



MARYLAND  
Department of Health

**Addendum Cover Page for Maryland  
Medical Assistance Program Application  
FACILITY/ORGANIZATION  
PT 50 SUBSTANCE USE DISORDER PROGRAM**

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](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 with 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



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Please 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.

\*In order to enroll as a Substance Abuse Program provider you must have a license issued by the Behavioral Health Administration (BHA) that includes at least one of the following levels of care:

- Level 1 – Outpatient Treatment
- Level 2.1 – Intensive Outpatient
- Level 2.5 – Partial Hospitalization

\*If you have not yet been issued a license by the Behavioral Health Administration (BHA), be sure to upload one of the following options to ePREP:

- 1) Approval letter from the Behavioral Health Administration (BHA) that shows at least one of the required levels of care
- 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 10.47 that lists at least one of the required levels of care

**Section I:**

Please respond to all questions below and upload any applicable documents to [ePREP](http://eprep):

1. Will you be providing Medication Assisted Treatment?

YES

NO

- If yes, please include the completed Medication Assisted Treatment attestation form in your upload (attached)

2. License and credentials of all professional employed by or under or under contract with the provider. **COMAR 10.09.80.03**
3. Pre-employment criminal history records for each employee. **COMAR 10.63.01.05**
4. Written policy regarding the criminal history of the program’s employees, contractors, and volunteers. **COMAR 10.63.01.05**



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**At a minimum, includes consideration of the following:**

- (a) The age at which the individual committed the crime;
- (b) The circumstances surrounding the crime;
- (c) Any punishment imposed for the crime, including any subsequent court actions regarding that punishment;
- (d) The length of time that has passed since the crime;
- (e) Subsequent work history;
- (f) Employment and character references; and
- (g) Other evidence that demonstrates whether the employee, contractor, or volunteer poses a threat to the health or safety of a program participant, program staff, or a member of the public.

**Please note:**

(4) An individual may not be hired as an employee, contractor, or volunteer:

- (a) For a program serving participants younger than 18 years old, if the individual has been convicted at any time of child abuse or child sexual abuse; or
- (b) For a program serving participants 18 years old or older, if the individual has been convicted at any time of abuse or neglect of a vulnerable adult.



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## Medication Assisted Treatment Provided Through a PT 50

In order to be able to receive reimbursement for periodic medication assisted treatment (MAT) medication management visits and, if storing and dispensing buprenorphine or Vivitrol in the office, the cost of the drug itself <sup>1</sup>, Provider Type 50s must attest that the program employs staff appropriately qualified to provide MAT services. If the program provides buprenorphine services they must have a DATA 2000 Waiver Provider on staff.

Providers who do not attest here that they have appropriate staff for MAT services will not have their program set up properly in the Medicaid system and will receive denials if they attempt to bill for MAT services. If Provider Type 50s later begin providing MAT services they must send an email to [mdh.bhenrollment@maryland.gov](mailto:mdh.bhenrollment@maryland.gov) with a completed and signed attestation. Provider Type 50s must wait to receive confirmation that their program is set up correctly to begin billing for MAT services.

I, \_\_\_\_\_ (Authorized Representative), hereby attest that  
\_\_\_\_\_ (Name of Organization) employ staff appropriately qualified to provide medication assisted treatment services, including a DATA 2000 Waived Provider if the program provides buprenorphine.

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Signature of Authorized Representative

Date

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<sup>1</sup> Providers may **NEVER** bill Medicaid for prescriptions obtained at the pharmacy when the pharmacy is the point of sale. The J code for buprenorphine is only to be used when directly supervising the consumption of the drug that has been pre-purchased by the clinic through a contract with the buprenorphine manufacturer.