



PROVIDER ALERT

Chapter 10 – “Grievances and Appeals” Has Been Updated

April 17, 2017

Chapter 10 of the provider manual has been updated to more clearly delineate the grievance and appeal process for both SUD and mental health services. This provider alert is a reminder on how to properly submit to the process that is most applicable to your claim.

Administrative Denials

The definition of an administrative denial and submission guidelines are outlined in Chapter 10, Section 5 of the provider manual.

Administrative denials for non-authorized services are not eligible for submission to the reconsideration process. Please refer to provider transmittal PT02-15 from July 1, 2015 for more information.

Beacon Health Options will review reconsideration requests for non-authorized services only when the participant has gained retroactive Medical Assistance benefits or if the non-authorization was due to a technical error by Beacon.

Medical Necessity Criteria Denials

The Grievance process at the Behavioral Health Administration is exclusively for medical necessity criteria denials. A submission form and accompanying documentation must be included with all submissions to the Grievance Level 2 process. Without the required documentation submissions will not be reviewed.

For further information, see section 10.3 of the provider manual.



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Reminders

Providers are encouraged to obtain a courtesy review from Beacon Health Options whenever a participant's eligibility is in question.

Neither the administrative reconsideration process nor the grievance process precludes the appeal process through the Office of Administrative Hearings as outlined in section 10.4 of the provider manual.

Please review Chapter 10 - "Grievance and Appeals" of the provider manual full details. The provider manual is accessible at:

http://maryland.beaconhealthoptions.com/provider/prv_man.html