

Provider User Guide

Maryland Electronic Health Records (EHR) Registration and Attestation System
(MERAS) for the EHR Incentive Program

Office of Operations and Eligibility



State of Maryland
Department of Health & Mental Hygiene

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Provider User Guide

Getting Started

To qualify to register with the Maryland Electronic Health Record (EHR) Registration and Attestation System (MERAS), providers must complete these two steps.

Step 1: Verify Eligibility and Register with CMS

- a. Verify eligibility to participate in the Medicaid EHR Incentive Program – read the information available at www.dhmdh.md.gov/mma/ehr/html/eligibility.html.
- b. Register with the Centers for Medicare and Medicaid Services (CMS) – go to <https://ehrincentives.cms.gov/hitech/login.action>.

Note: At the completion of CMS-level registration, providers will receive a confirmation number. Save this number. It will be used during State registration.

Step 2: Verify Enrollment in Maryland Medicaid Fee-for-Service and eMedicaid

- a. To participate in the Maryland Medicaid EHR Incentive Program, all providers must be enrolled with Maryland Medicaid Fee-for-Service. If you do not know if you are registered as a Maryland Medicaid Fee-for-Service provider, or if you would like to register, contact Provider Enrollment at (410) 767-5340.
- b. Maryland also requires that providers enroll in eMedicaid, Maryland Medicaid’s provider Web service portal. You can verify or create an eMedicaid account by going to <https://encrypt.emdhealthchoice.org/emedicaid/>. If you have any problems enrolling in eMedicaid, contact Provider Enrollment at (410) 767-5340.

Once a provider has completed these two steps, they may then proceed to the State Registration and Attestation System.

Browser Requirement

eMIPP works best with Internet Explorer 8 (IE8).

Register for EHR Incentive Program

Log In

Providers will receive their Registration ID in the CMS registration (Step 1b above). You cannot sign in to the site without this number. Log in to the Maryland EHR Registration and Attestation System at <https://emipp.dhmf.maryland.gov/>.

Physician Registration

1. Login with eMedicaid username and password and click **submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Start**.
4. Enter your 10-digit NLR Registration ID; select **Search**.



The screenshot shows a web interface with a navigation bar at the top containing the following tabs: Home, Register, Track, Payment, and Logout. Below the navigation bar, there is a search section. On the left, there is a blue box with a magnifying glass icon and the text: "Find Registration. Enter your NLR Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process." To the right of this box, there is a text input field labeled "Enter NLR Registration ID:" followed by a red-bordered search button labeled "Search".

5. On the next screen, you will see a page with three tabs. By default, you will begin on tab 1 **NLR INFORMATION**. [See graphic below.]
On this tab, you need to review and confirm the information from the NLR. If there are any issues with the information that need to be corrected, STOP and go back to the NLR and correct the issue(s). Then wait at least one full business day and reenter the system. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is not displayed, call the EHR Incentive Program Information Center at (888) 734-6433, or TTY (888) 734-6563.

After reviewing the information on tab 1, click on the tab 2 **ELIGIBILITY**.

Home Register Track Payment Logout

Success
 Received your registration from NLR. Continue with state registration.

Search Criteria
 Registration ID: 7000000007
 NPI: 123456789
 SSN: 123456789

Login Information
 User ID: Provider1
 Profile: Domain Administrator

Please validate your NLR information. If the information is incorrect contact NLR. If the information is correct please proceed.

NLR INFORMATION 1

Personal Info
 First Name : SMITH Middle Initial :
 Last Name : JOHN Suffix :
 Provider Type : Individual Sole/Proprietor (Dentist)
 Provider Specialty : NEUROPSYCHIATRY

Address
 Address : 260 JEFFERSON AVE SE 7000000007
 City : GRAND RAPIDS KENT
 State : MI Zip : 49503-
 Phone : (888) 555-1212 Ext :
 E-mail : My.email@email.com

Identifiers
 The Tax Identification Number (TIN) captured below will receive the EHR incentive payment.
 Payee NPI : 123456789
 Payee SSN : 123456789

Exclusions

Code	Description	Date
No Exclusions Found.		

ELIGIBILITY 2

ATTESTATION 3

6. In tab 2: **Eligibility**, click on **Payment Year** icon to add your EHR eligibility details.

Home Register Track Payment Logout

Success
 Received your registration from NLR. Continue with state registration.

Search Criteria
 Registration ID: 7000000007
 NPI: 123456789
 SSN: 123456789

Login Information
 User ID: Provider1
 Profile: Domain Administrator

NLR INFORMATION 1

ELIGIBILITY 2

Payment Year	Certification Number	Adopt/Implement/Upgrade
 1		

ATTESTATION 3

7. **Enter Eligibility Information.** (Also refer to the six scenarios on pages 8-13 for more information on filling out this section; or refer to Maryland Medicaid’s State Registration video tutorial.)

Note: Throughout this screen, any of the “?” icons can provide a pop-up tip for that item. Place your mouse over the icon and a pop-up tip will display.

Patient Volume Reporting Period: Enter the start date (in MM/DD/YYYY format) that you want to start your eligibility reporting period. This is not your meaningful use reporting period in year 1, it is the consecutive 90-day period in the prior calendar year that you are reporting your eligible/Medicaid patient volume. Once you fill in the start date, click in the end date field and the system will automatically fill in the end date. **Note:** Both the start and end date must be in the prior calendar year—it cannot span years. Your reporting period can be any consecutive 90-day period in the prior calendar year that you want.

Eligible Patient Volume: All providers must also complete this section; however, depending on how you answer the questions you will be prompted for slightly different fields.

Practice as a Pediatrician: Only select this option if you submitted to Maryland Medicaid during enrollment as a Fee-For-Service Maryland Medicaid provider proof of specialty, including documentation of three years experience, completion of a fellowship, or if you submitted proof that you are certified by the American Board of Pediatrics. If you are unsure of your designation, please call Provider Enrollment at (410) 767-5340.

If yes, check all the boxes that apply. You must check at least one of the first three to be considered eligible.

Practice as a Physician Assistant: Only select this option if you are a Physician Assistant (PA) who practices predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is “PA-led.” In Maryland, “so led” has the following meanings: 1. When a PA is the primary provider in a clinic (for example, when there is a part-time physician or full-time PA); or 2. When a PA is a clinical or medical directory at a clinical site of practice. **If you think you are a PA that meets one of these requirements, you must contact the Department of Health and Mental Hygiene (DHMH) at MarylandEHR@dhmh.state.md.us before continuing with registration.**

Practice as a Physician Assistant ? Yes No

Primary Provider at FQHC/RHC

Practices at a facility that has PA leadership

An Owner at RHC

None of the above

Hospital Based Provider: Only select this box if you rendered any care in a hospital setting during the reporting period. This would include hospital in-patient and emergency room settings. This is based on the Place of Service Code (POS Code). Only POS Codes 21 (Inpatient Hospital), and 23 (Emergency Department) are included. When you select “yes,” an additional question will appear asking for the numbers of encounters in the hospital settings. In order to be eligible to participate in the Medicaid EHR Incentive Program, you must have less than 90 (ninety) percent of your covered professional services in either the inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital. The only exception is for providers practicing predominantly in an FQHC or RHC.

Hospital Based Provider ? Yes No

Total Inpatient Discharges: ?

Medicaid Inpatient Discharges: ?

Medicaid ER Encounters: ?

Total ER Encounters: ?

Depending on how you answer **Include Organization Encounter**, **Render Care in FQHC/RHC**, and **Include Managed Care Encounters**, you will be asked for different encounter volume items. Each of the scenarios are explained below. Refer to the video tutorial for additional scenarios.

Scenario 1:

Include Organization Encounters = **No**

Render Care in FQHC/RHC = **No**

Include MCO Encounters = **No**

Eligible Patient Volume

Select yes to eligible patient volume option(s) that apply to you. If not applicable, select no.

Practice as a Pediatrician Yes No

Practice as a Physician Assistant Yes No

Hospital Based Provider Yes No

Include Organization Encounters Yes No

Render care in FQHC/RHC Yes No

Include MCO Encounters Yes No

Total Encounters:

Medicaid Encounters:

Include encounters outside MD Yes No

This is the simplest scenario. Just enter your total encounters (all payers, all locations) and your Medicaid encounters in the fields.

Scenario 2:

Include Organization Encounter = **Yes**

Render Care in FQHC/RHC = **No**

Include MCO Encounters = **N/A**

Include Organization Encounters ? <input checked="" type="radio"/> Yes <input type="radio"/> No
Organization NPI
Organization NPI: <input type="text"/> ?
Render care in FQHC/RHC ? <input type="radio"/> Yes <input checked="" type="radio"/> No
Total Encounters: <input type="text"/> ?
Medicaid Encounters: <input type="text"/> ?

Under this scenario, you are electing to use your Practice/Organization’s encounter numbers as a proxy. This is optional. You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization’s encounter numbers. **Note:** “Include MCO Encounter” is not a viable option in this scenario, and you should include MCO encounters when calculating total and Medicaid encounters.

Scenario 3:

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **No**

Include MCO Encounters = **Yes**

Include Organization Encounters ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Render care in FQHC/RHC ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Include MCO Encounters ?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Managed Care Encounters		
Total Managed Care Encounters:	<input type="text"/>	?
Total Unduplicated Encounters:	<input type="text"/>	?
Total Medicaid Managed Care Encounters:	<input type="text"/>	?
Total Unduplicated Medicaid Fee-For-Service Encounters:	<input type="text"/>	?

Under this scenario, you are electing to include your managed care encounters. You must provide managed care encounters for both Medicaid and total (all payers including Medicaid).

Scenario 4:

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **Yes**

Include MCO Encounters = **No**

Include Organization Encounters ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Render care in FQHC/RHC ?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Include MCO Encounters ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
FQHC/RHC Encounters		
Total Encounters:	<input type="text"/>	?
Medicaid Encounters:	<input type="text"/>	?
CHIP Encounters:	<input type="text"/>	?
Charity Care Encounters:	<input type="text"/>	?
Sliding Fee Scale Encounters:	<input type="text"/>	?
All Other Settings Encounters		
Total Encounters:	<input type="text"/>	?
Medicaid Encounters:	<input type="text"/>	?

Providers who practice predominantly in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) are allowed to include some additional types of encounters in their eligible patient volume. In this scenario, providers must supply encounter numbers both in the FQHC or RHC and outside the FQHC or RHC (in the “All Other Settings Encounters” section). If a provider only practices in a FQHC or RHC, these “All Other Settings Encounters” can be entered as zeros.

Scenario 5:

Include Organization Encounter = **Yes**

Render Care in FQHC/RHC = **Yes**

Include MCO Encounters = **N/A**

Include Organization Encounters ? Yes No

Organization NPI

Organization NPI: ?

Render care in FQHC/RHC ? Yes No

FQHC/RHC Encounters

Total Encounters: ?

Medicaid Encounters: ?

CHIP Encounters: ?

Charity Care Encounters: ?

Sliding Fee Scale Encounters: ?

Under this scenario, you are electing to use your Practice/Organization's encounter numbers as a proxy. You will need to provide the group or organization NPI that you are using as a proxy and Practice/Organization's encounter numbers. **Note:** You should include MCO Encounters when calculating total and Medicaid encounters. If you select this option you are also attesting to meeting the practices predominantly requirement in order to use a FQHC or RHC's organization's volume as a proxy.

Scenario 6:

Include Organization Encounter = **No**

Render Care in FQHC/RHC = **Yes**

Include MCO Encounters = **Yes**

Include Organization Encounters ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Render care in FQHC/RHC ?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Include MCO Encounters ?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
FQHC/RHC Encounters		
Total Encounters:	<input type="text"/>	?
Non-Panel Medicaid Encounters:	<input type="text"/>	?
CHIP Encounters:	<input type="text"/>	?
Charity Care Encounters:	<input type="text"/>	?
Sliding Fee Scale Encounters:	<input type="text"/>	?
All Other Settings Encounters		
Total Encounters:	<input type="text"/>	?
Medicaid Encounters:	<input type="text"/>	?
Managed Care Encounters		
Total Managed Care Encounters:	<input type="text"/>	?
Eligible Patient Encounters:	<input type="text"/>	?

In this scenario, you are selecting that you are practicing in an FQHC or RHC, have additional encounters in another setting, and also see Medicaid Managed Care patients.

All providers also have the option of including encounters from other states. If you select this option, you will be asked what other states were included. The inclusion of out-of-state encounters is optional and will initiate an eligibility verification audit so Medicaid staff can contact the other state(s) to confirm encounter data; this will likely delay payment.

Note: All providers must complete “EHR Certification Information” section.

The screenshot shows a web form with the following elements:

- Include encounters outside MD** [?] Yes No
- State(s):** [] [?]
- EHR Certification Information**
- EHR Status** [?] Adopt Implement Upgrade (The 'Adopt' radio button is circled in red in the original image.)
- EHR Certification Number:** []
- Email:** my.email@email.com

Enter the CMS EHR Certification ID for the EHR technology you are adopting, implementing, upgrading or currently using. This is not the ONC Certification Number. You should only enter one “EHR Certification Number.” **Note:** The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters and should be entered in ALL UPPER CASE. Provider must also select their EHR status. For year 1, providers must select and attest to be adopting, implementing or upgrading to certified EHR technology. Select only one and select the most appropriate option.

This is also the section that includes an email address. If you provided one to the NLR at the federal level, it will be listed here. If not you must enter one in the space provided. The email address should be of the person completing the registration and who wants to be notified of its status.

About the EHR Certification Number

During attestation, CMS requires each eligible professional to provide a CMS EHR Certification ID that identifies the certified EHR technology being used to demonstrate meaningful use. This unique CMS EHR Certification ID or Number can be obtained by entering the certified EHR technology product information at the Certified Health IT Product List (CHPL) on the ONC website <http://healthit.hhs.gov/chpl>.

Note: The ONC CHPL Product Number issued to your vendor for each certified technology is different than the CMS EHR Certification ID. Only a CMS EHR Certification ID obtained through CHPL will be accepted at attestation.

Eligible professionals can obtain a CMS EHR Certification ID by following these steps:

1. Go to the ONC CHPL website <http://healthit.hhs.gov/chpl>.
2. Select your practice type by selecting the Ambulatory or Inpatient button.
3. Search for EHR Products by browsing all products, searching by product name, or searching by criteria met.
4. Add product(s) to your cart to determine if your product(s) meet 100% of the CMS required criteria.
5. Request a CMS EHR Certification ID for CMS attestation.

Note: The “Get CMS EHR Certification ID” button will NOT be activated until the products in your cart meet 100% of the CMS required criteria. If the EHR products do not meet 100% of the CMS required criteria to demonstrate Meaningful Use, a CMS EHR Certification ID will not be issued.

8. Click **Save**.
9. Click tab 3: **Attestation**.

10. Read the terms and conditions, then do the following:

(1) Select the printer icon to print the agreement if needed.

(2) Click the checkbox to agree.

(3) Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.

(4) Click **OK** to submit or **Cancel** to return to the application and make changes.

Note: After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at MarylandEHR@dhmh.state.md.us.

The screenshot displays the EHR registration application interface. At the top left, a 'Success' message states: 'We have received your registration information from the NLR. Please continue with state registration by completing tabs 1 through 3.' The 'Search Criteria' section shows 'Registration ID: 5500000004', 'NPI:', and 'Tax ID:'. The 'Login Information' section shows 'User ID: Provider1' and 'Profile: Provider Domain Admin'. A navigation sidebar on the left includes 'FEDERAL INFORMATION', 'ELIGIBILITY', and 'ATTESTATION', with 'ATTESTATION' being the active tab. The main content area features a 'Signature' section with a text area containing a certification statement and a 'Register' button. A 'Notice' box is visible, stating: 'NOTICE: Any person who provides false information, or makes an incomplete or misleading representation or any false, law and may be subject to civil penalties.' A 'Windows Internet Explorer' dialog box is open, asking 'Do you want to submit your EHR Registration for State Review?' with 'OK' and 'Cancel' buttons. Red callout boxes with arrows point to: '1. Print' (printer icon), '2. Accept' (checkbox labeled 'I accept the terms and conditions'), '3. Register' (Register button), and '4. Submit' (OK button in the dialog box).

11. Click **Logout** to exit the application.

Hospital Registration

Providers will receive their Registration ID in the CMS registration (Step 1b on page 3). You cannot sign in to the site without this number. Log in to the Maryland EHR Registration and Attestation System at <https://emipp.dhmd.maryland.gov/>.

1. Login with eMedicaid username and password and click **submit**.
2. On the next screen, select **Go**.
3. Under MIPP Registration, select **Start**.
4. Enter your 10-digit NLR Registration ID; select **Search**.



The screenshot shows the top navigation bar with buttons for Home, Register, Track, Payment, and Logout. Below the navigation bar is a 'Find Registration' section. On the left, there is a magnifying glass icon and the text: 'Find Registration', 'Enter your NLR Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process.' On the right, there is a text input field labeled 'Enter NLR Registration ID:' followed by a red-bordered search button labeled 'Search'.

5. On the next screen, you will see a page with three tabs. By default, you will begin on tab 1 **NLR INFORMATION**. Review information from NLR in tab 1.

On this tab, you need to review and confirm the information from the NLR. If there are any issues with the information that need to be corrected, STOP and go back to the NLR and correct the issue(s). Then wait at least one full business day and reenter the system. If the updated information is displayed, you can continue. If not, wait one more day and try again. If the new information is not displayed, call the EHR Incentive Program Information Center at (888) 734-6433, or TTY (888) 734-6563.

After reviewing the information on tab 1, click on the tab 2 **ELIGIBILITY** [see graphic below].

6. Click on Payment Year icon.

Home Register Track Payment Logout

Success
 Received your registration from NLR. Continue with state registration.

Search Criteria
 Registration ID: 7000000007
 NPI: 1235188665
 SSN: 12 123456789

Login Information
 User ID: Provider1
 Profile: Domain Administrator

Payment Year	Certification Number	Adopt/Implement/Upgrade
 1		

NLR INFORMATION 1

ELIGIBILITY 2

ATTESTATION 3

7. Enter **Eligibility Information** [refer to information below the graphic on filling out this section].

Enter Eligibility Information

Bold fields are required.

Eligibility Information

Patient Volume Reporting Period

Start Date (mm/dd/yyyy): 01/06/2012 ?

End Date (mm/dd/yyyy): ?

Encounter Information

Medicaid Encounters : ?

Total Encounters : ?

Pay To Provider

Select Pay To Provider ? ---SELECT---

EHR Certification Information

EHR Status ? Adopt Implement Upgrade

EHR Certification Number:

Cancel Save

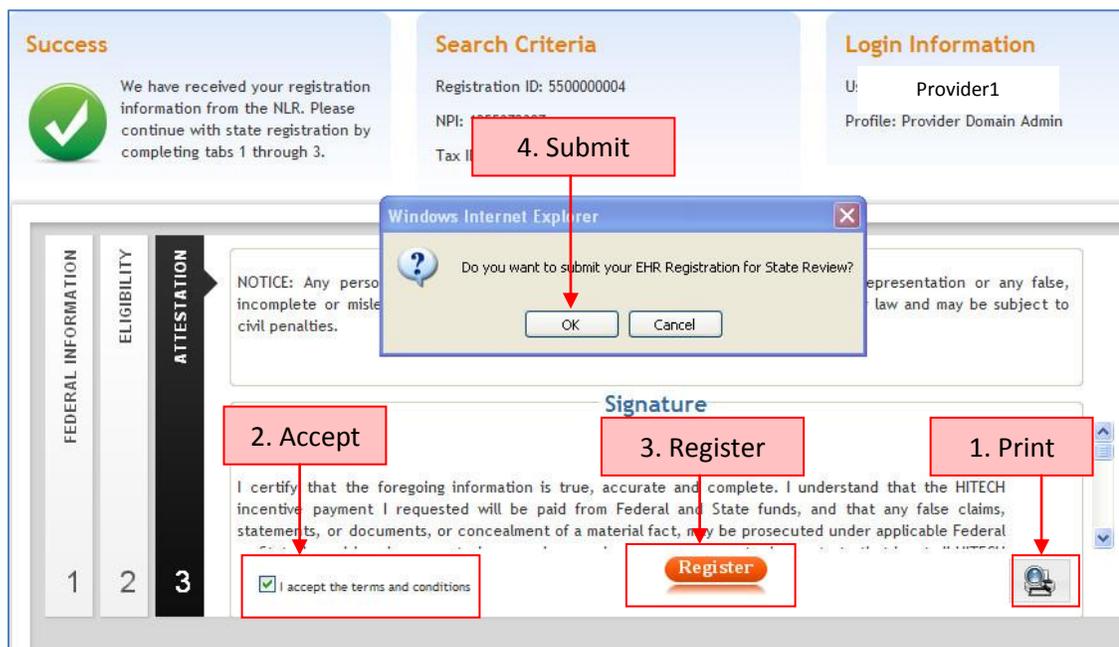
Note: Throughout this screen, any of the “?” icons can provide a pop-up tip for that item. Place your mouse over the icon and a pop-up tip will display.

Reporting Period: The default start date is today’s date. Enter the start date (in MM/DD/YYYY format) that you want to start your eligibility reporting period. This is not your meaningful use reporting period in year 1, it is the consecutive 90-day period in the prior fiscal year that you are reporting your eligible/Medicaid patient volume. Once you fill in the start date, click in the end date field and the system will automatically fill in the end date. **Note:** Both the start and end date must be in the prior fiscal year—it cannot span years. Your reporting period can be any consecutive 90-day period in the prior fiscal year that you want.

EHR Status: Select the appropriate EHR Status for your hospital. If you are a dually-eligible hospital and have already attested for the Medicare EHR Incentive Program, you will have the option to select “MU” (Meaningful Use). Select this option ONLY if you have attested for the Medicare EHR Incentive Program before attesting for the Medicaid EHR Incentive Program.

EHR Certification Number: The CMS EHR Certification ID is made up of 15 alphanumeric, case sensitive characters and should be entered in ALL UPPER CASE.

8. Click **Save**.
 9. Read the terms and conditions, then do the following:
 - (1) Select the printer icon to print the agreement, if needed.
 - (2) Click the checkbox to agree.
 - (3) Click **Register** to submit the application. A pop-up box will ask for verification to submit the application.
 - (4) Click **OK** to submit or **Cancel** to return to the application and make changes.
- Note:** After submitting the application, you cannot make changes. However, if your attestation is rejected by the State, you may make the necessary changes and reapply. If you have attested in error, please contact Maryland Medicaid at MarylandEHR@dhmh.state.md.us.



Registration Confirmation:

The screenshot shows a web application interface with an orange navigation bar at the top containing four buttons: Home, Register, Track, and Logout. Below the navigation bar, there are two main content areas. The left area is titled "MIPP Registration" and features a blue circular icon with a white plus sign. To the right of the icon, the text reads "Start Medicaid Incentive Payment (MIPP) Registration" and a red "Start" button is positioned below. The right area is titled "View Status of MIPP registration" and features a small line graph icon. To the right of the icon, the text reads "View status of Medicaid Incentive Payment Registration" and a red "Track" button is positioned below. Below these two areas, a section titled "EHR Incentive Program Registration Confirmation" contains a confirmation message: "Your Medicaid EHR Incentive Program registration is successfully submitted for State review." Below the message, registration details are listed: "Registra 112222223", "Name BALTIMORE MED CTR", "Payee N 7932735125", and "Payee T: 856940652".

10. Click **Logout** to exit the application.

Track Registration Submission

1. Select **Track**.
2. Enter the NLR Registration ID and click **Search**.



The screenshot shows a navigation bar with four buttons: Home, Register, Track, and Logout. Below the navigation bar is a section titled "Track Registration" with a magnifying glass icon. The text reads: "Enter your NLR Registration ID to begin your EHR Medicaid Incentive Payment Program (EHR MIPP) registration process." To the right of this text is a text input field labeled "Enter NLR Registration ID:" and a red "Search" button.

3. View the status of the submission. The green check marks indicate a completed step. The gears and green arrow indicate the current status.



Troubleshooting Issues

Error: Invalid Sign In

Action: You have not used the correct username and password. The username and password is the same as the eMedicaid login. If you have not registered at the eMedicaid portal, please do so first, then try logging in again.

Error: Error Communicating to the Web Service for Authentication.

Action: The application is having trouble communicating with the State Web service to authenticate your username and password. Wait and try again.

Error: Invalid Registration Details – The Maryland domain you are using does not match the NLR Registration ID.

Action: There is a mismatch between the NPI that you used to register in eMedicaid and the NPI that you used to register with NLR. Make necessary corrections and try again.

Error: Invalid Registration Details – NLR Registration ID not found. Please check your ID and enter again. If this issue persists upon re-entering, contact NLR to verify your Registration ID.

Action: You have not entered the correct registration ID, please check your welcome letter for the correct registration ID and try again.

Error: Invalid Registration Details – You are currently either not an active Maryland Medicaid Fee-for-Service (FFS) provider or you are not an eligible provider type for the EHR Incentive Program. You may not begin your Maryland EHR registration unless you meet both of these criteria. If you do not address the issue within 30 days, your Maryland EHR registration will be denied.

Action: Contact Provider Enrollment at (410) 767-5340.