



Mississippi | Fall 2017

practicematters



For More Information

Call our Provider Services Center at **800-557-9933**

Visit **UHCommunityPlan.com**

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We hope you enjoy the fall edition of Practice Matters. In this issue, you can read about language assistance and interpreter services, payment reductions for non-participating care providers and more.



Important information for health care professionals and facilities

Support for Language Services

UnitedHealthcare Community Plan serves a diverse group of members who have a variety of cultural and language needs. UnitedHealthcare supports care providers in providing competent cultural and language services to its members in a variety of ways.

Here's what care providers need to know:

- The top languages spoken by our Mississippi members are English and Spanish.
- We provide language assistance to help you communicate with our members, including a telephone language line, in-person interpreters and video services.
- We have tools to promote cultural awareness and assist care providers in recognizing and treating health disparities.
- Resources and tools are available at UHCommunityPlan.com/health-professionals/ms/cultural-competency-library.html
 - A Quick Reference Guide – Understanding Cultural Competency and the Americans with Disabilities Act
 - Cross Cultural Health Care Program
 - Cultural Orientation Resource Center



For more information on how to get language assistance and interpreter services, call **877-743-8731**. Requests for interpreter services should be made at least 72 hours ahead of time.

Notice of Payment Reductions for Non-Participating Care Providers

On Aug. 1, 2017, we began reducing payments to 50 percent of the Mississippi Medicaid fee schedule for all non-participating care providers who provide non-emergency services to members in our Mississippi Coordinated Access Network (Medicaid). This includes, but is not limited to:

- Non-participating facilities such as hospitals and outpatient places of service
- Professionals and contractors providing services on behalf of a non-participating facility

What This Means to You

- The payment reduction will only affect care providers who are not currently contracted with UnitedHealthcare MS CAN.
- This payment reduction does not pertain to services performed through emergency room visits, emergency ambulance services or medically necessary post-stabilization services performed in the acute care setting.
- Existing reductions recognized by the Division of Medicaid will remain in place.
- This reduction will continue until further notice.

We'll continue to reimburse care providers participating in UnitedHealthcare MississippiCAN at their current rate, which represents no change.

For additional information, including prior authorization requirements for non-participating care providers, go to UHCommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/MS-Provider-Information/MS_UHCCP_CAN_Effective_07_01_2017.pdf.



To learn more about becoming a participating care provider for UnitedHealthcare MS CAN, call Network Management at **866-574-6088**. For more information, call Provider Services at **877-743-8734**.

Prior Authorization of Services for Out-of-Network Providers

The Primary Care Provider (PCP) is responsible for initiating and coordinating referrals of members for medically necessary services beyond the scope of their practice. The PCP is expected to monitor the progress of referred members' care and help ensure members are returned to their care as soon as medically appropriate.

We require prior authorization of all out-of-network referrals, and the request is processed like any other authorization request. The nurse or physician reviews the request for medical necessity and/or service. If the case does not meet criteria, the reviewer routes the case to the Medical Director for further review and determination. Out-of-network referrals are generally approved for, but not limited to, the following circumstances:

- Continuity of care issues; and
- Necessary services not available within network

Out-of-network referrals are monitored on an individual basis, and trends related to individual physicians or geographical locations are reported to Network Provider Services to assess root causes or action planning. Prior authorizations can only be initiated by in-network providers.

Prior authorization for out-of-network services should be initiated by the in-network PCP or specialist who intends to seek other services. Through the provider portal, the in-network provider should appropriately indicate the provider who is providing the service.



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