

# ePREP for Diabetes Prevention Program (DPP) Providers

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# Welcome to ePREP! ---

**ePREP** stands for **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal.

Here are some of the Benefits of using ePREP:

- Applications can be filled out electronically instead of by paper
  - Easier/Quicker to fill out
  - Only the necessary fields for the type of application are generated
  - Shorter processing times
- Access to your Maryland Medicaid information (now called an Account in ePREP)
  - You can see the status of your account (Active, Suspended or Inactive)
  - You can see your affiliations
  - You can see all of your demographic information

# Overview

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This Webinar will cover the following:

- Helpful Resources
- User Profiles
- Business Profiles
- Application Types
- How to add an addendum
- Where to find an addendum
- Disclosures
- Changes of Ownership
- Signing an Application
- Checking the Status of an Application

# Helpful Resources

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Maryland Medicaid has created a website with documents, checklists and webinars that will help you with ePREP enrollment and updates.

[health.maryland.gov/eprep](https://health.maryland.gov/eprep)

# Helpful Resources Cont.

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## *Resources within ePREP*

- **Lucy** – Your enrollment buddy and guide appears on most pages to give you helpful information.
- **Lucy Hover Help** – When you click on or hover over a action item (textbox, drop down, Radio button), Lucy will pop up again with more information on what and how to enter information
- **In Context Tutorials** – If you see a filmstrip icon you can click on it to view a short 3 to 5 minute video explaining what needs to be done .



If you are an authorized signer, use your legal first name



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# ePREP Terminology

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- **User Profile:** Your individual username, used to log in to ePREP.
- **Business Profile:** A centralized environment that houses your enrolled Medicaid entity accounts and applications. A user may have access to one or more business profiles.
- **Account:** ePREP record for an enrolled provider, associated with a single NPI, provider type, practice location, and entity Medicaid (MA) number.
- **Linking:** Connecting your Business Profile to an existing account so that you can view and manage it.

# ePREP Application Types ---

## *Application Types*

- **Supplemental:** A change in a provider's account information or required documenting, such as correspondence address or an updated professional license.
- **Change of Ownership (CHOW):** Application to add a new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.
- **New Facility:** Application to enroll a new DPP facility to Maryland Medicaid.
- **Disenrollment:** An application to stop being part of Maryland Medicaid. Started from the Accounts screen when viewing active accounts. An example of when to create a disenrollment application, will be if a facility intends to stop being part of Maryland Medicaid, or shutdown.

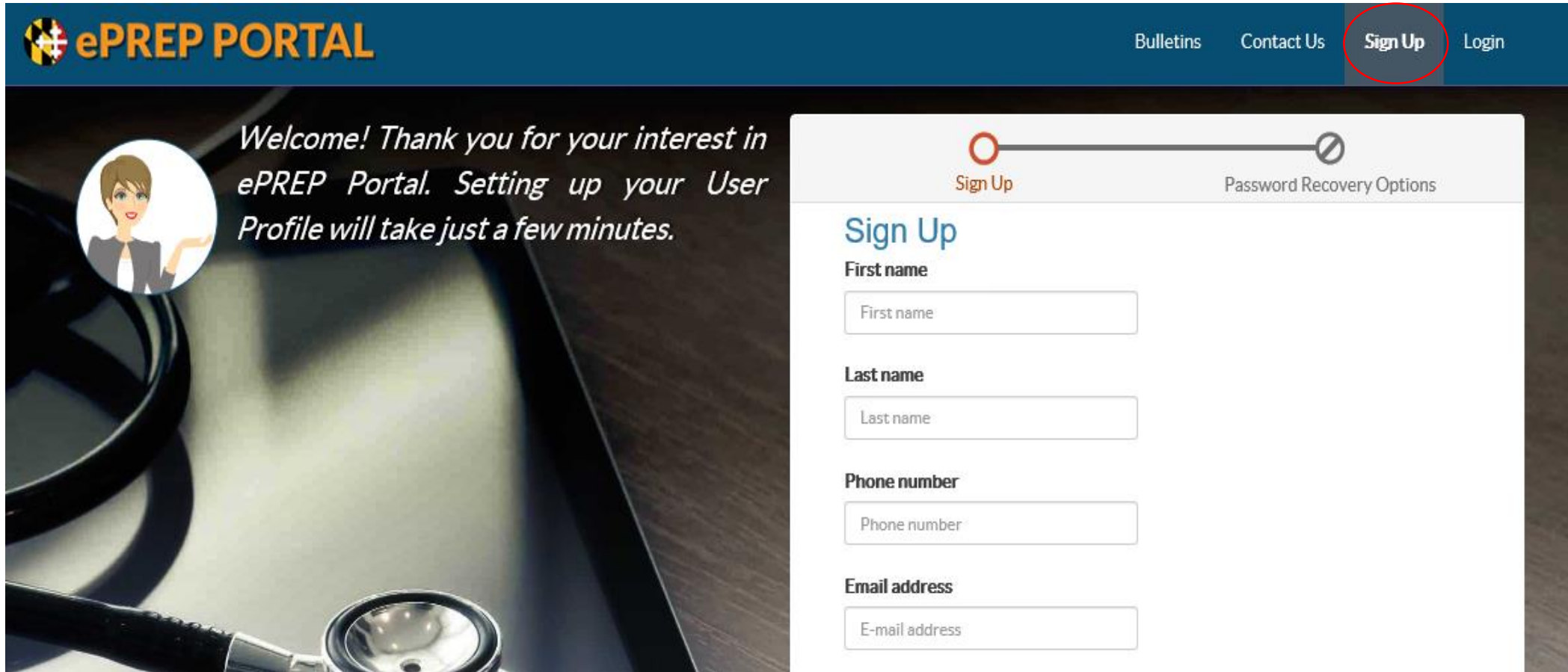
# ePREP Application Types Cont.

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## *Revalidation*

- Application to renew your Medicaid enrollment every 5 years
- Scheduled automatically in ePREP when they are due. You may only submit a reval when you receive a notification that it is time to do so.
- You will receive a printed reval notification in the mail for your initial notification. After your ePREP account is set up, you will receive electronic reval notifications.

# First things first: Let's start by Signing Up



**ePREP PORTAL**

Bulletins Contact Us **Sign Up** Login

*Welcome! Thank you for your interest in ePREP Portal. Setting up your User Profile will take just a few minutes.*

**Sign Up** Password Recovery Options

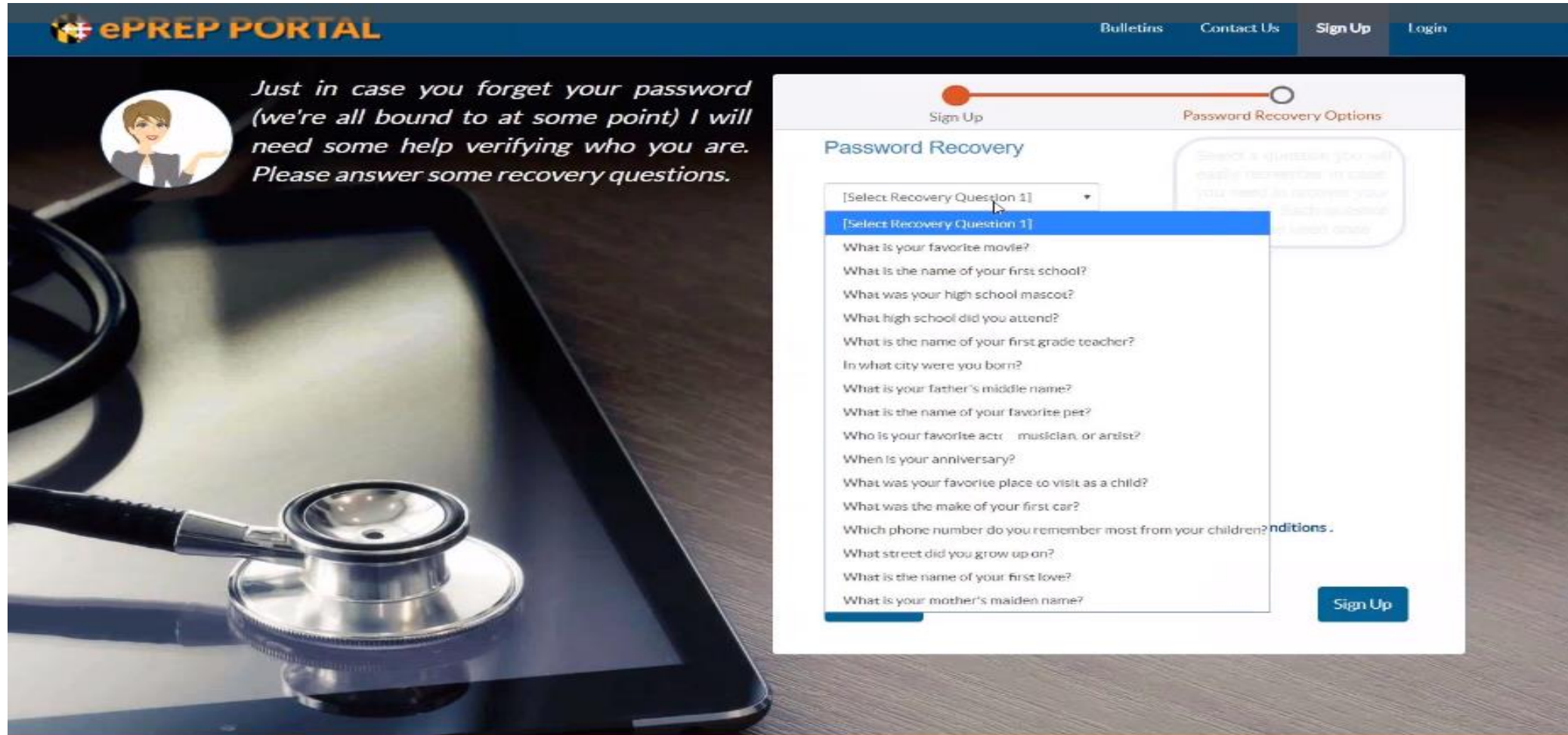
**First name**

**Last name**

**Phone number**

**Email address**

# Password Recovery



The image shows a screenshot of the ePREP PORTAL website. The background features a stethoscope on a tablet. On the left, a circular icon of a woman is next to a text box that reads: "Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions." The main content area is titled "Password Recovery" and includes a progress bar with "Sign Up" and "Password Recovery Options" tabs. A dropdown menu for "[Select Recovery Question 1]" is open, showing a list of 15 questions. A "Sign Up" button is located at the bottom right of the form.

**ePREP PORTAL**

Bulletins Contact Us Sign Up Login

Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.

Sign Up Password Recovery Options


**Password Recovery**


[Select Recovery Question 1]

- [Select Recovery Question 1]
- What is your favorite movie?
- What is the name of your first school?
- What was your high school mascot?
- What high school did you attend?
- What is the name of your first grade teacher?
- In what city were you born?
- What is your father's middle name?
- What is the name of your favorite pet?
- Who is your favorite actor, musician, or artist?
- When is your anniversary?
- What was your favorite place to visit as a child?
- What was the make of your first car?
- Which phone number do you remember most from your children?
- What street did you grow up on?
- What is the name of your first love?
- What is your mother's maiden name?

Sign Up

# Password Recovery Cont.

BulletinsContact UsSign UpLogin



*Just in case you forget your password (we're all bound to at some point) I will need some help verifying who you are. Please answer some recovery questions.*

Sign Up

Password Recovery Options

### Password Recovery

What is your favorite movie? ▾

What is the name of your first school? ▾

In what city were you born? ▾

☐ Use my Sign Up email for password recovery

Recovery email address

By selecting Sign Up, you agree to the ePREP Portal Terms of Use

Previous

Sign Up

Please enter an email address to recover your password if you forget. This should be an email that you check regularly and one that will stay constant through potential job changes.

# Email Activation

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## ePREP Portal - Activation

ePREP-MDH@dharbor.com [ ePREP-MDH@dharbor.com ]

Thu Nov 15 2018 09:57:59 GMT-0500 (Eastern Standard Time) ✕

Dear Ben,

Welcome to the DHCS Maryland Department of Health ePREP Portal!

To complete your registration process select the hyperlink below within 30 days of the receipt of this activation email.

[ePREP Portal Activation](#)

Sincerely,

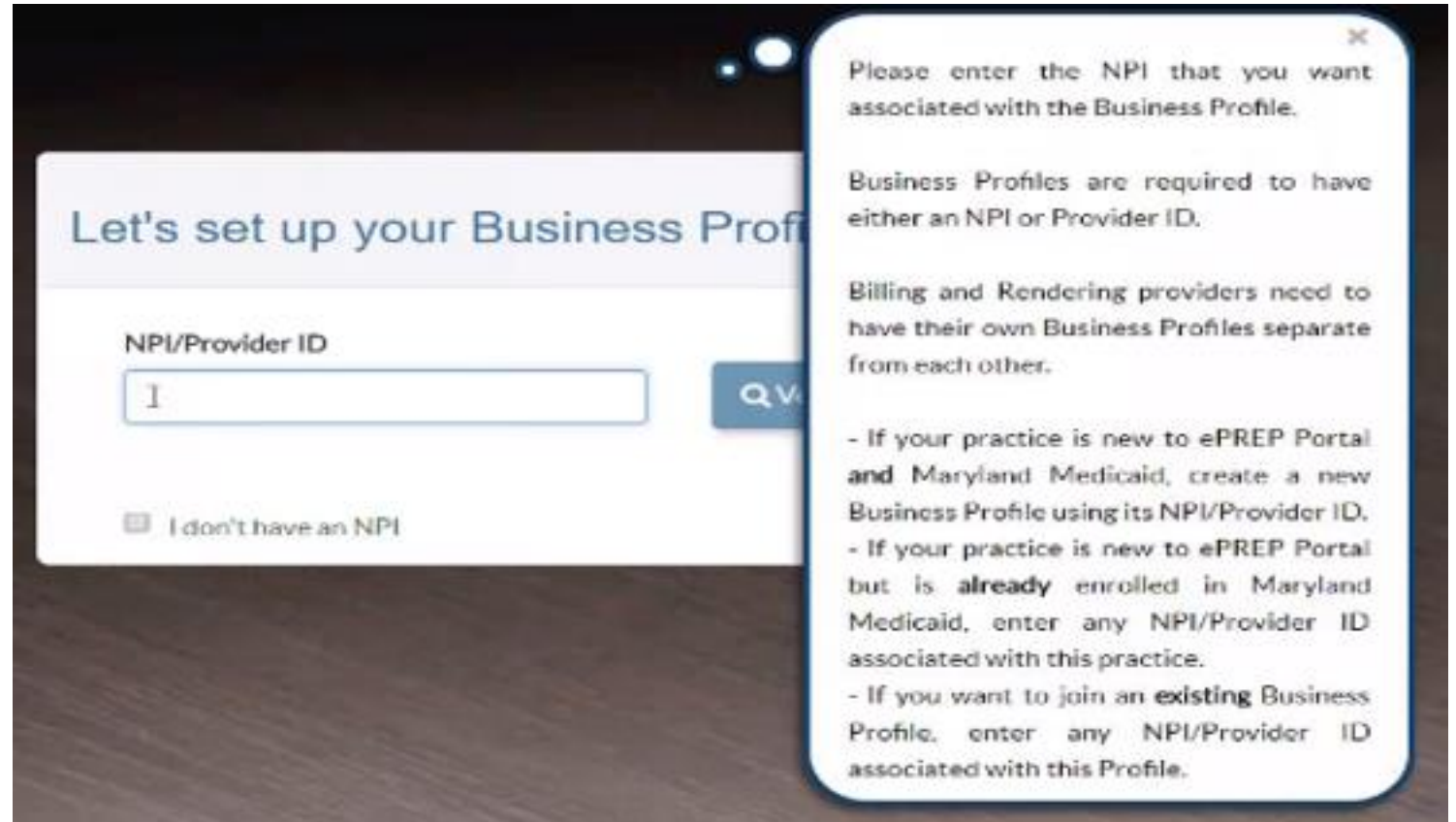
ePREP Portal Administration

To review Maryland Department of Health's Internet Policies and Procedures select, [MDH Policy/Procedure](#)

Please note: This e-mail was sent from an auto-notification system that cannot accept incoming e-mail. Please do not reply to this message.

# Setting up a Business Profile

- To create a Business Profile you can use your NPI or if you are already a Maryland Medicaid provider you can use your Provider ID to create the Business Profile.
- If you want to join an existing Business Profile you can enter either the NPI or the Provider ID.



The screenshot shows the 'Let's set up your Business Profile' screen in the ePREP Portal. It features a text input field labeled 'NPI/Provider ID' with the letter 'I' entered. Below the field is a link that says 'I don't have an NPI'. To the right of the input field is a blue button with a magnifying glass icon and the text 'QV'. Overlaid on the right side of the screen is a white box with a blue border containing the following text:

Please enter the NPI that you want associated with the Business Profile.

Business Profiles are required to have either an NPI or Provider ID.

Billing and Rendering providers need to have their own Business Profiles separate from each other.

- If your practice is new to ePREP Portal and Maryland Medicaid, create a new Business Profile using its NPI/Provider ID.
- If your practice is new to ePREP Portal but is **already** enrolled in Maryland Medicaid, enter any NPI/Provider ID associated with this practice.
- If you want to join an **existing** Business Profile, enter any NPI/Provider ID associated with this Profile.


# Verifying Facility NPI


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Congratulations, george. On to the next task!

Now that you have a User Profile, you will need to set up a new Business Profile or join an existing one. Start by entering your NPI or Provider ID.


### Let's set up your Business Profile

**NPI/Provider ID** 

 **Verify NPI/Provider ID**

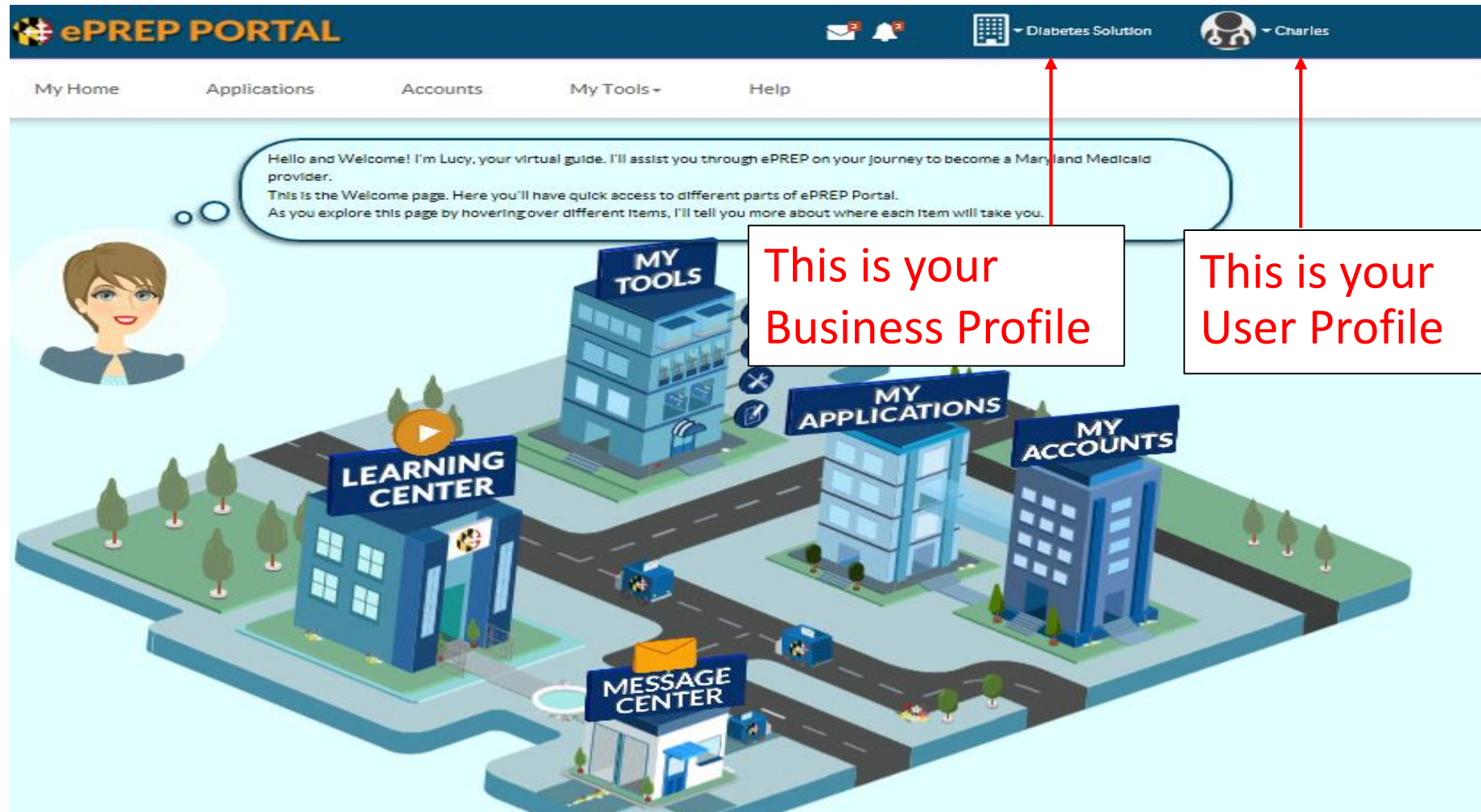
**Business Profile Name**

value is required

 **Create Business Profile**

☐ I don't have an NPI

# Welcome Screen



# Information Reminder

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- Diabetes prevention program facilities are not required to enter rendering provider affiliations to proceed with their application.
- You should **NEVER** link a rendering provider's NPI to the same Business profile as the facility.

# Facilities



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# New Application Option


[My Home](#) [Applications](#) [Accounts](#) [My Tools](#) [Help](#)

Start Application

Business Structure

NPI


Provider Type






Hello, Charles!

Please answer this simple questionnaire to help me to determine **the correct type of application for you.** If you need help with any of these options, you can watch the **Questionnaire In-context tutorial.**



Let's get started!



☐  I'm enrolled in Maryland Medicaid, and I want to create an application



☐  I'm enrolled in Maryland Medicaid, and I want to affiliate with another provider 


☒  I'm new to Maryland Medicaid, and I want to create a new application

What kind of provider are you?

☐  I'm an Individual health care practitioner 

☐  I'm a Group or FQHC health care practice 

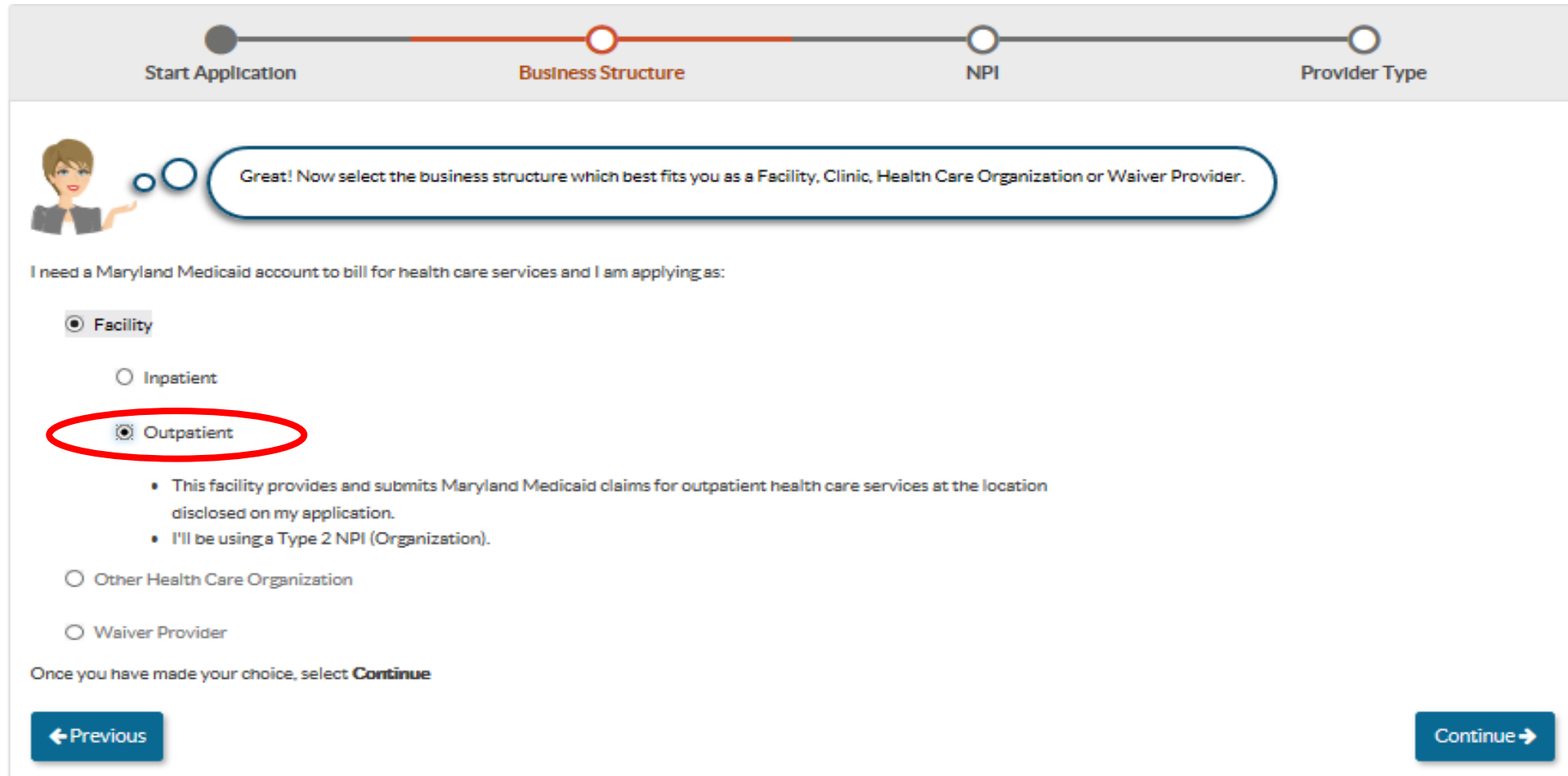
☒  I'm a Facility, Clinic, Health Care Organization or Walver Provider. 

☐  I want to make changes to my account

Once you have made your choice, select **Continue.**

# New Application Option

*DPP facilities must select the correct application and provider type to ensure that Medicaid can reimburse for their services.*



The screenshot displays a four-step progress bar at the top: 'Start Application' (completed), 'Business Structure' (current step, highlighted in orange), 'NPI', and 'Provider Type'. Below the progress bar, a message bubble from a female icon says: 'Great! Now select the business structure which best fits you as a Facility, Clinic, Health Care Organization or Waiver Provider.' The main text reads: 'I need a Maryland Medicaid account to bill for health care services and I am applying as:'. There are four radio button options: 'Facility' (selected), 'Inpatient', 'Outpatient' (circled in red), and 'Other Health Care Organization'. Below the 'Outpatient' option, two bullet points are listed: 'This facility provides and submits Maryland Medicaid claims for outpatient health care services at the location disclosed on my application.' and 'I'll be using a Type 2 NPI (Organization)'. At the bottom, there is a 'Waiver Provider' option, a 'Continue' button, and a 'Previous' button.

Start Application Business Structure NPI Provider Type

Great! Now select the business structure which best fits you as a Facility, Clinic, Health Care Organization or Waiver Provider.

I need a Maryland Medicaid account to bill for health care services and I am applying as:

☒ Facility

☐ Inpatient

☒ Outpatient

- This facility provides and submits Maryland Medicaid claims for outpatient health care services at the location disclosed on my application.
- I'll be using a Type 2 NPI (Organization).

☐ Other Health Care Organization

☐ Waiver Provider

Once you have made your choice, select **Continue**

← Previous Continue →


# NPI Verification

Start Application

Business Structure

NPI

Provider Type



Terrific! Now I have your registry! To be safe, **check if your information is correct** before moving on.

National Provider Identifier (NPI)

✓

Verify >

National Provider Identifier (NPI)

Type

2-Organization

Legal name

DIABETES.

Taxonomy Code(s)

174H00000X

NPPES address (registered)

1100 S MAIN ST L

Is this information correct?

☒ Yes ☐ No

When you have entered and verified your NPI, select **Continue**.

← Previous

Continue →

# New Application Option Cont.

*After verifying the facilities NPI number, you are required to select the “Provider Type.”*

Start Application Business Structure NPI Provider Type

Now that your NPI has been verified, select your **provider type** from the drop-down list and press **Continue** to move on.

**Provider Type**

[Select a Provider Type]

- 1915(i) Facility
- Ambulatory Surgery Center
- Clinic, Abortion
- Clinic, Drug
- Clinic, FP
- Clinic, General
- Clinic, LHD
- Clinic, Rural
- Community Based Partial Hospitalization Program
- Diabetes Prevention Program (DPP) Provider**
- Free Standing Birth Center
- Freestanding Oncology Center
- Local Education Agencies/Local Lead Agency
- Medical Day Care - Adults
- Mental Health Clinic
- Mobile Treatment Program
- Pediatric Nursing/Home Health Aide Services Agency
- Psychiatric Rehab Services Facility
- Substance Use Disorder Program
- Supported Employment
- Urgent Care Center
- Vision Care Provider

Continue →

ePREP Portal  
Version: 4.10.6.3 Build: #726  
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# Completing the Application

**ePREP PORTAL**

Provider Name: DIABETES SOLUTIONS  
Provider Type: Diabetes Prevention Program (DPP) Provider  
Application ID: [Redacted]  
Creation Date: 05/10/2019  
Package Type: Facility

3% Complete  
0% Documents

New Message Submit

Content Expand All

- Getting Started (Filled circle)
- Getting Started (Half circle)
- Business Information (Empty circle)
- Practice Information (Empty circle)
- Disclosure Information (Empty circle)
- Rendering Provider Affiliations (Empty circle)
- Signature (Empty circle)
- Submit Application (Empty circle)

☒ Getting Started

Let's take a few minutes to watch these In-Context Tutorials before you start your application as a **Diabetes Prevention Program (DPP) Provider**. These videos will help you get oriented and make filling out your application a breeze.

If you need help while working on your application, you can always come on back here for a refresher, or just look for the icon throughout ePREP Portal.

**Getting Started**

Familiarize yourself with all the elements of this page, including:

- Application structure
- Social tools
- Status indicators

Keep an eye on the completion prompts to guide you. Make sure all the circles are filled in

- Filled circles indicate the section is completed.
- Half circles mean the section is not completed.
- Empty circles indicate sections not started.

# Provider Addendum

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- Diabetes prevention program facility providers must attach an addendum to their application.
- The addendum is available on the Maryland Medicaid website.  
[health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo)
- The provider will need to navigate to the Enrollment page. This is where the provider can then find their Provider Type (PT) and click on the “X” to retrieve that PT’s Addendum.

# Provider Addendum Cont.

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy/Specialty

Additional Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary

Okay, your provider type **Diabetes Prevention Program (DPP) Provider** requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the **Diabetes Prevention Program (DPP) Provider** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addenda		

Previous

Continue

# Where To Find Addenda on MDH Website

Maryland.gov Phone Directory State Agencies Online Services Translate

MARYLAND.gov

MARYLAND DEPARTMENT OF HEALTH

Facebook Twitter YouTube Instagram ALL

Enter search term

HOME CHILDREN'S HEALTH PHARMACY LONG TERM CARE HEALTH CHOICE

PROGRAM INFORMATION

State Innovation Model (SIM)

About our programs

Apply for Medicaid

Applications for Long Term Care (all 9709 versions available)

Medicaid Renewals

Provider Information

CHILDREN'S HEALTH

Maryland Children's Health Program

Provider Search

Provider Enrollment

Most solo practitioners, rendering only providers and group practices may no longer submit paper applications. These providers must enroll via ePREP at [ePREP.health.maryland.gov](#). You may also click on the "ePREP" link next to your provider type to enroll.

For more information about Phase I provider types and ePREP, please visit [health.maryland.gov/ePREP](#).

To access applications for Facilities, Dental Providers and 1915(i) provider types, please click on the "X" next to the appropriate provider type.

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

A

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
AUDIOLOGY PROVIDER	19	ePREP	ePREP	X
AMBULATORY SURGERY CENTER	39			X
ADAA CERTIFIED ADDICTIONS OUTPATIENT PROGRAM	50			X
ACUPUNCTURE	AC	ePREP	ePREP	
AMBULANCE COMPANY	T4			X

D

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
DIAGNOSTIC SERVICES, OTHER	60			X
DIALYSIS FACILITIES	61			X
DMS/DME PROVIDER	62			X
DIETITIAN/NUTRITIONIST	85	ePREP	ePREP	
DDA SERVICES PROVIDER NEW ENROLLEES	90			X
DENTAL PROVIDER	14	X	X	
DIABETES PREVENTION PROGRAM	DP			X

E

PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
EPSTD THERAPEUTIC BEHAVIORAL SERVICES	51			X

F


PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP	FACILITY
FREESTANDING BIRTH CENTER	31			ePREP

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# Attaching an Addendum

Addenda/Supporting Documents

Summary



Okay, your provider type **Diabetes Prevention Program (DPP) Provider** requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the **Diabetes Prevention Program (DPP) Provider** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

☐ N/A

Add

Addenda/Supporting Document Name	Documents	Actions
Addendum	<div><div><div><div></div><div></div></div><div></div></div><div>Document Required:Addenda/Supporting Document document is required</div></div>	<div><div></div><div></div><div></div><div></div></div>

← Previous


Continue →



# Attaching an Addendum

Addenda/Supporting Documents

Summary



Okay, your provider type **Diabetes Prevention Program (DPP) Provider** requires specific addenda and supporting documents to be included in this application for enrollment approval. Please add them by selecting the hyperlink.

Select [Addenda/Supporting Documents](#) to obtain the required addenda and supporting documents for the **Diabetes Prevention Program (DPP) Provider** provider type. Once you have completed your required attachments select the Add button to attach them to this application.


☐ N/A

Addenda/Supporting Document Name

Documents





Actions

Out of State Site visit f




1

Attached:Addendum







CDC DPRP Status Documenta




1

Attached:Addendum







Addendum



1

Attached:Addendum



- Uploaded files will be indicated by the number “1” next to the paper clip.
- Multiple files as shown can be uploaded to the application by clicking the “Add” option to add new documents.

# Disclosure of Ownership

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***MOCA = Managing employees, Owners and Controlling interest Agents.***

- These will always be updated in the Disclosure Information section of an ePREP application.
- MOCA information can be updated without a need to complete a CHOW application

# Disclosure of Ownership Cont.

*Add new MOCAs to Disclosure Information form and this determines who can sign the application.*

Business Information

Practice Information

Disclosure Information

Adverse Actions

Fines and Debts (Gov.)

Subcontractors

Ownership/Control Interest


Significant Transactions

Delegated Officials

Rendering Provider Affiliations

Signature

Submit Application



In this section, a complete disclosure of ownership and financial interest is required. Please add at least one owner or those parties who have control interest in your Group. Keep in mind that you can share any record with another user, making it easy to complete your application.

Are there any Individuals or Entities (Corporations, unincorporated associations, partnerships, or similar entities) who have 5% or more (direct or indirect) Ownership or control interest, or any partnership interest in **DIABETES SOLUTIONS**?

All entity owners' **board members, officers of a corporation, and directors** must be disclosed in this section. Indirect entity owners do not need to disclose board members, officers of a corporation or directors if those individuals' only relation to applicant is via the indirect owner.

Additionally all **board members, officers of a corporation, directors, agents, and managing employees** of **DIABETES SOLUTIONS** must be reported in this section as well.

Add

Type	Name	Ownership/Control Interest	Status	Actions
No Ownership Control Interest listed.				

Previous

Continue

# Change of Ownership

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***CHOW = Change of Ownership.***

- Only done if the Tax ID changes.
- The MOCA information will also need to be updated with any CHOW.

# Change of Ownership Cont.

*For Maryland Medicaid CHOWs, the provider should:*

- Add new Tax Identification Number (TIN) or Employment Identification Number (EIN) to Business Information form.

The main difference with CHOW Applications is that they will have a NEW TAX ID

I need some additional information about your business. Don't forget to attach a clear copy of your documentation.

Business Profile TIN/SDAT & Business License Summary

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  value is required

State Department of Assessment and Taxation (SDAT) number ☐ N/A  value is required

Document Required: TIN/EIN document is required

← Previous Continue →

Submit Application

# Electronic Signature

Content

Expand All

Getting Started

Business Information

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature


E-Signature

Submit Application

Declarations

E-Signature


Summary



You're almost ready to sign your application!

Even though you're completing and submitting your application through ePREP Portal and not on paper, your signature is still required. Using the electronic signature feature, you can submit this application just like your handwritten signature.







Please read the Maryland Medicaid Provider Agreement, and then check the boxes to declare that you agree with this process.

Please note that in order to continue with the e-Signature process, you **must** read the Provider Agreement. 

[Maryland Medicaid Provider Agreement](#)  
review is required

☐ I, **Eprep Portal**, have read, understood, and agree with the terms of the Maryland Medicaid Provider Agreement.  
value is required

☐ I, **Eprep Portal**, declare that I have legal authorization to sign this application for and on behalf of **3330**  
value is required





# Applications

Messages

Notifications



My Applications













Here are your in-progress or submitted applications for your Maryland Medicaid accounts. Once you have completed the enrollment process, you will be able to modify your accounts. Listed below are the provider applications you have or are currently enrolling in Maryland Medicaid.

Your list of submitted and in progress apps.

The Status of your apps.

New Application

Additional Status Information.

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	Owner	Actions
	In Progress	DIABETES SOLUTIONS	Diabetes Prevention Program (DPP) Provider		Facility	8%	05/14/2019	Charles Charles	    
	Submitted	DIABETES SOLUTIONS	Diabetes Prevention Program (DPP) Provider		Facility	100%	05/10/2019	Charles Charles	    



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# Questions & Contacts

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- ePREP Portal: [eprep.health.maryland.gov](http://eprep.health.maryland.gov)
- Resources and frequently asked questions: [health.maryland.gov/eprep](http://health.maryland.gov/eprep)
- ePREP Call Center:

1-844-4MD-PROV (1-844-463-7768)

Monday – Friday 7AM- 7PM

\*\*\*Closed on State holidays\*\*\*