



**Maryland Outpatient Mental Health Provider  
Quality Incentive Program (QuIP)  
Value Intensive Program (VIP)**

**Enrollment Form**

**Provider Name** \_\_\_\_\_

**VO Provider #** \_\_\_\_\_

**Primary Contact Name** \_\_\_\_\_

**Primary Phone & Fax** \_\_\_\_\_

**Confirm by Checking I or II**

- I.  Requesting enrollment ONLY in QuIP
- II.  Requesting enrollment in QuIP and as VIP provider (must select A or B)
- A.  Case Management offered through provider's own staff
- B.  Case Management offered through agreement with CM agency

**Name of CM Agency:** \_\_\_\_\_

**Submit this enrollment form to ValueOptions® Maryland via fax at 410-691-4001.  
Send to the attention of Provider Relations.**



**Maryland OMS Providers  
Quality Incentive Program (QuIP)  
Value Intensive Program (VIP)**

**OMS Service Locations and CSAs**

*Duplicate this sheet as many times as needed to ensure all service locations are identified.*

**OMS Service Location Name** \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
CSA \_\_\_\_\_

**OMS Service Location Name** \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
CSA \_\_\_\_\_

**OMS Service Location Name** \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
CSA \_\_\_\_\_

**Submit this two page enrollment form and Quality Plan to ValueOptions® Maryland via fax at 410-691-4001. Send to the attention of Provider Relations.**