

Enrollment - ORP Medicaid Provider University of Maryland Anesthesiology Residency Program

Provider Enrollment Helpline at 1-844-4MD-PROV (1-844-463-7768)
M-F 9AM-5PM

Verify enrollment at [Provider Lookup \(emdhealthchoice.org\)](http://emdhealthchoice.org)

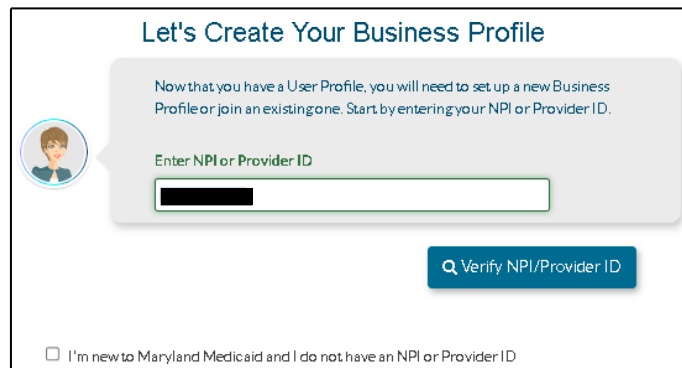
Enrolling as an Ordering Referring Prescribing (ORP) Provider **NEW DEADLINE: 11/30/2023**

These instructions are for Residents who have not started the enrollment process.

Log in and create your new portal account [ePREP Provider Portal \(maryland.gov\)](http://emdhealthchoice.org)

Creating Your New Business Profile (your name is the business profile name)

1. Enter your NPI, Click Verify NPI/Provider ID. Your NPI number is provided in your verification letter attached in this email.



The screenshot shows a web form titled "Let's Create Your Business Profile". It includes a circular profile picture icon on the left. The main text reads: "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." Below this is a text input field labeled "Enter NPI or Provider ID" with a blacked-out placeholder. To the right of the input field is a blue button with a magnifying glass icon and the text "Verify NPI/Provider ID". At the bottom left, there is a checkbox with the text "I'm new to Maryland Medicaid and I do not have an NPI or Provider ID".

2. Enter YOUR NAME as the Business Profile Name, then click Create Business Profile.
MDH does not require nor does ePREP support ORP's affiliating with groups. ORPs can only enroll as individuals and the Business profile is NPI driven in ePREP, thus the trainees' name should be entered.

Let's Create Your Business Profile

Enter NPI or Provider ID

Verify NPI/Provider ID

Thank you! It looks like your organization is new to ePREP. Enter the Business Profile name that represents your organization. *Create Business Profile*

Business Profile Name

Create Business Profile

I'm new to Maryland Medicaid and I do not have an NPI or Provider ID

Once you have made your choice, select Continue.

Previous 3 Continue

1. Log into the portal <https://eprep.health.maryland.gov/sso/login.do>, select "Applications" tab and then select "New Application." Select "I'm new to Maryland Medicaid, and I want to create a new application." Next, select the first option, "I'm an individual health care practitioner." Click Continue.

1. Select the third option, "I'm an Ordering Referring Prescribing (ORP) provider" and then click Continue.

ePREP PORTAL

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type

Great! Now select which business structure best fits you as a health care individual provider

I'm a Solo Practitioner

I'm a Rendering Provider

I'm an Ordering/Referring/Prescribing (ORP) provider **1**

- I'll be using my Type 1 NPI (Individual)
- My sole purpose is to order, refer, or prescribe items or services for Maryland Medicaid participants
- I'm not currently enrolled as a Maryland Medicaid provider
- I'm a Student in an Organized Health Care Education/Training Program

Once you have made your choice, select Continue

Previous 2 Continue

2. The next page, ePREP will ask you to enter your Type 1 NPI then select "verify". ePREP will pull back information associated with that NPI from NPPES and ask you to confirm the information is correct. Select "Continue".

ePREP PORTAL

My Home Applications Accounts My Tools Help

Start Application Business Structure NPI Provider Type

Now! Now have your regulator? To be safe, check if your information is correct before moving on

National Provider Identifier (NPI) **1**

Verify **2**

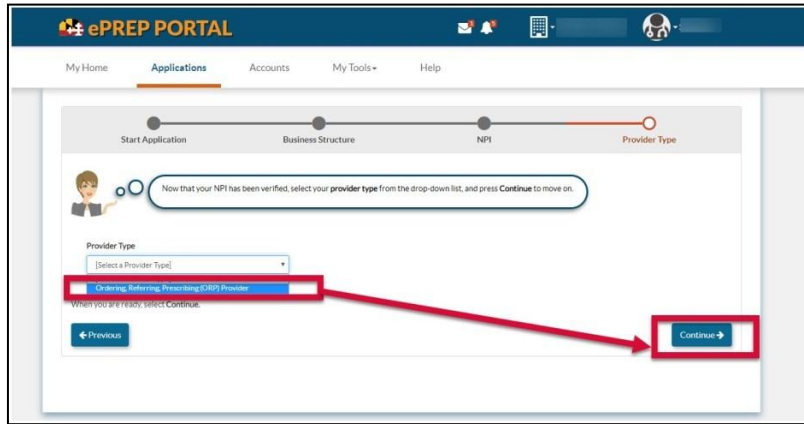
National Provider Identifier (NPI)	1
Type	Individual
First name	
Last name	
Specialty (Code)	
NPPES address (zip+state)	

Is this information correct?
 Yes No **3**

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

Previous 4 Continue

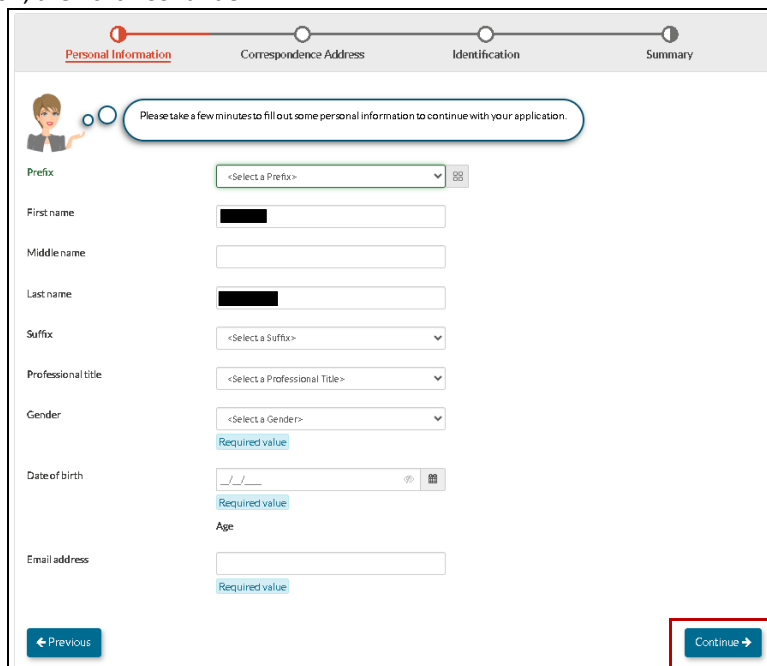
3. Select "Prescribing Provider" from the Provider Type drop down and click "Continue". The ORP Application will be created.



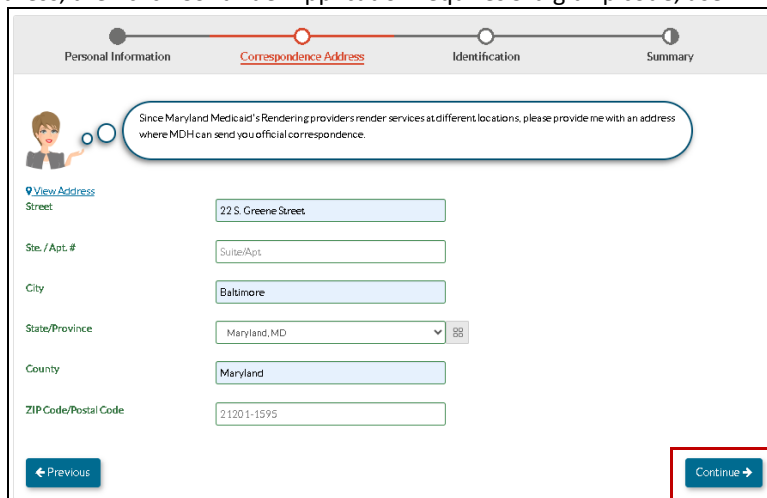
4. Getting Started: Watch the In-Context Tutorial (Optional) and then Click Continue.

Profile Information Section:

5. Enter Personal Information, then click Continue.



6. Enter correspondence address, then click Continue. Application requires 9-digit zip code, use: 21201-1595



7. Enter SSN and other names (if any), then click Continue.

The screenshot shows the 'Identification' step in a multi-step process. The progress bar at the top indicates the current step. A message bubble says, 'Please provide me with your identification so I can make sure I'm verifying the right person.' Below this, there is a 'Social Security Number' field with a red border and a 'Required value' error message. A question asks, 'Do you go by any other names (alias) besides the one you included in the Personal Information sub-form? (Enter all that apply)' with 'Yes' and 'No' radio buttons and a 'Required value' error message. At the bottom, there are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box.

Business Information Section:

8. Check box to select yourself as the contact person, Enter "Resident" as Title/Position, provide personal contact number, then click Continue.

The screenshot shows the 'Contact Person Information' step. A message bubble asks, 'Who should I contact if I have questions about your application? Please choose a contact person who will be available during regular business hours.' A checkbox is checked, indicating the user is the contact person. Below are fields for 'First name', 'Last name', 'Title/Position' (with 'Resident' entered), 'Business number', 'Extension', 'Fax Number', and 'Correspondence email address'. At the bottom, there are 'Previous' and 'Continue' buttons, with the 'Continue' button highlighted by a red box.

Practice Information Section:

9. Enter Individual License & Certifications Information

- a. All other residents and fellows, please answer "NO" then include the following explanation:
*Authorized to train as a physician under the institutional license at the University of Maryland Medical Center. Assigned DEA number **AU4176435-XXXXXXXXXX** (Please enter your assigned DEA – provided in your verification letter attached in this email). DEA certificates are not provided for trainees.*

10. Answer DEA question and supply explanation, as noted above, then click ADD to include a copy of your **training verification letter (attached in this email)**.

The screenshot shows a question: 'Does [redacted] have a current DEA Certificate?' with 'Yes' and 'No' radio buttons and a 'Required value' error message. At the bottom right, there is a small 'ADD' button icon.

11. Input document information, then click ADD:

- Type: Other
- State/Province: Maryland, MD
- Document number: Verification Letter
- Effective Date: **training start date (must enter the Start Date, found on your verification letter)**
- Expiration Date: **projected graduation date (must enter the End Date found on your verification letter)**

12. Click ATTACH, upload **training verification letter attached in this email**, then click Continue.
Interactive PDFs are not accepted. You may be required to PRINT your PDF, to a NEW PDF, and/or reduce the size before uploading. Max file size is 50 MB.

Individual Licenses & Certifications Summary

Here's where you can attach all of your professional licenses and DEA certificate(s). Please provide clear copies so my analysts can read them.

Please attach all required professional licenses and/or certificates. Add

Type	State/Province	Document number	Effective date	Expiration date	Document	Actions
Other	Maryland, MD	Verification Letter	06/24/2020	06/30/2024		

Does [redacted] have a current DEA Certificate? Yes No

Please explain

Authorized to train as a physician under the Institutional license at the University of Maryland Medical Center. Assigned DEA

Previous Continue

13. Verify Primary Taxonomy Code is Student in an Organized Health Care Education/Training Program, then Click Continue.

NPI/Taxonomy Summary

Great work! Now let's check the NPI number you provided and verified when you created your application. Then enter your taxonomies. Don't forget to have ready a Primary Taxonomy Code.

National Provider Identification (NPI) [redacted]

Associated Taxonomy Codes Add

Description	Taxonomy Code	Type	Actions
Student in an Organized Health Care Education/Training Program	390200000X	Primary	

Previous Continue

14. Upload/"Add" supporting documents (Employment Contract, MDH Addendum PT 92 ORP) Click ADD to proceed.

Addenda/Supporting Documents Summary

The provider type Ordering, Referring, Prescribing (ORP) Provider requires addenda and supporting documents to be attached to this application.

Please upload the required documents for the Addenda/Supporting documents that are selected.

Select [Addenda/Supporting Documents](#) to select the required addenda and supporting documents. Once you have completed the required attachments select the Add button. Add

Addenda/Supporting Document Name	Documents	Actions
There is no addenda		

Previous Continue

15. Click ADD, Enter "Employment Contract" (attached in the email) and then click ADD.

Addenda/Supporting Document

Addenda/Supporting Document Name: Employment Contract

+ Add Cancel

Addendum for Maryland Medical Assistance Program Application

INDIVIDUAL PT 92 ORP/PRESCRIBING PROVIDER – Attached in this email)

- Manually enter your NPI number under Provider Information on Page 1. (your NPI number can be found on your verification letter attached in this email)
- If already enrolled in Maryland Medicaid, enter MA Provider Number
- Page 2: Are you a fully licensed provider?
 - Residents** answer "NO" and initial statement for ORP services

16. Click ADD, Enter "MDH Addendum: PT 92 ORP" and then click ADD.

Addenda/Supporting Document

Addenda/Supporting Document Name: MDH Addendum: PT 92 ORP

+ Add Cancel

17. Click Continue once you have added your documents.









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Select [Addenda/Supporting Documents](#) to select the required addenda and supporting documents. Once you have completed the required attachments select the Add button.

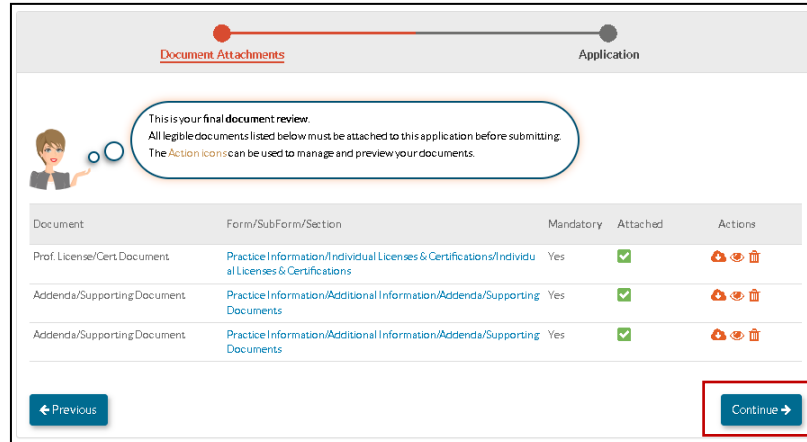
Addenda/Supporting Document Name	Documents	Actions
MDH Addendum: PT 92 ORP		  
Employment Contract		  

Previous Continue

Previous Continue

Disclosure Information Section:

18. Provide information about any adverse actions as specifically asked and, if applicable, provide a clear copy of each requested document, then Click Continue.
19. Check Box to confirm “This business has no current State of Federal government Fines/Debts,” then click Continue.
20. Check electronic signature acknowledgement Box, Enter E-Signature information, then Click Continue.
21. Ensure three documents are attached: (1) verification letter, (2) employment contract, (3) MDH Addendum - then Click Continue.



22. Review Checklist. All items should be complete, with the exception of “Submit Application”.
23. **Please confirm that your “Effective Date” (training/orientation start date) and your “Expiration Date” (projected graduation date) reflect the dates included in your verification letter. If they differ, please update in your account, under the Practice Information section.**
24. Click Submit.
25. **Forward your submission confirmation to anesresfellcoor@som.umaryland.edu with the following subject line [your last name] ORP Confirmation**
26. Monitor your email for communication from MDH and promptly provide any additional information as requested to avoid delays in the enrollment process.

For enrollment questions or technical support with ePREP, contact the
Provider Enrollment Helpline at
1-844-4MD-PROV (1-844-463-7768) M-F
9AM-5PM

SUBMITTED YOUR APPLICATION and received an email like the screen shot below?

Immediately login and update your application by uploading the following documents:

<https://eprep.health.maryland.gov/sso/login.do>

1. Applications are being rejected for missing supporting documentation, including an employment verification letter and Addendum PT 92 ORP.
2. **Your employment verification letter – education office will send letters the week of 7/1.**
Addendum PT 92 – document provided on onboarding website where you opened this link(see instructions for completing the Addendum in the Blue section below)
 Click ADD, Enter “Employment Contract” and then click ADD.

The Maryland Medical Assistance Program (Medicaid) has reviewed your application. Your application is incomplete and/or incorrect and cannot be processed until you submit all required information.

Please submit within 60 calendar days of this letter to continue processing. Failure to resubmit a complete and accurate application will result in rejection of your application.

You must correct the following deficiencies for processing to continue:

Missing or Inadequate Residency Letter - Application is being returned to provider due to missing or inadequate residency letter. All resident letters should have the provider’s name, their NPI, and the dates of the program attendance/employment.

Missing ORP Addendum - Application is being returned to provider due to missing or incomplete addenda. It is required for the application to be approved.

If the application package is submitted after 60 calendar days of the date of this notice, it shall be treated as a new application package and processed in the date order received.

Should you have any questions about your enrollment in the Maryland Medicaid Program, please contact us at 1-844-4MD-PROV (1-844-463-7768). For more information about the Maryland Medicaid Program, please go to health.maryland.gov/providerinfo.

Sincerely,

Maryland Medicaid Provider Enrollment

The screenshot shows a window titled "Addenda/Supporting Document" with a close button (X) in the top right corner. Inside the window, there is a label "Addenda/Supporting Document Name" followed by a text input field containing the text "Employment Contract". To the right of the input field are two buttons: a blue button with a plus sign and the text "+ Add" and a red button with an X and the text "Cancel".

Addendum for Maryland Medical Assistance Program Application

INDIVIDUAL PT 92 ORP/PRESCRIBING PROVIDER – Attached in this email)

1. Manually enter your NPI number under Provider Information on Page 1. (your NPI number can be found on your verification letter attached in this email)
2. If already enrolled in Maryland Medicaid, enter MA Provider Number
3. Page 2: Are you a fully licensed provider?
4. **Residents** answer “NO” and initial statement for ORP services
5. Click ADD, Enter “MDH Addendum: PT 92 ORP” and then click ADD.

The screenshot shows a window titled "Addenda/Supporting Document" with a close button (X) in the top right corner. Inside the window, there is a label "Addenda/Supporting Document Name" followed by a text input field containing the text "MDH Addendum: PT 92 ORP". To the right of the input field are two buttons: a blue button with a plus sign and the text "+ Add" and a red button with an X and the text "Cancel".

27. Please note: *Interactive PDFs are not accepted. You may be required to PRINT your PDF, to a NEW PDF, and/or reduce the size before uploading. Max file size is 50 MB.*
28. *Submit your documents. Monitor your email for updates on your enrollment.*