

What providers need to know about the NMHS Health Plan

Here is some important clarification about the requirements of the North Mississippi Health Services (NMHS) employee health plan prior to services being rendered.

Gap Exception — needed when service is not available within the NMHS network

- Exception must be submitted by an NMHS or CCP provider
- Required for patients to access any non-NMHS or Connected Care providers (CCP) or facilities if NMHS is unable to provide comparable services
- Used for specialty services as recommended by an NMHS or CCP provider
- Exception can be submitted at **umr.com**
- Turnaround time: Up to 5 business days, average is 72 hours. Please note: Gap Exceptions will only be considered when the patient is being referred to UnitedHealthcare Choice Plus Network.

Preauthorization or Precertification

- Required by NMHS for certain services
- Determines medical necessity and clinical appropriateness
- If using an out-of-network Choice Plus Tier 3 provider, an approved gap exception is required before prior authorization will be reviewed
- Must be submitted by an NMHS or CCP provider at **umr.com** or by calling the number on the patient's ID card
- Turnaround time: Up to 15 days, average is 3-5 days

NMHS services requiring prior authorization

- Bariatric surgery
- Bone stimulators, osteogenesis stimulators
- Chemotherapy
- Clinical trials
- Dialysis
- Durable medical equipment
- Genetic testing
- Home health care
- Implantable devices over \$25,000
- Inpatient hospitalization
- Intensive outpatient program
- Medical Specialty Injectables/Medication Program (view list of specialty drugs at **umrwebapps.com/SpecialtyInjectable**)
- Neuromuscular stimulators
- Outpatient surgery (not required if performed at an NMHS facility)
- Partial hospitalization
- Vagal nerve stimulators
- Varicose vein procedures

Predetermination

- A pre-determination is recommended for services that do not require a prior authorization but coverage determination is desired by the provider
- Not required by NMHS or plan members for any services; initiated by a provider
- Providers may request to determine coverage for their services
- No appeal rights or peer-to-peer option for predetermination denials
- Turnaround time: Up to 15 business days, average is 10 business days



For specific benefit information, please contact the UMR/NMHS Plan Advisor line at **855-858-6863**.