

11. Instructions for Completing the Servicing Providers and Locum Tenens Form

Each agency or group practice must complete one form for each servicing provider for whose services they bill. Make as many copies as you need. Each employee must be licensed.

- 1. Application to:** Must check one box. If terminating provider, write date of termination.
- 2. Enrolling as:** Must check one box:
 - Servicing providers are employed by an agency or group practice. The agency or group practice bills MaineCare for services provided by the servicing provider.
 - Locum Tenens are licensed physicians who fill in for MaineCare servicing providers in an agency or group practice.
- 3. Servicing/Locum Tenens Provider Information: Must complete all fields**
 - First Name
 - Last Name
 - SSN
 - DEA# include copy (If not applicable, write NA)
 - License Number and copy of license
 - License Effective Date
 - License Expiration Date
 - Hire and End Dates: First and last date on which the servicing Provider/Locum Tenens can perform services. In no case will the effective enrollment date be earlier than the date of licensure, or the effective date of the service contract agreement, if required by another chapter of this manual; (b) Section 1.03-1 (E).
- 4. Specialty/Subspecialty:** 3-digit code that identifies specific services to be provided by the servicing Provider/Locum Tenens (see attached list for codes). Only physicians (Specialty 006) can list sub-specialties as a servicing provider.

For a list of physician sub-specialties, see *Specialty/Sub-specialty information*.

For all other servicing provider types, see 13. Servicing Provider Specialty Codes. Those providers listed in italics can only be servicing providers.

5. MaineCare Billing Provider Information

- Billing Provider name
- MaineCare Billing Provider ID (if more space is needed, make as many copies of the form as you need).

6. Do you plan to provide, or are you currently providing the following services? Must be answered by physicians, physician's assistants and nurse practitioners. All others write N/A.

PT (Provider Type) 20 (Specialties 006 Physicians, 060 Nurse Practitioners and 108 Physician's Assistants) and PT 26 (Specialties 063 FQHC, 043 RHC) must answer a, b and c.

Provider Type 26 (subspecialty 025 Family Planning) must answer a and b.

- a) Check "Yes" if you currently provide or plan to provide preventive services to adults age 21 and over. Complete form 19 *PHPOT Supplemental Provider Agreement Form*. Contact the Provider Relations Unit at 1-800-321-5557 for additional information concerning these services.
- b) Check "Yes" if you currently provide or plan to provide PHPOT (Prevention, Health Promotion and Optional Treatment) services to children under the age of 21. Complete form 19 *PHPOT Supplemental Provider Agreement Form*. Contact the Provider Relations Unit at 1-800-321-5557 for additional information concerning these services.
- c) Check "Yes" if you currently provide or are planning to provide MaineCare managed care primary care services. Complete the *MaineCare Managed Care Rider* and the managed care forms. Call 1-866-796-2463 for additional information concerning this program and forms. Only physicians, physician's assistants and nurse practitioners can provide managed care primary care.

7. Legal information

Please read carefully and answer yes or no for each question. If you answer "yes" to any of these questions for any of the servicing providers, please attach an explanation.

The individual answering the legal questions must sign and date the form.



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

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
 MaineCare Services
 11 State House Station
 Augusta, Maine 04333-0011
 Customer Service: (207)-624-6903
 Toll-Free: (800) 321-5557, Option 6; Fax: (207) 287-8682

12. Servicing Provider or Locum Tenens Form

Each agency or group practice must complete one form for each servicing provider for whose services they bill. Make as many copies as you need. Each employee must be licensed.

1. **Application to:** Add provider Terminate provider Update information

If terminating provider, date of termination: _____

2. **Enrolling as:** Servicing provider Locum Tenens

3. **Servicing provider/locum tenens information:**

First Name: _____ Last Name: _____

SSN: _____ DEA #: _____ License Number: _____

License Effective Date: _____ Expiration Date: _____

Hire Date: _____ End date: _____

4. **Specialty/subspecialty information. Only Provider Type 006 can list a sub-specialty.**

	Code	Begin date	End date		Code	Begin date	End date
Specialty 1	_____	_____	_____	Specialty 2	_____	_____	_____
Subspecialty 1	_____	_____	_____	subspecialty 1	_____	_____	_____
subspecialty 2	_____	_____	_____	subspecialty 2	_____	_____	_____
subspecialty 3	_____	_____	_____	subspecialty 3	_____	_____	_____

5. **MaineCare Billing Provider information:**

Billing Provider name: _____ Phone: _____

Billing Provider ID #: _____ Billing Provider ID #: _____

Billing Provider ID #: _____ Billing Provider ID #: _____

6. **Does the servicing provider/locum tenens plan to provide, or is he or she currently providing, the following services (certain providers only-see instructions):**

a. Prevention services for Adults (age 21 and over) Yes No NA

b. Prevention, Health Promotion, and Optional Treatment Services for members under 21 (formerly EPSDT)
 Yes No NA

c. MaineCare managed care primary care provider services Yes No NA

7. Legal Information

If you answer “yes” to any of these questions, please attach explanation on separate piece of paper.

- Have any owners or employees ever had an Assessment taken against you? Yes ...No
- Have any owners or employees ever had an Administrative Sanction taken against you? Yes ...No
- Have any owners or employees ever had a Suspension of Payment taken against you? Yes ...No
- Have any owners or employees ever had a Restitution order taken against you? Yes ...No
- Have any owners or employees ever had a Program Exclusion taken against you? Yes ...No
- Have any owners or employees ever had a Program Debarment taken against you? Yes ...No
- Have any owners or employees ever had a Pending Criminal Judgment taken against you? Yes ...No
- Have any owners or employees ever had a Pending Civil Judgment taken against you? Yes ...No
- Have any owners or employees ever had a Judgment Pending Under False Claims Act taken against you? Yes ...No
- Have any owners or employees ever had a Criminal Fine taken against you? Yes ...No
- Have any owners or employees ever had a Civil Monetary Penalty taken against you? Yes ...No
- Have any owners or employees ever been convicted of any health related crimes? Yes ...No
- Have any owners or employees ever been convicted of a crime involving the abuse of a child or an elderly adult? Yes ...No
- Do any owners or employees have ownership interest in any entity that provides services to a MaineCare provider/supplier?
..... Yes ...No

I certify that the information contained herein is true, correct, and complete. If I become aware that any information in this form is not true, correct or complete, I agree to notify the MaineCare Provider Enrollment Unit of this fact immediately.

I authorize the MaineCare Provider Enrollment Unit to verify the information contained herein. I understand that a change in the incorporation of my organization or my status as an individual or group biller may require a new application.

Signature

Date

13. Sub-Specialty Codes for Servicing Provider 006 Physician

109 General Practice	142 Physical Medicine & Rehabilitation
110 Family Practice	143 Pulmonary Disease
111 Anesthesiology	144 Diagnostic Radiology
112 OB/GYN	145 Interventional Radiology
113 Psychiatry	146 Rheumatology
114 Preventive Medicine	147 General Surgery
115 Pediatric Medicine	148 Plastic & Reconstructive Surgery
116 Nuclear Medicine	149 Colorectal Surgery
117 Geriatric Medicine	150 Thoracic Surgery
118 Infectious Disease	151 Vascular Surgery
119 Addiction Medicine	152 Peripheral Vascular Surgery
120 Cardiology	153 Neuropsychiatry
121 Cardiac Surgery	154 Maxillofacial Surgery
122 Critical Care (Intensivists)	155 Hand Surgery
123 Neurology	156 Urology
124 Neurosurgery	320 Asthma
125 Allergy/Immunology	326 Diabetes
126 Dermatology	
127 Emergency Medicine	
128 Endocrinology	
129 Pathology	
130 Gastroenterology	
131 Hematology	
132 Internal Medicine	
133 Nephrology	
134 Hematology/Oncology	
135 Medical Oncology	
136 Surgical Oncology	
137 Radiation Oncology	
138 Ophthalmology	
139 Orthopedic Surgery	
140 Osteopathic Manipulative Therapy	
141 Otolaryngology	

14. Servicing Provider Specialty Codes

Specialty Code	Specialty Description	
046	Audiologist	
197	Certified Clinical Nurse Specialist (CCNS)	
196	Certified Nurse Anesthetist	
167	<i>Certified Rehab Counselor</i>	<i>Servicing Only</i>
032	Chiropractor	
104	<i>Dental Hygienist</i>	<i>Servicing Only</i>
009	Dentist	
105	Denturist	
200	<i>Family Planning Nurse</i>	<i>Servicing Only</i>
173	<i>Family Planning Specialist</i>	<i>Servicing Only</i>
168	Independent Behavioral Specialist I	
315	Independent Behavioral Specialist II	
162	<i>LADC-Licensed Alcohol & Drug Counselor</i>	<i>Servicing Only</i>
013	LCPC-Licensed Clinical Professional Counselor	
340	LCSW-Addiction Certified	
160	LCSW-Licensed Clinical Social Worker	
172	<i>Licensed Dietician</i>	<i>Servicing Only</i>
163	<i>LMSW-Licensed Master Social Worker</i>	<i>Servicing Only</i>
101	Locum Tenens	
164	<i>LPC-Licensed Professional Counselor</i>	<i>Servicing Only</i>
199	<i>LPN-Licensed Practical Nurse</i>	<i>Servicing Only</i>
165	<i>LSW-Licensed Social Worker</i>	<i>Servicing Only</i>
203	<i>Master RN</i>	<i>Servicing Only</i>
166	<i>MSW-Master Social Worker</i>	<i>Servicing Only</i>
053	Nurse Midwife	
060	Nurse Practitioner	
033	Occupational Therapist	
170	<i>Occupational Therapist Assistant</i>	<i>Servicing Only</i>
042	Optician	
037	Optometrist	
031	Physical Therapist	
171	<i>Physical Therapist Assistant</i>	<i>Servicing Only</i>
108	<i>Physician's Assistant</i>	<i>Servicing Only</i>

14. Servicing Provider Specialty Codes

Specialty Code	Specialty Description	
007	Podiatrist	
161	Psych Examiner	
202	<i>Psych Nurse</i>	<i>Servicing Only</i>
038	Psychologist	
198	<i>Registered Nurse</i>	<i>Servicing Only</i>
201	<i>Registered Nurse Certified (RNC)</i>	<i>Servicing Only</i>
217	<i>Registered Nurse First Assistant-(RNFA)</i>	<i>Servicing Only</i>
047	Speech Language Pathologist	
159	<i>Speech Language Pathologist-Assistant</i>	<i>Servicing Only</i>
700	CADC	<i>Servicing Only</i>