

Attention SUD Providers!

Between July and September 2015, over 100,000 HealthChoice households must renew their Medicaid coverage. This number will peak in September, with 83,000 households facing a termination date of September 30, 2015 unless they recertify their eligibility. Providers can help patients stay covered and avoid reimbursement gaps.

Prepare Patients for Medicaid Renewal

- Medicaid enrollees who need to renew their coverage should receive a letter 60-75 days before their coverage is scheduled to end. DHMH and MCOs are contacting members via mail, email, and text message to remind them to renew coverage.
- Medicaid beneficiaries can call their Medicaid Case Manager to make sure that contact information is up-to-date so that they receive these notifications.
- ValueOptions has agreed to make redetermination dates available to behavioral health programs for enrollees whose redeterminations are due within 60-75 days. ValueOptions will issue a Provider Alert with more details when this function is available. (Termination dates are not available through EVS.)
- Most Medicaid beneficiaries will renew their coverage through Maryland Health Connection, but current foster children and individuals who are over 65, blind or disabled, or living in a nursing home should continue to renew via Maryland SAIL or on paper at a local DSS office.

How Do Patients Renew?

- Redeterminations can be completed on www.marylandhealthconnection.gov. Most Medicaid beneficiaries will need to create an account and submit a full application to stay covered.
- Applicants should gather the following information for all members of their household:
 - Social Security Numbers (or document numbers for legal immigrants)
 - Dates of birth
 - Monthly income information from all employers (W-2s, pay stubs, and/or tax returns)
 - Policy numbers for current insurance coverage (found on insurance cards)
- Help is available! DSS offices, Local Health Departments, Maryland Health Connection and Regional Connector Entities are ready to help with applications and document verifications.
 - **DSS and Local Health Department Contact Info:** www.MarylandSail.org
 - **Maryland Health Connection Call Center:** 1-855-642-8572
 - **Regional Connector Entities:** marylandhealthconnection.gov/get-help-enrolling
 - **HealthCare Access Maryland (HCAM):** 1-877-223-5201 (Central)
 - **Capital Region Health Connector:** 240-773-8250
 - **Door to Healthcare:** 1-855-288-3667 (Western MD)
 - **Calvert Healthcare Solutions:** 1-855-339-3007 (Southern MD)
 - **Seedco:** 1-866-492-6057 (Upper Shore)
 - **Lower Shore Health Insurance Assistance Program:** 1-855-445-5540
 - Paper applications are discouraged, but can be requested at 1-855-642-8572

My Patients Are Losing Coverage! What Can I Do?

- SUD programs may be the first to realize that a person has lost coverage, because they see their patients frequently and check EVS often.
- Patients whose coverage stops unexpectedly at the beginning of the month most likely missed their redetermination deadline.
- **If a patient loses his Medicaid coverage, he should reapply as soon as possible on Maryland Health Connection.** If he is approved, coverage will start the first day of the month of application. For example, if an applicant misses the 9/30/15 deadline, but submits a new application in October and is approved, his coverage will go back to 10/1/15.
- As long as a former HealthChoice enrollee is approved within 120 days of her coverage ending, she will be automatically re-enrolled in her former MCO within 10 days.

Can I Bill For Services I Provide During a Coverage Gap?

- Providers cannot submit claims until a patient has been re-enrolled in Medicaid. During the gap while a new application is pending, the patient does not have insurance.
- Providers who are helping patients renew coverage may contact ValueOptions to request a "courtesy review." Once the patient is approved for Medicaid, ValueOptions will convert the courtesy review to an authorization and pay for services rendered back to the new eligibility date. ValueOptions will not pay for services if the patient is ultimately determined ineligible for Medicaid.
- Programs can bill ValueOptions for services as soon as EVS confirms coverage, regardless of the patient's MCO affiliation.
- Providers should track all services rendered during the gap period. When the patient is authorized for behavioral health services, the program can submit claims back to the first day of the month of the application, and retroactive claims for up to three months prior to the new effective date of coverage.

New 30-Day Verification Period Coming Soon

Individuals who apply for coverage on Maryland Health Connection will soon have only 30 days to provide most verification information, including proof of income. During the 30-day verification period, applicants are not eligible for Medicaid coverage. **This is a change from the current 90-day temporary eligibility period.** The change is scheduled to take place in August or September.

Applicants will still have 90 days of temporary eligibility to verify their citizenship status.