



MARYLAND  
Department of Health

**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION  
PT 51 EPSDT THERAPEUTIC BEHAVIORAL SERVICES**

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 7am – 7pm.**

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 (if already enrolled in Maryland Medicaid):

**After you receive your Medical Assistance enrollment approval,  
please register with Optum Maryland for authorization.**

To register:

1. Visit <https://maryland.optum.com/>
2. Click on “Behavioral Health Providers”
3. Click on “Register”
4. Complete the Provider Online Services Registration form that appears

Should you have any questions regarding Optum Maryland’s registration, please contact:  
Optum Maryland Provider Relations: Phone: (800) 888-1965 – Email: [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com)

Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP



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**\*In order to enroll as an EPSDT TBS provider you must already be enrolled as a DDA, PRP, OMHC, or Mobile Treatment provider.**

**Section I:**

Please check the box for services your facility is enrolled to render, and provide the appropriate Maryland Medical Assistance Provider Number (MA#):

- DDA MA# \_\_\_\_\_
- PRP MA# \_\_\_\_\_
- OMHC MA# \_\_\_\_\_
- Mobile Treatment MA# \_\_\_\_\_

**Section II:**

Please upload a copy of the corresponding license(s) for the service(s) checked in the above list and upload the document(s) to [ePREP](#):