Correctional Provider Enrollment and Billing FAQ

This document will review frequently asked questions around enrolling as a GJ Justice Involved (JI) Correctional Facility provider, and billing for justice involved (JI) case management services that are provided through the two Maryland Medicaid Reentry programs.

Table of Contents

Terminology

CPT Code

Current Procedural Terminology (CPT) codes are uniform codes used to identify specific medical procedures and services.

JI Case Management

Justice involved case management (JI case management) refers to case management services that meet the criteria outlined in SHO# 24-004 for juveniles participating in theMedicaid Reentry Program for Children and Young Adults, and Standard Terms and Conditions (Attachment L) for adults participating in the Medicaid Reentry SUD/SMI Program for Adults.

JI Correctional Facility Provider

This is the Maryland Medicaid provider type eligible to provide and bill for JI case management services provided to individuals participating in the two Maryland Medicaid Reentry programs.

NPI number

A National Provider Identifier (NPI) is a unique identifier provided by the federal government to all registered health providers. However, the JI Correctional Facility provider type does not have an NPI because it is an atypical provider type.

Rendering Provider Number

This is the 11-digit Maryland Medicaid Provider Number that you will receive when you enroll as a Medicaid provider through ePREP.

Provider Enrollment Questions

How does a provider enroll with Maryland Medicaid?

A provider can enroll as a Maryland Medicaid provider through the ePREP website portal.

Does the "Justice Involved" provider type (GJ) apply to correctional facilities billing Medicaid for services delivered under both Medicaid Reentry programs?

Yes. The Justice Involved Correctional Facility provider type (GJ) is listed as "Justice Involved" in the ePREP portal, and will be used for justice involved (JI) case management services provided to individuals eligible for the Medicaid Reentry SUD/SMI Program for Adults, as well as youth eligible for the Medicaid Reentry Program for Children and Young Adults. This provider type will be referred to as "JI Correctional Facility" throughout this FAQ and in other billing guidance.

Please note that while the May 2025 presentation on provider enrollment referred to the provider type as "Justice Involved Youth" it is titled "Justice Involved" in ePREP.

Can this provider type be used to bill for other services under the Medicaid Reentry SUD/SMI Program for Adults, such as medication provision, for example?

No, the JI Correctional Facility provider type is only for JI case management services. The Maryland Department of Health (MDH) will host follow up discussions to confirm the provider types for each additional service provided through the Medicaid Reentry SUD/SMI Program for Adults, as well as the entity providing that service (the Department Public of Safety and Correctional Services (DPSCS) vs. a contracted vendor).

What is the difference between a legal name and a Doing Business As (DBA) name?

A legal name refers to the name that is associated with an organization's federal tax ID number, also known as their Employer Identification Number

(EIN). Since DPSCS and the Department of Juvenile Services (DJS) are both state agencies, they operate under Maryland State Tax ID number. Therefore they need to enter the name listed on their tax ID letter in the *Legal Name* field in ePREP; this could be "State of Maryland" for example. The Doing Business As (DBA) name refers to the name under which an organization operates, when it's different from the name associated with their tax ID.

Since DPSCS and DJS operate under a name that is different from the legal name defined above, at the question *Does your business use a registered Doing Business As (DBA) name?,* they would click *YES*. The DBA could be the name of the agency, e.g., DPSCS , or the name of a correctional facility, e.g., Dorsey Run Correctional Facility. Next, they would add documentation linking the DBA name to the legal name and State Tax ID number (e.g., a trade name letter or their official IRS letterhead).

Will I receive an NPI when I enroll as a JI Correctional Facility provider?

No, the JI Correctional Facility provider type created for JI case management services does not include an NPI because it is an atypical provider type.

Please note for some billing processes: an alternative number may be automatically put into the NPI field for EDI billing and in box 32a of the CMS 1500 form in eMedicaid. This is not an NPI number or your agency's NPI number.

Is it necessary to provide the name, address, and social security number of individuals or entities with 5% or more (indirect or direct) Ownership, control interest, or partnership interest in the correctional entity, plus managing employees, to submit an ePREP enrollment application?

Government entities are only required to disclose managing employee(s), an owner is not required. A managing employee means "a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency".

Federal law requires state Medicaid agencies to document the name, address and social security number of any managing employee(s) of a Medicaid provider; see Section 1.4.1 *Ownership and Control Interests*, Subsection C. *Information to be Disclosed (§ 455.104(b))* of the *CMS Medicaid Provider Enrollment Compendium (MPEC)* for more information.

In order to comply with this federal requirement, MDH is requiring enrolling JI Correctional Facility providers to provide the name, address, and social security number of managing employee(s).

What happens if the managing employee(s) listed on the ePREP application stop working for the correctional entity?

The correctional entity must update the ePREP account to remove changes in managing employees within 5 working days of the staff change. This requirement is detailed in Section X of the *Maryland Medical Assistance Provider Agreement* that providers must sign when enrolling as Maryland Medicaid providers.

How long does it take to receive approval once an ePREP application is submitted?

The ePREP application review and approval process takes approximately ten business days, although it may take longer since JI Correctional Facility is a new provider type. Additionally, the decision process can take longer if there are questions or additional information is needed.

Who do I reach out to with questions on provider enrollment?

You can reach out to mdh.providerenrollment@maryland.gov, with any additional provider enrollment questions, and include the application ID number in your inquiry.

Billing Questions

When can I sign up to enroll as a Maryland Medicaid provider?

You can sign up to enroll as a Maryland Medicaid provider at any time.

When can I start billing for Medicaid Reentry SUD/SMI Program for Adults services?

Enrolled providers may start billing for JI case management after their facility has been approved for readiness.

Has the Medicaid Reentry SUD/SMI Program for Adults been approved?

The Centers for Medicare and Medicaid Services (CMS) approved Maryland's §1115 Reentry Implementation Plan on December 16th, 2025. The Medicaid Reentry SUD/SMI Program for Adults is authorized through the §1115 Reentry Demonstration. Any Medicaid Reentry SUD/SMI Program for Adults services provided after December 16, 2025 can be billed to MDH, as long as they were provided by a Medicaid enrolled provider delivering services in a facility that was approved by MDH for readiness (see the question above).

When can I start billing for Medicaid Reentry Program for Children and Young Adults services?

JI Correctional Facility providers will be able to bill for JI case management services provided on or after October 23, 2025**, as long as they were provided by a Medicaid enrolled provider delivering services in a facility that was approved by MDH for readiness (see the question above).**

What billing codes will I use to bill for JI case management services?

The CPT billing code T2023 will be used for JI case management.

What is the rate for JI case management, T2023?

The rate for T2023 is $561.05 per participating incarcerated individual per 30 day period.

What is the length of a unit for T2023?

The length of a unit for T2023 is thirty days, for a minimum of three JI case management touches within that period.

How will providers bill for T2023 services under the Medicaid Reentry SUD/SMI Program for Adults?

JI case management providers can bill using the CMS 1500 form, which can be submitted electronically or by mail.

To submit a claim electronically, you will have to create an account on eMedicaid, assign someone in your organization as an administrator on the account, and submit claims using the same information that would go into a CMS 1500 form.

Where should I mail the completed CMS 1500 form if I want to submit a paper claim?

You can mail the CMS 1500 form and cover page to MDH at the following address:

Maryland Department of Health
Medicaid Claims Unit
Room SS 18
P.O. Box 1935
Baltimore, MD 21203

What does the cover page entail?

The cover page should contain the following text:

Attn: Claims Processing Unit
Intent: FFS Claims

Where can I access the CMS 1500 form?

Blank PDF forms are commonly available online (see the Helpful Links section below).

Can we submit multiple JI case management claims on one CMS 1500 form?

Providers billing through the Medicaid Reentry SUD/SMI Program for Adults can submit multiple claims per participating individual as long as they only submit claims associated with one participant per CMS 1500 form.

For example, for the Medicaid Reentry SUD/SMI Program for Adults, JI Correctional Facility providers could include 90 days worth (3 units) of JI case management claims on a single form, resulting in three rows in Box 24, one for each unit of JI case management.

Providers billing through the Medicaid Reentry Program for Children and Young Adults must submit separate claims for pre-release and post-release JI case management.

How long do I have after the date of service to submit a CMS 1500 form for that service?

Fee-for-service claims can be submitted up to 12-months after the date that the service was rendered; unless the services were billed to a third party biller first, in which case providers can submit the CMS 1500 up to 60 days from the date listed on the Third Party Liability explanation of benefits.

Who do I reach out to if I have questions about billing?

You can reach out to mdh.providerrelations@maryland.gov with any billing related questions.

Helpful Links

Getting Started Instructions for creating a user profile in ePREP
MDH Provider Services | ePREP Instructions and Training

Appendix A: Places of Service for Post-release Services

Table 1. Place of Service Codes for Post-release Services

Code	Name	Description
02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. (Effective January 1, 2017) (Description change effective January 1, 2022, and applicable for Medicare April 1, 2022.) **Special Considerations:** Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. (This code is effective January 1, 2022, and available to Medicare April 1, 2022.) **Special Considerations:**

		Note that while the modification of POS Code 02 and the creation of POS Code 10 are effective in the National POS code set effective January 1, 2022, Medicare contractors received instructions regarding how to process claims with these codes starting April 4, 2022, so that Medicare would align with existing Telehealth claims processing policy, as well as be considered HIPAA compliant.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). (Revised, effective April 1, 2004.)
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1,

		2013 but no later than May 1, 2013)
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
27	Outreach Site/ Street	A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
99	Other Place of Service	Other place of service not identified above.