

North Mississippi Health Services

Feb. 19, 2025

TUPELO, Miss.—North Mississippi Health Services (NMHS) facilities and providers plan to terminate their agreements with United Healthcare (UHC) AARP Medicare Advantage and Medicaid required Dual Special Needs Medicare Advantage Plans effective May 31 unless a resolution is reached before that date.

The termination would apply to services provided by NMHS facilities and employed physicians and nurse practitioners for these two specific United Healthcare Medicare Advantage plans only.

NMHS will remain in network for UHC Commercial/employer sponsored plans, including UMR administered plans, UHC Federal Marketplace plans, UHC MS CAN and CHIP.

“We continue to experience unnecessary operational requirements from United Healthcare AARP Medicare Advantage and Dual Special Needs Medicare Advantage Plans that delay or deny payments to North Mississippi Health Services,” said Wally Davis, NMHS vice president of Managed Care.

As an example, UHC Medicare Advantage plans deny, on average, 25-30% of inpatient claims with North Mississippi Medical Center-Tupelo each month for UHC AARP Medicare Advantage and Medicaid required Dual Special Needs Medicare Advantage members.

“We notified UHC Medicare Advantage leadership about this concern in February 2024,” Davis said. “Despite following the labor-intensive appeals process and achieving an overturn rate of 80-85%, we have not received a definitive answer from UHC on why this is happening.”

Leaders from both organizations continue discussions with the intent of reaching a resolution. “UHC is a large and complex organization. Thus far the policy-driven solutions they have provided do not address our core concerns,” Davis said. “For a long-term agreement to work, UHC’s Executive Leadership teams need to create a pathway to success that goes beyond their standard solutions.”

Davis remains hopeful for a resolution but wants to ensure that those covered under these plans understand the implication. “We sincerely hope that our patients covered under these plans will continue to choose North Mississippi Health Services for their health care,” he said. “However, if they remain with these United Healthcare Medicare Advantage plans, services we provide will be deemed out-of-network after May 31.”

Medicare beneficiaries may change their insurance plan during the Medicare Advantage Open Enrollment Period, which runs from Jan. 1-March 31. During this period, individuals can:

- Switch to a different Medicare Advantage plan
- Drop their Medicare Advantage plan and return to Original Medicare
- Add a Medicare Part D prescription drug plan to their Medicare Advantage plan

To make changes, contact an insurance agent or visit [medicare.gov](https://www.medicare.gov).