For new individual practitioners serving Maryland Medicaid participants during the COVID-19 state of emergency ONLY.

Please note this option only works for providers whose NPIs are unknown to Maryland Medicaid; previously enrolled providers need to re-enroll via ePREP.

2. Enter your name and contact information. If you are completing this application on behalf of the provider, please enter your own information. Next, select the provider type corresponding to the services the provider offers.
3. Review pre-application guidance carefully to determine whether this enrollment option is appropriate for you. If yes, click “continue”. If no, contact mdh.providerenrollment@maryland.gov for further guidance.

![Image of pre-application guidance]

*Figure 3*
4. **Step 1 of 6**: Review the electronic signature agreement. Select the checkbox indicating your agreement to the terms. Select “continue”.

5. **Step 2 of 6**: Please review and attest to the Maryland Medicaid provider agreement. Select the checkbox to indicate your agreement with the terms.
6. **Step 3 of 6**: Enter the requested enrollment begin date. Maryland Medicaid will honor retroactive enrollment begin dates for temporary providers back to the beginning of the COVID-19 state of emergency, or March 5, 2020.

**Please note**: Professional title, FEIN, and website address are optional fields. All other fields are required for pre-enrollment screening.

![Provider Information Form](image)

**Figure 6**
eMedicaid Temporary Enrollment Instructions

7. **Step 4 of 6**: Verify the information reported on the previous page and provide your electronic signature. If you need to correct any information, select “make changes” to return to the previous page. Select the checkbox under “electronic signature” to indicate your agreement to the terms.
8. **Step 5 of 6** requests provider practice information. Red arrows indicate required fields:

- Practice and ownership type dropdowns are required, but MDH will not be collecting or editing based on this information.
- If you have a DEA number, please provide it. Otherwise, it is not required. Medicare numbers are not required.
- Laboratory license and permit information: Red arrows indicate responses that are pre-selected 'no'. Please leave 'no' as the response for all questions in this section.
- Group information: Maryland Medicaid does not edit on affiliations between rendering and group providers; please leave responses pre-selected ‘no’.
- The ‘Medicaid numbers in other states’ is optional.

**Please note:** For practice type, select “Individual/ Rendering Practice”. For ownership type, select whichever is most appropriate for your practice.

![Practice Location Information](image)

**Figure 8 a**
### Medical License Information for Services Rendered at This Practice Location

- **State Board License Number:**
- **License Effective Date:** \(01/15/1991\) (mm/dd/yyyy)
- **Expiration Date:** \(09/30/2022\)
- **National Provider Identification Number (NPI):**
- **DEA Number:**

**Medicare Numbers for Services Rendered at This Practice Location:**
(Leave blank, if enrolling as a member of a group and do not wish to be reimbursed directly by the state.)

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### Laboratory License and Permit Information for Services Rendered at This Practice Location

Providers enrolling for COVID-19 state of emergency purposes should select “no.”

- **Do you provide laboratory services?**  
  - [ ] yes  
  - [ ] no  

- **Do you provide laboratory services for other than your own patients?**  
  - [ ] yes  
  - [ ] no

- **Do you receive specimens that originate in the State of Maryland?**  
  - [ ] yes  
  - [ ] no

**CLIA Number:**

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### Group Information

Providers enrolling for COVID-19 state of emergency purposes should select “no.”

If you render services as a member of a Group practice at this Practice Location, please complete the following:

- **At this Practice Location, do you provide care to Maryland recipients as a member of a Group practice?**  
  - [ ] yes  

- **At this Practice Location, do you also provide care to Maryland recipients through your private practice and wish to be reimbursed directly by the State?**  
  - [ ] yes

Please list the Maryland Provider Number of each Group for which you render services at this Practice Location. Please specify the Effective Date of your membership with each Group:

**Group Number:**

**Group Membership Effective Date:**
9. **Step 6 of 6:** Verify the information you’ve entered in the application is correct. If you wish to make changes, select “make changes” to return to the application. If the information is correct, click “continue”.

10. **Transaction confirmation:** Please record your confirmation number for your records. If approved, MDH will send an enrollment approval letter with the provider’s temporary provider ID number to the email listed on the application. Please retain this number for your records as well.

If you have any questions about temporary enrollment or the status of your application, please email [mdh.providerenrollment@maryland.gov](mailto:mdh.providerenrollment@maryland.gov).
For information electronic claims submission through eMedicaid, please review the overview and tutorial on the eMedicaid homepage. If you have any questions about the electronic claims submission process, please email mdh.hipaaeditest@maryland.gov.

Figure 10