

Manager: Heidi Goodale 207-624-6926 Heidi.J.Goodale@Maine.gov

| PROVIDER RELATIONS SPECIALIST ASSIGNMENTS | | |
|--|----------------------|--|
| Primary SME | Policy Section | Title |
| Shannon Beggs | Ch II - Section 4 | Ambulatory Surgical Center Services |
| 207-624-4012 | Ch II - Section 14 | Advanced Practice Registered Nursing Services |
| shannon.m.beggs@maine.gov | Ch II - Section 23 | Developmental and Behavioral Clinic Services |
| | Ch II - Section 30 | Family Planning Agency Services |
| | Ch II - Section 80 | Pharmacy Services |
| | Ch II - Section 90 | Physician Services |
| | Ch II - Section 95 | Podiatric Services |
| | Ch II - Section 101 | Medical Imaging Services and Pathways Authorizations |
| | | 340B Representative |
| | | PERM Representative |
| Tia Bolduc | Ch II - Section 12 | Consumer Directed Attendant Services |
| 207-624-6938 | Ch II - Section 19 | Home/Community Based Benefits for the Elderly and/or Adults with Disabilities |
| tia.i.bolduc@maine.gov | Ch II - Section 96 | Private Duty Nursing and Personal Care Services |
| | | Primary Back up to Tammy Usher (See list of Policies Below) |
| | | Primary Back up to EVV Implementation Project |
| | | E-Message Archive Coordination |
| Jane Brann | Ch II - Section 13 | Targeted Case Management Services |
| 207-624-6925 | Ch II - Section 17 | Community Support Services |
| jane.brann@maine.gov | Ch II - Section 55 | Laboratory Services (including Out of State Providers) |
| | Ch II - Section 68 | Occupational Therapy Services |
| | Ch II - Section 85 | Physical Therapy Services |
| | Ch II - Section 109 | Speech and Hearing Services |
| | Ch I - Section 4 | Telehealth Services |
| | | Member Bills |
| Brenda Holden | Ch II - Section 3 | Ambulatory Care Clinic Services |
| 207-624-6927 | Ch II - Section 5 | Ambulance Services |
| brenda.holden@maine.gov | Ch II - Section 7 | Free-Standing Dialysis Services |
| | Ch II - Section 15 | Chiropractic |
| | Ch II - Section 60 | Medical Supplies and Durable Medical Equipment |
| | Ch II - Section 75 | Vision Services |
| | Ch II - Section 113 | Non-Emergency Transportation (NET) Services |
| Amanda Lee | Ch II - Section 97 | Private Non-Medical Institution Services |
| 207-624-6966 | | Appendix B: Principles of Reimbursement for Substance Abuse Treatment Facilities |
| amanda.lee@maine.gov | | Appendix D: Principles of Reimbursement for Child Care Facilities |
| | | Appendix E: Principles of Reimbursement for Community Residences for Persons with Mental Illness |
| | Ch II - Section 107 | Psychiatric Residential Treatment Facility Services |
| | | Constituent Issues (Governor, Commissioner, etc) |
| Rebecca Maranda | Ch II - Section 9 | Indian Health Services |
| 207-624-6963 | Ch II - Section 25 | Dental Services |
| rebecca.a.maranda@maine.gov | Ch II - Section 28 | Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations |
| | Ch II - Section 31 | FQHC - Independently Owned and Hospital Owned |
| | Ch II - Section 65 | Behavioral Health Services |
| | Ch II - Section 103 | RHC - Independently Owned and Hospital Owned |
| | Ch II - Section 106 | School-Based Services |
| Tiffany Norton | Ch II - Section 45 | All Maine Hospitals |
| 207-624-6934 | Ch II - Section 46 | Psychiatric Hospital Services: Acadia, Spring Harbor, State Psych Hospitals |
| tiffany.norton@maine.gov | | |
| Danielle Sack | Out-Of-State | OOS hospital, PNMI, ICF, NF, and Physicians |
| 207-624-6950 | | Enrollment Inquires Liaison |
| Danielle.C.Sack@Maine.gov | | |
| Tammy Usher | Ch II - Section 2 | Adult Family Care Services |
| 207-624-6933 | Ch II - Section 18 | Home/Comm Based Services for Adults w/Brain Injury |
| tammy.J.usher@maine.gov | Ch II - Section 20 | Home/Community Benefits for Adults with Other Related Conditions (ORC) |
| | Ch II - Section 21 | Home/Community Benefits for Members w/Intellectual Disabilities or Autistic Disorder |
| | Ch II - Section 26 | Day Health Services |
| | Ch II - Section 29 | Support Services for Adults with Intellectual Disabilities or Autistic Disorder |
| | Ch II - Section 40 | Home Health Services |
| | Ch II - Section 43 | Hospice Services |
| | Ch II - Section 50 | ICF-MR Services |
| | Ch II - Section 67 | Nursing Facility Services |
| | Ch II - Section 97 | Private Non-Medical Institution Services |
| | | Appendix C: Principles of Reimbursement for Medical and Remedial Service Facilities |
| | | Appendix F: Principles of Reimbursement for Non-Case Mixed Medical and Remedial Facilities |
| | Ch II - Section 102 | Rehabilitative Services |
| All Provider Relations Representatives | Ch 1 - Section 1.2.4 | General Administrative Policies and Procedures |
| | Ch 2 - Section 94 | Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) |
| | 10-144 Chapter 150 | Free Care Guidelines |
| | Ch X - Section 1 | HIV |
| | Ch X - Section 3 | Katie Beckett |
| | Ch X - Section 4 | Limited Family Planning Benefit |
| | Ch 104 - Section 5 | Health Insurance Premium Option (formerly Ch VII - 5.2) |
| | Ch VI | Primary Care Case Management |
| Ch VII - Section 5 | Estate Recovery | |