



MARYLAND  
Department of Health

**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
GROUP**

**PT HG 1915i**

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If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – pm.**

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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**

NPI:

Tax ID:

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

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

Visit [maryland.optum.com](http://maryland.optum.com) to register with Optum Maryland for access to their Incedo Provider Portal

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

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



**MARYLAND**  
Department of Health

## **Addendum for Participation in Maryland Medical Assistance Program Application GROUP**

**PT HG 1915i**

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If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**  
**Monday – Friday from 9am – 5pm.**

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Please complete the information below and upload this form 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 applicable supporting documents requested below.

1. Please reach out to Medicaid’s Behavioral Health Unit (BHU) for required documentation for your service type at [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov). Once you have completed the required documentation, upload the documents to ePREP ([eprep.health.maryland.gov](http://eprep.health.maryland.gov)).