



MARYLAND
Department of Health

Addendum for Maryland Medical Assistance Program Application GROUP

GENDAR AFFIRMING TREATMENT

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. Visit health.maryland.gov/ePREP for more information about ePREP.

Steps for Creating Crossover Only New Enrollment Application:

1. I'm new to Maryland Medicaid and I do not have an NPI or Provider ID
2. Select the Atypical Provider Option
3. Enter your Business Profile Name
4. Applications tab --> New Application
5. I'm new to Maryland Medicaid, and I want to create a new application
6. I'm a Facility, Clinic, Health Care Organization or Waiver Provider.
7. Select your enrollment type - Organization
8. Provider Type: Gender Affirming Care

Provider Information

Group Name:

Tax ID:

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

Please visit 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) “Applications” tab.

Please check all services that you intend to provide and upload this form to ePREP (eprep.health.maryland.gov).

X	Service	Required Documentation
<input type="checkbox"/>	Electrology Services	Electrology Licensure - Complete Section 2 below
<input type="checkbox"/>	Medical Tattooing Procedures	Complete Section 3 below*

Section 2: Electrology Services

Please complete the following:

Electrology Group Attestation of Licensure:

- I attest that each electrologist within my organization has received the electrologist license from, and is currently in good standing with, the Maryland Board of Nursing.

Section 3: Medical Tattooing Procedures

Please complete the following:

Medical Tattooing Group Attestation of Licensure:

- I attest that each medical tattoo artist within my organization has met all requirements for the county or counties in which they operate.