



**Addendum Cover Page for Maryland
Medical Assistance Program Application
INDIVIDUAL**

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

All providers are required to use the electronic Provider Revalidation and Enrollment Portal, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any supporting documents requested within the addendum.

Provider Information

NPI:

SSN:

MA Provider Number (if already enrolled in Maryland Medicaid):

**After you receive your Medical Assistance enrollment approval,
please register with Optum Maryland for authorization.**

Visit maryland.optum.com to register with Optum Maryland for access to their Incedo Provider Portal

Should you have any questions regarding Optum Maryland registration, please contact:
Optum Provider Relations: Phone: (800) 888-1965 – Email: omd_providerrelations@optum.com

Please visit health.maryland.gov/ePREP for more information about ePREP.



Addendum for Participation in Maryland Medical Assistance Program Application INDIVIDUAL

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 complete the information below and 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.

1. Please check all services that that you intend to provide and upload this form, as well as a copy of the corresponding certifications for each of the services checked, to ePREP (eprep.health.maryland.gov).

Service	Certification	Service	Certification
<input type="checkbox"/> Art Therapy	Certification from the Art Therapy Credentials Board, Inc.	<input type="checkbox"/> Music Therapy	Certification from the Certification Board for Music Therapist
<input type="checkbox"/> Dance Therapy	Certification from the American Dance Therapy Association	<input type="checkbox"/> Horticulture Therapy	Certification from the American Horticultural Therapy Association
<input type="checkbox"/> Equine Therapy	Certification from: EAGALA Certification Program OR Professional Association of Therapeutic Horsemanship International	<input type="checkbox"/> Drama Therapy	Certification from the North American Drama Therapy Association

2. Please complete the 1915i BHA Provider Application appropriate to your service type by visiting http://maryland.beaconhealthoptions.com/provider/prv_info.html (scroll down to the Clinical/Utilization Management section), and upload the completed BHA application to ePREP (eprep.health.maryland.gov).