



**Addendum Cover Page for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION**

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 (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

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

**After you receive your Medical Assistance enrollment approval,
please register with Beacon Health Options for authorization.**

To register:

1. Visit <http://maryland.beaconhealthoptions.com/index.html>
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 Beacon Health Options registration, please contact:
Beacon Provider Relations: Phone: (800) 888-1965 – Email: marylandproviderrelations@beaconhealthoptions.com

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



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Section I:

Please upload the following document to [ePREP](http://eprep.health.maryland.gov) :

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](http://eprep.health.maryland.gov):

*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?



MARYLAND
Department of Health

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PT 89 1915i FACILITY

YES

NO

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