



Addendum for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION

PT 70 HMO/PACE

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 **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 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 for more information about ePREP



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Section I:

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

1. Updated Two Way Agreement between the PACE organization and Maryland Medicaid.