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## Provider Revalidation New Screening Requirements

Providers will be required to supply social security numbers and dates of birth for any board members, rendering providers, managing employees, and persons with ownership or controlling interest of 5% or more in the disclosing entity. A managing employee is defined as a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

The federal government requires MaineCare to conduct site visits on all revalidating providers based on a categorical risk level of moderate or high. A risk level will be assigned to providers based upon their provider type and specialty of the service location.

All database screenings will be performed on all providers, at all risk levels, as well as those individuals with ownership or controlling interest of 5% or more in the disclosing entity, board members, managing employees, rendering, and non-billing, ordering and prescribing providers (NOPRS).

These new requirements include:

- Verification that the provider is licensed by the state, the license has not expired, and does not have any current limitations
- Automated criminal history background check
- Federal exclusion database checks that include the List of Excluded Individuals/Entities (LEIE) and the System for Award Management (SAM which includes the Excluded Parties List System (EPLS))
- Medicaid and Children Health Insurance Program (CHIP) terminated provider system and state specific suspension or exclusion databases
- Federal database checks conducted with the Social Security Administration DeathMaster File and the National Plan and Provider Enumeration System (NPPES)
- Medicare certification verification through Provider Enrollment, Chain and Ownership System (PECOS)
- Collection of an application fee prior to executing a provider agreement from a prospective or re-enrolling provider with the exceptions of the following:
  - Individual physicians or non-physician practitioners
  - Providers who are enrolled in Title XVIII of the Affordable Care Act (ACA) or another state's title XIX or XXI plan
  - Providers who have paid the applicable application fee to a Medicare contractor or another state

The above screening will be performed through automated database checks on a monthly basis. Negative screening findings will result in further review of the application and may result in denial of the application. In addition to the above screenings, providers assigned to a categorical risk level of moderate or high will receive an unannounced on-site inspection that will be conducted at the service location.