



To: MeridianHealth Providers
From: Meridian
State: Illinois
Line of Business: Medicaid
Date: June 29, 2021
Re: **IMPORTANT NOTIFICATION: MeridianHealth Provider Information Regarding System Updates Effective July 1, 2021**

MeridianHealth Provider Information Regarding System Updates Effective July 1, 2021

This information is to help prepare you for MeridianHealth system updates effective July 1, 2021 for Claims Submissions, Utilization Management vendor changes and Prior Authorization submissions.

PROVIDER RELATIONS

Key Provider Dispute Portal Enhancements

- *Claim Disputes*
 - Enhanced dedicated dispute portal for claims that allows tracking of dispute status via Provider Secure Web Portal
 - Unique tracking number for each dispute
 - Ability to dispute same day that claim is processed; no need to wait for 835 or Explanation of Payment
 - Claims disputes directly reviewed by trained claims staff with responses provided within thirty (30) calendar days
- *Non-Claim Disputes*
 - Online dispute portal for non-claim related complaints with visibility into status and historical review of prior complaints
 - Flexibility to provide free-form information

Key Provider Dispute Portal Notes

- For Medicaid claim disputes for dates of service prior to July 1, 2021, please utilize the [MeridianHealth electronic dispute form](https://corp.mhplan.com/en/dispute-form/) at <https://corp.mhplan.com/en/dispute-form/>.
- You should not submit requests for medical necessity review (post-service or administrative) through this portal; please refer to the Provider Manual for on filing these requests.
- Disputes for pharmacy claims need to be made at [Meridian Pharmacy Disputes](https://www.meridianrx.com/en/who-we-serve/pharmacists/mac-appeal/) at <https://www.meridianrx.com/en/who-we-serve/pharmacists/mac-appeal/>.
- For non-claim related disputes, please use the messaging function.

New Secure Provider Portal

The current MeridianHealth provider portal will be replaced with a new provider portal on Centene's platform, **effective July 1, 2021**.

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- **Please register now for the new portal at provider.ilmeridian.com.** Registering before July 1, 2021 **will help us avoid delays** from the start of the transition to **ensure authorizations and claims are processed promptly.**
 - ****If you are already registered for our new MeridianComplete portal, you do not need to re-register.****
- **After July 1, 2021, authorizations will be processed through the new provider portal.** Our eligibility **verification requirement, claims and prior authorization submission processes will be changing.** More information will be provided soon.

Webinar: Provider Updates Effective July 1, 2021

Your MeridianHealth Provider Relations team will be hosting several training webinars during the months of June and July to assist you and your office staff with implementing these changes.

We invite you to attend one of these meetings. Each meeting will last approximately one hour and address MeridianHealth's transition to Centene's web-based platforms. Be sure to visit ilmeridian.com/providers/provider-news/webinar--provider-updates-effective-july-1--2021.html to register for a webinar. **Registration is required.**

Webinar: New Provider Portal

Provider Relations is also hosting training webinars on MeridianHealth's new provider portal—**provider.ilmeridian.com**. The webinar will run about one hour long and offer helpful tips on how to use this valuable resource. Be sure to visit ilmeridian.com/newsroom/new-provider-portal.html to register for one of the training sessions. **Registration is required.**

Claims Submissions

Please be aware, your billing department must send claim submissions to the appropriate payer to prevent delays. To avoid a rejection, **please follow the Date Guidelines outlined below.** A rejected claim will include messaging indicating "Member not Valid at Date of Service."

Date Guidelines

Date of Service	Health Plan Name	Transaction Type (CH/RP)	Clearing House Payer ID	Paper Claim Submissions
On or before June 30, 2021	MeridianHealth	Fee-for-Service BHT06 = CH	13189	MeridianHealth ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226
On or after July 1, 2021	MeridianHealth	Fee-for-Service BHT06 = CH	MHPIL	MeridianHealth Attn: Claims Department PO Box 4020 Farmington, MO 63640

Please Note: For fastest, most accurate processing, EDI is the preferred method.

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Inpatient Admissions Processing

Inpatient acute admissions will be processed based on date of admission.

Admissions with dates of service prior to July 1, 2021 will be managed in MCS system. Admissions with dates of service on July 1, 2021 and beyond will be managed out of TruCare/Amisys/CNC systems.

Instructions on How to Determine Correct Payer

- Professional Claims
 - Use the earliest service line **'from'** date to determine correct payer ID using the Date Guidelines provided.
 - EDI Claims- 837P – Loop 2400 (DTP*472* **From**–Through~)
 - Paper Claims – (CMS1500) Box 24a
- Inpatient and Outpatient Claims
 - Inpatient
 - Please use the **statement 'from' date** to determine the correct payer ID using the Date Guidelines provided.
 - EDI Claims – 837I **statement 'from' date** is in Loop 2300 (DTP*434***From**-Through~)
 - Paper claims – (UB04) use Box 6
 - DRG paid admissions: based on date of admission.
 - Admissions with dates of service starting **prior to** July 1, 2021 will continue to be managed in current systems. Claims should be submitted with Clearinghouse payer ID: 13189.
 - Admissions with dates of service **on or after** July 1, 2021 will be managed in our new systems. Claims should be submitted with Clearinghouse payer ID: MHPIL.
 - Per Diem paid admissions (Rehab, SNF, Ltach, and BH IP)
 - Admissions with dates of service starting **prior to** July 1,2021 will be will continue to be managed in existing systems until dates of service on or after June 30, 2021. Claims for dates of service prior to July 1, 2021 should be submitted with Clearinghouse payer ID: 13189.
 - Admissions and extending per diem stay days with dates of service **on or after** July 1, 2021 will be managed in our new systems. Claims should be submitted with Clearinghouse payer ID: MHPIL.
 - Outpatient
 - If billing **professional or institutional submission with an outpatient bill type**, please use the **statement 'from' date** to determine correct payer ID using the Date Guidelines provided.
 - Professional EDI Claims – (837P) **first service line date** in all claim lines which is in Loop 2400 (DTP*472***from**-through~)
 - Professional Paper Claims – (CMS1500) use box 24a
 - Institutional EDI Claims – 837I **statement 'from' date** is in Loop 2300 (DTP*434***From** – Through~)
 - Institutional Paper claims – (UB04) use Box 6

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Real-Time Connectivity

Vendor Partner	Health Plan	Phone Numbers
Availity®	Meridian	1-800-282-4548

These services improve data interchanges, provide an innovative solution to provider requests and implement other HIPAA-compliant transactions in the future:

- Real-time eligibility and claim status information – no waiting on the phone
- Low or no cost to the provider community
- Increased office productivity
- One-stop shopping – view eligibility and claim status information for all participating health insurance companies from a single website with a single login

Correspondence

Please be aware, your billing department must submit to the appropriate payer to prevent submission delays. Use the Date Guidelines to determine the correct payer to mail any paper submissions.

Health Plan & Correspondence Type	Date of Service	Mailing Address
IL Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)	On or before June 30, 2021	MeridianHealth ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226
	On or after July 1, 2021	MeridianHealth Attn: Claims Department PO Box 4020 Farmington, MO 63640
IL Claim Appeals (Medical) (Medical necessity, authorization denials, and benefits exhausted)	On or before June 30, 2021	MeridianHealth Attn: Appeals Department PO Box 44287 Detroit, MI 48244
	On or after July 1, 2021	MeridianHealth Attn: Claims Department PO Box 4020 Farmington, MO 63640
Provider Refunds	On or before June 30, 2021	MeridianHealth Attn: Provider Refunds PO Box 858875 Minneapolis, MN 55485
	On or after July 1, 2021	MeridianHealth Attn: Provider Refunds PO Box 74925 Chicago, IL 60675

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Electronic Funds Transfer and Electronic Remittance

We offer a free solution for payment by Electronic Funds Transfer (EFT) and Electronic Remittance Advice (835)/Explanation of Payment (ERA/EOP) through PaySpan®. If you are not already registered, create a new account by registering at www.payspanhealth.com or calling 1-877-331-7154, option 1.

Encounters

Our Illinois Market will be undergoing enhancements to our claims configuration systems to better align with Encounters requirements as posted by HFS. These edits put in place will be driven by the below documentation:

- Encounters Submission Manual – HFS Appendix A
- Chapter 300 Handbook for Electronic Processing – HFS Appendix 4
- HFS Medical Provider Handbooks – Chapter 200 Series

Submission of encounter data to HFS is a mandatory requirement established by the Centers of Medicare and Medicaid Services (CMS) and is the responsibility of the MCO pursuant to its contract with HFS. Complete, accurate, and timely reporting of encounter data is critical to the success of the HFS-managed care program.

The enhancements will be validating Procedure Code, Revenue Code, Category of Service, Type of Bill, Place of Service, and Taxonomy Code against the Rendering Providers HFS provider data record. Centene has aligned itself with loading each of HFS's weekly provider data file releases to ensure that the most up-to-date registration information as provided by HFS will be utilized to process claims.

The Explanation codes noted below along with the descriptions will provide detail at a service line and claim level to identify the mismatches between services billed in comparison to HFS provider registration.

Explanation Code	Description
2b	PROCEDURE NOT COMPATIBLE WITH PROVIDER TYPE
2c	PROCEDURE NOT COMPATIBLE WITH PROVIDER CATEGORY OF SERVICE
2C	TAXONOMY INCOMPATIBLE WITH PT AND COS BILLED FOR PROCEDURE
2d	PROCEDURE CODE INVALID FOR LOCATION FOR PT AND COS
2E	REVENUE CODE INVALID FOR PROVIDER TYPE
2f	REV CODE INVALID FOR PROV COS
2G	BILL TYPE INVALID FOR PROVIDER TYPE

UTILIZATION MANAGEMENT CHANGES

Prior Authorization submission processes will be changing. Effective July 1, 2021 the electronic prior authorization (ePA) form will no longer be an acceptable form of submission. Prior authorizations should be submitted through the provider portal, phone or via fax.

As a reminder, if you have not already registered for the new provider portal, you will need to register before July 1, 2021. Providers should register for the new provider portal in advance of July 1, 2021 to ensure appropriate access is granted in advance of the system changes.

Please be aware that codes requiring prior authorization have been added and deleted. You can check the requirements for any code on our website here: <https://www.ilmeridian.com/providers/preauth-check.html>.

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Effective July 1, 2021, the fax numbers to submit authorization requests will change and are listed below:

Authorization Service Type	Fax Number
Behavioral Health – Inpatient Authorization Requests	833-544-1827
Behavioral Health – Outpatient Authorization Requests	833-544-1828
Medical Health – Inpatient Authorization Requests	833-544-0590
Medical Health – Outpatient Authorization Requests	833-544-0590
Medical Health – Post-Acute Authorization Requests	833-544-0590

Utilization Management Vendor Updates

- The following vendors will no longer manage authorizations for MeridianHealth Illinois Medicaid plans effective July 1, 2021:
 - eviCore healthcare
 - HealthHelp

Active Vendors

- **National Imaging Associates (NIA):** Effective July 1, 2021, NIA will begin managing prior authorizations for interventional pain management and therapy services (once HFS lifts the waiver for PT/OT/ST) for MeridianHealth members. Requests for dates of service July 1, 2021 and beyond should be submitted directly to NIA. Please access the Bulletins page on our website for a detailed notification and delegated code list.

NIA will continue to manage non-emergent, advanced, outpatient imaging services, which went live on April 1, 2021.

- **New Century Health:** Effective July 1, 2021, New Century Health will begin managing prior authorizations for radiation therapy and medical oncology services for MeridianHealth members. Requests for dates of service July 1, 2021 and beyond should be submitted directly to New Century Health. Please access the Bulletins page on our website for a detailed notification and delegated code list.
- **ProgenyHealth** will continue to manage prior authorizations for babies hospitalized in NICU units.

Provider Administered Medications

For provider administered medications (also referred to as J-codes or biopharmacy), the prior authorization fax number will be 833-433-1078.

Other Provider Service Inquiries

For eligibility/benefit information, prior authorization, claim status or other claims-related inquiries you may have, please contact **MeridianHealth Provider Services at 866-606-3700**.

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