



**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION**

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

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All providers are required to use the electronic **Provider Revalidation and Enrollment Portal**, or ePREP ([eprep.health.maryland.gov](http://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](http://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](http://health.maryland.gov/ePREP) for more information about ePREP



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Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP ([eprep.health.maryland.gov](http://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 HRSA Grant Award for this location

**Section II:**

Please respond to the question below and upload any applicable documents to [ePREP](#):

1. Will you be rendering x-ray 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.



## PEER RECOVERY SUPPORT SERVICES ATTESTATION

Please note: this service is available only for participants to whom FQHCs provide substance use disorder services.

To receive reimbursement for peer recovery support services, FQHCs must attest to the following:

- 1) The program employs certified peer recovery specialists.
- 2) The program provides supervision through:
  - (a) A registered peer supervisor who is certified by the Maryland Addictions and Behavioral Health Professionals Certification Board or a comparable association with equivalent requirements approved by the Behavioral Health Administration; or
  - (b) Until September 1, 2023, a licensed mental health practitioner or a certified alcohol and drug counselor who is approved to supervise by the relevant licensing board may serve as the peer supervisor.

Providers must upload copies of the peer certification(s) and supervisor certification as well as pre-employment background checks in ePREP.

Providers who do not attest here and do not provide verification that they have appropriate staff for peer recovery support services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for peer recovery support services.

I, \_\_\_\_\_ (Authorized Representative), hereby attest that  
 \_\_\_\_\_ (Name of Organization) employ staff  
 appropriately qualified to peer recovery support services.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date