

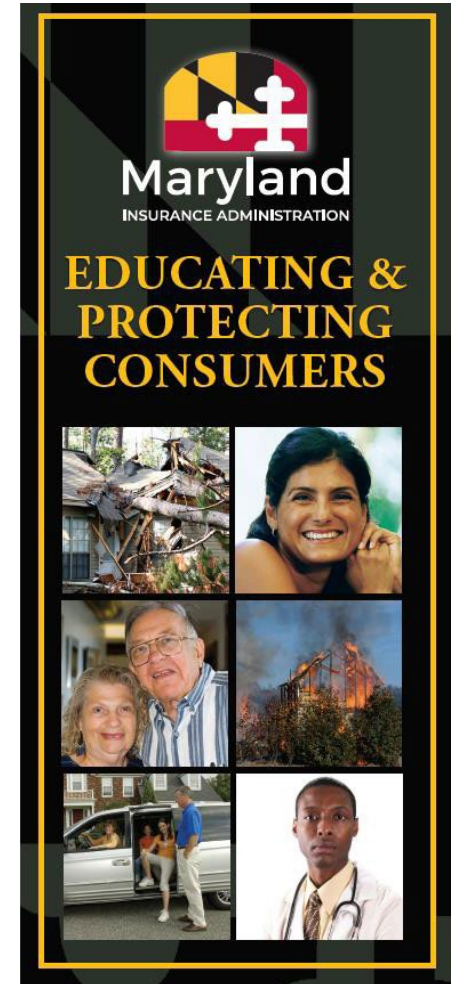
How to Request Authorization to Receive Out-of-Network Services for Mental Health or Substance Use Disorders

Consumer Education and Advocacy Unit

What is the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:

- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms.
- Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.



Part 1: How to Obtain Pre-Authorization to see an out-of-network provider

Sometimes, you may not be able to get the health care that you need from a provider who is in your insurance company's network, called an in-network provider.

In-network providers have a contract with your insurer, those outside your network are called out-of-network providers.

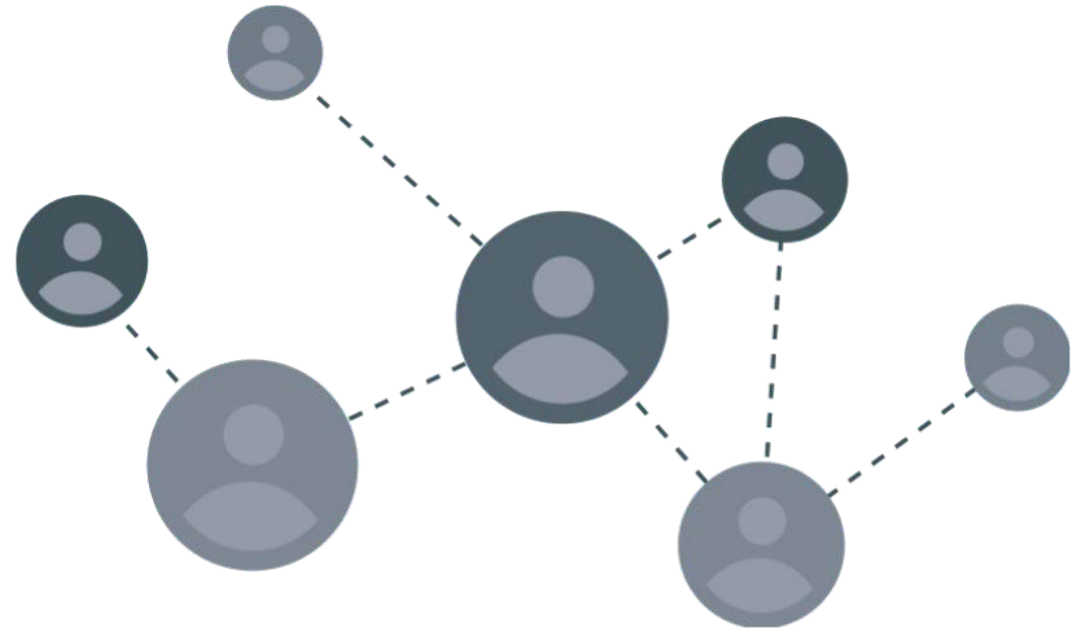
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If the in-network provider is unreasonably far away, or does not have an appointment for an unreasonably long time, or is not able to treat your condition, you have options.



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If these conditions are met you may be able to see a provider that is out-of-network.



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If the conditions are met and your insurer approves the request to see an out-of-network provider, your claims will be processed based on your in-network deductible, coinsurance, or copayment.

Based on current Maryland law, if an out-of-network specialist does not have a contract with your health plan the specialist's charges may be higher than the amount the health plan would pay an in-network provider.

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When an out-of-network provider bills you for the difference between their charge and the total amount your insurance company has to pay, this is called “balance billing.”



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So it's important to keep in mind you may experience balance billing when you go out-of-network for a provider.



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Note: If you are covered under an HMO and the out-of-network provider is subject to Maryland law, the provider is not allowed to **balance bill** you.



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However, **beginning on January 1, 2023**, if you are approved to see an out-of-network specialist for **mental health or substance use disorder services**, your health plan must pay the costs of the out-of-network specialist's services.



IMPORTANT

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After January 1, 2023, your health plan must ensure that the approved out-of-network services cost you no more than you would have paid if you received the services from a provider on the plan's provider panel. **This means there will be no balanced bill.**

You will still be responsible for your in-network cost-sharing amount (deductible, copay, coinsurance).

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To start the process of obtaining authorization for a visit to an out-of-network provider for Mental Health or Substance Use Disorder (MH/SUD) services, you will generally call the number on the back of the patient's health insurance ID card first. There may be a separate number listed for MH/SUD services.



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The insurance company will ask what facility or provider you would like to use for the patient and/or what treatment is required. The insurance company will tell you what documents they need in order to make a determination about coverage.



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Under Maryland law your insurance company must approve treatment from an out-of-network provider if:

you are diagnosed with a condition or disease that requires specialized health care services or medical care; **and**

1. there is no in-network provider with the professional training and expertise to treat or provide health care services for the condition or disease; **or**
2. your insurance company cannot provide reasonable access to an in-network provider with the professional training and expertise to treat or provide health care services for the condition or disease without unreasonable delay or travel.



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As a part of the request for out of network services you may need to explain why the providers who are in network are not adequate to provide you with the services that are medically necessary for your treatment.



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In most cases, office staff working for your insurer will research the request, confirming availability (or lack of) in-network providers, and travel distances when necessary.

Clinical staff will review requests for medical necessity.



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Your health plan must decide on your request in a timely manner, usually no more than 2 working days after the plan receives the information necessary to decide.



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If a patient is in imminent danger to self or others, and the determination is made by the patient's physician or psychologist and a member of the medical staff of the facility who has admitting privileges, then a health insurance company cannot deny the **first 24 hours** of an admission based on medical necessity. Notify the insurer as soon as possible.




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For an emergency inpatient admission for treatment of a mental illness, emotional health disorder, or substance use disorder, the insurance company must make a decision on whether to pre-authorize the treatment within **2 hours** of receiving the requested documents.



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If you are not getting the assistance you need fast enough, the Maryland Insurance Administration can help you.

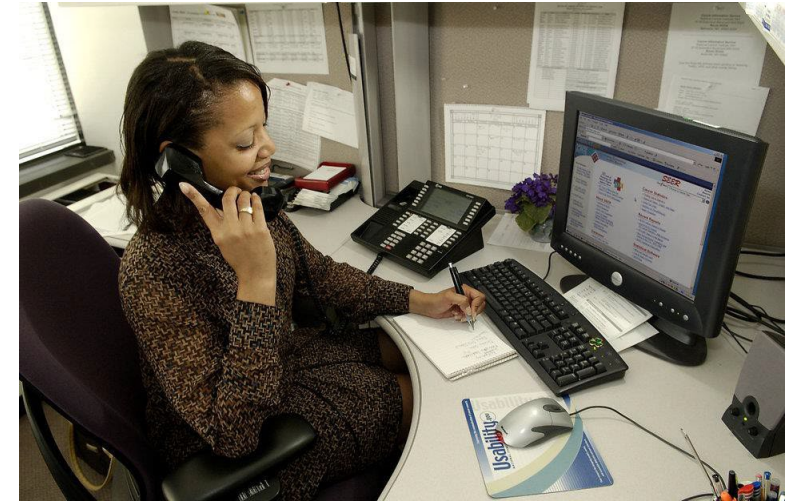
 1-800-492-6116

 Or file a complaint at insurance.maryland.gov

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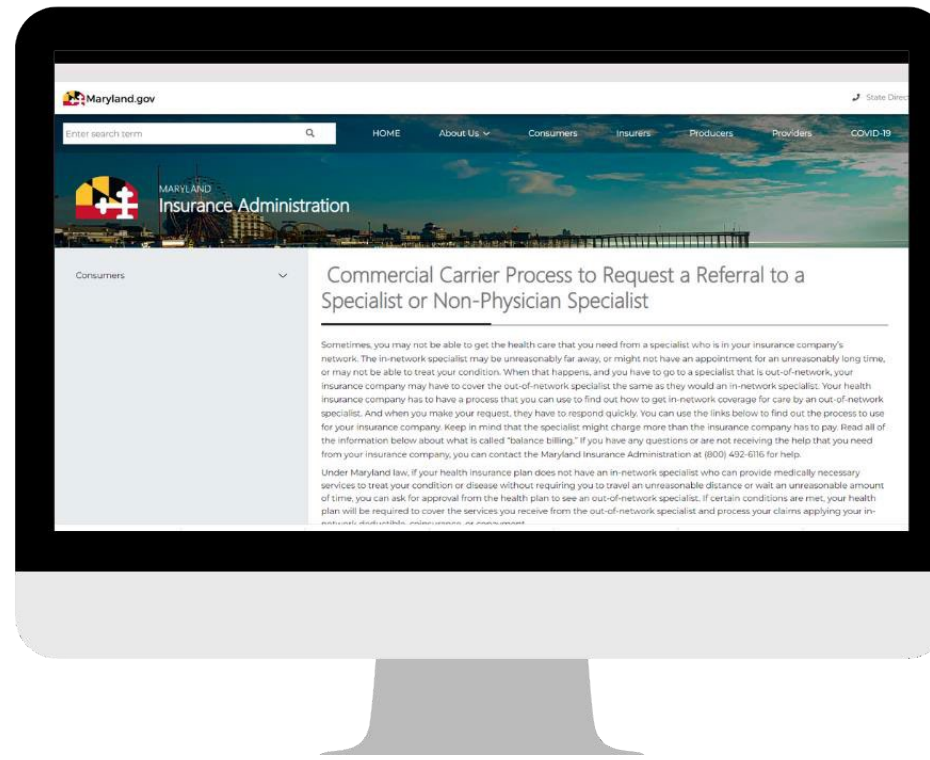
The process to request authorization to receive services from an out-of-network provider may vary slightly between commercial health insurance carriers.

You must use the company process



Part 1: How to Obtain Pre-Authorization to see an out-of-network provider

In section 2 of this presentation we will show you how you can use the Maryland Insurance Administration website to find information about this process for your specific insurance carrier.



Part 2: Out-of-network information on the Maryland Insurance Administration website

The contact information and process for requesting an out-of-network provider from approved health insurance carriers in Maryland is now available on our website at:

<https://insurance.maryland.gov/Consumer/Pages/Commercial-Carrier-Process-to-Request-a-Referral-to-a-Specialist-or-Non-Physician-Specialist.aspx>

Part 3: What to do if your request to go out-of-network is denied

Each carrier has specific instructions, which can be accessed on our website. In general:

Your insurer may be able to resolve your issue without filing a formal grievance. Follow the directions for your specific insurer, which will likely direct you to call the number on the back to discuss the situation with a representative and determine if you should move on to the grievance process.

Part 3: What to do if your request to go out-of-network is denied

You will be asked to complete a form and/or send an appeal letter with supporting documentation. You may have **180 days**, but this will vary between insurers.



Part 3: What to do if your request to go out-of-network is denied

If the insurance company denies your request in the grievance process, you may call the Maryland Insurance Administration (MIA) at **1-800-492-6116** to file a complaint. The MIA is available 24 hours a day for complaints in emergencies when care has not yet been rendered. In an emergency, the MIA will make a decision within 24 hours.



Part 3: What to do if your request to go out-of-network is denied

If you have a health plan ID card issued in 2021 or later, and it says "MIA", then the MIA can review your complaint.



Part 3: What to do if your request to go out-of-network is denied

If the MIA does not regulate the health insurance plan, your complaint will be sent to the agency that does regulate the plan. An insurance company is not allowed to retaliate against a provider for filing an appeal of a denial with the insurance company or a complaint with the MIA.



Maryland Insurance Administration Resources for Mental Health and Substance Use Disorders

- [MHPAEA Enforcement Actions](#)
- [Key Terms](#)
- [Frequently Asked Questions](#)
- **NEW** Consumer Advisory: [Getting started with help for mental health problems](#)
- [Maryland's Opioid Crisis and how the Maryland Insurance Administration Can Help Presentation](#)
- [Consumer Guide to Understanding Your Health Insurance coverage for Mental Health & Substance Use Disorders](#)
- [Guía Del Consumidor Para Comprender La Cobertura Del Seguro De Salud Para La Salud Mental Y Trastorno Por Uso De Sustancias](#)
- [Navigating Private Health Insurance Coverage for Mental Health and Substance Use Disorder Emergencies](#)
- **NEW** Understanding Health Insurance Coverage for Mental Health and Substance Use: [Video](#)



HEAU can help you:

- Navigate your health plan's out-of-network authorization process.
- If your health plan says "no" or fails to respond to a request for out-of-network care.
- If you believe your health plan has improperly processed your claim as out-of-network.
- File a complaint with the health plan and an appeal with the MIA (or other external reviewer).
- With private health plans not regulated by the MIA.
- If you receive a balance bill and shouldn't have, or with other provider billing issues.



Health Education and Advocacy Unit Office of the Attorney General

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En español: 410-230-1712

Fax: (410) 576-6571

heau@oag.state.md.us

File a complaint online:

<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/compOLBillEquipDispute.aspx>