



Optum Network Manual Addendum

Mississippi Coordinated Access Network (MississippiCAN)
UnitedHealthcare Community Plan of Mississippi

Note: This document is a draft with content under final review. At the request of the Health Plan, we are making this information available, subject to final review. Any updates will be provided if and when required.

Introduction

Optum provides behavioral health and substance abuse managed care services for UnitedHealthcare Community Plan of Mississippi members.

The National Network Manual generally applies to all types of business managed by Optum. There are some sections where differences may apply based on state law. This addendum does not replace the primary National Network Manual. Rather, it supplements the National Network Manual by focusing on the core service array and procedures specific to the MississippiCAN benefit plan.

Behavioral and Substance Use Disorder Benefits for MississippiCAN are administered by Optum as part of UnitedHealthcare Community Plan's services.

When a provider is rendering services for a health plan member in the MississippiCAN program and receiving payment from the health plan for services rendered, they must have a valid Mississippi Medicaid number as well as a National Provider Identification (NPI) number.

Summary of Services: Mental Health and Substance Use Disorders

Outpatient

- Assessment
- Diagnostic Interview/Exam
- Outpatient therapy provided by a licensed qualified provider including family therapy and in-home family therapy as medically necessary to address the needs of the child or other members in the family- (Individual, Group and Family Therapy)
- Medication management provided by a professional licensed to prescribe medication
- Treatment Plan Review/Case Management/Intensive Case Management
- Medication Injection
- Nursing Services/Nursing Assessment

- Services that meet the concurrent substance use disorder and mental health needs of individuals with co-occurring conditions
- Community-based and facility-based sub-acute services
- Community Support Program (CSP) Habilitation program services
- Developmental Evaluation
- Neuropsychological Evaluation
- Psychological Testing
- Behavioral interventions with child and with family including behavioral health intervention services such as applied behavior analysis (ABA) services for children with autism
- EPSDT screening
- Crisis Services
- Assertive Community Treatment (ACT)

Intensive Psychiatric Services

- Psychosocial Rehabilitation Day Treatment
- Acute Partial Hospitalization/Intensive Outpatient Services
- Mississippi Youth Programs Around the Clock (MYPAC) support services (for children under 21) including, but not limited to:
 - Monitoring of mental health symptoms and functioning/reality orientation
 - Peer Support Wraparound Facilitation
 - Establishing and building supportive relationship
 - Ensuring member attends appointments and obtains medications; crisis intervention and developing a crisis plan;
 - Developing and coordinating natural support systems for mental health support;
 - In-home behavioral management services.
- Psychiatric Residential Treatment Facilities (PRTF) for children under 21
- Multi-disciplinary diagnostic assessment;
- Interdisciplinary treatment planning;
- Therapeutic intervention;
- Treatment evaluation/revision, and
- Discharge/aftercare planning.

Benefit Exclusions and Limitations

There are no diagnostic exclusions for MississippiCAN members. Treatment for substance use is covered as a primary or secondary diagnosis to a primary mental health diagnosis.

Beneficiaries enrolled in MYPAC services: Prior authorization is required. During MYPAC program services, no additional mental health services will be authorized.

Eligibility

It is the provider's responsibility to verify Medicaid eligibility each month a service is rendered. View eligibility online at uhcprovider.com.

Prior Authorization Requirements

All intensive outpatient/inpatient services require prior authorization.

Routine outpatient services do not require prior authorization. Please refer to the enrollee's Health Plan ID Card for Health Plan contact information regarding requests for prior authorization.

Members shall be able to access all routine behavioral health outpatient services (mental health and substance use) without a referral.

Prior authorization is required for services that are more intensive than outpatient, such as IOP, Partial, Inpatient or Residential. Providers must ensure that the prior authorizations are in place before rendering non-emergent services.

[Guidelines/Policies & Manuals](#) > Level of Care Guidelines > Mississippi Level of Care Guidelines

Prior authorization requests can be obtained by calling: 1-877-743-8734

Please see Mississippi-CAN Department of Medicaid Administrative Code for additional requirements: <https://medicaid.ms.gov/providers/administrative-code/>

Portal Access

Website: uhcprovider.com

This site should be used to view the eligibility verification, electronic claims submission, and claim status.

Website: uhcprovider.com

This site should be used to view the Prior Authorization list, access forms, and access the Provider Directory

Customer Service Center phone number: 1-877-743-8734

Website: providerexpress.com

This site should be used to update provider practice information.

Provider Service phone number: 877-614-0484

Appeals and Grievances

Any Appeals or Grievances can be submitted in writing or by calling:

UnitedHealthcare Grievance and Appeals
P.O. Box 5032
Kingston, NY 12402-5032
MS CAN phone number: 1-877-743-8731
MS CHIP phone number: 1-800-992-9940