Welcome to Meridian

New Provider Orientation

Presented by Meridian Provider Engagement

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- LTSS & HCBS

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1. Meridian and its Family of Plans

Meridian's Family of Plans

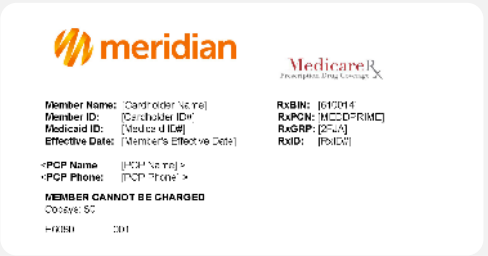
Medicaid products

Meridian Medicaid Plan

- HealthChoice Illinois Medicaid plan
- Includes **Managed Long Term Supports & Services (MLTSS) plan** and supports members enrolled in one of five Home and Community-Based Services (HCBS) waiver programs

Medicare-Medicaid Plan (MMP)

- Integrates managed care for individuals eligible for Medicaid and Medicare Parts A & B
- Managed care organizations are responsible for all services covered by Medicare and Medicaid



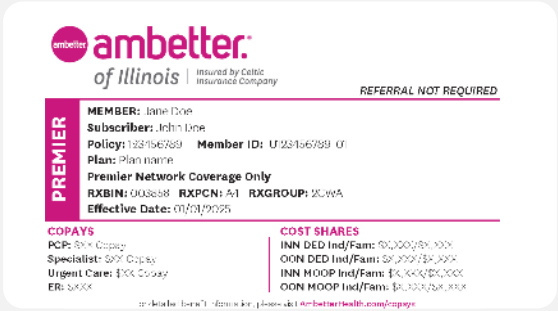
YouthCare HealthChoice Illinois

- Specialized program for Illinois Department of Children and Family Services (DCFS) youth in care and former youth in care
- Includes current youth in care, up to age 18, and eligible to former youth in care through age 21

Marketplace and Medicare products

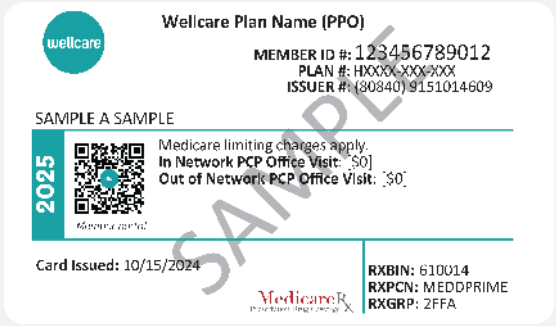
Ambetter of Illinois

- Marketplace product
- Plans are available in bronze, silver, and gold levels and provide a balance of monthly premium payment and out-of-pocket expenses



Wellcare of Illinois

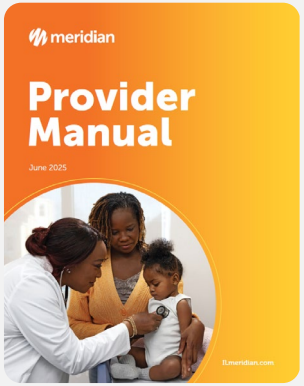
- Medicare product
- Plans offer members access to affordable Medicare Advantage and Prescription Drug Plans



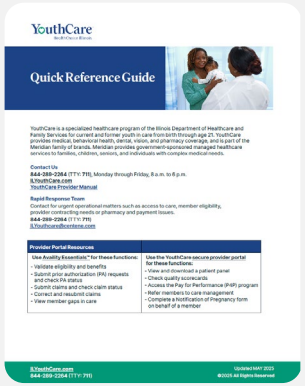
2. Essential Provider Resources

Essential Provider Resources

Provider manuals & quick reference guides



- Our **provider manuals** are comprehensive guides to doing business with Meridian and our family of plans
- Available online for each product under *Provider Resources*:
  - Meridian Medicaid Plan
  - Medicare-Medicaid Plan (MMP)
  - YouthCare
  - Ambetter
  - Wellcare



- **Quick reference guides** are condensed reference tools with key information about routine operational functions
- Available online for each product under *Provider Resources*:
  - Meridian Medicaid Plan
  - Medicare-Medicaid Plan (MMP)
  - YouthCare
  - Ambetter
  - Wellcare

Support options for providers

Secure Provider Portals

The Availity and Meridian secure provider portals are available 24/7 and are the fastest way to verify member eligibility, manage claims, process authorizations, view patient lists, and more.

Provider Services

Contact Provider Services for the appropriate health plan during business hours for support with a wide range of functions.

Provider Engagement team

Contact your organization’s assigned representative for seamless support. For organizations without an assigned representative, use our intake form to get the team member best equipped to assist you.

Secure provider portals

To make it easier to work with us, Meridian began transitioning to Availity Essentials as its exclusive provider portal and expects the migration to be complete in 2026.

Availity

Use Availity Essentials™ for these functions	Visit the For Providers page and use each health plan's secure provider portal for these functions
Validate member eligibility and benefits	View and download a patient panel
Submit prior authorization (PA) requests and check PA status	Check quality scorecards
Submit claims and check claim status	Access the Pay for Performance (P4P) program
Correct and resubmit claims	Refer members to care management
View member gaps in care	Waiver provider billing

Provider Services | Contact information

Meridian Medicaid Plan

866-606-3700 (TTY: 711)
ILmeridian.com/providers

Meridian Medicare-Medicaid Plan (MMP)

855-580-1689 (TTY: 711)
mmp.ilmeridian.com/provider/provider-tools-resources

YouthCare

844-289-2264 (TTY: 711)
ILyouthcare.com/providers/provider-resources

Ambetter

855-745-5507
TTY: 844-517-3431
ambetterhealth.com/en/il/provider-resources

Wellcare

855-538-0454 (TTY: 711)
wellcare.com

Provider Engagement team

Provider Engagement Account Managers and Network Specialists are the primary liaisons between Meridian's health plans and our provider network

Key Reasons to Contact Us

1. To obtain assistance with secure provider portals
2. For clarification on reimbursement rates and operational policies
3. For support with escalated claims questions
4. To ask questions about updating facility and practice information using the Provider Update Tool or via the universal roster template
5. To request staff education and in-service training

How to reach us

Providers *with* an assigned representative should contact them directly by phone, email, or through the secure provider portal.

Providers *without* an assigned representative should complete our intake form to get connected with the team member best equipped to assist you.

Find contact information on our Provider Engagement page

Additional training opportunities

Meridian product-specific orientations

- YouthCare
- Ambetter
- Wellcare

Orientations for specialty provider types

- FQHCs and RHCs
- HCBS waiver
- LTC
- CMHC/SUPR

Provider performance

- **Provider analytics** Demonstrating tools for performance improvement planning and analyzing patient data through our secure provider portals

Training tailored to you

Connect with the Provider Engagement team to request specific training such as,

- Introduction to Quality Improvement
- Introduction to Care Management
- Secure provider portal overview

View upcoming trainings and register on our *Upcoming Webinars* page

3. Important Procedures and Policies

Important Procedures and Policies

Member eligibility verification

Verify eligibility at each encounter before rendering services

- Request to see the member's ID Card
- Check eligibility in **Availity Essentials**
- Utilize Illinois' MEDI system at **medi.hfs.illinois.gov**
- Check other health insurance ID cards if appropriate
- For **Meridian,** call Member and Provider Services at 866-606-3700*
  For **YouthCare,** call 844-289-2264 for assistance*

Avoid rejected claims

Member ineligibility for the date of service billed is among the most common reasons for claims rejections

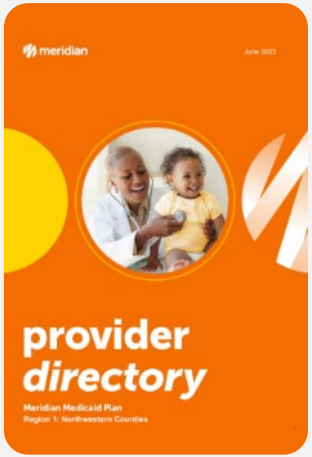
**Member and Provider Services can only give verbal eligibility*

Provider updates & roster submissions

All standard requests to update **contracted** provider data are submitted through Meridian's **Provider Updates Tool** at **ILmeridian.com/providers/provider-updates.html**

- Address changes
- Demographic changes
- Update member assignment limitations
- Add a new provider or term an existing provider
- Make a change to an IRS number or NPI number
- Submit multiple request types (5+)

*Contracted providers should submit an updated roster through the link above using the **IAMHP Universal Roster template***



Keeping practice information up to date ensures members can find facilities and doctors in provider directories and our online ***Find a Provider*** **tool**

Utilization Management

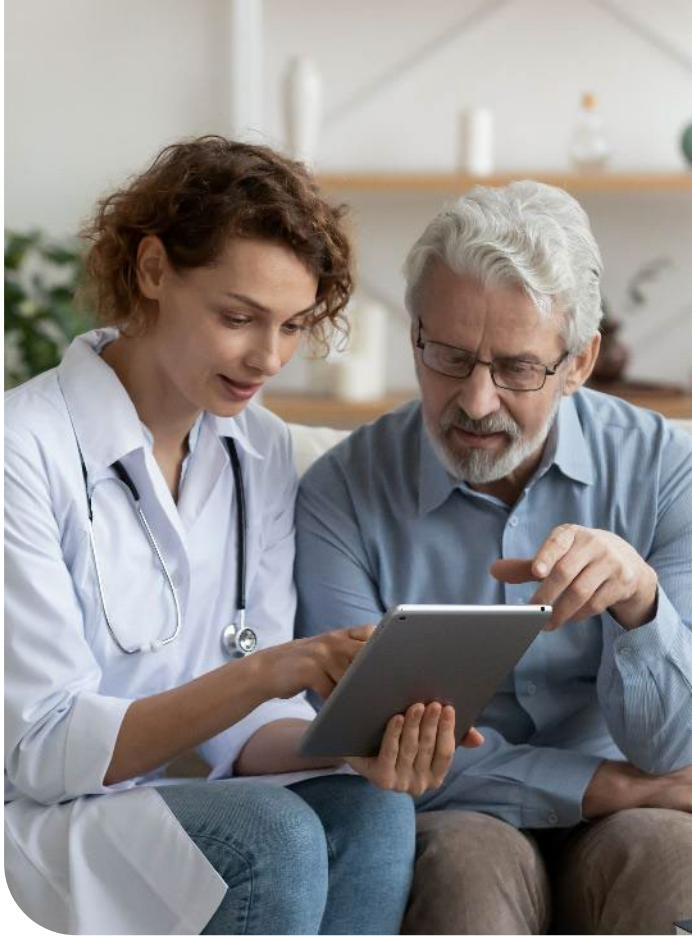
Services that require prior authorization (PA)*

Use the ***Prior Auth Check tool*** for current PA information:
ILmeridian.com/providers/preauth-check.html

- All out-of-network services
- Elective inpatient admissions (acute, rehab, long term acute care (LTAC) and skilled nursing facility (SNF)
- Durable medical equipment (DME) requests greater than $1,000 always require prior authorization
- All transplant surgeries
- Home health visits
- Inpatient behavioral health services

Availity

Submit and check the status of PA requests through Availity, or consult the provider manual for fax options
Note: Some pre-service reviews are supported by Meridian vendor partners listed on the following slide.



*not an inclusive list

meridian ambetter. wellcare YouthCare

Vendor solutions (Medicaid products)

Service	Vendor
Dental	Envolve Dental
MRA, MRI, PET, CT scans, and Cardiac Imaging	Evolent
Pain Management	Evolent
Speech, Occupational, and Physical Therapy	Evolent
Musculoskeletal Services	Evolent
Oncology/Supportive Drugs for Members Age 18 and older	Evolent Specialty Services
Pharmacy	covermymeds
Post-acute Facility (SNF, IRF, and LTAC)	CareCentrix | Fax: 877-250-5290

Pharmacy

Meridian utilizes Express Scripts® to manage pharmacy benefits, providing members and providers with:

- An extensive pharmacy network
- Pharmacy claims management services
- Pharmacy claims adjudication

Reference the Meridian Preferred Drug List (PDL) when prescribing medications for members. Regulated by the state's PDL, it includes prescription and over-the-counter drugs.

*Note: Pharmacy benefits and prescription drug coverage is **not** available through Meridian for MLTSS members*

Reference the specialized YouthCare PDL and pharmacy resources for youth in DCFS care.

Request formulary exceptions for drugs not on the Merdian PDL via covermymeds, and view other submission options on our *Pharmacy* page

Appointment & Availability standards

Download a convenient flyer with this information

	Type of Care/Appointment	Primary Care	Medicare Medicaid Plan (MMP)	YouthCare	Ambetter	Wellcare
Primary Care	**Preventative/Routine Care (Child < 6 months)**	**Within 2 weeks**	-	**Within 2 weeks**	-	-
	Preventative/Routine Care (Child ≥ 6 months)	Within 5 weeks	-	Within 5 weeks	-	-
	Preventative/Routine Care (Adult)	Within 5 weeks	Within 5 weeks	-	Within 15 calendar days	Within 1 month
	Urgent/Non-Emergent (Medically Necessary) Care	Within 24 hours	Within 1 business day	Within 1 business day	Within 24 hours	Within 24 hours
	Sick care	-	-	-	Within 24 hours	Within 1 week
	Non-Urgent/Non-Emergent Conditions	Within 3 weeks	Within 3 weeks	Within 3 weeks	-	Within 3 weeks
	Initial Prenatal w/o Problems (First Trimester)	Within 2 weeks	Within 2 weeks	Within 2 weeks	-	-
	Prenatal (Second Trimester)	Within 1 week	Within 1 week	Within 1 week	-	-
	Prenatal (Third Trimester)	Within 3 calendar days	Within 3 calendar days	Within 3 calendar days	-	-
	Office Wait Time*	Within 30 minutes	Within 30 minutes	Within 1 hour	Within 30 minutes	Within 15 minutes

**Office hours must be the same for all members and patients*

Appointment & Availability standards (cont.)

Download a convenient flyer with this information

	Type of Care/Appointment	Primary Care	Medicare Medicaid Plan (MMP)	YouthCare	Ambetter	Wellcare
Behavioral Health	Life-Threatening Emergency	Immediate admittance or referred to the Emergency Room	Immediate admittance or referred to the Emergency Room	Immediate admittance or referred to the Emergency Room	Immediate admittance or referred to the Emergency Room	Immediate admittance or referred to the Emergency Room
	Non-Life-Threatening Emergency	Within 6 hours	Within 6 hours	Within 6 hours	Within 6 hours	Within 6 hours
	Urgent Care Visit	Within 48 hours	Within 1 business day	Within 1 business day	Within 48 hours	Within 48 hours
	Initial Visit for Routine Care	Within 10 business days	Within 10 business days	Within 10 business days	Within 10 business days	Within 10 business days
	Follow-Up Visit for Routine Care	Within 20 business days	Within 20 business days	Within 20 business days	Within 10 business days	Within 30 business days
Specialty Care	Routine Care (Adult)	Within 45 calendar days	Within 45 calendar days	Within 45 calendar days	Within 45 calendar days	Within 45 calendar days
	Routine Care (Child)	Within 21 calendar days	Within 21 calendar days	Within 21 calendar days	Within 21 calendar days	Within 21 calendar days
	Urgent Care Visit	Within 72 hours	Within 72 hours	Within 72 hours	Within 72 hours	Within 72 hours
	Office Wait Time*	Within 30 minutes	Within 30 minutes	Within 30 minutes	Within 30 minutes	Within 30 minutes

**Office hours must be the same for all members and patients*

4. Billing and Claims

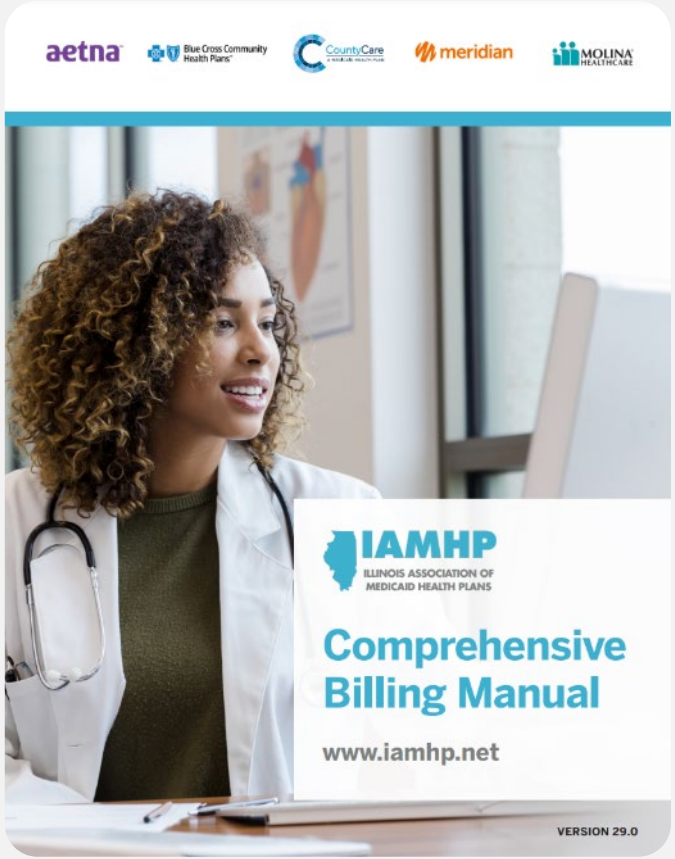
Claims Support

IAMHP billing manual

Your source for current, comprehensive guidelines

The Illinois Association of Medicaid Health Plans (IAMHP) Comprehensive Billing Manual is the best resource for detailed billing guidelines that are regularly updated.

Learn more at iamhp.org/providers



Claims submission options & requirements

A **clean claim** is received in a nationally accepted format in compliance with standard coding guidelines and requires no further information, adjustment, or alteration for payment

A claim will be paid or denied with an **Explanation of Payment (EOP)** sent to the provider who submitted the original claim

Providers may not balance bill Meridian Medicaid, YouthCare, or Medicare-Medicaid Plan members or bill members when the provider fails to obtain authorization and the claim is denied

The timely filing limit is **180 days** from the date of service

Claims Filing Options

- **Electronic clearinghouse (EDI partner)**
- **Availity Essentials/ Secure provider portals**
- **Paper claims**

Preferred EDI clearinghouse

Availity

Customer Support:
800-282-4548

Claim Types:
Professional/Facility

Product	Payer ID
Meridian	MHPIL*
Medicare-Medicaid Plan (MMP)	MHPIL
Wellcare	14163 (CH – Chargeable) 59354 (RF – Reporting only)
Ambetter	68069
YouthCare	68069

**Providers utilizing Change Healthcare as their clearinghouse must submit with Payer ID MCCIL*

PaySpan: Meridian's free ERA and EFT solution

Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)

- **Improve cash flow** by receiving payments faster
- **Eliminate re-keying of remittance data** by choosing how you want to receive remittance details
- **Create custom reports**
- **Maintain control over bank accounts** by routing EFTs to the bank account(s) of your choice
- **Match payments to advices quickly**, and easily re-associate payments with claims
- **Connect with multiple payers** using PaySpan to settle claims
- Continuity of Care provider payments for Centene will be administered via PaySpan

PaySpan Resources

- Getting started with PaySpan
- PaySpan online login & registration
- **Registration assistance:**
  - **877-331-7154, option 1**
  - **providersupport@payspanhealth.com**

Avoiding common claims rejections & denials

Rejection

Claim that **never enters the Meridian claim system** because of invalid or missing data elements.

Rejected claims will receive a claim number and are reported back to the clearing house or provider.

Denial

Claim that has **passed minimum edits** and is entered into the system but was **billed with invalid** or **inappropriate information**, causing the claim to be denied.

An explanation of payment (EOP)/835 will be sent that includes the denial reason.

All electronic and paper claims **must include the taxonomy code** and appropriate NPI and provider TIN for services as registered in IMPACT

- Reference the HFS *Handbook for Electronic Processing*

Taxonomy code on the claim **must match the taxonomy code Meridian has on file** for the rendering provider

Rejected claims must be resubmitted as a first-time claim within the timely filing guidelines

Verify member eligibility for DOS billed using the HFS MEDI system

Claims disputes or reconsiderations

Learn the methodology of claims, rates, & tips to communicate disputes

Examples of when to file claim dispute or reconsideration

- Claim paid at **incorrect rate**
- Denial that **facility** believes is incorrect
- Claim denied for **authorization** when an authorization is **not required** or there is an **approved** authorization

Tips on communicating information on disputes

- If you think the rate is wrong, **state the correct rate**
- **For Enhanced Ambulatory Patient Group (EAPG) pricing**, include pricing calculations
- **Reference the IAMHP Billing Manual page** that supports your dispute
- **Retro rate assigned to a facility** – annotate the date it was assigned and the effective date or attach the notice from the state

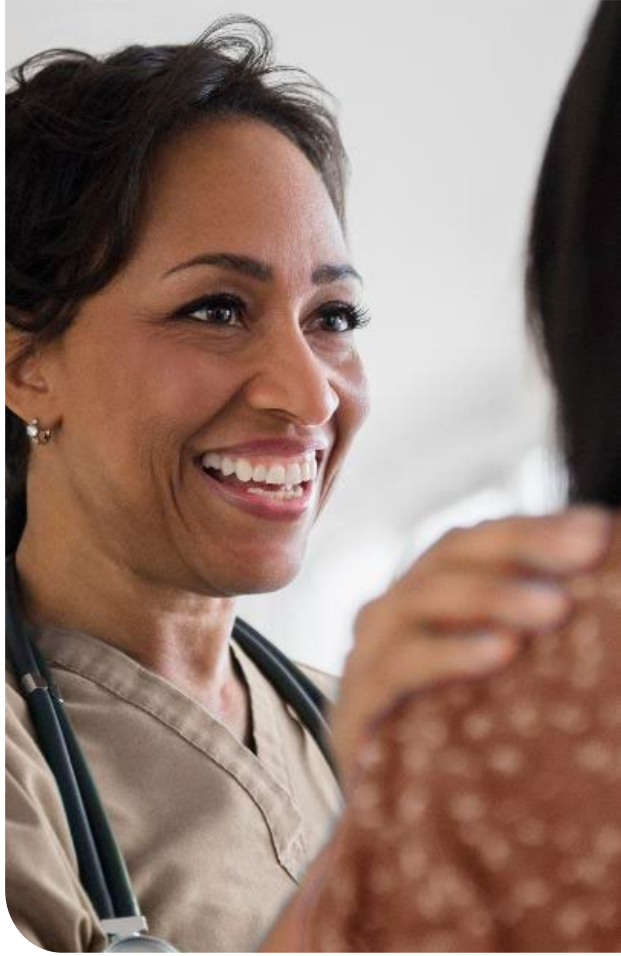
Disputes and reconsiderations must be filed within 90 days of the remittance, or they may not be reviewed.

5. Quality Improvement

Quality improvement program | Objectives

Partnering with providers to ensure members receive high-quality, cost-effective healthcare

- **Improve member health outcomes** and risk status
- **Ensure member access** to medically appropriate care
- **Assure accessibility and availability** of medical, behavioral health, substance abuse, and HCBS waiver care
- **Develop programs** to manage disease and **improve completion rates for:**
  - Preventive screenings, and coordinate care for members with acute and chronic care needs
- **Develop and evaluate** efforts to reduce unnecessary Emergency Department utilization, inpatient services, and readmissions
- **Increase follow-up services** after inpatient care for behavioral health services or complex medical care
- **Improve** member and provider **satisfaction**



Programs and resources to support quality performance

Quality Improvement Practice Advisors (QPAs) and Associate QPAs dedicated to supporting PCPs and Medical Homes

Care gap reporting, quality scorecards, and other performance tools in our secure provider portals

Quality education tools and reference guides, including monthly Quality Improvement webinars and the *HEDIS® Quick Reference Guide* for providers

Pay for Performance (P4P) incentive programs for contracted providers

Member incentive programs to promote and reward preventive care

Wellness events in partnership with providers focused on closing care gaps for Meridian members

6. Supporting Your Practice

Guided*Care* coordination

Connecting members with chronic conditions to care coordinators for ongoing support

1 What is Care Coordination?

Our Care Coordination program **helps members connect to care they need.**

- All members are eligible
- Members with certain health conditions are proactively engaged to enroll

2 Who can benefit?

Care Coordination can benefit everyone. It's especially helpful for members with:

- **Chronic health problems**
- **Disabilities**
- **Difficulty accessing care**
- **Special care needs**
- **Multiple providers**

3 Why choose Care Coordination?

Care Coordinators can

- **Work** with members on a plan to meet their healthcare needs
- **Help** members understand their coverage
- **Connect** members with community resources
- **Be an advocate**

How do providers refer a member? Notify us through the **secure provider portals** or **fax** a completed care coordination referral form

Supporting Your Practice

Transportation

Getting members where they need to go for care

MTM is Meridian's vendor for non-emergent, non-ambulance transportation

Members, their provider, or a Meridian representative should **call 866-796-1165** *at least* ***three days in advance*** **of an appointment date**

For next-day appointments, Meridian members or providers can call **866-606-3700 (TTY: 711)**

YouthCare providers can call **844-289-2264** with questions

Non-emergency ambulance services are managed by HFS through First Transit (Meridian & YouthCare only)

Call **877-725-0569**

Supporting Your Practice

Language services

Facilitating clear communication with all members

Meridian provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

Alternative formats are available to help members with different reading skills, backgrounds, or disabilities understand Meridian materials

- Contact Meridian for interpretation services in American Sign Language (ASL) for people who are deaf or hard of hearing

Call Member & Provider Services at 866-606-3700 (TTY: 711) to inquire about interpretation services or alternative formats

Supporting Your Practice

Centene Institute for Advanced Health Education

No-cost continuing education for all providers

- **Unlimited access** to dozens of accredited continuing education courses, **available online 24/7,** informed by the latest research, **designed and delivered by experts**
- Several courses are eligible for **continuing education credit** in accordance with regulations established by:
  - Accreditation Council for Pharmacy Education (ACPE)
  - American Medical Association (AMA PRA Category 1 Credit(s)™)
  - American Nurses Credentialing Center (ANCC)
  - American Psychological Association (APA)
  - Association of Social Work Boards (ASWB)
  - Commission for Case Manager Certification (CCMC)
  - Commission on Dietetic Registration (CDR)
  - Interprofessional Continuing Education (IPCE)

Explore Centene Institute course catalog

7. Required Annual Training

Required annual training & attestation

Required *every* year, for *every* contracted provider

Fraud, Waste, and Abuse (FWA)

Your role in preventing and detecting FWA

Cultural Competency

Ensuring the delivery of services that are responsive to a diverse patient population

Critical Incidents

How to recognize and report instances of member abuse and neglect

Have you completed mandatory training with another health plan?

Email your completed Mandatory Training Attestation form (PDF) to ILproviderrelations@mhplan.com or send it to us via **mail** or **fax** (see provider manual)

Fraud, waste, and abuse

Fraud is an **intentional deception** or **misrepresentation** made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person

Waste is an **overutilization of services or other practices** that, directly or indirectly, result in unnecessary costs to the healthcare system, including Medicaid and Medicare programs

Abuse includes **actions that are inconsistent with sound fiscal, business, or medical practices,** resulting in unnecessary cost to Medicaid and/or Medicare programs including payment for services that are not medically necessary or that fail to meet professionally recognized standards for health care

How to Report FWA

By phone:
24/7 to the confidential FWA hotline at **1-866-685-8664**

By email:
special_investigations_unit@centene.com

Access Meridian's FWA training

Required Annual Training

Cultural & linguistic competency

Cultural competency training objectives

- Learn how to define cultural competency
- Discuss the stages of cultural competence
- Identify characteristics of cultural competency
- Learn about diverse cultures
- Review information and data about disparities

Access Meridian's Cultural Competency training

Required Annual Training

Critical incidents

Critical Incidents are classified as:

Abuse: **Injury inflicted on an individual** other than by accidental means

- Physical
- Sexual
- Emotional
- Verbal

Neglect: Failure to provide someone with, or withholding someone of, **the necessities of life**

Exploitation: Unfair treatment of someone, or the use of a situation **to personally benefit**

It is everyone's responsibility to report critical incidents

A written Critical Incident report (PDF) must be submitted to Meridian via secure email at criticalincidents@mhplan.com **immediately following the discovery of the incident**

Access Meridian's FWA training

8. What’s Next?

Tools & resources to explore and bookmark

Meridian *For Providers* website
Find resources and quick links to manuals, reference guides, forms, etc.

Availity Essentials
Complete essential clinical and operational functions

Prior Auth Check Tool
Quickly determine service requirements

Provider Updates Tool
Submit facility, practice, and practitioner changes online

Preferred Drug List (PDL)
Access the Meridian PDL and review our log of PDL updates

Provider Engagement
Find available support options and Provider Engagement team contact information

Provider Claim Alerts
See details about known claim processing issues and resolution status

Provider Education
Discover training opportunities on a variety of topics and sign up for upcoming webinars

Provider Notices
View recent provider notices and health plan news

Meridian's Provider Newsletter

The *monthly provider check-in*

Stay abreast of plan updates, manual releases, & news


meridian May 2025

Monthly Provider Check-In

Provider Portal ↗ Prior Authorization ↗ Provider Notices ↗ Provider Manual ↗ Practice Updates ↗

In this issue

- Stepping up for moms >
- Continuing education through the Centene Institute >
- 2025 Provider Satisfaction Survey >
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- LOINC® for HEDIS® performance >
- May Quality webinar >
- Notable HFS notices >
- Fee schedule updates, rate changes, & billing updates >
- In case you missed it >

Mom's the word: Advancing programs to support maternal health

Moms and moms-to-be represent an important Meridian population. Here's how we're stepping up to improve their health:

- Through a new partnership with the March of Dimes and Advocate Health, we're supporting virtual and in-person community events to promote healthy pregnancies. Stay tuned for more details about this unique collaboration.
- View our first webinar held during Black Maternal Health Week. Speakers discussed solutions to

Ensure we have the correct email address on file

Get timely news from Meridian

Scan the QR code

Q&A

Thank you