

PROVIDER ALERT

Providing Treatment for P10: Family Planning Services - Participant Eligibility

September 13, 2024

Target Audience: All Behavioral Health Providers

Individuals with an eligibility coverage group of P10 (Family Planning services) are not *automatically* eligible for state funding. Services for these individuals should be requested under the “Uninsured” category. If providers wish to continue serving an individual in the P10 coverage group, you must follow the process for applying for an uninsured span based on the individual meeting the uninsured eligibility criteria.

Beginning October 1, 2024, participants with a P10 coverage group will no longer automatically receive state funding in their Incedo record and providers will need to submit an Uninsured request for these participants to continue receiving payment for services after September 30, 2024.

Funding for authorizations that started prior to October 1, 2024 will be updated to Unfunded for October 1, 2024 through the duration of the authorization. Once an uninsured application is approved for the individual – the funding for the authorization will be automatically updated to reflect the number of approved days from the approved Uninsured application.

Eligibility criteria for Uninsured participants can be found in this [February 26, 2021 provider alert](#).

- An Uninsured request should be submitted for participants who meet the criteria detailed in the February 26, 2021 provider alert
- When a participant does not meet the criteria for Uninsured eligibility, the provider must submit an “exception” as detailed in points “E” and “F” of the provider alert:
 - *Individuals not qualifying under A, B, C, or D above will be denied uninsured coverage. The individual or provider may file an uninsured*

exception request form in Incedo. The request will be assigned to the CSA/LBHA/LAA for the jurisdiction in which the consumer resides, which will have the ability to grant a maximum number of two 30-day eligibility spans. Further exceptions require specific written approval from the BHA medical director or designee.

Claims for a P10 participant that were denied due to the denial reason “*member’s coverage not in effect*” **do not** need to be resubmitted. These claims will be automatically reprocessed against the new funding once the Uninsured request has been approved.

If you have questions about the information contained in this alert, please contact Optum Maryland customer service at 1-800-888-1965.

Thank you,

Optum Maryland Team