Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION
PT 06 SPECIAL OTHER ACUTE HOSPITAL

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from **9am – 5pm.**

All providers are required to use the **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal, 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 additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

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

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

V3 2024 effective 05/06/2024

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from **9am – 5pm.**

Please 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.

Section I:
Please upload the following document to ePREP :

1. A copy of your National Council for Prescription Drug Programs (NCPDP) certification, if applicable

Section II:
Please respond to all questions below and upload any applicable documents to ePREP:

1. Will you be rendering x-ray services or other radiology services?

    ☐ YES   ☐ NO

    - If yes, please include a copy of your Radiation Machine Facility Registration and Certification issued by the
      Maryland Department of Environment or an x-ray certification from the state in which you practice in your
      upload.

2. Does the facility include a trauma center?

    ☐ YES   ☐ NO

    - If yes, please include a copy of your trauma center certification and level designation issued by the Maryland
      Institute for Emergency Medical Services Systems in your upload.

3. Is the facility outside the state of Maryland or the District of Columbia?

    ☐ YES   ☐ NO

    - If yes, please include a copy of your host state's Medicaid reimbursement rates in your upload.

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768**
Monday – Friday from **9am – 5pm.**

4. What services will the facility bill for?

☐ Pediatric Inpatient services   ☐ Psychiatric Inpatient services

* **If you bill for Psychiatric services, please email**
MDH.BHenrollment@Maryland.gov upon approval of your
enrollment to ensure the Cost Settled rates are added.