



PROVIDER ALERT

SUBSTANCE USE DISORDER AND UNINSURED/GRANT FUNDED INDIVIDUALS REVISED

JUNE 3, 2016

Below is a correction and clarification to an earlier alert issued on April 29, 2016.

Effective July 1, 2016, eight jurisdictions will no longer be using grant funding to pay for ambulatory services for uninsured individuals eligible for the Public Behavioral Health System. Instead, all eligible providers located in the participating jurisdictions will be able to create an uninsured span to pay for ambulatory services for uninsured individuals through the Beacon system. The following jurisdictions are the participating jurisdictions:

Allegany County
Baltimore City
Carroll County
Frederick County
Queen Anne's County
Somerset County
Wicomico County
Worcester County

Ambulatory programs with locations in these jurisdictions will now follow the uninsured authorization/claims process in the Beacon system as defined by the Behavioral Health Administration (BHA), which is the same process followed by mental health providers.



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Providers will be paid on a fee-for-service basis for both Medicaid and the uninsured since the ambulatory grant funds in the above jurisdictions have been converted to fee-for-service with payment coming through Beacon. This conversion will allow an uninsured individual in the above noted jurisdictions to participate in any eligible ambulatory program they choose. All other jurisdictions will retain ambulatory grant funded programs that are coordinated through the Local Addiction Authorities (LAA)/Local Health Departments (LHDs) until they also convert to the fee-for service system on January 1, 2017.

Below outlines the uninsured eligibility workflow for ambulatory behavioral health providers:

For uninsured individuals, the coverage span is up to three months. Providers enter the information regarding an individual's uninsured eligibility through Beacon Health Options ProviderConnect system.

In order to request an uninsured eligibility span, the provider is required to document and verify the person meets all six uninsured eligibility criteria. The criteria are:

1. The individual requires treatment for a behavioral health diagnosis covered by the Public Behavioral Health System (PBHS);
2. The individual is under 250% of the Federal Poverty Level (FPL), and not covered by Medicaid (MA) or other insurance;
3. The individual has a verifiable Social Security number;
4. The individual is a Maryland resident;
5. The individual has applied to: Medicaid; the Health Care Exchange; Social Security Income (SSI) or Social Security Disability Income (SSDI), if they have an illness/disability for a



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- period of 12 months or more (or are expected to have an illness/disability for a period of 12 months or more); and
6. The individual meets the U.S. citizenship requirement.

Exceptions to the above requirements may be made by the designated local authority under extenuating circumstances. The exceptions are generally related to the type of crisis and type of service. During the conversion to fee-for-service, local jurisdictions will be instructed to err on the side of including individuals in service when reviewing requests for exceptions, especially if the individual is currently receiving treatment. BHA will collect data on exceptions made to determine if future adjustments to the uninsured workflow are indicated.

When an individual is in immediate need of services, the consumer will be given an uninsured span of one month. If at the end of the first month, the consumer is still in crisis and documentation (such as proof of identity, proof of citizenship, application for available insurance) is still not available, the provider may request another month by completing the registration for the uninsured span again.

If at the end of the second month, the provider again requests an uninsured eligibility span without the required documentation, the request will be denied and the provider must submit a written request to the appropriate local behavioral health authority to demonstrate the need for continued services in spite of the missing documentation.

Should the local behavioral health authority approve the request, then an uninsured eligibility span is established. If at any point during this process, the provider updates the uninsured consumer's eligibility record with the missing documentation, the uninsured eligibility span is established for three months from the initial begin date of the uninsured span.



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In addition, there are exceptions to uninsured eligibility requirements if the individual meets other criteria. These criteria are:

- If the individual meets all of the above criteria except item 2 and one of the following:
 - Under age 19,
 - Released from prison, jail or Department of Corrections facility within the last three months,
 - Is pregnant,
 - Is an injection drug user,
 - Has HIV/AIDS,
 - Was discharged from a Maryland-based psychiatric hospital within the last three months,
 - Was discharged from a Maryland-based Medically-Monitored Hospital Inpatient Program or Residential Treatment Facility within the last 30 days (American Society of Addiction Medicine Level 4, 3.7D, or 3.7),
 - Is requesting services as required by HG 8-505/HG 8-507 order or referred by drug or probate court, or
 - Is receiving services as required by an order of Conditional Release;
- If an individual meets all criteria except items 2 and 5 and is currently receiving SSDI for mental health reasons;
- If an individual meets all criteria except items 2 and 4 and is homeless within the state of Maryland;
- If an individual meets all criteria except items 2, 3 and 5 and is a veteran; or
- If a Non-US citizen, the exception process will be used which requires approval from the local behavioral health authority.



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For providers treating mental health consumers who meet these criteria, this will result in an uninsured span which will determine payment by Beacon Health Options for eligible services.

For providers in the eight participating jurisdictions noted above and treating individuals in ambulatory services with SUD who meet these criteria, this will also result in an uninsured span which will determine payment by Beacon Health Options for eligible services.

For individuals accessing SUD services in non-participating jurisdictions, please continue to follow the courtesy review process for data collection purposes only. Fee-for-service payments for uninsured individuals will not be available from Beacon Health Options in non-participating jurisdictions until January 1, 2017, when transfer to the Beacon system will be required. Individuals in those jurisdictions should access SUD services from grant funded providers until the conversion is implemented on January 1, 2017.

BHA requires providers to maintain documentation in the medical record to validate the individual's uninsured eligibility. Beacon Health Options and BHA will be monitoring requests for uninsured eligibility spans and providers without documentation may be audited.

Failure to maintain all supporting documentation may result in a retraction of funds. A list of the types of documentation that should be submitted is attached.

Beacon Health Options will be conducting a series of webinar trainings during the month of June to assist programs in the above noted jurisdictions to properly request authorization for services. Providers should look for these training dates in a future provider alert.



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Uninsured Eligibility Documentation Requirements

In order to request an uninsured eligibility span, the provider is required to document and verify the person's uninsured eligibility. BHA 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 notation in the record that the consumer is homeless
2. 250% of Federal Poverty Level (any of the following)
 - a. SSI award letter or recent pay stubs or
 - b. If no income, then the individual must sign a "no income statement"
3. Application for Benefits (either 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 individual went to the benefits office with the provider and applied for MA, SSI or SSDI, or other applicable entitlement. This requires the individual's signature.
4. As applicable, if the individual received PBHS Services in the Past Two Years
 - a. Authorization forms, medical records, or claims paid.
5. As applicable, if the individual was released from Prison, Jail or Department of Correction within the last three months
 - a. Copy of release papers or notation in the record



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6. As applicable, if the individual was discharged from a Maryland-based Psychiatric Hospital within last three months
 - a. Discharge summary note or
 - b. Aftercare plan
7. As applicable, if the individual was discharged from a Maryland-based medically monitored Residential Treatment Facility (American Society of Addiction Medicine Level 3.7) within the last 30 days
 - a. Discharge summary note or
 - b. Aftercare plan
8. Services required by HG 8-507 order or referred by drug or probate court
 - a. Copy of court order
9. Services required by an order of Conditional Release
 - a. Copy of Conditional Release order