



STATE OF MARYLAND
DHMH

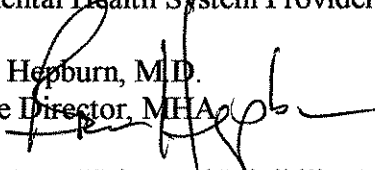
Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

MEMORANDUM

TO: Public Mental Health System Providers

FROM: Brian M. Hepburn, M.D.
Executive Director, MHA 

RE: April 18, 2011 Uninsured Eligibility Memorandum – Clarification

DATE: June 9, 2011

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This memorandum supersedes the memorandum dated April 18, 2011 titled Uninsured Eligibility – Requirements for Documentation.

The Mental Hygiene Administration (MHA) provides reimbursement for individuals who are not eligible for Medicaid but who are financially needy and require mental health treatment or rehabilitation services. For the state to pay with state general funds for services, an individual must meet MHA's uninsured eligibility criteria. Providers enter the information regarding an individual's uninsured eligibility through the ValueOptions Maryland system.

To request an uninsured eligibility span, the provider is required to document and verify the person's uninsured eligibility. MHA is requiring providers to maintain documentation in the medical record to validate the individual's uninsured eligibility. The documentation is to include, at a minimum, the following:

1. Maryland Residency
 - a. Photo ID (driver's license or state MVA identification) or
 - b. Utility bill, lease, or other documentation that the consumer is housed in Maryland or
 - c. A notation in the record that the consumer is homeless.
2. 200% of Federal Poverty Level (any of the following)
 - a. Recent pay stubs or other documentation (such as a letter from the local Department of Social Services) that the consumer receives benefits (such as food stamps) requiring proof of income below 200% of the Federal Poverty Level and

3. Application for Benefits (one of the following)
 - a. Copy of the application submitted for benefits or
 - b. Since not all applications submitted receive an acknowledgement, a notation in the record that the consumer has applied for MA, SSI or SSDI. This requires the consumer's signature or
 - c. If the consumer is known to be ineligible for MA, SSI and SSDI benefits but is uninsured and eligible for state general funding, state the reasons the consumer did not apply, such as "the person's income is over scale for Medicaid and they have Medicare."

4. As applicable, that the consumer Received PMHS Services in the Past Two Years
 - a. Authorization forms, medical records, or claims paid. The provider may send ValueOption Maryland a web inquiry via ProviderConnect asking if the consumer has had a claim in the past 2 years. ValueOptions Maryland will respond back to the provider in writing via ProviderConnect with a response indicating that the consumer has or has not been served in the PMHS within the past two years. Providers must then print out the results of their web inquiry and add it to the consumer's medical record.

5. As applicable, that the consumer was Released from Prison, Jail or the Department of Correction within the last 3 months
 - a. Copy of release papers or notation in the record, or

6. As applicable, consumer discharged from a Maryland-based Psychiatric Hospital within last 3 months
 - a. Discharge summary note or
 - b. Aftercare plan

7. As applicable, for individuals who do not meet certain criteria, the provider refers the request to the CSA for review and approval. The provider must maintain documentation in the record of this review and approval.

8. In situations where a consumer is in crisis or unstable and in need of immediate services, the provider must attest in writing to the immediate need for services and services should be provided, but required documentation must be provided within 30 days.

MHA is directing the Core Service Agencies and ValueOptions, when audits are conducted, to include a sample review of records to determine if the documentation in the medical record supports the uninsured eligibility criteria. If an uninsured individual had their eligibility determined by another provider, the current provider is required to review the person's eligibility and confirm if the individual continues to meet the uninsured criteria. This will require supporting documentation in the current provider's medical record.

Failure to maintain supporting documentation may result in a retraction of funds. These uninsured eligibility documentation requirements will be effective June 1, 2011. Thank you.

CC: MHA Directors

MACSA Directors
Herb Cromwell
Mary Mastrandrea