



PROVIDER ALERT

UNINSURED PROCESS UPDATE

AUGUST 4, 2017

When a provider registers an uninsured consumer into Beacon's ProviderConnect system and Beacon denies the request for an uninsured eligibility span due to the individual not meeting the minimum criteria, the provider will receive a "MCOU" span. "MCOU" is a courtesy review funding stream, which allows a provider to enter an authorization in anticipation of the consumer receiving benefits of some kind (whether that be Medicaid or coverage with uninsured funds). MCOU will NOT pay for services.

The provider then needs to contact the CSA/LAA for an exception to the criteria. Some potential reasons to request an exception may include: recent multiple overdoses, high risk of an overdose, no supports for a recovery environment, severe medical/ psychiatric concerns that are significantly exacerbating the SUD.

Providers and CSA/LAAs should follow this process:

- 1) The provider must complete and fax a request for urgent care using the designated form, Request for Reimbursement for Non-Medicaid Services, (http://maryland.beaconhealthoptions.com/provider/forms/admin/Request_for_Reimbursement_for_non-Medicaid_Services.pdf) to the CSA/LAA designated to review consumer exception requests.
- 2) The CSA/LAA will review the request to determine if the level of care need is met and an exception will be granted.



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- 3) If CSA/LAA approves the exception, the CSA/LAA faxes the “State of Maryland - Request for Reimbursement for Non-Medicaid Services” form to Beacon’s Eligibility Department at 855-378-8310.
 - The “State of Maryland - Request for Reimbursement for Non-Medicaid Services” form is not to be sent to Beacon but retained by the CSA/LAA.
- 4) Upon fax receipt, Beacon will enter the consumer eligibility information into our system (expectation is within 24 hours) no later than two business days.
- 5) Beacon will update the form with the consumer ID and email it back to the CSA/LAA. The form requires the provider’s email address be included.
 - Once the CSA/LAA approves, then an uninsured eligibility, “UNIS”, span is established.
 - The uninsured span is for three months from the registration date as noted on the form.
 - Provider will then need to request additional eligibility spans if the consumer remains in the provider’s care

Provider needs to make sure all uninsured consumers have a “UNIS” funding span.

In order to assist the provider community with this process, Beacon Health Options, for the next two months, will reach out to the providers, notifying them of any requests for authorization that has received a “MCOU” span that will not pay. Beacon will also hold three “Uninsured Review” webinars to go over this update. Please see the attached schedule.



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It is the ultimate responsibility of the provider to make sure that the appropriate funding stream is in place for their consumers.