



**MARYLAND**  
Department of Health

## Addendum for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

**PT 70 HMO/PACE**

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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**

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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**Section I:**

Please upload the following documents to [ePREP](#) :

1. The three-way Program Agreement between the PACE organization, CMS, and Maryland Medicaid.