



Mississippi CAN/CHIP Autism Program Provider Training

Optum with UnitedHealthcare
Community Plan Mississippi



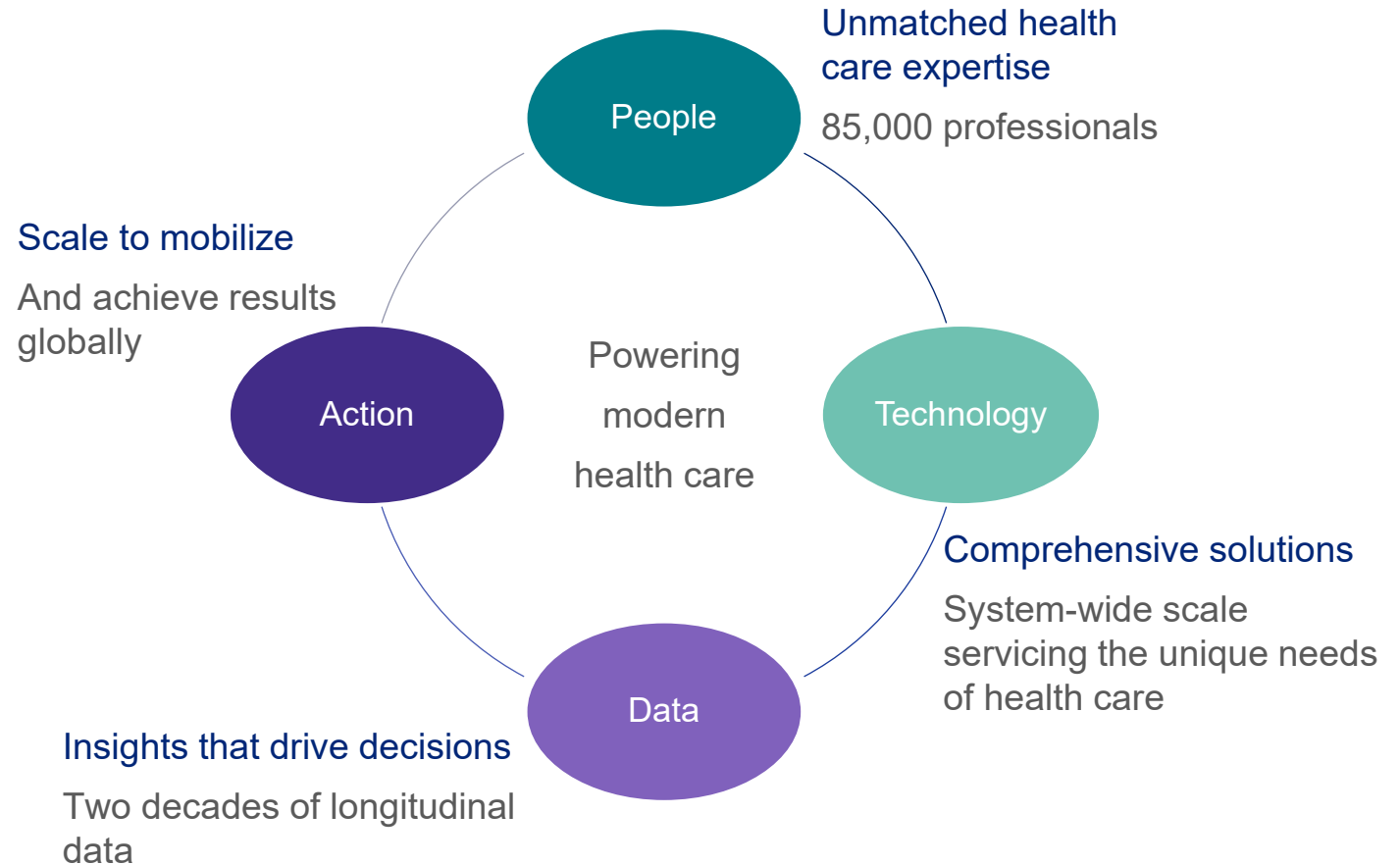
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BH4086 04/2022

United Behavioral Health operating under the brand Optum



Who is Optum?

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the health care system work better for everyone
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change: engaging the consumer, aligning care delivery and modernizing the health system infrastructure



UnitedHealth Group Structure

UNITEDHEALTH GROUP®



Optum

Helping make the health system work better for everyone

Information and technology-enabled health services:

- Health and Behavioral Health management and interventions
- Health Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Administrative and financial services



UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global

Our United culture

Our mission is to help people live healthier lives

Our role is to make health care work for everyone

Integrity.

Compassion.

Relationships.

Innovation.

Performance.

Honor commitments

Never compromise

Walk in the shoes of the people we serve

And those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence

in everything we do

Who is Optum

Making care simpler and more effective for everyone

Health intelligence and innovation



Whole person health - physical, mental and social



Simpler, smarter care coordination



Proven clinical expertise and informed decision support



Connecting every aspect of health
Designing care around the person
Making health care smarter
Ensuring equitable health for all



Seamless administrative transactions



Health equity ingrained into every aspect of our company culture



Innovative community care models



Information when you need it

Optum and You

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

Achieving our Mission:

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.

Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation

Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts, and addiction specialists) just to name a few



Optum Autism Program Member Information



Member ID Card

- Will be sent directly to the member
- The member's ID number will be their Medicaid number
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



Please note this image is for illustrative purposes only.

Member Rights and Responsibilities

Members have the right to be treated with respect and recognition of his or her dignity, the right to personal privacy, and the right to receive care that is considerate and respectful of his or her personal values and belief system

Members have the right to disability related access per the Americans with Disabilities Act

You will find a complete copy of Member Rights and Responsibilities in the Provider Network Manual

These can also be found on the website: providerexpress.com

These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting

We request that you display the Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to the members



Member Website

liveandworkwell.com makes it simple for members to:

- Identify network clinicians and facilities
- Locate community resources
- Find articles on a variety of wellness and work topics
- Take self-assessments

The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.



Providers can be located geographically, by specialty, license type and expertise.

The website has an area designed to help members manage and take control of life challenges.




Who is eligible?

To be eligible for MS CAN/CHIP Autism services, a client must meet both of the following criteria:

-  Be younger than age 21
-  Be covered under Mississippi CAN or Mississippi CHIP

AND meet the following criteria:

-  Have a diagnosis of an autism spectrum disorder, as defined by the most current version of the Diagnostic and Statistical Manual (DSM-5)



Autism Program Services



ABA Credentialing Criteria (1 of 2)

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and
- State licensure
- State Medicaid certification in good standing
- Compliance with all state/autism mandate requirements as applicable to behavior analysts
- Minimum professional liability coverage of \$1 million per occurrence/ \$1 million aggregate





ASD Groups

- BCBAAs must meet the standards above and hold supervisory certification from the national Behavior Analyst Certification Board if in supervisory role
- Compliance with all state/autism mandate requirements as applicable to behavior analysts
- BCaBAs must have active certification from the national Behavior Analyst Certification Board and appropriate state licensure
- Behavior Technicians must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAAs
- BCBA on staff providing program oversight
- BCBA performs skills assessments and provides direct supervision of paraprofessionals in joint sessions with client and family
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting
- \$1million/occurrence and \$3million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)

Autism Remote Supervision

Optum allows BCBA's within contracted Autism groups to conduct remote supervision via videoconferencing technology.

In order to be eligible to provide Autism remote supervision via videoconferencing technology you must do the following:

- Complete the Autism/ABA Remote Supervision Compliance Attestation form by clicking [here](#), and faxing it to your Regional Autism Network Manager
- Ensure that your videoconferencing technology is HIPAA compliant and meets current American Telemedicine Association minimum standards
- After you receive approval from your Regional Autism Network Manager, you must indicate on each applicable treatment request that Autism remote supervision will be utilized

Billing for MS CAN/CHIP Autism remote supervision services:

- Bill for supervision with 97155, whether performed remotely or in person



Steps in Providing Treatment



Clinical Team: Mississippi CAN/CHIP Autism

Dedicated Autism Clinical Team

There is a dedicated autism clinical team that will be supporting the Mississippi CAN/CHIP Autism program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in Autism
- Supervised by a manager who is a licensed psychologist and BCBA-D



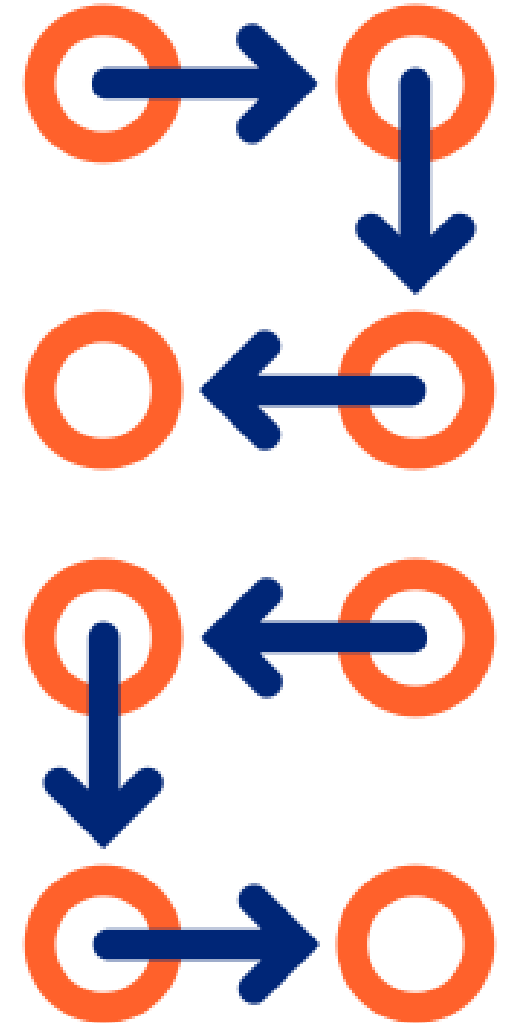
Intake

At intake

- Copy front and back of the member's insurance card
- Record subscriber's name and date of birth

Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers



Release of Information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



Eligibility and Prior Authorization

- Call the number on the back of the member's insurance card to see if member is eligible for your services or verify on provider portal
- Check benefit coverage relating to both the service (e.g., Is Autism-based therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card
- Make sure all services receive prior approval before beginning services When calling the Autism Care Advocate, you must have:
 - Member's name
 - ID #
 - Date of birth
 - Address
- Prior authorization not required for assessment, code 97151
- Treatment Request Authorization Request Form can be submitted either:
 - online at [ABA Treatment Form \(force.com\)](https://force.com)
 - OR via fax at 1-888-541-6691
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the Autism assessment and the treatment request for any treatment requests



Treatment Request Requirements

Meet Medical Necessity

Goals are:

- Related to the core deficits
- Objective
- Measurable
- Individualized

Includes:

- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Parent Goals
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers

Not educational in nature

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Clinical Information Requirements for each Review

- Confirmation member has an ASD diagnosis
 - Any medical or other mental health diagnoses
 - Any other mental health or medical services member is utilizing
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
- Reasons for IBT currently
 - Length of time member has been in service
 - Goals must not be educational or academic in nature; they must focus only on the core deficits of autism such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see Provider Express for the Clinical Criteria and Coverage Determination Guidelines)

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

Concurrent Reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses
 - Any other mental health or medical services member is in
 - Any medications member is taking
 - How many hours per week is member in school?
 - Parent participation
- Progress or lack thereof
 - Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
 - Discharge criteria
 - Must meet medical necessity (see Provider Express for the Optum Autism/ABA Clinical Policy)

Online Portal Submission

Optum Provider Express

Log In | First-time User | Global | Site Map

Search: Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home

Working together to coordinate care.

Our updated tools and tips help facilitate best communication practices that benefit patient care.

[MORE INFO](#)

Transactions

- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More...

Admin News

- CPT Code Changes 2021
- Latest National Network Manual updates
- 1059 forms online

Autism/ABA Corner

- Autism/ABA Information
- ABA Billing Alert
- ABA Caregiver Training via telehealth
- COVID-19 telehealth policy updates for ABA services
- 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members

COVID-19 Provider Information

- After the post-COVID-19 Emergency Period
- FREE COVID-19 Mental Health Resource Hub
- COVID-19 Resource Hub Press Release
- General Guidance Updates
- FAQs - COVID-19 virtual visit Policies
- State-Specific Guidance Updates
- VA CCN COVID-19 News

State-Specific News

- CA Facilities Offering Residential Programs - A SAM 3.1 and 3.2-WM
- CA OHBS 2021 Network Notes Newsletter
- FL - 1/1/2022 Optum will serve Advent Health/Health First members
- LA Informational Bulletin 21-28: Providers of Psychosocial Rehabilitation (PSR) Services
- MA Suspension of Utilization Review
- NY Executive Order No. 4 & Circular Letter No. 1
- OR 1/1/2022 Optum will no longer service Providence Health Plan

Working Together

- 2021 Provider Satisfaction Survey Results
- CALOCUS and CASII Assessment Tools Merged
- Coordination of Care tips and forms
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter - Spring 2022

Join Our Network

- Autism/ABA/SCBA Providers
- Individually Contracted Clinicians
- Facility or Hospital Based Providers
- Group with Individually Credentialed Providers
- Group with Agency Credentialed Providers
- Express Access Network
- virtual visits

Product Specific News

- Veterans Affairs Community Care Network (VA CCN) Resources
- OptumServe VA CCN Provider Portal

Quick Links

- Behavioral Health Toolkits
- Claim Tips
- Clinician Tax Id Add/Update Form
- Foms
- Guidelines / Policies & Manuals
- Medication Assisted Treatment
- Navigating Optum
- Optum Pay

Other Websites

- Live and Work Well (Clinician Directory)
- Live and Work Well (members)

Online Portal Submission

The screenshot displays the Optum Provider Express website. The top navigation bar includes the Optum logo, "Provider Express", and links for "Log In", "First-time User", "Global", and "Site Map". A search bar is located below the navigation. The main navigation menu contains: Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The current page is "Autism/Applied Behavior Analysis", with a breadcrumb trail: "Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis".

Autism/Applied Behavior Analysis



Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

If you are a master's or doctoral level BCBA providing intensive ABA in private practice, or are employed by an ABA agency that treats ASD clients, you may qualify for this unique network.









To learn more about the process for applying to the network and the clinical protocols your participation in this network would require you to follow, please review the materials below.

Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.




CPT® Code Changes 2019

- [Click here if you using HCPCS Codes](#)  

Commercial ABA Program

- [FAQ - Autism/ABA](#)  
- [ABA Agency Provider Orientatio](#)  
- [ABA Agency Quick Reference Guide](#)  
- [ABA Virtual Visits for Commercial Members](#)  

Provider Express Resources & Tutorials

- [Overview of online tools that improve workflow and efficiency](#)
- [How to become a registered Provider Express user](#)  (Brief video overview of obtaining your Optum ID)
- [ABA online eligibility and benefit inquires](#)  (Brief how-to video overview)
- [How to view ABA authorizations online](#)  (You see what we see - brief video overview)

State Medicaid ABA Programs

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [ID Medicaid Behavior Modification and Consultation Program](#)
- [Iowa Healthlink ABA Program](#)
- [KanCare Autism Program](#)
- [MA MassHealth ABA Program](#)
- [MS CAN / CHIP Autism Program](#)
- [NC Medicaid Research-Based Intensive Behavioral Health Treatment Program](#)
- [NE Heritage Health ABA Program](#)
- [New York Medicaid ABA Program](#)
- [OH Public Health Care Program \(OHPHCP\) ABA Program](#)
- [Virginia Medicaid EPSDT ABA Program](#)
- [WA Medicaid ABA Program](#)

Coding, Billing and Reimbursement



MS CAN/CHIP Medicaid Program Autism Provider Fee Schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior Identification Assessment	15 min
97152		Behavior Identification Supporting Assessment	15 min
0362T		Behavior Identification Supporting Assessment	15 min
97153		Adaptive Behavior Treatment by Protocol	15 min
0373T		Adaptive Behavior Treatment with Protocol Modification	15 min
97154		Group Adaptive Behavior Treatment by Protocol	15 min
97155		Adaptive Behavior Treatment with Protocol Modification	15 min
97156		Family Adaptive Behavior Treatment Guidance	15 min
97157		Multiple Family Group Adaptive Behavior Treatment Guidance	15 min
97158		Group Adaptive Behavior Treatment with Protocol Modification	15 min

1	Prior authorization required for all services except 97151
2	Providers must maintain proper and complete documentation to justify the service provided and refer to the current CPT Code Book for proper coding.

Claims Submission

All Autism/ABA Claims must be:

- If not submitting claims online, providers must submit claims using the current 1500 Claim Form with appropriate coding
- UnitedHealthcare Community Plan requires that you initially submit your claim within 180 days of the date of service
- When a provider is contracted as a group, the payment is made to the group, not to an individual
- All claim submissions must include:
 - Member name,
 - Medicaid identification number
 - date of birth
 - Provider's Federal Tax I.D. number
 - National Provider Identifier (NPI)
 - Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [cms.gov](https://www.cms.gov)



Please send paper claims to:

- Optum Behavioral Health
P.O. Box 5032
Kingston, New York 12402-5032

Claims status can be obtained by calling the Claims Customer Service Center:

- Optum – 1-866-556-8166, Fax: 1-855-312-1470

Claims Submission Option 1- Online

Log on to UHCprovider.com:

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500 claim form
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call toll-free 1-866-842-3278

Claims Submission Option 2 – EDI/Electronically

Electronic Data Interchange (EDI) is an exchange of information

Performing claim submission electronically offers distinct benefits:

- Fast - eliminates mail and paper processing delays
- Convenient - easy set-up and intuitive process, even for those new to computers
- Secure - data security is higher than with paper-based claims
- Efficient - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- Notification - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
- Cost-efficient - you eliminate mailing costs, resulting in the solutions being free or low-cost

Claims Submission Option 2 - EDI/Electronically (cont.)

You may use any clearinghouse vendor to submit claims

- Payer ID for submitting claims is 87726

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)

and

- [UHCprovider.com](#)



Optum Pay™

With Optum Pay, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through Optum Pay you need to enroll at myservices.optumhealthpaymentservices.com/registrationSignIn.do

Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up for Optum Pay with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through Optum Pay for UnitedHealthcare Community Plan when the program is deployed.

*Note: For more information, please call **1-866-842-3278**, option 5 or go to UHCprovider.com > Quick Links > Electronic Payments and Statements.*

Claims Tips

To ensure clean claims remember:

- An NPI number and taxonomy code is always required on all claims
- A complete diagnosis is also required on all claims

Claims Filing Deadline

- Providers should submit claims within 180 days of the date of service

Claims Processing

- Clean claims, including adjustments, will be adjudicated within 14 days of receipt

Balance Billing

- The member cannot be balance billed for behavioral services covered under the contractual agreement

Member Eligibility

- Provider is responsible to verify member eligibility by calling the number on the back of the member's insurance card to see if member is eligible for services or verify on provider portal

Coding Issues

- Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
 - Submitting claims with codes that are not covered services
 - Required data elements missing, (i.e., number of units)

Provider information missing/incorrect

- Example: provider information has not been completely entered on the claim form or place of service

Prior Authorization Required

- Prior Authorization is required for all services or when additional units are being requested



Form 1500 - Claim Form

All billable services must be coded. Coding can be dependent on several factors:

- Type of service (assessment, treatment, etc.)
- Place of service (home or clinic)
- Duration of therapy (1 hr. vs. 15 min)
- One DOS per line

You must select the code that most closely describes the service(s) provided.

Please note: Field 31 must have a rendering provider name. Rendering Autism supervisor (BCBA) will bill for all services by them or the BCaBAs/RBTs under the supervisory protocol.

Diagnostic Coding

Guides for Coding:

- DSM-5 defined conditions
 - ❑ Clinical criteria for ASD
 - ❑ Maps to the appropriate ICD billing code

ASD Coverage:

- Autism Spectrum Disorder, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9 (ICD-10)

A complete diagnosis with all 4 characters is required on all claims utilizing the ICD-10 coding



Appeals and Grievances



Appeals

- Must be requested within 180 days from receipt of the notice of action letter
- Pre-Service: is an appeal of a service that has not yet been received by a member. When a pre-service appeal is requested, we will make an appeal determination and notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request
- Post-Service: is an appeal of a service after it has been received by a member. When a post service appeal is requested, we will make the appeal determination & notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request

- Must be requested as soon as possible after the Adverse Determination
- Optum will make a reasonable effort to contact you prior to making a determination on the appeal. If Optum is unsuccessful in reaching you, an urgent appeal determination will be made based on the information available to Optum at that time
- Notification will occur as expeditiously as the member's health condition requires, within three (3) business days, unless the appeal is pertaining to an appeal relating to an ongoing emergency or denial of continued hospitalization, which we will complete investigation and resolution of not later than one (1) business day after receiving the request

**Appeal requests can be made orally or in writing.
However, an oral request to appeal shall be followed up by a signed written appeal.**

Services While In Appeal

- You may continue to provide service following an adverse determination, but the member should also be informed of the adverse determination
- The member or the member representative should be informed that the care will become the financial responsibility of the member from the date of the adverse determination forward
- The member must agree in writing to these continued terms of care and acceptance of financial responsibility. You may charge no more than the Optum contracted fee for such services, although a lower fee may be charged
- If, after the adverse benefit determination and in advance of receiving continued services, the member does not consent in writing to continue to receive such care and we uphold the determination regarding the cessation of coverage for such care, you cannot collect reimbursement from the member pursuant the terms of your Agreement

Grievances

- We strive for the best customer service, but if you have a grievance, please contact us:
- Call 1-866-556-8166 and a Customer Service representative will assist with the grievance process
- Or send a written grievance to:
United Behavioral Health
Appeals & Grievances
P.O. Box 30512
Salt Lake City, Utah 84130-0512
Fax: 855-312-1470

Resources



UHCprovider.com Provider Website

The screenshot displays the UHCprovider.com Provider Website interface. At the top, there is a navigation bar with a 'MENU' icon, the UnitedHealthcare logo, a search bar with the text 'What can we help you find?', and several utility icons: 'MEMBERS', 'FIND DR.', 'LINK', 'NEW USER', and 'SIGN IN'. Below the navigation bar, a banner area features a smiling woman's face and the text 'Hello! Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.' A blue button labeled 'Learn More About Site Features' is positioned below the welcome message. Four callout arrows point to specific features: 'Use the MENU to explore by topic' (pointing to the menu icon), 'Search can take you quickly to what you want' (pointing to the search bar), 'Head straight to LINK for self-service tools' (pointing to the LINK icon), and 'See the blue tab? We'd love to hear your feedback!' (pointing to a blue 'Feedback' tab on the right side of the page). Below the banner, there are four colored tiles representing different self-service areas: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (purple). Each tile includes a 'Learn More' or 'View Current' button. At the bottom, a section titled 'Latest UnitedHealthcare Provider News' contains two placeholder cards with the text 'Claim Submission Is Coming To Link'. A second blue 'Feedback' tab is visible on the right side of the page.

New User Registration

UHCprovider.com

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers.

Create an Optum ID

In order to access secure content on UHCprovider.com or to access Link self-service tools to submit claims, verify eligibility or to check for prior authorization requirements, you first need to have an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need an Optum ID?

Please register to create your Optum ID.

Have an Optum ID, but need to connect a Tax ID?

To start the process, sign in with your Optum ID on UHCprovider.com and click "No" when asked if you received a registration letter that included a security code. From that point, complete the required fields for the form as prompted. For help see the Accessing Link - Quick Reference Guide.

Need help accessing certain applications on Link?

If you are unable to access specific Link Self-Service application using your Tax ID connected Optum ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

Mississippi CAN/CHIP Autism Program Page

[Log In](#) | [First-time User](#) | [Global](#) | [Site Map](#)

[Home](#) [Our Network](#) [Clinical Resources](#) [Admin Resources](#) [Video Channel](#) [Training](#) [About Us](#) [Contact Us](#)

[Optum - Provider Express Home](#) > [Clinical Resources](#) > [Autism/Applied Behavior Analysis](#) > [abaMSCAN](#)

MS CAN / CHIP Program

UnitedHealthcare Community Plan, is one of the selected managed care plans providing coverage to Mississippi Coordinated Access Network (CAN) and Mississippi Children's Health Insurance Program (CHIP). Optum has been selected by UnitedHealthcare Community Plan to develop and manage the Autism network for MS CAN and MS CHIP members.

To assist you in your participation in this program, learn more about the process for applying to the network, and the clinical protocols required in this unique network, please review the resource materials below.

- [MS CAN/CHIP Autism Provider Orientation](#) 
- [MS CAN/CHIP Autism Provider Quick Reference Guide](#) 
- [MS CAN/CHIP Autism Treatment Request Form and Guidelines](#) 
- [ABA Treatment Request Form](#) Electronic Submission

Contact Us/Request to Join the Network


Natalie Reynolds
natalie.reynolds@optum.com



Mississippi CAN/CHIP Autism/ABA Program Provider Quick Reference Guide



Mississippi CAN ABA Program Quick Reference Guide

ID Card	
Clinician is Responsible for:	<p>Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card</p> <ul style="list-style-type: none"> Obtaining authorization as necessary Being familiar with the Network Manual located on our web site: providerexpress.com >Guidelines / Policies & Manuals> Network Manual
Prior Authorization	<p>All autism services require prior authorization except for assessment, 97151:</p> <ul style="list-style-type: none"> Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either <ul style="list-style-type: none"> Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ Or via fax at 1-888-541-6691
Claims Paper Submission	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> United Healthcare, P.O. Box 5032, Kingston, NY 12402-5032 All autism provider services must be billed on a Form 1500 Submission should occur within 180 days of date of service
Electronic Submission	<p>Submit claims online through uhcprovider.com:</p> <ul style="list-style-type: none"> UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Transactions or call 1-800-842-1109
Claim Status	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> 1-877-743-8734 Or through the web portal at uhcprovider.com
Claim Appeals	<p>Claim appeals process:</p> <ul style="list-style-type: none"> Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member Appeals must be requested within 60 calendar days from receipt of the notice of adverse determination United Behavioral Health - Appeals and Grievances, P.O. Box 30512 Salt Lake City, UT 84130-0512 Fax: 1-855-312-1470 Phone: 1-866-556-8166
Update Practice Info	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
Disclaimer	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
Network Management	<p>Natalie Reynolds, Specialty Network Manager Email: Natalie.reynolds@optum.com</p>

Provider and Member Resources

An extensive condition-based library covering key behavioral and medical topics can be found on liveandworkwell.com under the Health and Well-Being Center within BeWell.

- Abuse & Neglect: Child
- Abuse: Domestic Violence
- Abuse & Neglect: Elder
- ADHD (Adult)
- ADHD (Youth)
- Alzheimer's & Dementia
- Anxiety
- Arthritis
- Asthma
- Autism
- Bipolar (Adult)
- Bipolar (Youth)
- Cancer
- Childhood Illness
- Chronic Pain
- Depression (Adult)
- Depression (Youth)
- Diabetes
- Eating Disorders (Adult)
- Eating Disorders (Youth)
- Heart Disease/Circulatory
- HIV
- Infertility
- Obesity
- Personality Disorders
- Obsessions & Compulsions
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Schizophrenia (Adult)
- Schizophrenia (Youth)
- Sexual Problems
- Stress
- Traumatic Brain Injury 51



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