

ePREP for Nursing Facilities

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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

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

- There are two main resources you can use to learn all about ePREP and how to use it:
- Maryland Medicaid's ePREP Website
- Maryland Medicaid has created a website with documents, checklists and webinars that will help you with ePREP
 - health.maryland.gov/eprep

Helpful Resources Cont.



- **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



MARYLAND
Department of Health

ePREP Terminology – Profiles, Roles, and Accounts ---

- **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.
- **Inpatient New Facility:** Application to enroll an inpatient new 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. ---

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

[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](#)

Sign Up


First name


Last name

Phone number

Email address

Password Recovery

[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

Conditions

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

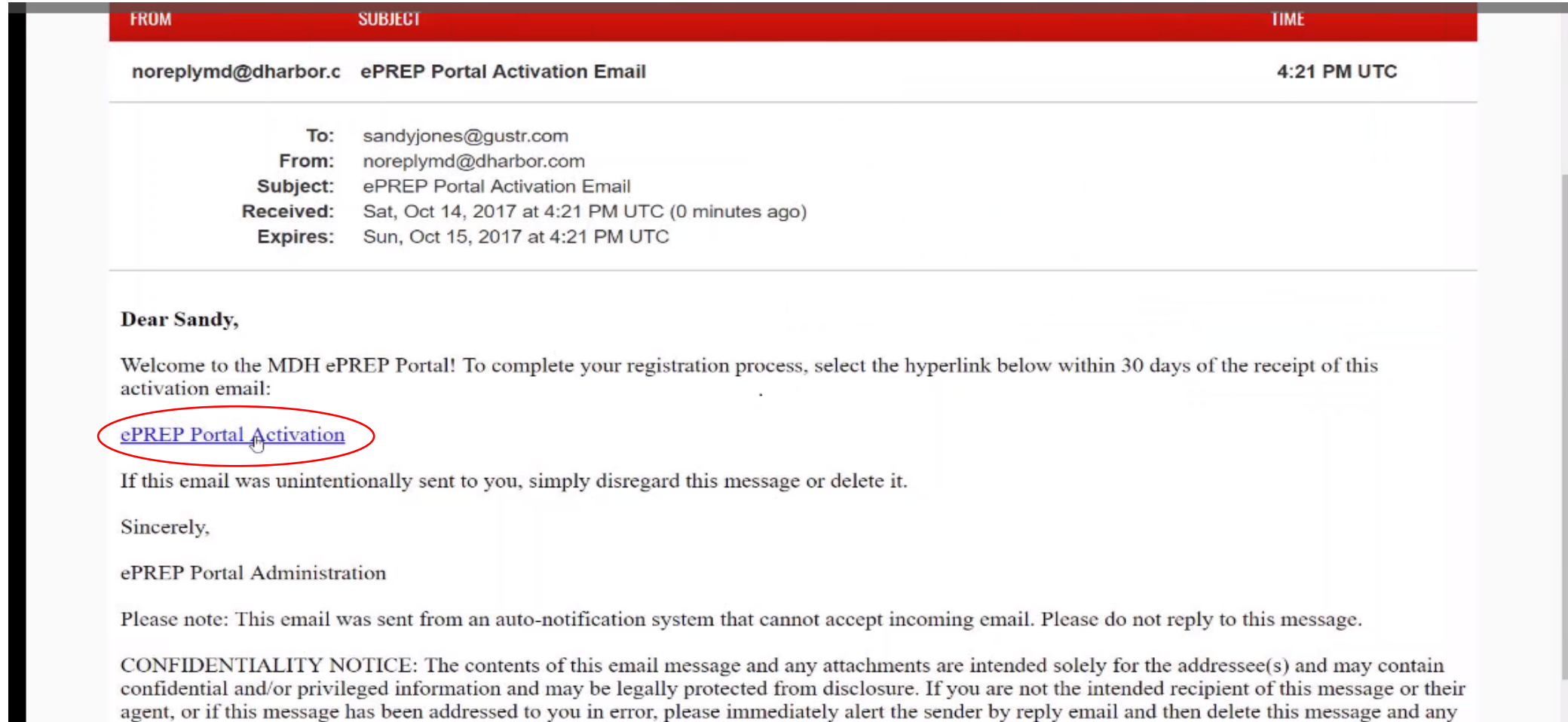
By selecting Sign Up, you agree to the ePREP Portal Terms of Service

Previous

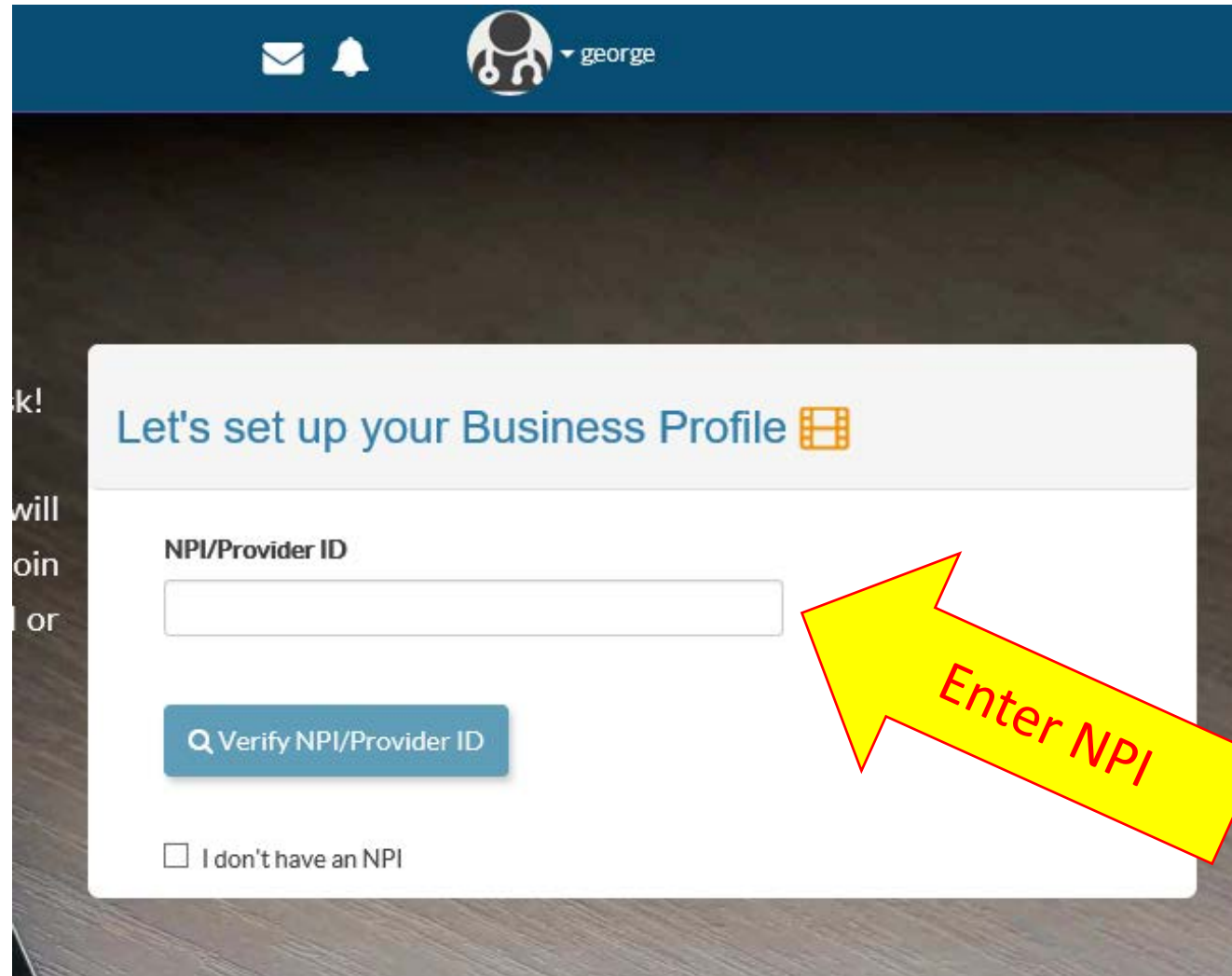
Sign Up

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



You will start by setting up your Business Profile and entering a corresponding NPI



The screenshot shows a web interface for setting up a Business Profile. At the top, there is a dark blue header with icons for email and notifications, a user profile icon, and the name "george". The main content area has a light gray background. A white box in the center contains the text "Let's set up your Business Profile" followed by a filmstrip icon. Below this is a label "NPI/Provider ID" above a text input field. Under the input field is a blue button with a magnifying glass icon and the text "Verify NPI/Provider ID". At the bottom of the white box is a checkbox labeled "I don't have an NPI". A large yellow arrow with a red outline points from the right towards the input field, with the text "Enter NPI" written inside it.

Let's set up your Business Profile

NPI/Provider ID

Verify NPI/Provider ID

☐ I don't have an NPI

Enter NPI

Verify NPI to Link Account to Business Profile

Congratulations, eprep. 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

1619274545



🔍 Verify NPI/Provider ID

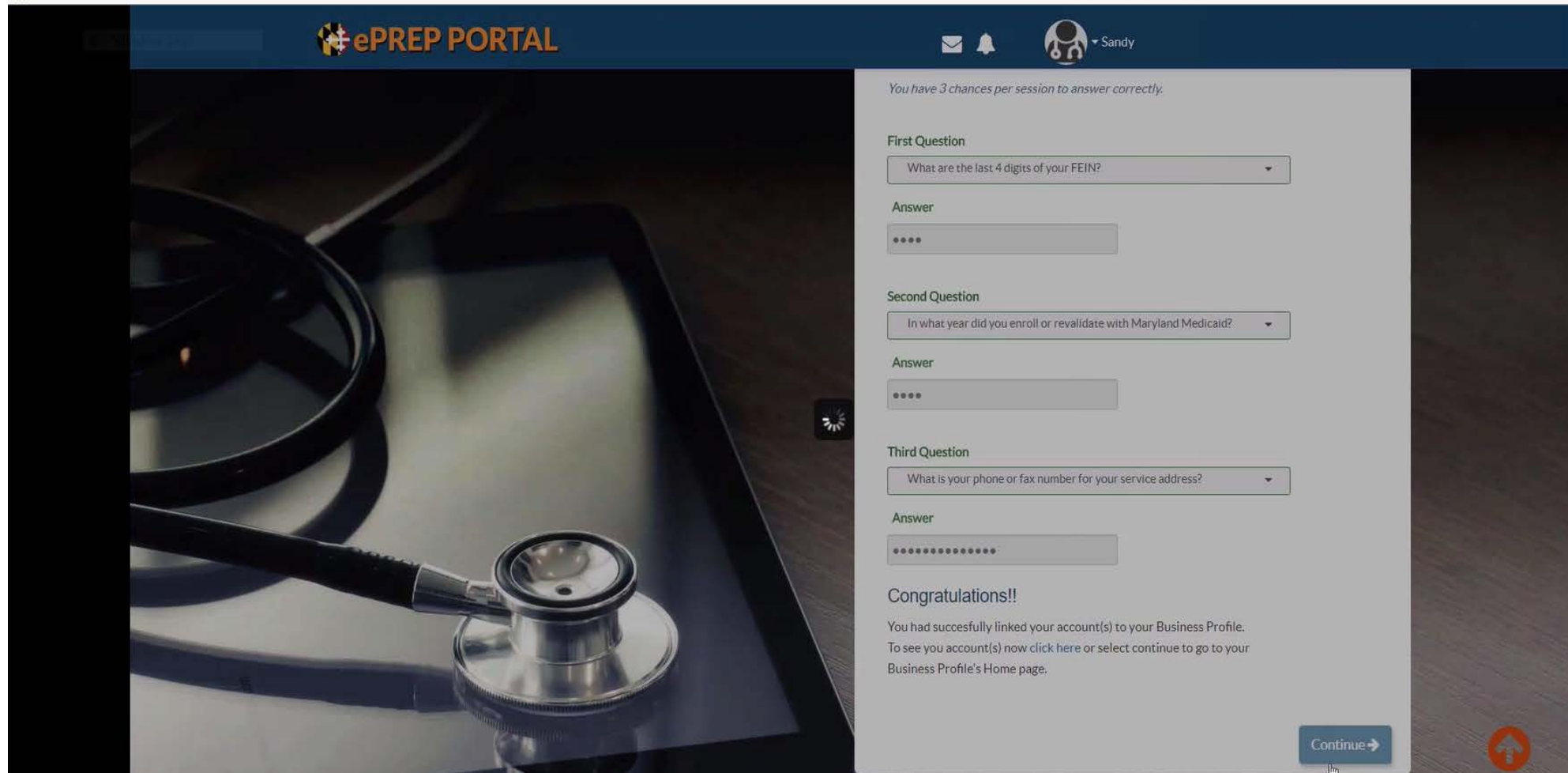
Existing Business Name

CATON MANOR

✕ Cancel

+ Create Business Profile

Links to BP cont



The image shows a screenshot of the ePREP PORTAL interface. The background features a stethoscope resting on a tablet. The portal header includes the "ePREP PORTAL" logo, a search bar, and user information for "Sandy". The main content area contains a verification process with three questions, each with a dropdown menu and a masked answer field. The questions are: "What are the last 4 digits of your FEIN?", "In what year did you enroll or revalidate with Maryland Medicaid?", and "What is your phone or fax number for your service address?". A "Continue" button is located at the bottom right of the form.

ePREP PORTAL

You have 3 chances per session to answer correctly.

First Question

What are the last 4 digits of your FEIN?

Answer

....

Second Question

In what year did you enroll or revalidate with Maryland Medicaid?

Answer

....

Third Question

What is your phone or fax number for your service address?

Answer

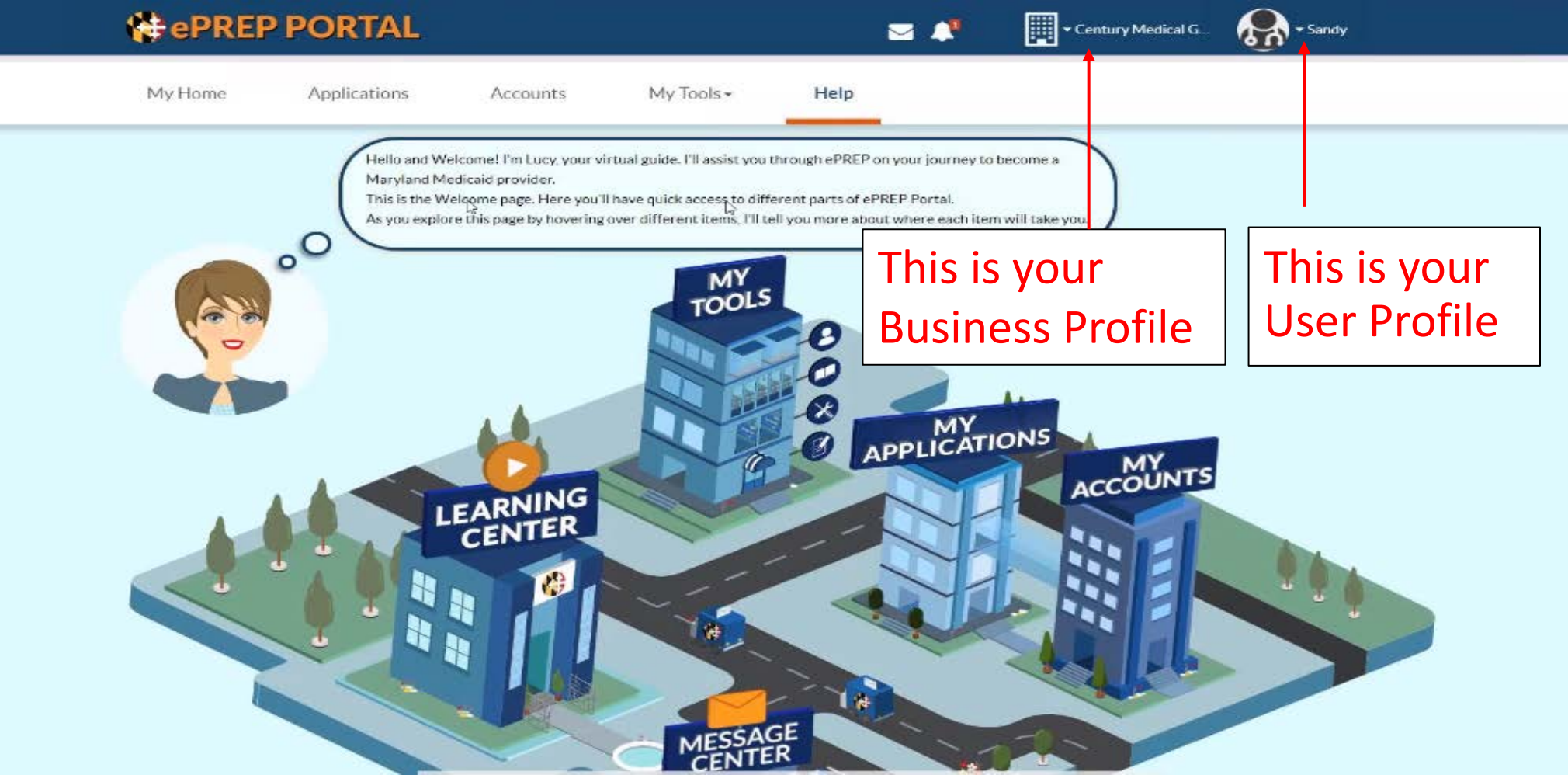
.....

Congratulations!!

You had successfully linked your account(s) to your Business Profile.
To see your account(s) now [click here](#) or select continue to go to your Business Profile's Home page.

[Continue →](#)

Welcome Screen




Rendering Provider Accounts ---

- **IMPORTANT REMINDER**
- You should **NEVER** link a rendering provider's NPI to the same Business profile as the group or facility.
- Each rendering provider should have a separate email address, User Profile, and Business Profile.
- (Inpatient) Providers may or may not add an affiliation, but are not required to add one with a New application

Add Affiliation

My HomeApplicationsAccountsMy Tools▼Help


Accounts



Hello again, Eprep! Listed below are your active Maryland Medicaid accounts.
If you have any questions about them, please [send a message](#) to a Maryland Medicaid representative.

Link Accounts

Search

Account ID	Provider ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	Last Updated	Service Address	Actions
800110506		1-Active	CATON MANOR	Nursing Facility	Facility	1619274545	05/01/2011	05/25/2016	AVENUE, BALTIMORE-MD,	

Clicking on the Icon opens the affiliation page, where existing affiliates can be viewed, and new affiliations can be added.

Add Affiliation Cont.

The screenshot shows a web application interface for creating an affiliation. A modal window titled 'Create Affiliation Application' is open, prompting the user to 'Enter the provider's NPI you would like to affiliate with:'. It features a text input field for 'National Provider Identification (NPI)' with a '+ Verify' button and a 'value is required' error message. A yellow arrow points to this input field with the text 'Enter Affiliating NPI'. Below the modal, the main page displays account details for 'CATON MANOR' and a table for 'Account Affiliations'. A red arrow points to the 'Add Affiliation' button in the table's actions column, which is circled in red.

Create Affiliation Application

Enter the provider's NPI you would like to affiliate with:

National Provider Identification (NPI) + Verify

value is required

MA#: 4204

Contact Name: No data

Account Status: 1 - Active

Account Type: Facility

Approval Date: 04/27/2016

Last Update Date: 05/25/2016

Service Address: BALTIMORE-MD, 21229-4610

VENUE

Account Affiliations

Listed are the affiliations for **CATON MANOR** at the service Location: 3 BALTIMORE-MD, 21229-4610.

You can "Add" an affiliation with a provider for this server location by selecting the button "Add Affiliation".

To remove an affiliation, please select the trash icon from the provider record you would like to disaffiliate. You will need to sign and submit a Disaffiliation form.

Add Affiliation

Account ID	Rendering Name	NPI	Provider Type	Affiliation Status	Actions
No data available in table					

Showing 5 records per page

- Clicking the Add Affiliation Icon starts the affiliation process by generating a text box for the NPI to be added can be verified
- Once the application is generated, the rendering provider will have to sign the application from their accounts to complete the process.

Nursing Facilities



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Addenda For Providers

- Almost all provider types will need an Addendum.
- If providers cannot find their Provider Type specific Addendum, or are not sure if they need to complete one, ePREP directs them to the State's website.

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.

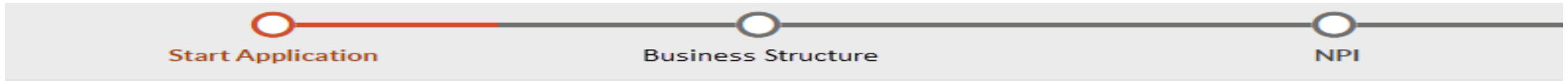
Facility Inpatient Providers

Facilities Who Can Create New Applications

- Acute Hospital = PT 01
- Acute Rehabilitation Hospital = PT 03
- Chronic Rehabilitation Hospital = PT 04
- Chronic Hospital = PT 05
- Special Other Acute Hospital = PT 06
- Special Other Chronic Hospital = PT 07
- MD Residential SUD Adult = PT 54
- Intermediate Care Facility (ICF) Addiction =PT 55*
- Nursing Facilities = PT 57
- Hospice Providers = PT 71*
- Residential Treatment Center (RTC) = PT 88

(Indicate No Addendum Needed)*





New Application Option









Nice to see you again, **[first name goes here]!**

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

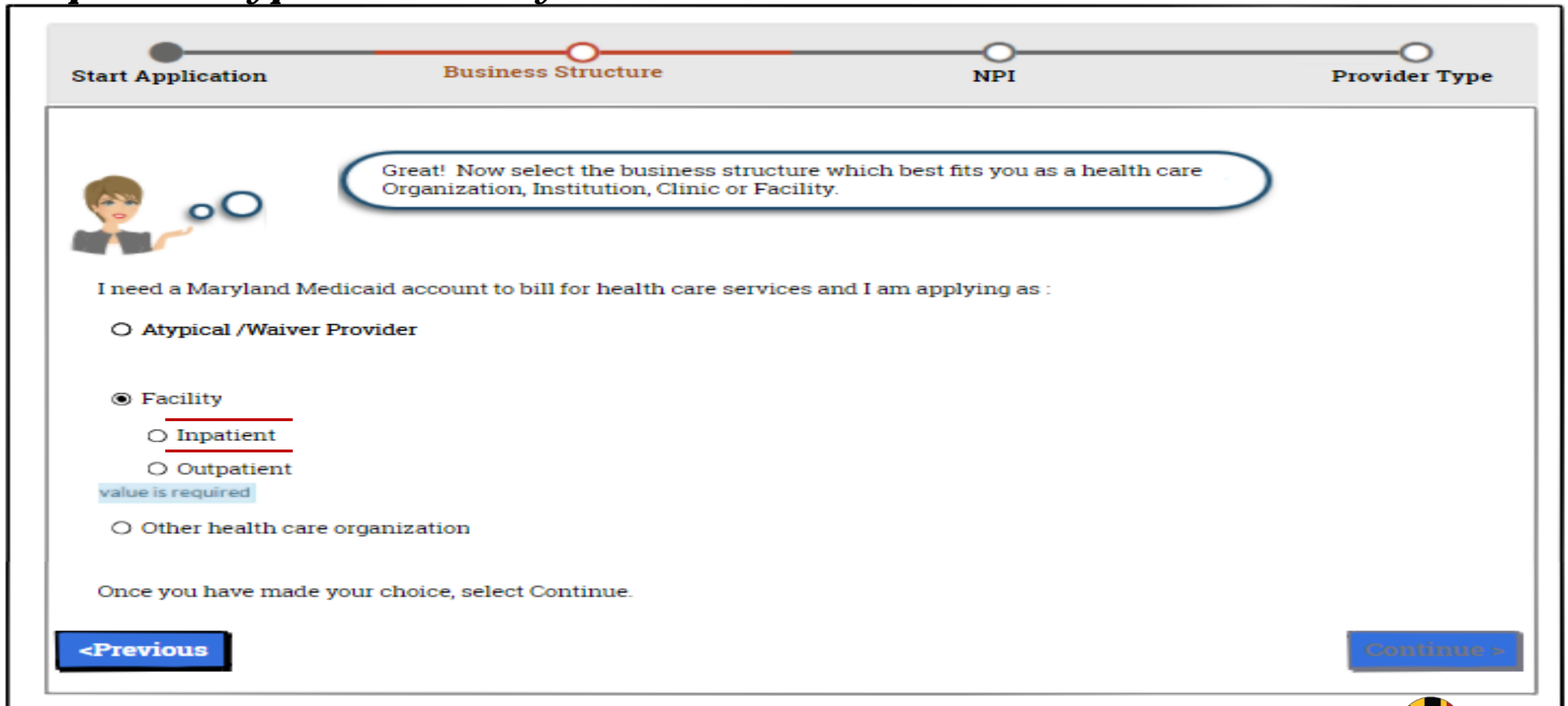
What kind of provider are you?

- ☐  I'm an Individual health care practitioner 
- ☐  I'm a Group or FQHC health care practice 
- ☒  I'm a health care Organization, Institution, Clinic or Facility 

value is required

Applications For New Inpatient Providers

Inpatient providers bill separately for the health care services rendered using a UB-04 claim form, so they need to create a new application that will indicate their provider type in the facility



The screenshot shows a web-based application form for new inpatient providers. At the top, a progress bar indicates four steps: 'Start Application', 'Business Structure' (the current step, highlighted with a red circle), 'NPI', and 'Provider Type'. Below the progress bar, a cartoon character of a woman with brown hair and a blue top is pointing towards a message box. The message box contains the text: 'Great! Now select the business structure which best fits you as a health care Organization, Institution, Clinic or Facility.' Below this, a text prompt reads: 'I need a Maryland Medicaid account to bill for health care services and I am applying as :'. There are four radio button options: 'Atypical /Waiver Provider', 'Facility' (which is selected), 'Inpatient', and 'Outpatient'. The 'Inpatient' option is underlined with a red line. Below these options, a blue box contains the text 'value is required'. At the bottom, there is a text prompt: 'Once you have made your choice, select Continue.' and two buttons: '<Previous' and 'Continue >'. The 'Continue >' button is highlighted with a blue background.

Start Application **Business Structure** NPI Provider Type

Great! Now select the business structure which best fits you as a health care Organization, Institution, Clinic or Facility.

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

☐ Atypical /Waiver Provider

☒ Facility

☐ Inpatient

☐ Outpatient

value is required

☐ Other health care organization

Once you have made your choice, select Continue.

<Previous Continue >

Completing the Application

Provider Name: 3330 WILKENS AVENUE OPERATIONS LLC
Provider Type: Nursing Facility
Application ID: 187187BA
Creation Date: 07/27/2018
Package Type: Facility

0% Complete
0% Documents

New Message Submit

Content Expand All

Getting Started

Business Information

Business Profile

Contact Person

Addresses

Logistics

Practice Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Business Profile TIN/SDAT & Business License Summary

Please share some basic information about your business.

Legal name 3330 WILKENS AVENUE OPERATION

Business name ☐ Same as legal name
CATON MANOR

Does your business use a registered Doing Business As (DBA) name?
☐ Yes ☐ No
value is required

Entity type <Select one>
value is required

Business number (410) 525-1544


Extension


CATON MANOR Practice Website's URL


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.


Bed Data


 Business Information


 Practice Information

 Licenses & Certifications

 NPI/Taxonomy

 Institutional Information

 Additional Information



You're doing great! Now, you need to disclose your **bed data** for J0

Type of Facility

Chronic Hospital (CHB)

<Type of Facility>

Acute Inpatient (INP)

Chronic Hospital (CHB)

Skilled Nursing Facility (SNF)

IMD Residential (IMD)

SUD Adult Facility (SUD)


Intermediate Care Facility (ICF)/ Intellectual Disability (ID)

Other (OTH)

Number of beds

← Previous

Application - Addendum



Provider Name 3330 WILKENS AVENUE
OPERATIONS LLC

Provider Type Nursing Facility

Application ID 187187BA

Creation Date 07/27/2018

Package Type Facility

0% Complete

0% Documents

New Message

Submit

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Institutional Information

Additional Information

Disclosure Information


Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary



Okay, your provider type **Nursing Facility** 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 **Nursing Facility** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

Add


Addenda/Supporting Document Name	Documents	Actions
There is no addendums		

Previous

Continue



Next attach your Addendum



Provider Name

3330 WILKENS AVENUE
OPERATIONS LLC

Provider Type

Nursing Facility

Application ID

187187BA

Creation Date

07/27/2018

Package Type

Facility

0% Complete

0%

0% Documents

0%

New Message

Submit

Content

Expand All

Getting Started

Business Information

Practice Information

Licenses & Certifications

NPI/Taxonomy

Institutional Information

Additional Information

Disclosure Information

Rendering Provider Affiliations

Signature

Submit Application

Addenda/Supporting Documents

Summary



Okay, your provider type **Nursing Facility** 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 **Nursing Facility** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

Add

Addenda/Supporting Document Name	Documents	Actions
There is no addendums		

Previous

Continue



Where To Find Addenda on MDH Website

Maryland.gov Phone Directory State Agencies Online Services Translate

MARYLAND .gov

MARYLAND DEPARTMENT OF HEALTH

f

YouTube

ALL

Enter search term

Q

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

N				
	PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP FACILITY
	NURSE ANESTHETIST	21	ePREP	
	NURSE MIDWIFE	22	ePREP	ePREP
	NURSE PRACTITIONER	23	ePREP	ePREP
	NURSE PSYCHOTHERAPISTS	24	ePREP	
	NURSING FACILITY	57		X

O				
	PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP FACILITY
	OCCUPATIONAL THERAPIST	18	ePREP	ePREP
	OXYGEN PROVIDER	63		
				X

P				
	PROVIDER TYPE DESCRIPTION	PT CODE	INDIVIDUAL	GROUP FACILITY
	PODIATRY PROVIDERS	11	ePREP	ePREP
	PSYCHOLOGIST	15	ePREP	
	PHYSICAL THERAPIST	16	ePREP	ePREP
	PHYSICIAN	20	ePREP	ePREP
	PERSONAL CARE MONITOR	47		
				X

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Completing Addenda



Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

PT 57 NURSING FACILITY

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 7am – 7pm.

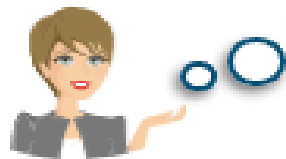
Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional applicable supporting documents requested below.

Section I:

Please upload the following (attach) document to [ePREP](#):

1. Completed Nursing Facility Title XIX Provider Agreement (attached)






Uploaded file will be indicated by number next to the paper clip



Okay, your provider type **Nursing Facility** 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 **Nursing Facility** provider type. Once you have completed your required attachments select the Add button to attach them to this application.

 Add

Addenda/Supporting Document Name	Documents	Actions
Addendum	<div><div>1</div></div> <div>Attached: Addendum</div>	   

 Previous

Continue 

Disclosure of Ownership

- **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.

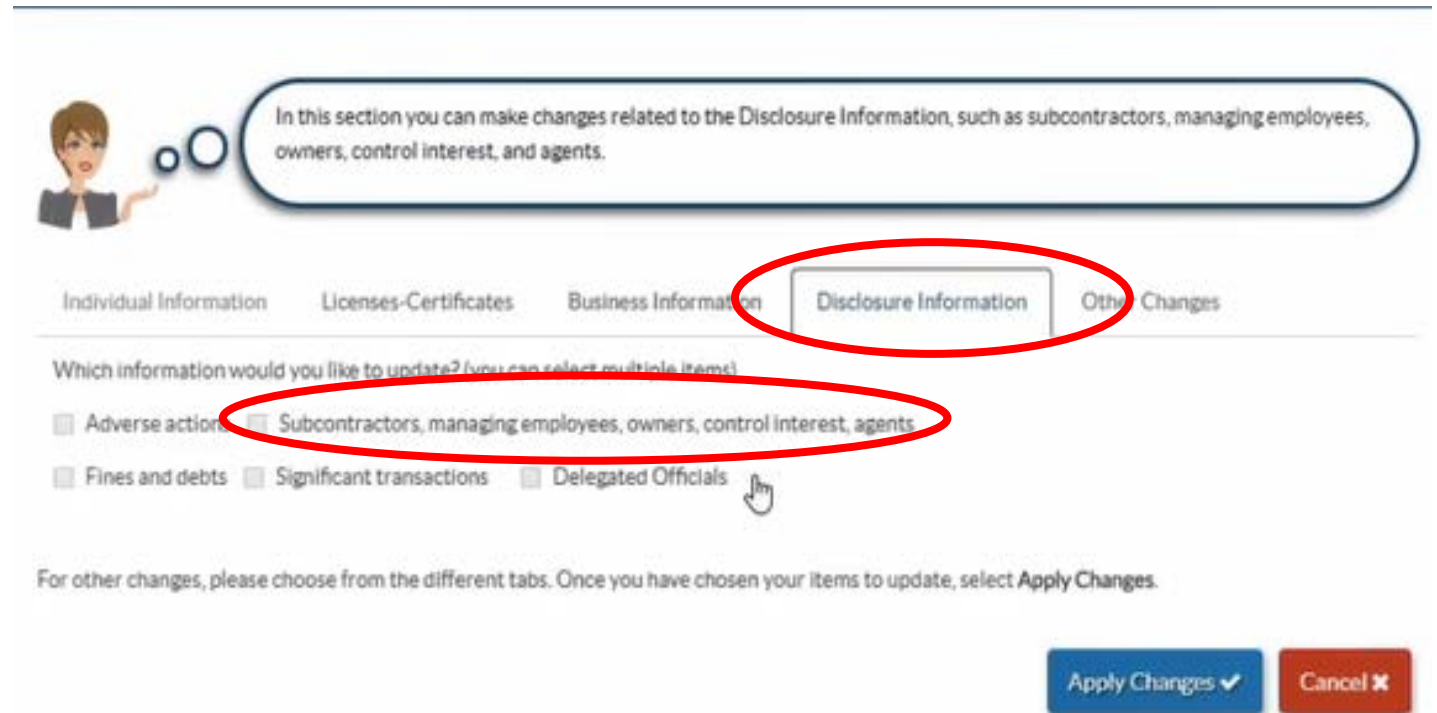
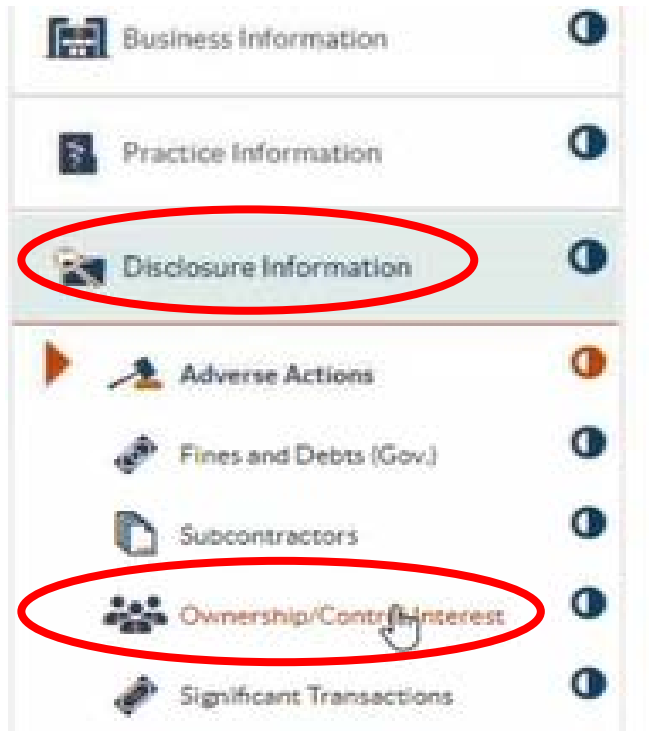
The screenshot shows a web application for completing a disclosure form. On the left is a sidebar menu with the following items: 'Disclosure Information', 'Adverse Actions', 'Fines and Debts (Gov.)', 'Subcontractors', 'Ownership/Control Interest' (highlighted with a red box), 'Significant Transactions', 'Delegated Officials', 'Rendering Provider Affiliations', 'Signature', and 'Submit Application'. The main content area is titled 'complete your application.' and contains the following text: '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 AGAPE NURSING & REHABILITATION CENTER, LLC?' followed by instructions to disclose board members, officers, and directors. Below this is a table with the following structure:

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

At the bottom right of the table area, there is a red-bordered box containing an 'Add' button and a table icon. A large red arrow points from the top of the main content area down to this 'Add' button. At the bottom of the form are 'Previous' and 'Continue' buttons.

Disclosure of Ownership Cont.

- **MOCA can be updated with a Supplemental application by making changes to your account under the Disclosure Information section.**



Change of Ownership

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.

- Here is what providers should select as they enter ePREP to complete a CHOW:
 - To submit a CHOW, “Update” account and under “Other Changes”, provider should select “Change of Ownership”

The screenshot shows the 'Update Your Account' window in the ePREP system. The window has a blue header with the title 'Update Your Account' and a close button. Below the header, there is a message: 'In this section you can make changes to your business' ownership.' Below this message, there are five tabs: 'Individual Information', 'Licenses-Certificates', 'Business Information', 'Disclosure Information', and 'Other Changes'. The 'Other Changes' tab is selected and highlighted with a red circle labeled '2'. Below the tabs, there is a checkbox labeled 'Change of ownership' with a red circle labeled '3' next to it. Below the checkbox, there is a blue text box that says 'value is required'. Below this, there is a message: 'For other changes, please choose from the different tabs. If you have chosen your items to update, select Changes.' Below this message, there are two buttons: 'Apply Changes' (blue) and 'Cancel' (orange). A red circle labeled '4' is next to the 'Apply Changes' button. A red circle labeled '1' is next to a red box that highlights a red icon in the bottom right corner of the window. Red arrows point from the 'Other Changes' tab to the 'Change of ownership' checkbox and from the 'Apply Changes' button to the 'Cancel' button.

Account ID	Status	Business Name	Facility Type	Facility	License Number	Effective Date	Expiration Date	Address	Actions
100009993								ANGELES - CA, 90064-4707	
100009944	1 - Active	AGAPE NURSING & REHABILITATION CENTER, LLC	Nursing Facility	Facility	1780099861	04/23/2018	04/25/2018	105 W MYRTLE AVE, JOHNSON CITY - TN, 37604-5633	



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.

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

value is required

Document Required: TIN/EIN
document is required

State Department of Assessment and Taxation (SDAT) number

☐ N/A

value is required

← Previous

Continue →

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 WILKENS AVENUE OPERATIONS LLC.**



value is required


Applications


Messages

Notifications





 CATON MANOR

 eprep

My Home

Applications

Accounts

My Tools

Help

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

- Filter by -

- Please select a filter -

Search

Application ID	Status	Name	Type	NPI	Application	Complete	Last Update	
1878JVC7	In Progress	CATON MANOR	Nursing Facility	1619274545	Supplemental	0%		eprep portal      
187I87BA	In Progress	3330 WILKENS AVENUE OPERATIONS LLC	Nursing Facility	1619274545	Facility	5%	07/27/2018	eprep portal      

Additional Status Information.

Questions & Contacts

- ePREP Portal: eprep.health.maryland.gov
- Resources and frequently asked questions: health.maryland.gov/eprep
- Portal is scheduled to be available for Providers the week of August 25th.
- ePREP Call Center:
 - 1-844-4MD-PROV (1-844-463-7768)
 - Monday – Friday 7AM- 7PM
 - ***Closed on State holidays***