Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION PT 89 1915i FACILITY

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

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):

After you receive your Medical Assistance enrollment approval, your Carelon ID number will be emailed, faxed, or mailed to your address of record.

Once you receive your ID, please register with Carelon Behavioral Health of Maryland for authorization.

Visit https://maryland.carelonbh.com for more information.

If you need assistance obtaining your Carelon ID, please contact Carelon at 1-800-888-1965 (Press 1 for English, then 3 for Provider, then 7 for EDI) or email provider.relations.md@carelon.com

Please visit https://health.maryland.gov/mmcp/provider/Pages/enrollment.aspx for more information about ePREP.

Addendum Cover Page for Maryland Medical Assistance Program Application FACILITY/ORGANIZATION PT 89 1915i FACILITY

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

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. Please complete the 1915i BHA Provider Application appropriate to your service type by visiting http://maryland.beaconhealthoptions.com/provider/prv_info.html (scroll down to the Clinical/Utilization Management section), and upload the completed BHA application to ePREP (eprep.health.maryland.gov).

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

*If you have not yet been issued a license by the Behavioral Health Administration (BHA), be sure to upload one of the following documents to ePREP:

1) Approval letter from the Behavioral Health Administration (BHA)

   Only an option for revalidations:
2) Continuation letter from the Behavioral Health Administration (BHA) **AND** a copy of the expired approval letter or license under 10.21

1. Will you be rendering mobile crisis response services or intensive in-home services?

   ☐ YES   ☐ NO

   - If yes, please include a copy of your BHA-issued Psychiatric Rehabilitation Program license

2. Will you be rendering respite services?   ☐ YES   ☐ NO

   - If yes, please include a copy of your BHA issued in home and/or out of home Respite Care license

3. Will you be rendering peer support services?   ☐ YES   ☐ NO

   - If yes, please include a copy of your BHA letter showing completion of required training