



MARYLAND
Department of Health

Addendum for Maryland Medical Assistance Program Application

PT XV MEDICARE CROSSOVER PROVIDERS

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.

Once you complete and sign this addendum, please upload it, your Medicare approval letter, and a National Plan and Provider Enumeration System (NPPES) printout verifying the provider’s NPI to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab.

Provider Information

Print out from the NPPES NPI Registry that lists the provider’s NPI information attached to application?

YES NO NPI Not Applicable

Medicare approval letter attached to application?

YES NO

Please visit health.maryland.gov/ePREP for more information about ePREP



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***Important Enrollment Note for Crossover-only Providers:**

Crossover-only providers (Provider Type XV) enroll with Maryland Medicaid for the sole purpose of billing the Program for Medicare crossover claims.

If you enroll as a crossover-only provider rather than enrolling as a Medicaid fee-for-service provider, you will not be able to bill for services other than Medicare crossover claims. If you wish to seek reimbursement as a Medicaid fee-for-service provider, please enroll as the provider type applicable to your license.

If you intend to enroll with Maryland Medicaid only to bill crossover claims for services provided to Medicare enrolled Maryland Medicaid participants, please continue the enrollment process as a crossover-only provider.

Provider Obligations:

A. The Provider agrees to maintain adequate medical, financial and administrative records that fully justify and describe the nature and extent of all goods and Services provided to Recipients for a minimum of six years from the date of payment or longer if required by law. The Provider agrees to provide access upon request to its business or facility and all related Recipient information and records, including claims records, to the Department, Maryland Office of the Inspector General for Health (OIG-Health), the Medicaid Fraud Control Unit (MFCU) of the Maryland Attorney General's Office, the U.S. Department of Health and Human Services, and/or any of their respective employees, designees or authorized representatives. This requirement does not proscribe record requirements by other laws, regulations, or agreements. It is the Provider's responsibility to obtain any Recipient consent required to provide the Department, its designee, the OIG-Health, the MFCU, federal employees, and/or designees or authorized representatives with requested information and records or copies of records. Failure to timely submit or failure to retain adequate documentation for services billed to the Department may result in recovery of payments for Services not adequately documented, and may result in the termination or suspension of the Provider from participation as a Medical Assistance provider.

1. Original records must be made available upon request during on-site visits by Department personnel or personnel of the Department's designee.

2. Copies of records must be timely forwarded to the Department upon written request;

B. The Provider agrees to disclose information in accordance with 42 CFR §§ 455.102 through 455.105



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D. The Provider agrees not to charge Medicaid enrollees for Medicare Part A and B cost sharing when the State is responsible for paying such amounts pursuant to 42 U.S.C. section 1396a(n)(3)(B) and 42 C.F.R. § 422.504.

The Department and Provider Mutually Agree That:

A. Except as specifically provided otherwise in applicable law and regulations, either party may terminate this Agreement by giving thirty (30) days notice in writing to the other party.

B. The effective date of this Agreement shall be the date the Provider is enrolled into the Department's Medicaid Management Information System. This Agreement shall remain in effect until either party terminates the Agreement (as described in Section III A).

C. This Agreement is not transferable or assignable.

D. The Provider Enrollment Application submitted and signed by the Provider is incorporated by reference into this Agreement and is a part hereof as though fully set forth herein.

Signature:

By signing this addendum, the Provider acknowledges they are enrolling with the Maryland Medicaid Program for the sole purpose of billing Medicare crossover claims. If the Provider wishes to seek reimbursement for services provided to participants, they must enroll as a Medicaid fee-for-service provider under their appropriate provider type.