Password fields respectively. A red callout number '5' points to the 'Continue' button at the bottom right.

STEP 22: To complete the Group Signature for the Facility, review the information provided on the summary page. Check both of the checkboxes to agree. Once completed, go to the Rendering Info tab to the left of the page.

* Fill out the licensed practitioner's information under Rendering Info tab on this application first before clicking "Send to Rendering" to send the application to the Rendering Provider.

STEP 23: The next steps cover filling out the Rendering Provider information. Under Rendering Info, select “Profile Information,” then fill in all rendering provider information. Click the Continue button to move to the next tab.

The screenshot shows the 'ePREP PORTAL' interface. At the top, there are navigation tabs: 'My Home', 'Applications' (selected), 'Accounts', 'My Tools', and 'Help'. Below the navigation is a header bar with a user profile icon and a progress indicator showing '16% Complete' and '0% Documents'. The main content area is divided into a left sidebar and a main form area. The sidebar has sections for 'Group Info' (Business Information, Group Signature) and 'Rendering Info' (Getting Started, Profile Information, Individual Profile, Business Information, Practice Information, Disclosure Information, Rendering Signature, Submit Application). The main form area is titled 'Personal Information' and includes a progress bar with steps: Personal Information, Correspondence Address, Identification, and Summary. A callout box says: 'Please take a few minutes to fill out some personal information to continue with your application.' The form fields include: Prefix (with a tooltip: 'Enter your Prefix. The Prefix is optional'), First name, Middle name, Last name, Suffix, Professional title, Gender, Date of birth, Age, and Email address. At the bottom, there is a question: 'Has the individual completed cultural competence training?' with radio buttons for 'Yes' and 'No', and a 'Value is required' note.

STEP 24: Next, click on the business information tab. Confirm the contact person information. Then, continue.

The screenshot shows the 'ePREP PORTAL' interface. At the top, there are navigation tabs: 'My Home', 'Applications' (selected), 'Accounts', 'My Tools', and 'Help'. Below the navigation is a header bar with a user profile icon and a progress indicator showing '16% Complete' and '0% Documents'. The main content area is divided into a left sidebar and a main form area. The sidebar has sections for 'Group Info' (Business Information, Group Signature) and 'Rendering Info' (Getting Started, Profile Information, Business Information, Contact Person, Practice Information, Disclosure Information, Rendering Signature, Submit Application). The main form area is titled 'Contact Person Information' and includes a progress bar with steps: Contact Person Information and Summary. A callout box says: 'Who should I contact if I have questions about your application? Please choose a contact person who will be available during regular business hours.' The form fields include: First name (value is required), Last name (value is required), Title/Position, Business number (value is required), Extension, Fax Number, and Correspondence email address (value is required). At the bottom, there are 'Previous' and 'Continue' buttons.

STEP 25: Under Practice Information, you will need to complete “Individual License & Certifications” and “NPI/Taxonomy/Specialty.” Attach all professional license and certifications. Once these are completed, continue.

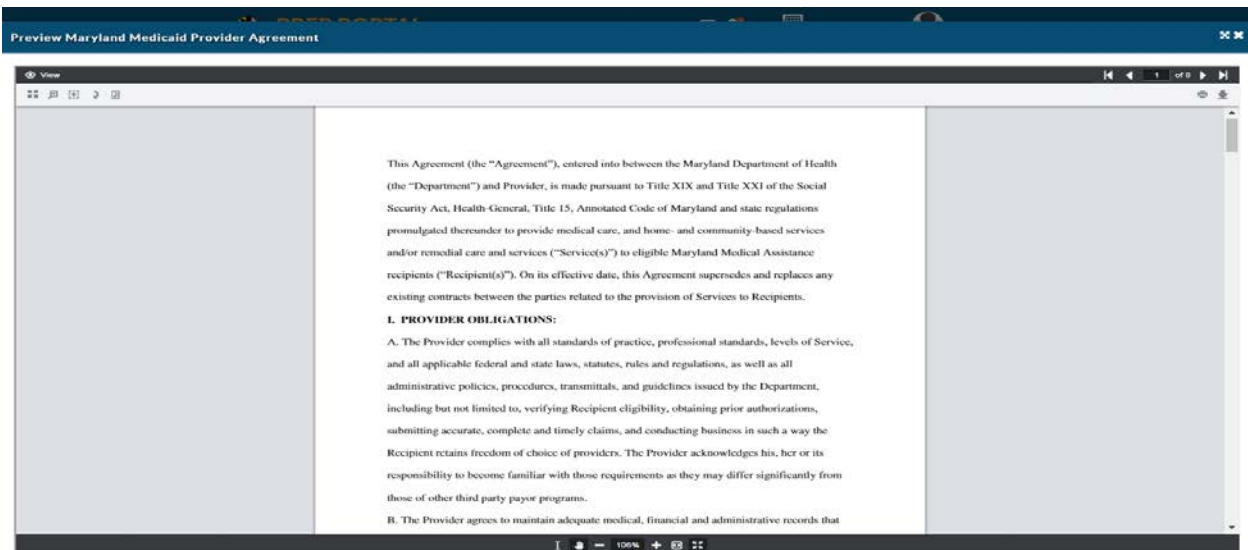
The screenshot shows the 'Individual Licenses & Certifications' form in the ePREP PORTAL. The top navigation bar includes 'My Home', 'Applications', 'Accounts', 'My Tools', and 'Help'. The main header shows '16% Complete' and '0% Documents'. The form is divided into two tabs: 'Individual Licenses & Certifications' (active) and 'Summary'. A callout box states: 'Here's where you provide a copy of your professional license and any professional certifications required by the appropriate board or authority. Please provide clear copies so my analysts can read them.' The form fields include: 'State health care license number' (with a 'value is required' error and a 'Document Required-Health Care State License' note), 'Issuance State/Province' (dropdown menu), 'Issuance date' (calendar icon), and 'Expiration date' (calendar icon). A question asks: 'Is Anthony Gordon required to have a copies of other specialized Licenses or Certifications from the appropriate board or authority?' with 'Yes' and 'No' radio buttons. A 'Send to Rendering' button is at the bottom right.

STEP 26: Fill out the Disclosure Information tab. Complete “Adverse Actions” and “Fines and Debts (Gov.)” Then, click “Continue” to move to Rendering Signature page.

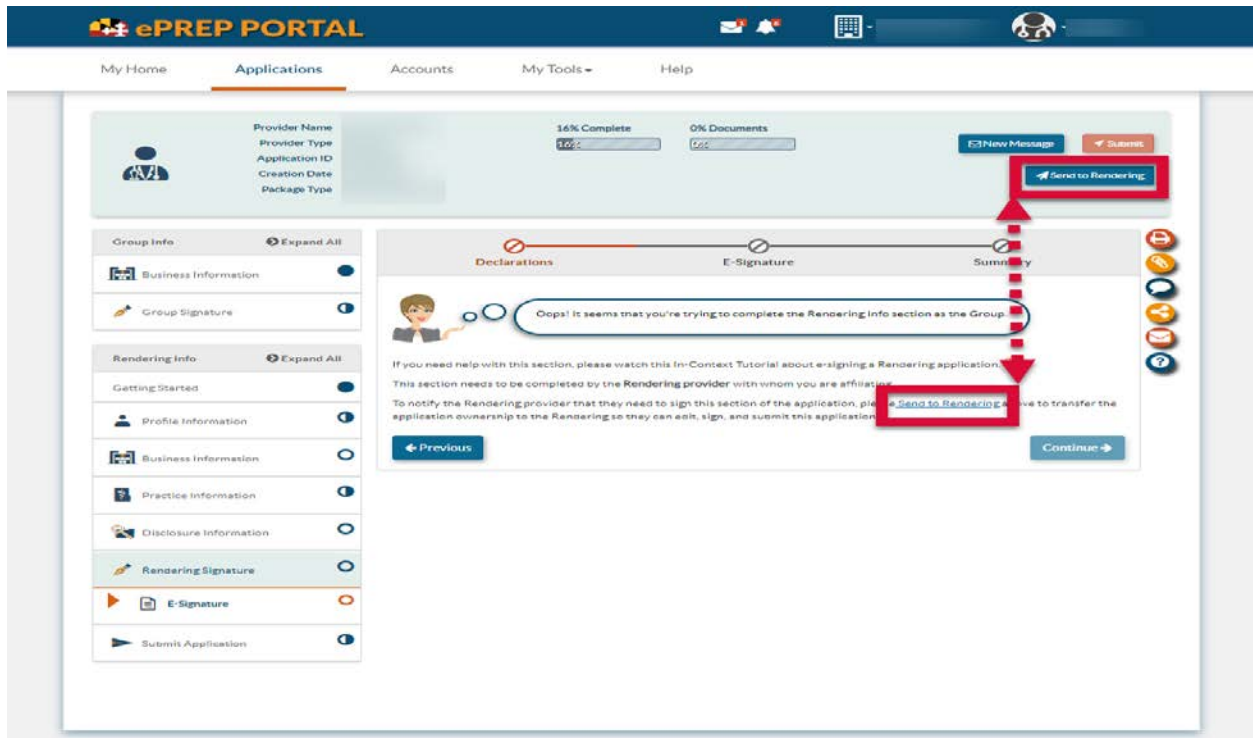
The screenshot shows the 'Contract/Program Actions' form in the ePREP PORTAL. The top navigation bar includes 'My Home', 'Applications', 'Accounts', 'My Tools', and 'Help'. The main header shows '16% Complete' and '0% Documents'. The form is divided into three tabs: 'Contract/Program Actions' (active), 'License Actions', and 'Summary'. A callout box states: 'Now please provide information about any adverse actions as specifically asked in the following questions with a clear copy of each requested document. This information must be accurate, complete and true to the best of your knowledge and belief.' The form fields include: 'Has [redacted] been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid program in Maryland or in any other State, Medicare, or any governmental or private medical insurance program?' with 'Yes' and 'No' radio buttons and a 'value is required' error. A second question asks: 'Has [redacted] ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense against public administration or against public health and morals in any State?' with 'Yes' and 'No' radio buttons and a 'value is required' error. A third question asks: 'Has [redacted] ever been found liable for fraud or abuse involving a government program in any civil proceeding?' with 'Yes' and 'No' radio buttons and a 'value is required' error. A fourth question asks: 'Has [redacted] ever entered into a settlement to resolve a proceeding related to fraud or abuse involving a government program?' with 'Yes' and 'No' radio buttons and a 'value is required' error. A 'Send to Rendering' button is at the bottom right.

STEP 27: As part of the Rendering Signature process, the Maryland Medicaid Provider Agreement will need to be reviewed before continuing. Under the Rendering signature tab, a hyperlink “Maryland Medicaid Provider Agreement” will be highlighted. Click on this link and review the agreement. Then, the checkboxes can be checked off. The boxes cannot be checked until the Agreement is reviewed.

Provider Agreement Page:

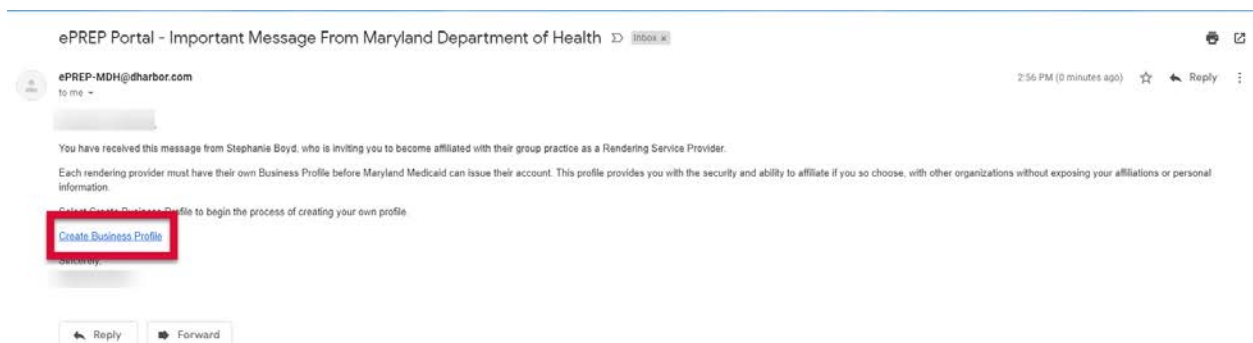


STEP 28: To complete the application, you will need to send the application in-progress to the rendering provider for the provider to sign. Click the “Send to Rendering” link in the text of the page. You may first fill in the rendering provider information for your affiliated provider, but you will *not* be able to sign the application for the Rendering Provider. When you are ready for the rendering provider to review and sign the application, click **“Send to Rendering.”**



The next section instructs the Rendering Provider how to set up a user profile and grant user privileges to the Facility Administrator. This will allow the Facility Administrator to access the Rendering Provider’s business profile, and submit supplemental changes on the provider’s behalf.

STEP 1: After the Facility Administrator sends the invitation to the Rendering Provider. The Rendering Provider will receive an email with subject “ePREP Portal – Important Message From Maryland Department of Health” Then in the body of the text, select the “Self-registration” link.



STEP 2: This will bring the provider to the ePREP Portal to “Sign Up” ePREP asks you to enter your personal information. Once entered, select “Next.”

ePREP PORTAL Bulletins Contact Us

Welcome to ePREP!
My name is Lucy. I'm here to help you create your ePREP User Profile. This profile allows you to securely login to the ePREP Portal at any time (24/7) from an up-to-date web browser: Chrome, Firefox, Safari, IE Explorer.
Let's get started!

First name Last name

Username

Password Confirm

Phone number

Recovery email address

I'm not a robot
This reCAPTCHA is for testing purposes only. Please report to the site admin if you are seeing this.

By selecting Next, you agree to the [Terms and Conditions](#).

NEXT

Maryland
DEPARTMENT OF HEALTH

STEP 3: The next page allows the User to access ePREP’s Multi-Factor Authentication tool. The User can select from three options to have their Verification Code sent to them to complete the Sign Up process:

- a. Text Message
- b. Phone Call
- c. Email

ePREP PORTAL Bulletins Contact Us Sign Up Login

Last step. Select the location where I can send you the 6-digit verification code. Once you enter the code, select Verify. Once the correct code is entered, I will log you in.

Send text message to my phone number

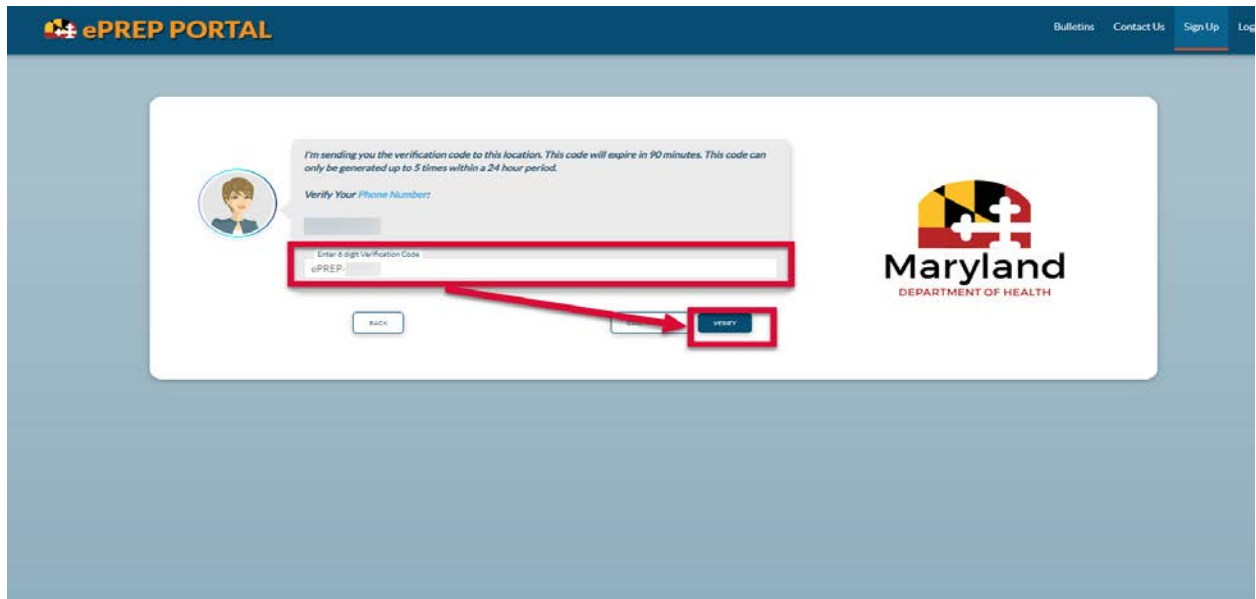
Call my phone number

Send to my recovery email address

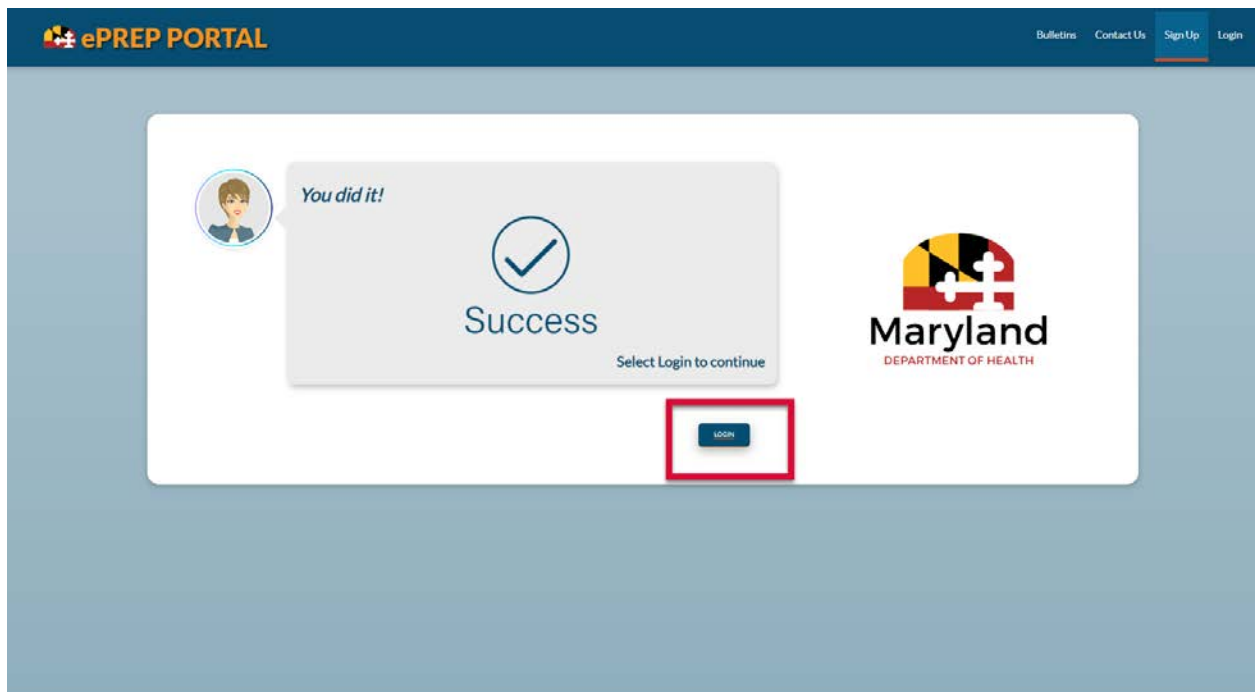
BACK **NEXT**

Maryland
DEPARTMENT OF HEALTH

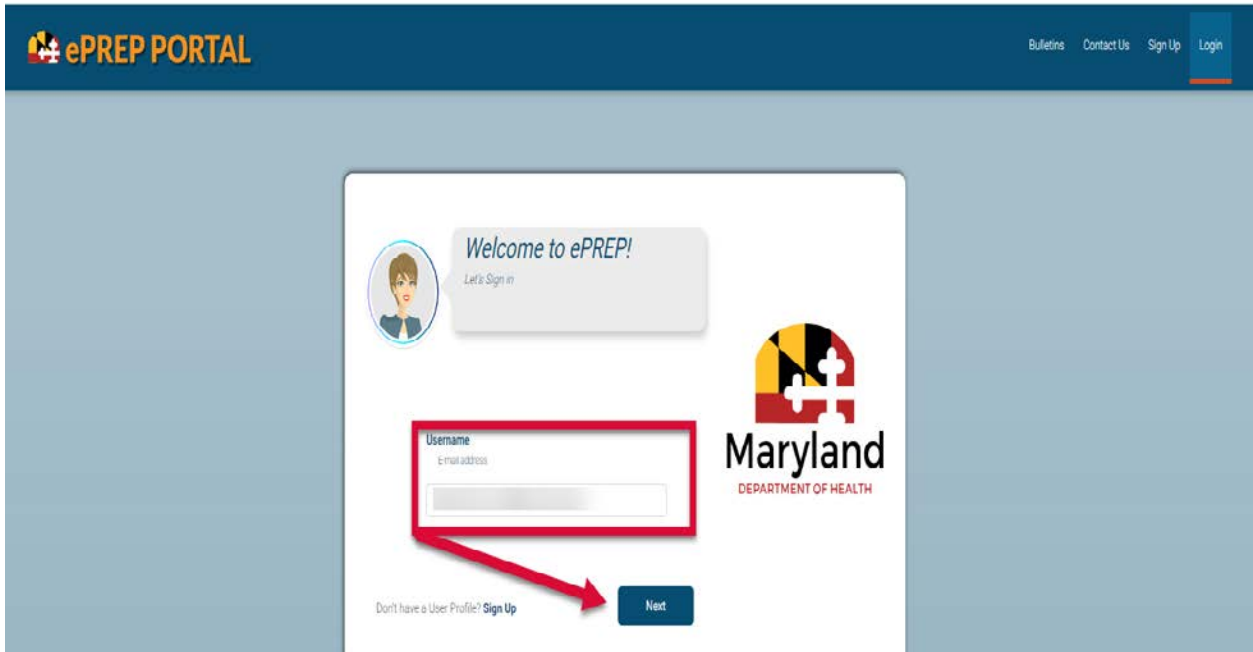
STEP 4: Once the User has received the Verification Code via one of the methods above, enter the Verification Code to complete the Sign Up process.



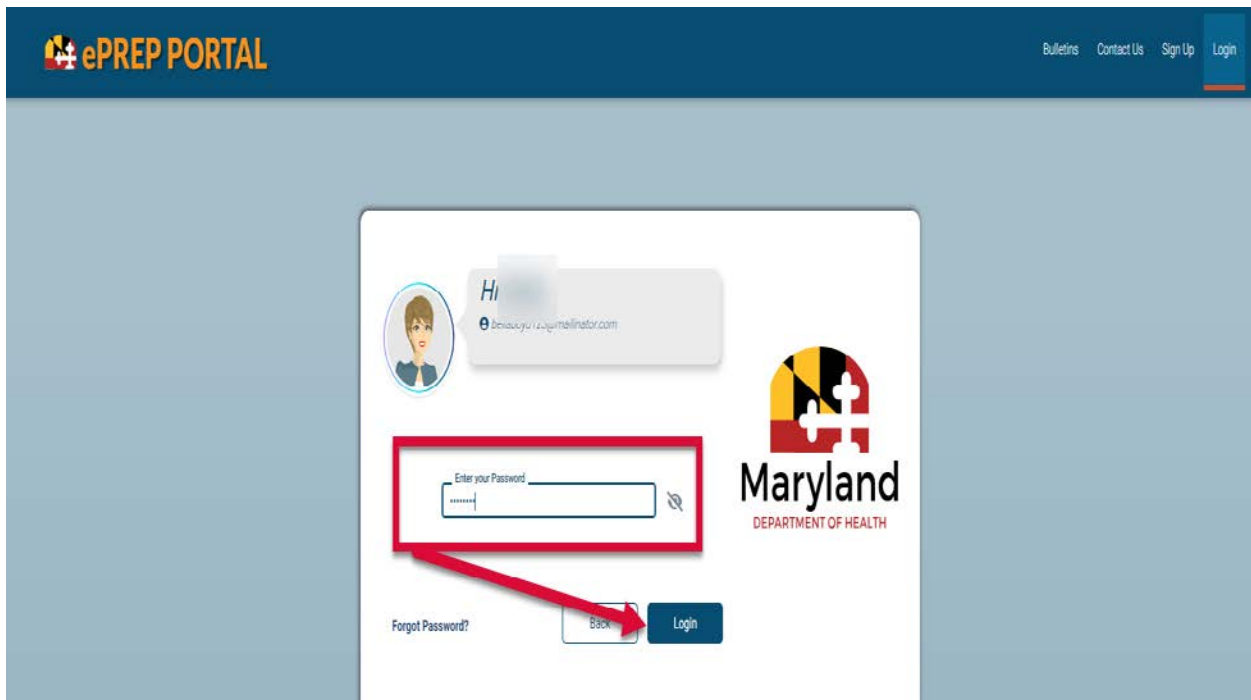
STEP 5: The User will then be prompted to return to the Login Page.



STEP 6: On the Login Page, the User will enter the Username (aka Email Address) and Click Next.



STEP 7: The next Login Page will prompt the User to enter the Password and select Login.



STEP 8: ePREP will now prompt the User to set up the Business Profile. This requires the User to enter a NPI. Enter the NPI and click “Verify NPI/Provider ID.” Based on the NPI, ePREP will automatically run through one of the three options below:

- a. If the User is new to Maryland Medicaid and ePREP, ePREP will require the User to create an entirely new Business Profile
- b. If the User is currently enrolled in Maryland Medicaid but are not registered with ePREP, ePREP will recognize the NPI, however, the User will still need to enroll in ePREP.
- c. If the User is currently enrolled with Maryland Medicaid AND ePREP recognizes that the NPI is already associated with an existing Business Profile, the User will have to Request to Join the existing Business Profile.

STEP 9: The next page will bring you to the ePREP main home page with a pop-up window “Rendering Affiliation Invitation”. In the text of the message, accept the affiliation by clicking the “Accept Affiliation” link.

STEP 10: From the ePREP landing page, select the “My Tools” dropdown menu and choose “User Administration.”

STEP 11: Click on “Invite User” to delegate privileges to a Facility Administrator.

STEP 12: On the Assign Privileges section, use the dropdown “Privilege Type” menu to select “Administrator.” This will give the user the most comprehensive set of privileges within the Business Profile.

STEP 13: The summary section will bring you to a page to review the information and privileges for the Administrator. Review and select “Send Invitation.”

STEP 14: Once the invitation is sent, the User will be returned to the My Tools page.

STEP 15: The Facility Administrator will receive an email with the subject “ePREP Portal – Request Invitation from *Business Profile Name*” in the text of the email. The Administrator will click on the “Open ePREP Portal Message” link.

STEP 16: The link will bring the Facility Administrator to the Choose a Business Profile Page where the Rendering Profile can be selected.