eMedicaid

- Allows online submission to become a Medicaid Provider and provides an immediate response to your application.
- Provides online registration and allows access to eMedicaid services from anywhere, anytime.
- Gives you a fast, easy way to verify a Medicaid recipient's eligibility, which is required before rendering services. Web-based Recipient Eligibility Verification validates current dates of service and past eligibility up to one year. eMedicaid will indicate if the recipient is enrolled with a Managed Care Organization (MCO) or has third party insurance.
- Allows multiple users from the same office to access Medicaid payment information.
- Access Remittance Advice for up to two years.

Tips for registering:

- Have your Medicaid Provider Number handy
- Have the Provider’s Social Security and/or Federal Employer ID Number (FEIN) available
- Read the recommended documents provided online:
  - Provider Handbook
  - Eligibility Verification System (EVS) User Guide
  - Explanation of Benefits (EOB) Codes
  - Provider Fee Manual Physician Services
  - CMS-1500 - Physician Claims
  - CMS-1500 - Billing Instructions

For more information, visit us online at [https://encrypt.emdhealthchoice.org](https://encrypt.emdhealthchoice.org)

**General Questions and Troubleshooting:**
Call 410-767-5503, Option 2
Monday through Friday

For claims status, see Provider Relations Call Center Schedule at: [https://mmcp.health.maryland.gov/](https://mmcp.health.maryland.gov/)
Under About our Programs, Provider Information

**For Provider Application & Password Support:**
410-767-5340

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The services and facilities of the Maryland Department of Health (MDH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provision of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

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eMedicaid is hosted and secured by MD THINK
**Getting Started**

Browse to [https://encrypt.emdhealthchoice.org](https://encrypt.emdhealthchoice.org)

If you **ARE NOT** already a participating Medicaid Provider...

Complete the initial Provider Enrollment and Provider Type information and follow these key steps to apply to be a Medicaid Provider:

1. **Accept the terms of the Electronic Signature Agreement.** Check the box to agree and continue.
2. **Read the Provider Agreement.** Check the box to agree to the terms and continue.
3. **Complete the Provider Information**, including Federal Employer ID and/or Social Security number.
4. **Verify Step 3 information.** Check the box to agree and continue.
5. **Give details for the Practice Location** you are enrolling, including the Practice Address and information from the Provider’s Medical and Laboratory License, as applicable.

**Tip:** If you are part of a group, have the Maryland Provider Number of each group for which you render services at this Practice Location. Specify the effective date of your membership with each group.

6. **Verify Step 5 information.** Check the box to agree and submit.

**Important!** Print out the Transaction Confirmation page for your records. If indicated on the page, fax a copy of your license to 410-333-5341.

If you **ARE** already enrolled as a Participating Medicaid Provider...

Follow these instructions for eMedicaid Provider Registration:

1. **Decide who will act as Administrator for the site.** Only one person in your organization can take this role; typically, it is the Office Manager. The Administrator is the only person authorized to set up individual Users, designate which services each User has access to, and delete Users.

**Tip:** Only authorized Users can access the Recipient Eligibility Verification or Remittance Advice. Administrators who want access to these services must add themselves as a User.

2. **Complete the Provider Information.** Enter the first 7 digits of your Medicaid Provider Number, your Social Security and/or Federal Employer ID, your email, and website address. Check the box to agree and continue.

3. **Supply your Personal Information.** As the person completing the form, you must enter this information and designate your relationship to the Provider.

4. **Set your password.** Your password must be at least 8 characters and is case-sensitive. After signing in, the Administrator can change the password. MDH cannot provide this password to you.

5. **Accept the terms of the Electronic Signature Agreement.** Check the box to agree and continue.

6. **Verify all information you entered,** check the box to agree, and submit.

**Important!** Print out the confirmation page with your User ID for signing in to the site.

**Now You Can Sign In!**

**Administrators can:**
- Add/Delete Users.
- Manage Users profile.
- View transaction logs for all Users.

**Tip:** If you need to access Recipient Eligibility Verification or Remittance Advice, add yourself as a User.

**Users can:**
- Verify Recipient Eligibility.
- View Remittance Advice for the Provider locations they are authorized to view.
- Access Remittance Advice on Monday.
- View archival Remittance Advice for up to two years.