



## **PROVIDER ALERT**

### **RETROACTIVE AUTHORIZATION REQUESTS REMINDER**

**APRIL 6, 2016**

In accordance with COMAR 10.09.59.08, **all services must be pre-authorized in order to receive payment. The “Requested Start Date” in Beacon Health Options’ ProviderConnect system must equal the date in which the authorization is being entered.** Beacon Health Options (Beacon) will review requests for retrospective authorization only in cases where a participant has gained retroactive Medical Assistance benefits.

**Beacon Health Options will process all other requests for retrospective authorization reviews as an administrative denial,** including cases of retroactive provider enrollment. The Department encourages providers to utilize the courtesy review process to be compliant with COMAR 10.09.59.08 in cases when a provider is unsure whether a consumer is Medicaid eligible. Please call 1-800-888-1965 to initiate a courtesy review. The Department will honor pre-authorizations issued through the courtesy review process and will reimburse for the authorized services covered under Maryland Medicaid.

If the provider believes the administrative denial has resulted from an error, technical or otherwise made by Beacon Health Options, then documentation of the error must be submitted to Beacon within 30 days from the date of the administrative denial notice by either fax or mail to the following:

Fax: 1-877-381-5571  
or by mail to:



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Beacon Health Options  
ATTN: Grievances & Appeals Dept.  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090