MONTHLY **Provider Update**



FEBRUARY 2021 ILLINOIS

Welcome to the Provider Update for February 2021. Please refer to the Bulletins page of our website for more detailed information. Have you been enjoying these monthly updates? Visit the Bulletins page to fill out our sign-up form to receive the monthly update directly to your inbox!



QUALITY

Provider Incentive Program

The Provider Incentive Program for calendar year 2021 will be distributed to all providers over the coming weeks. This program will outline bonus opportunities for this calendar year, the bonus amounts, and the criteria to earn the bonus.

HEDIS® Hybrid Season

The 2021 Healthcare Effectiveness Data and Information Set (HEDIS®) Hybrid season is here! HEDIS® Hybrid season is an opportunity to identify additional services that may not have been captured through claims for your patients. This year, Meridian has partnered with two vendors, Change HealthCare and CiOX to assist with medical records retrieval. During this time, your office can expect the following from our vendors:

- An introduction letter outlining the retrieval process
- Medical record requests via fax or mail
- Requests for remote EMR access

We appreciate your partnership and timeliness in response to these medical record requests! For questions regarding Change HealthCare, providers can call **855-767-2650**. For questions regarding CIOX, providers can call the Health Provider Support Center at **877-445-9293** or email **chartreview@cioxhealth.com**. Please note that protected health information (PHI) cannot be accepted through email.

Appropriate Antibiotic Use

campaign.

Meridian is seeking your help in promoting antibiotic awareness to improve patient safety and combat resistance. According to the Centers for Disease Control (CDC), at least 47 million antibiotic prescriptions are unnecessary each year. Give your patients the best care by following clinical practice guidelines when prescribing antibiotics. Visit cdc.gov/antibiotic-use for more information and resources for your office, from the CDC's Be Antibiotics Aware

FOR MORE INFORMATION ON THESE UPDATES:

Visit the Bulletins page on **mhplan.com** via the steps below:

- Select your state in the top right corner
- Choose a plan at the bottom of the page then click "Providers"
- Under the "News" tab, click "Bulletins"

Fill out our sign-up form on our Bulletins page to receive these updates in your inbox.

Contact your local Provider Network Management Representative

Contact Provider Services at **866-606-3700**



IMPORTANT: This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at 313-324-3700 to arrange the return or destruction of the information and all copies. www.mhplan.com

MONTHLY **Provider Update**



FEBRUARY 2021 ILLINOIS



PAYMENT INTEGRITY

MeridianHealth (Meridian) Behavioral Health Utilization Management (UM) Peer-to-Peers

In an effort to streamline our peer-to-peer process, improve the provider experience during the peer-to-peer process, and align our processes with industry best standards we are implementing a new peer review/peer-to-peer process. Please see our Bulletins page for full details.

Appeal Submissions

Appeals can be submitted to MeridianHealth (Meridian) for two main types of issues:

- 1. The provider disagrees with a determination made by Meridian. In this case, the provider should send additional information (i.e., medical records) that support the provider's position
- 2. The provider is requesting an exception to a Meridian policy, such as prior authorization requirements. In this case, the provider must give an explanation of the circumstances and why the provider feels an exception is warranted in that specific case. The instances mentioned above should not be submitted through the Claims Dispute Portal. All appeal requests should still be submitted to the appropriate address listed below

MeridianHealth
Attn: Appeals department
PO Box 44287
Detroit, MI 48244

Fax Number: **312-508-7255**



EDUCATION

Meridian Hugs

Beginning on November 1, 2020, MeridianHealth will introduce the Notification of Pregnancy (NOP) assessment as part of the Meridian Hugs program to better integrate care management, care coordination, and disease management to improve the health of mothers and their newborn children. The NOP assessment and additional information can be accessed by logging on to our secure portal at **www.mhplan.com**. Please contact your Meridian Provider Network Management Representative with any questions or concerns.

2021 Continuity of Care

We are excited to launch our 2021 appointment agenda program, officially relabeled "Continuity of Care" (CoC). We are reliant on the hard work and accountability of the Provider Relations team in order to be successful this year. Be on the lookout for invites in the coming month to serve as the official kick-off. Please see our Bulletins page for full details.

IMPORTANT: This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at 313-324-3700 to arrange the return or destruction of the information and all copies. www.mhplan.com

MONTHLY **Provider Update**



FEBRUARY 2021 ILLINOIS

Online Training Attestation Form

Providers are now able to complete their attestation to the required annual trainings online. You can do so by visiting **corp.mhplan.com/en/provider-forms** and selecting "Attestation of Training Form." Please contact your Provider Network Management Representative if you have any questions.

Medicaid Policy Changes

To streamline processes and ensure alignment with medical review criteria, MeridianHealth has made several clinical policies updates. All changes and updated polices can be found on our website at

corp.mhplan.com/en/provider/illinois/meridianhealthplan/training-education/training-education-resources/medical-policies.



OPERATIONS

Calling all Illinois providers: Send in your new roster ASAP

We need your help! Centene's Illinois market is undergoing a massive roster and directory reconciliation project to clean up and ensure all platforms and directories accurately display provider information. This includes demographic information, as well as specialty and product affiliation. Please see our Bulletins page for full details.

Clearinghouse

Effective January 1, 2021, Meridian will use Availity as the single clearinghouse (EDI Gateway) to receive all claims transactions. The Meridian Payer ID (13189) will stay the same. If providers are not already submitting to Availity and want to avoid any possible disruption, they can work with their current clearinghouse to ensure it is connected with Availity as soon as possible. If providers have any questions, they can contact Availity's Provider Services Monday — Friday, 7 a.m. to 7 p.m. at **800-282-4548**.

MeridianHealth Claim Updates

LARC Add-On Underpayments:

- What: Inpatient claims billed with LARC Device Codes are not being paid the addon amount for LARC devices
- **Why:** The 3M pricer is not configured with the add-on logic causing claims to be underpaid
- **Mitigation:** The last 3M Grouper released received by the health plan was 1/26/21, which did not include the LARC add-on logic. 3M has advised that the LARC add-on will be in the 2/11/21 release

LTC Rejections – Invalid Admitting Diagnosis

We are currently working with Claims and Change Healthcare to root cause this issue. More details to come. This is affecting LTC claims billed with Bill Type 65x. Please see our Bulletins page for full details.

IMPORTANT: This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at 313-324-3700 to arrange the return or destruction of the information and all copies. www.mhplan.com