

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

## **Diabetes Prevention Program—PT DP**

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) 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 (<a href="mailto:eprep.health.maryland.gov">eprep.health.maryland.gov</a>) "Applications" tab, along with any additional documents requested within the addendum.

additio	nal documents requested within the addendur	n.
[Check	all that apply]	revention Diabetes Prevention Recognition Program Certification need the Centers for Disease Control and Prevention (CDC) Diabetes fication.
		below documentation from the CDC indicating their status and will of any change in recognition status within 30 days.
	e one recognition status]	Ţ
	Pending	Effective date:
	Preliminary Recognition	Expiration/recertification date:
	Full Recognition	Expiration/recertification date:
	In-person Online Distance Learning Combination  Documentation of DPRP status [Check one]	
	No. If no, please attach explanation.	
	lifestyle coach training course and have exhib Prevention Program Lifestyle Change Program DPRP standards.  The organization maintains a typed roster of a coach's full name, NPI number (optional), birt	estyle change coaches have successfully completed a CDC-approved ited the competencies necessary to deliver the National Diabetes in curriculum as stipulated by the CDC through the most current all lifestyle coaches who are in good standing, which includes each in date, and Social Security Number; with proof of their able to provide supporting documentation if requested by MDH.

<sup>&</sup>lt;sup>1</sup> If your CDC-recognized organization has more than one delivery mode, you must complete a separate addendum for each delivery mode.



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Attesta	ation of CDC-Recognized Organization Record Keeping
	The organization's records will include an attestation from the CDC-recognized organization, as applicable, that the Medicaid participant for whom it is submitting a claim to the Managed Care Organization (MCO), has met the eligibility criteria, attendance, and weight loss measures described in the Maryland Medicaid HealthChoice DPP eligibility criteria and reimbursement methodology.
Attesta	ation of Fingerprint Criminal Background Check Completion
	The organization understands that all owners with 5% or more direct or indirect ownership interest will be required to complete a Fingerprint Criminal Background Check (FCBC) as required by the Centers for Medicare and Medicaid Services (CMS).
Attesta	ation of an Enrollment Site Visit Conducted by Another State Medicaid Agency [Out of state organizations only,
	The out of state organization attests that their administrative location received a successful enrollment site visit
	from another state's Medicaid agency and will attach confirmation of the site visit with the date it was conducted.
	The out of state organization's administrative location has not received an enrollment site visit by another state's Medicaid agency.