



PROVIDER ALERT

Coordination of Benefits for Jurisdictions Moving to Uninsured Payments through Beacon Health Options

JUNE 3, 2016

As of July 1, 2016, the following jurisdictions will be moving payment for uninsured individuals from grant funds paid at the local level to fee-for-service payments paid through Beacon Health Options: **Allegany County, Baltimore City, Carroll County, Frederick County, Queen Anne's County, Somerset County, Wicomico County, and Worcester County.** These services will be provided to clients that meet the State of Maryland's Uninsured Criteria. This alert details how Medicare, Medicaid, and other insurance are coordinated with uninsured payments. It should be read in conjunction with two other provider alerts related to the transfer of grant funds posted today.

For Providers in Jurisdictions Moving to the Beacon System for Uninsured Payments on July 1, 2016:

1. If Client has Medicare and Partial Medicaid

Partial Medicaid -- Those with partial coverage, such as Medicare Savings Programs, are not eligible for reimbursement of substance use disorder services through Medicaid, including the following coverage groups:

- Specified Low-Income Medicare Beneficiary (SLMB) Program
- Qualified Medicare Beneficiary (QMB) Program

If Client is under 250% Federal Poverty Level (FPL), the provider registers the client as an uninsured client, bills Beacon, and services will be paid via Beacon Health Options*.



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If client is over 250% FPL, then the provider needs to contact their local governing authority** to receive approval. If approved, the provider registers the client as uninsured, bills Beacon, and then services will be paid via Beacon Health Options*.

2. If Client has no other insurance

If Client is under 250% FPL, the provider registers the client as an uninsured client, bills Beacon, and services will be paid via Beacon Health Options*.

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3. If Client has commercial insurance and has Medicaid:

If Client has both commercial insurance and Medicaid, the provider needs to bill the commercial insurance carrier and submit the Explanation of Benefits (EOB) to Beacon Health Options and Beacon Health Options will pay any difference up to Medicaid's allowable fee. Providers of services to these clients typically will not need to access the uninsured workflow because they have Medicaid coverage for services not covered by insurance.

4. If Client has commercial insurance and does not have Medicaid: (Provider should also assist client in obtaining Medicaid coverage if applicable)

If Client is under 250% FPL, then the Provider needs to bill the commercial insurance carrier and register the client with Beacon as an uninsured client. Upon receipt of the EOB from the commercial



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insurance carrier, the provider should submit the EOB to Beacon Health Options and Beacon Health Options will pay up to Medicaid allowable fee.

If Client is over 250% FPL, then the provider needs to contact the local governing authority** to receive approval. If approved, the provider registers the client with Beacon as uninsured; upon receipt of the EOB from the commercial insurance carrier, submit the EOB to Beacon Health Options and Beacon Health Options will pay up to Medicaid allowable fee.

Upon transfer of the early adopter jurisdictions to Beacon's fee-for-service system on July 1, 2016, participating jurisdictions will be instructed to approve exception requests for all individuals currently in service at participating providers and to approve reasonable requests for exceptions for clients without insurance above 250% of the FPL. DHMH and Beacon will closely monitor data on exceptions to determine the budgetary impact and other options for treatment access.

State Funded Uninsured Payments

State uninsured payments through the Beacon system are to be used as a last resort. If a client has other insurance that insurance needs to be used/billed before state funded payments can take place. Clients need to follow the guidelines and provider network of their other insurance carrier.

* Uninsured services covered: H0001, H0004, H0005, H0014, H0015, H0020, and G0477. There is no coverage of Uninsured clients for Partial Hospitalization Program (PHP) or inpatient services. There is no coverage for clients using outpatient hospital programs whose rates are regulated by the Health Services Cost Review Commission (HSCRC). Clients will need to use community based services.



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** Each local jurisdiction is responsible to assign a local designated individual to make exceptions to the uninsured requirements. This part of the process is still being developed.