



MARYLAND
Department of Health

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

PT 41 HOME HEALTH AGENCY

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):

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



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Section I:

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

1. A copy of your current Home Health Agency license issued by the Office of Health Care Quality (OHCQ).

***Please note that you must be licensed as a Home Health Agency in order to enroll as this provider type.
Residential Services Agency licenses are not Home Health Agency licenses.**

2. A copy of your CMS Letter of Certification
3. A copy of your Certificate of Need from the Maryland Healthcare Commission