Chapter 3

Uninsured Eligible Consumers

3.1. Introduction

Before the details of the uninsured eligibility process are discussed, it is important to note that the Administrative Services Organization (ASO) was originally planned to be the entity to receive and manage all Medicaid, state only, and grant funds for the Public Behavioral Health System (PBHS) when the new system went live in January 2015. However, after careful consideration, a phased-in approach was adopted.

The first phase of the mental health/substance use disorder integration is to have all data for those served using grant funds and Medicaid entered into one data system. This allows for a central repository of data related to mental health and substance use disorder services. This second phase of integration will provide for reimbursement for ambulatory services through the ASO, Beacon Health Options, Inc. (Beacon), regardless of whether the person has Medicaid or is uninsured. This will increase access and provide for continuity of care for those individuals who are uninsured or who lose Medicaid coverage during the course of their treatment. Under the third and final phase of integration, substance use disorder-related residential grant funds will be moved under the ASO.

Please note: Effective July 1, 2016 (FY17), the Maryland Department of Health and Mental Hygiene (DHMH) will begin the second phase of integration, which includes removing grant funds for ambulatory substance use disorder-related services from annual jurisdictional awards and moving them to Beacon.

Ambulatory services are:

- Assessment
- Level 1 outpatient group and individual services
- Level 2.1 intensive outpatient
- Level 1 and Level 2.1 withdrawal management
- Medication assisted treatment
- Toxicology specimens

For those individuals who need ambulatory substance use disorder-related services who do not have Medicaid eligibility, providers registered with Beacon will submit all necessary registration, discharge, and transfer information to the ASO, obtain authorization, and submit claims to Beacon. Beacon will, when appropriate, determine eligibility and medical necessity, issue authorizations, and will process and pay claims. Reimbursement for services provided to the uninsured will be at the same rate as the Medicaid reimbursement rate.

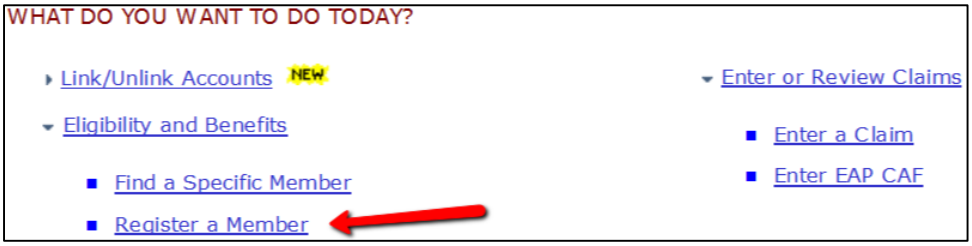
3.2. Uninsured Eligible

Uninsured eligible consumers are individuals for whom the cost of medically necessary and appropriate community-based behavioral health services will be subsidized by the Behavioral Health Administration (BHA) because of the severity of illness and financial need. Depending on the availability of state funding, services may be provided to consumers who meet specific eligibility guidelines.

Providers can verify a consumer's eligibility or initiate a request for uninsured eligibility through ProviderConnect or by calling Beacon's Maryland customer service team at 800.888.1965.

3.3. Registering a New Member in ProviderConnect

After logging into Beacon's ProviderConnect system, a provider will do a search for a consumer to learn whether the consumer is already in the PBHS. When the consumer is not in the PBHS, the consumer needs to be added to the system so that Beacon can assign the consumer a Beacon medical record number (commonly referred to as an "M number"). The consumer needs to be assigned an M number before services can be requested or any data can be entered in ProviderConnect.



Adding a new consumer to the PBHS

3.4. Applying for Uninsured Eligibility

Any provider applying for uninsured eligibility in ProviderConnect will be notified, immediately, of the consumer's uninsured eligibility status.

For every request for uninsured eligibility, the provider is required to verify and document the consumer meets all six uninsured eligibility criteria. These criteria are:

1. The consumer requires treatment for a behavioral health diagnosis(es) covered by the PBHS.
2. The consumer meets the financial criteria (under 250% of federal poverty level) and is not covered by Medicaid or another insurance. The service provider is responsible for collecting and maintaining documentation from the consumer that validates the consumer's financial need. This may include documentation of application and outcome for benefits, pay stubs, other income, etc. to document that the consumer meets the financial criteria.
3. The consumer has a verifiable social security number.
4. The consumer is a Maryland resident.
5. The consumer has applied for Medicaid, the Health Care Exchange, Social Security Income (SSI), or Social Security Disability Insurance (SSDI), if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for 12 months or more). If the consumer is not eligible for Medicaid, SSI, or SSDI, documentation from Medicaid or Social Security stating the reason for ineligibility must be provided and maintained in the consumer's medical record.
6. The individual meets US citizenship requirement.

BHA is requiring providers to maintain documentation in the medical record to validate the individual's uninsured eligibility. Beacon 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.

Exceptions to the documentation requirement may be made by BHA under extenuating circumstances. The exceptions are related to the type of crisis and type of service. If a consumer is in immediate need for services (such as acutely suicidal) or the consumer's symptoms prevent that person from being able to provide information and they are being seen by an assertive community treatment team, mobile crisis team, residential crisis program, or other outpatient setting, documentation criteria may be waived.

If 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 still is in crisis and documentation 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 documentation, the request will be denied and the provider must submit a written request to the Core Service Agency (CSA) to demonstrate the need for continued services in spite of the missing documentation.

If Beacon denies the request for an uninsured eligibility span due to the individual not meeting the minimum criteria, the provider may request a review by the CSA for an exception to the criteria due to an urgent care or special exception need.

The provider may call or fax a request for urgent care using the designated forms to the CSA of the consumer's county of residence. The CSA will review the request to determine if an urgent care need is met and an exception will be granted. Rationale for the exceptions is to include discharge/release or diversion from a state hospital or other inpatient setting or detention center. If the CSA denies the request, the CSA notifies the provider.

If CSA approves the exception, the CSA forwards the "State of Maryland - Request for Reimbursement for Non-Medicaid Outpatient Services" form (if member number, Medicaid ID is available) to Beacon.

The "Maryland: Provider Request to CSA for Urgent Care for Uninsured" form will not be sent to Beacon but retained by the CSA. Upon receipt, Beacon will enter the consumer information into our system (expectation is within 24 hours) no later than two business days. Beacon will update the form with the consumer ID and email it back to the CSA with a copy to the provider. The form requires the provider's email address be included.

If the CSA approves, 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.

Additionally, there are other exceptions to documentation if the consumer meets these criteria:

1. If the individual meets all of the above documentation criteria except item 2 and one of the following:
    a. Is under age 19
    b. Has been released from prison, jail or Department of Corrections facility within the last three months
    c. Is pregnant
    d. Is an injection drug user
    e. Has HIV/AIDS
    f. Was discharged from a Maryland-based psychiatric hospital within the last three months

g. Was discharged from a Maryland-based medically-monitored residential; treatment facility within the last 30 days (American Society of Addiction Medicine Level 3.7)

h. Is requesting services required by HG 8-507 order or referred by drug or probate court

i. Is receiving services as required by an order of conditional release

2. If an individual meets all criteria except items 2 and 5 and is currently receiving SSDI for mental health reasons
3. If an individual meets all criteria except items 2 and 4 and is homeless within the state of Maryland
4. If an individual meets all criteria except items 2, 3 and 5 and is a veteran
5. If a non-US citizen, the exception process will be used which requires approval from the CSAs

3.5. Uninsured Eligibility for Substance Use Disorder Services

An open and active uninsured eligibility span will only generate the M number that is necessary for grant funded service data entry and/or to alert Beacon to set up a courtesy review for Medicaid covered services. No state-only funds will be paid by Beacon to providers of substance use disorder services when an uninsured eligible consumer has no other coverage to pay for the service.

Substance use disorder providers treating uninsured eligible consumers will be required to follow the authorization process in ProviderConnect, but only for data collection purposes. There are no state general funds, and limited grant funds, for uninsured consumers managed by Beacon. As has historically been the case, the non-Medicaid (grant funded) dollars associated with many of the substance use disorder treatment services will continue to be managed by the Local Addictions Authorities (LAAs).

3.6. Uninsured Eligibility for Mental Health Services

An open and active uninsured eligibility span will allow Beacon to pay for some medically necessary, mental health services. Beacon may make payment for mental health services to an uninsured eligible consumer if all of the following are met:

- The consumer meets all the requirements for uninsured eligibility
- The provider has maintained documentation that the uninsured eligibility criteria have been met
- The mental health services have been authorized as medically necessary, prior to services beginning (except for urgent services)
- The mental health services requested are one of the following:
    - Outpatient mental health clinic services (OMHCs)
        - Excluding OMHCs in HSCRC regulated space
        - Excluding intensive outpatient services
    - Outpatient mental health office services (non-OMHCs)

- Respite services
- Enhanced support services
- Psychiatric rehabilitation program (PRP) services, on and off-site*
- Crisis services**
- Mobile treatment services**
- Residential supported employment services***
- Residential rehabilitation program (RRP) services****

- The state only funds remain available for the requested mental health services

Uninsured requests in which the consumer does not have a primary mental health diagnosis or is not a Maryland resident will be denied without opportunity for exception.

3.7. Coordination of Care

For consumers with simultaneous Medicare and/or commercial coverage, a coordination of benefits (COB) is required of Beacon. Beacon will coordinate benefits with the primary insurer before mental health benefits can be paid against the uninsured eligibility span. Beacon may pay for services to a dually insured consumer, under an uninsured eligibility span, if the consumer is:

- A Medicare beneficiary, and Medicare does not cover this service, and the individual does not have other insurance to cover the service
- Covered by a commercial insurance and the benefit for this service is exhausted, there is no benefit for this service, or the service was deemed not medically necessary by the insurer and the provider has exhausted all appeal options.

COB for both Medicare and commercial insurance is not required for the following services:

- Supported employment services
- Residential rehabilitation program (RRP) services
- Respite services
- Enhanced support services
- Psychiatric rehabilitation program (PRP) services
- Occupational therapy services*

For individuals who are uninsured, employed, and requesting authorization for PRP services, Beacon Health will direct the provider to refer the individual to Maryland Department of Disabilities Employed Individuals with Disabilities (EID) Outreach program in order for the program to apply for EID on behalf of the individual. Before an uninsured request is determined, BHA is requiring an EID application be submitted. Exceptions will be granted only for an urgent care and referrals from state hospitals.

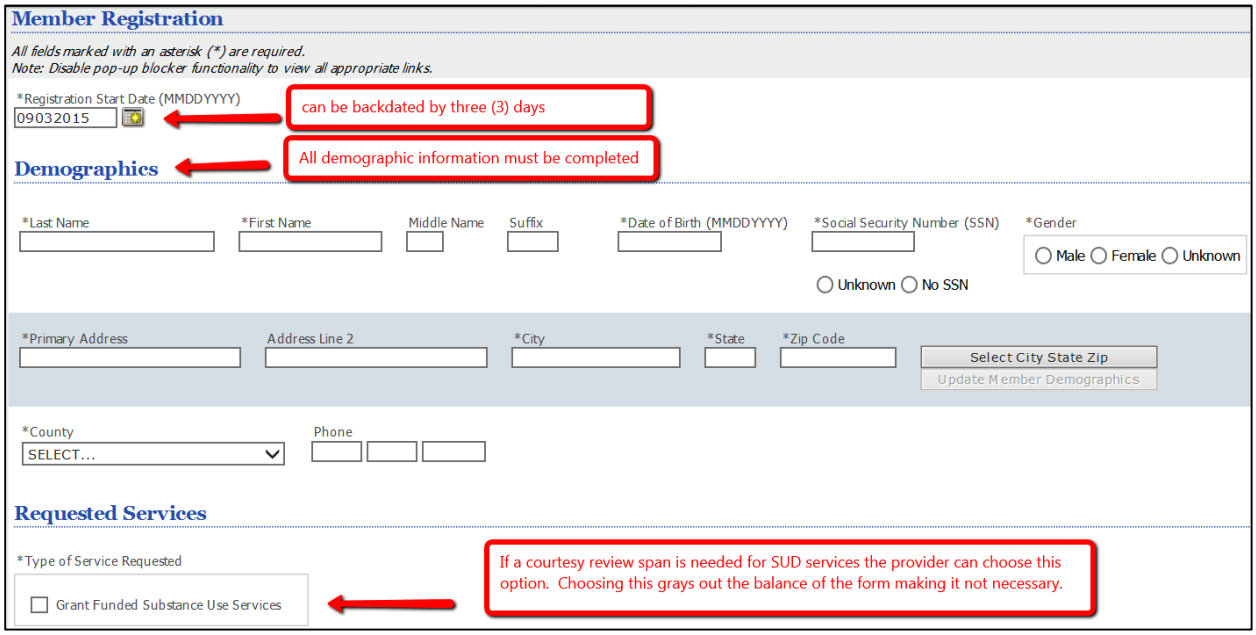
* Consumers must meet additional criteria to qualify for these services.
** No copays apply to these services.
*** The individual's income from supported employment will not be included in the income verification.
**** Consumers are required to contribute to the cost of care for RRP.

For veterans in Maryland, BHA will provide gap services, outpatient treatment, and crisis intervention services until their US Veterans Administration benefits are activated and available.

Financial data must be reviewed annually, documented, and maintained in the consumer's medical record.

3.8. Courtesy Review Process for Grant Funded Services Only

The entire uninsured eligibility application can be bypassed in ProviderConnect if the substance use disorder service provider knows that the only payment they will receive for these services will be through the LAA, using grant funds.



How to bypass the uninsured eligibility application for providers providing substance use disorder services through grant funds only

If the uninsured eligibility application is bypassed, the consumer will be assigned an M number under a "courtesy review" span. The courtesy review span allows the provider to enter all required service data regarding non-Medicaid (grant funded) substance use disorder services. A courtesy review span also allows the provider to seek a medical necessity review for Medicaid covered services. If the service is deemed medically necessary, Beacon will pay for these services when/if the consumer becomes Medicaid eligible.

3.9. Uninsured Certification Periods

When a request for uninsured eligibility meets the state's eligibility criteria, the uninsured eligibility span will be for three months. This is the eligibility span for both new requests and for when these spans are

eligible for renewal. Individuals must meet financial need criteria of income of no more than 250% of federal poverty level and other required conditions.

RECERTIFICATION PROCESS

If the consumer has had any changes during the three-month period, the consumer or provider must report to Beacon any changes which may impact eligibility. The PBHS requires every provider to request that each consumer/applicant apply for any Medicaid benefits or EID for which he/she may be eligible.

Requests for uninsured eligibility will not be backdated unless the consumer has an open authorization with an end-date beyond the end-date of the consumer's current uninsured eligibility span. Backdating of uninsured eligibility spans will be allowed in the following scenarios:

- The consumer was discharged from a hospital will backdate to discharge date
- The notification of termination of Medicaid is within 30 days of the requested uninsured start date
- The consumer is receiving care in a designated hospital diversion program