

Chapter 3: Uninsured Eligible Consumers

Uninsured Eligible consumers are individuals for whom the cost of medically necessary and appropriate mental health services will be subsidized by the Mental Hygiene Administration (MHA) because of the severity of mental 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 ValueOptions[®] Maryland Customer Service Team (800) 888-1965. ValueOptions[®] Maryland will process Uninsured Eligibility requests via ProviderConnect and immediately assign a consumer identification number. Uninsured Eligibility requests for consumers who are not automatically granted eligibility by meeting the criteria will be forwarded electronically to the appropriate CSA for eligibility determination.

The Uninsured Eligibility Spans will be for six months for new requests and when spans are eligible for renewal. Individuals must meet financial need criteria of income of no more than 200% of federal poverty level and other required conditions. Providers are required to maintain appropriate documentation in the medical record.

Coverage Groups

Uninsured "Eligible Uninsured" Consumers

This population may be served in the PMHS if all of the following are met:

Requirements:

- The consumer requires treatment for a mental health diagnosis(es) covered by the PMHS
- The consumer has a verifiable Social Security Number
- The consumer has applied for Medical Assistance (MA), including PAC and EID, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI). If the consumer is not eligible for MA, SSI, or SSDI, documentation from MA or Social Security stating the reason for ineligibility must be provided and maintained in the consumer's medical record.
- The consumer is a Maryland Resident
- The consumer meets the financial criteria (200% of federal poverty level). (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),

And

Criteria: The consumer must meet one of the following:

- The consumer has received services in the PMHS in the past two years,
- The consumer is currently receiving SSDI for mental health reasons,
- The consumer is homeless within the state of Maryland,
- The consumer was released from prison, jail or a Department of Correction facility within the last 3 months,
- The consumer was discharged from a Maryland-based psychiatric hospital within the last 3 months,
- The consumer is receiving services as required by an order of a Conditional Release; or
- The consumer has an urgent need for outpatient mental health services and has been approved by the Core Service Agency (CSA).
- The consumer is a veteran

Insured “Uninsured Eligible” Consumers

This population may be served in the PMHS if the following conditions are met:

- The consumer meets all the requirements listed under the Uninsured “Uninsured Eligible Consumer” section.
- The consumer is a Medicare beneficiary, Medicare does not cover this service, and the individual does not have other insurance to cover this service such as Psychiatric Rehabilitation (PRP), Residential Rehabilitation Programs (RRP), Mobile Treatment Services, Supported Employment, and Assertive Community Treatment (ACT).
- The consumer’s commercial mental health insurance benefits are exhausted.

Others

All other situations will be reviewed on a case-by-case basis by the Core Service Agency

(CSA), and/or the Mental Hygiene Administration (MHA).

Application/Registration Process

All providers should first access ProviderConnect or call ValueOptions[®] Maryland Customer Service Team (1-800-888-1965) to verify current consumer eligibility before providing services and/or submitting claims to ValueOptions[®] Maryland.

Requests for services for Uninsured Eligible consumers can come from the provider or the consumer by accessing the web based application or by calling the ValueOptions[®] Maryland Customer Service line at 1-800-888-1965. ValueOptions[®] Maryland will conduct a preliminary assessment and registration over the web based application or the phone to establish if the consumer is eligible to receive services in the PMHS. If the consumer appears to be eligible, the consumer will be assigned an uninsured eligibility span in ValueOptions[®] Maryland system. A provider may then request authorization for services.

If VO denies the request, 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 "State of Maryland -REQUEST FOR REIMBURSEMENT FOR NON-MEDICAID Outpatient SERVICES" form (if member number, Medicaid ID is available, include) and sends to ValueOptions.

The "MARYLAND: PROVIDER REQUEST TO CSA FOR URGENT CARE FOR UNINSURED" form will not be sent to VO but retained by the CSA.

No later than 2 business days, VO will enter the consumer information into its system (expectation is within 24 hours). VO will update the form with the consumer ID and email back to the CSA with a copy to the provider. The form requires the provider's email address be included.

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.

When VO completes a courtesy review, another type of funding stream “MCOU” is assigned. This is not considered an uninsured eligibility span.

The provider must inform the consumer that documentation will be required. The documentation should include validation of the consumer’s financial status. This documentation should be maintained in the consumer's medical record.

Eligibility Requirements

Citizenship

In order to be eligible for benefits, an applicant must be a citizen of the United States with a valid Social Security Number, or also be one of the following:

- An alien who is lawfully admitted for permanent residence.
- An alien who is permanently residing in the United States under code of law, in accordance with the provisions of the Immigration and Nationality Act, 8 U. S.C. §§1011 et seq., including an alien who is lawfully present in the United States under §212(d)(5) of the Immigration and Nationality Act, 8 U.S.C. §1182(d)(5).
- An alien lawfully admitted to the United States on or after April 1, 1981, under the Refugee Assistance Act of 1980, PL 96-212, 8 U.S.C. §§1521-1525, and who has resided in the United States for less than 36 months.
- An alien who has been granted (and maintains) temporary lawful residence status under section 245A of the Immigration and Nationality Act, P.L. 99-603, 8 U.S.C. §1255a, and is in one of the excepted groups.
- An alien who is a pregnant woman or child and has permanent residence, and/or has been lawfully granted temporary resident status.

Residency

In order to be eligible for benefits, an applicant shall be a resident of Maryland:

- An applicant is a resident of Maryland if, at the time of application, the person is voluntarily living in Maryland with the intention of making Maryland the applicant’s home.
- Residency is retained until abandoned. Temporary absence from the State, with the intention to return to the State, does not interrupt continuity of residency.

If an applicant has entered the State for a temporary purpose and is not intending to become a resident of Maryland, the applicant is not eligible.

Copayments

The MHA requires a co-payment be collected for outpatient mental health treatment and psychiatric rehabilitation program services Uninsured Eligible individuals. The amount of the copay is deducted from the approved rates and is dependent upon the availability of state funds.

Certification Period

The certification period begins on the date that eligibility is granted and lasts for six months. In order to assure that individuals most in need who are uninsured receive the uninsured benefit, the following procedures must be done initially and every 6 months as needed. (“Documentation for Uninsured Eligibility Benefit Form”).

Documentation

For every individual who is uninsured, programs shall document that applications have been made for all applicable benefits. Programs are to assist consumers by reviewing all potential public benefit programs and referring individuals accordingly. The “Documentation for Uninsured Eligibility Benefit” Form is to be kept in the individual’s medical record. It is not to be submitted to MHA or ValueOptions[®] Maryland, unless specifically requested. During medical record audits performed by MHA, ValueOptions[®] Maryland, Office of Health Care Quality (OHCQ), or the Core Service Agency (CSA), the auditors will review the record to see if the form has been completed for individuals with uninsured eligibility spans.

The forms are to be completed for all uninsured individuals in all types of PMHS services and programs by the program requesting eligibility on the behalf of the consumer. This includes, but is not limited to: PRP, RRP, MTS, OMHC, Services rendered by individual practitioners, Supported Employment programs, etc.

For the OHMCs, with the individual, review benefits and refer the individual to either case management services or to the applicable benefits office. PRP and RRP are required to assist consumers apply. Consumers may attest and document the attestation that they have submitted applications for various benefit programs. It is not expected that programs will receive copies of all applications.

For individuals who are uninsured, who are employed, and requesting authorization for PRP services, ValueOptions[®] Maryland 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, MHA is requiring an EID application be submitted. Exceptions will be granted only for an urgent care and referrals from state hospitals.

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

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

Recertification Process

If the consumer has had any changes during the 6-month period, the consumer or provider must report to ValueOptions[®] Maryland any changes which may impact eligibility.

Pending Medical Assistance or Insurance for Employed Individuals with Disabilities (EID)

The PMHS requires every provider to request that each consumer/applicant apply for any Medicaid benefits or EID for which he/she may be eligible.

Uninsured Eligibility Services

The following services may be available to Uninsured Eligible consumers served in the PMHS [coordination of benefits (COB) is required for commercial coverage only]:

- Outpatient Mental Health Clinic Services (OMHCs) – except for Intensive Outpatient Services
- Outpatient Office Services (non-OMHCs)
- Psychiatric Rehabilitation Program Services (PRP) - On-Site and Off-Site
- Residential Rehabilitation Program Services (RRP) ****
- Respite Services
- Residential Supported Employment Services***
- Crisis Services**
- Mobile Treatment Services**
- Enhanced Support Services

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

- Supported Employment
- Residential Rehabilitation Program Services
- Respite Services
- Enhanced Support
- Psychiatric Rehabilitation Program Services
- Occupational Therapy*

*Consumers must meet additional criteria to qualify for these services.

**No copays apply to these services.

***The income derived from the individual's supported employment will not be included in the income verification.

****Consumers are required to contribute to cost of care for RRP

Note: 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 either Purchase of Care (POC) or Designated Hospital Diversion Programs.