



**MaineCare Services**  
*An Office of the  
 Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

**MaineCare Primary Care Case Management**  
 Maine Department of Health and Human Services  
 MaineCare Services  
 Division of Healthcare Management  
 #11 State House Station  
 Augusta, ME 04333-0011  
 Tel. 866-796-2463 or 207-287-4827 FAX 207-287-1864

## Managed Care Primary Care Provider Enrollment Form

Use this form to enroll new Managed Care Primary Care providers and sites.

<b>Section I: Contact Information</b>		Group Billing Number: _____	FEIN #: _____
Group Billing Name: _____			
<b>Rural Health Clinic Only:</b> According to HRSA guidelines, are you a Safety-Net RHC? Yes?__ No? __			
Office Manager: _____	Billing on (choose one) <input type="checkbox"/> CMS-1500 <input type="checkbox"/> UB-92		
Mailing Address: _____	PCP Site Location Address: _____		
_____	_____		
_____	_____		
Phone: _____	Phone: _____		
Fax: _____	Fax: _____		
E-mail: _____	E-mail: _____		

## Section II: Primary Care Provider (PCP) Site Patient Panel

Each Primary Care Provider must specify the maximum number of MaineCare Primary Care Case Management patients he/she is willing to accept. The number is not to exceed 2000 per PCP:

- The providers listed in Section IV of this document will include, in total, \_\_\_\_\_ patients on the Site panel.
- Services will be limited to those between the ages of \_\_\_\_\_ to \_\_\_\_\_ (Also specify in Section IV.)
- We speak the following languages: \_\_\_\_\_
- Practice is limited to the following: (i.e. practice limited to Pediatrics): \_\_\_\_\_

We will be OPEN PCP/Site accepting new MaineCare patients.

We will be a CLOSED PCP/Site and will provide services only to those MaineCare patients for whom we already provide services or approved site patient acceptance practice.

**Section III: 24-Hour Phone Number And Office Hours**

**24-hour phone number:** \_\_\_\_\_

Monday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Saturday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Sunday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

**Section IV: PCPs At This Location**

Fill out the information for each of the providers you are enrolling who provide Primary Care Case Management. If you are adding more than six providers, list on separate sheet and attach.

1. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

2. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

3. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

4. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

5. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

6. MaineCare servicing ID/SSN#: \_\_\_\_\_ Name: \_\_\_\_\_

Board certified? Yes  No  License #: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Age restrictions: \_\_\_\_\_ Open  Closed

**Section V: 24-Hour Coverage Plan**

Check one or more of these boxes to designate how MaineCare patients may contact you or your site outside of regular office hours.

An **answering service** contacts the site or a covering MaineCare provider after regular office hours.  
Name of covering provider(s): \_\_\_\_\_

\_\_\_\_\_

An **answering machine** directs patients to call a covering MaineCare provider after regular office hours. Name of covering provider(s): \_\_\_\_\_

\_\_\_\_\_

**Call forwarding** transfers calls to another location where someone can contact the site or a covering MaineCare provider after regular hours.  
Name of covering provider(s): \_\_\_\_\_

\_\_\_\_\_

**Alternate coverage arrangement.** Explain in detail including name of covering provider(s):

\_\_\_\_\_

**Section VI: Excluding Patients**

The Department allows you to exclude certain patients from the PCP site when:

- A lawsuit exists between you or the site and the patient: or
- The patient has been formally discharged from your practice.

Number of patients you are excluding: \_\_\_\_\_

**Identify excluded patients**

Identify the excluded patients with name, DOB and MaineCare ID # on a separate piece of paper. Attach any documentation you have to support the exclusion(s). Examples of documentation are copies of discharge letters or legal documents identifying lawsuits.

**Sign and mail or fax to the address/number on the first page.**

\_\_\_\_\_  
Primary Care Provider Authorized Signature

\_\_\_\_\_  
Printed Name and Date

**For DHHS use only:**  Approved     Not approved     Follow up (Attach notes)

\_\_\_\_\_  
Managed Care Program Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date