

Monthly Provider Check-In

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Delivering on the promise of value-based care



Value-based care (VBC) models help us partner with providers to facilitate meaningful transformation of members' health. "Our data-driven, VBC model empowers providers to proactively improve care delivery, reduce disparities, and drive better outcomes," said Cristal Gary, Meridian Plan President and CEO, as we announced promising 2024 performance results.

- Meridian provided **\$15 million in incentive payments** to providers participating in VBC contracts.
- VBC providers achieved up to **34% higher compliance rates** with performance measures,

such as child and adolescent well visits.

- Our analysis of 340,000 members shows VBC models drove a **21% reduction in emergency room visits** and a **37% reduction in inpatient readmissions**.

2024 VBC Impact

Turn breast cancer awareness into action

Compared to those with commercial insurance, women enrolled in Medicaid are roughly 11% less likely to complete their recommended mammogram on time. During Breast Cancer Awareness Month this October, help champion the lifesaving impact of early detection. **All women are recommended to begin screening at age 40, and it's especially important for Black women, who are more likely to be diagnosed at a younger age.**

- Remind Meridian members that they can earn a \$150 prepaid gift card through our Healthy Rewards program—**our highest incentive ever**—by completing their mammogram.
 - Direct patients to our **robust HealthSheets™ library**, with resources in English and Spanish that inform them of the types of breast exams and help them understand mammogram results.
 - Close breast cancer screening care gaps and **earn provider incentives through our Pay for Performance program**. (Then log into the secure provider portal to monitor your year-to-date performance.)
 - Watch and share our Fast Facts for Better Health video about the **importance of mammograms**.
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"Our contracting partner at Meridian, Victor, has been a joy to work with. We work with several payers, and this was one of the best credentialing processes we've experienced. Thanks to Victor and his team at Meridian for all they do."

Nick G.

Unbroken Family Counseling
Plainfield, IL.

Have you had a positive experience working with Meridian? [Share your comments with us.](#)

Your recommendation protects patients from influenza



Primary care providers are the single most powerful force against rising vaccine hesitancy. As your practice prepares for this year's flu season, review our provider notice with evidence-based suggestions, resources, and a summary of available flu vaccines.

2025-2026 Flu prevention resources

October Quality education: Behavioral health screening and intervention

Recent reports from the Department of Health and Human Services found that **nearly 225,000 children ages 10-17 enrolled in Medicaid were hospitalized or visited the emergency department** for suicidal thoughts or behaviors in 2023. Learn strategies to support mental health follow-up, coordinate care, and enhance patient adherence to treatment at our October Quality education webinar, hosted by experts from the Centene Institute.

Register: October 22, 1 – 2 p.m. ↗

Encounter data validation



Encounter data validation for Illinois Medicaid health plans has begun. Respond by the requested deadline if you receive a request from Meridian or YouthCare to submit medical records.

Fee schedule updates, rate changes, & billing updates

Claim alerts and known issues are posted on our website, along with updates from Meridian about proactively reprocessing claims.

Claims should not be resubmitted unless otherwise indicated. For billing questions, contact your assigned Provider Engagement representative. If your practice doesn't have an assigned representative, please complete our intake form.

Note: A new edition of the Illinois Association of Medicaid Health Plans (IAMHP) Comprehensive Billing Manual was released. Several revisions include updated guidance for Substance Use Prevention and Recovery (SUPR) provider billing and HCBS waiver provider coding changes.

Billing reminder roundup

- **Effective October 1**, Meridian is validating Box 45 on the UB04/837I claim forms— the "Service Date" field—in accordance with HFS rules for Specialized Mental Health Rehabilitation Centers (SMHRFs).
- Review requirements and [billing best practices for Applied Behavioral Analysis \(ABA\) therapy services](#).
- Find [guidance regarding Leave of Absence \(LOA\) claims](#) and LOA claim requirements **effective October 1** for providers registered as SMHRFs, Supportive Living Facilities, and Nursing Facilities.
- See [reminders about Meridian's clean claim vendor, 6 Degrees Health](#), and get answers to frequently asked questions about appeals and disputes.

In case you missed it

- **D-SNP transition:** HFS has launched a [website on the **January 1** transition](#) of the Medicare-Medicaid Alignment Initiative (MMAI) to dual-eligible special needs plans (D-SNPs)—and we have shared [guidance for current Meridian Medicare-Medicaid Plan \(MMP\) members](#).
- **Providers who submit HEDIS® data have until October 31** to request feedback on medical records, and all medical records will be due **December 1** for guaranteed abstraction.
- HFS announced an [update to the IM+CANS portal](#), correcting an error preventing providers from updating when data had been uploaded by a different agency.

Meridian and our family of plans connect communities across the state to the whole-health care they need, right where they are.



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