

Provider Newsletter - September 2025



Wave 3 CoC & CoC+ Appointment Agenda Program

Wave 3 of the 2025 program is being released and is in the Provider Portal! We are pleased to continue the 2025 Continuity of Care (CoC) Program. This initiative aims to reward primary care providers (PCPs) for proactively coordinating preventive medicine and thoroughly assessing patients to improve health and clinical quality of care. By participating in this program, you can earn up to \$450 per member based on program-specific requirements. As an additional way to partner with our groups and providers, we have included the following link for the ["Continuity of Care Program: How To Get Started Guide"](#). Please reach out to your QPA/PQL with any questions.



2025 Medicare Peak Performance

We are excited to announce the 2025 Medicare Peak Performance Program! The program runs from 8/1/2025 to 12/31/2025 for any eligible patients. Incentives can be earned in addition to the Medicare P4Q Program! Claims and SUDS files are due no later than 1/31/2026. Please reach out to your PQL/QPA for your scorecard and more information.



Medicare Focus: Medication Adherence Measures

As we enter the final quarter of the Measurement Year, patients are falling into a critical portion of their Medication Adherence. During this time, we see many patients become noncompliant or unattainable with their medications. To better partner with the assigned groups, your PQL/QPA will be providing a list of patients who are 30+ days overdue for their medications. Please ensure this list reaches all applicable providers. Please discuss possible barriers with your patients and even add messaging about Medication Adherence in your EMR as a reminder when discussing current health with your patients. Please reach out to your QPA/PQL with any questions.



2025 RxEffect Webinar

Starting in August, we will be offering a monthly webinar for RxEffect! Join us for best practices and deep dive into the RxEffect Tool for Medication Adherence! Sign up at the following links for August and September:

[September 16, 2025 at 12:00pm est](#)

[October 14, 2025 at 12:00pm est](#)



Help Prevent Chronic Kidney Disease in Hypertensive Patients

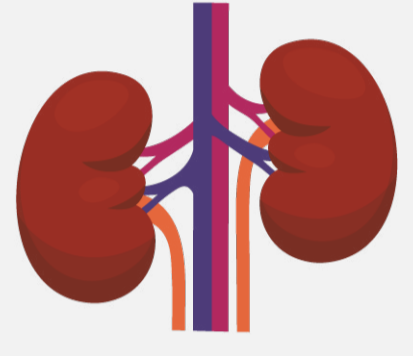
Patients with high blood pressure are at increased risk for Chronic Kidney Disease (CKD)—a serious condition that often progresses silently until advanced stages. The National Kidney Foundation of Michigan (NKFMI) recommends annual CKD screenings to support early detection and improve long-term outcomes.

Meridian asks for your continued support with ensuring All hypertensive patients receive these critical tests every year:

Embed CKD Screenings into Routine Care Protocols:

- Dual Testing Approach - Order both, estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR), annually, for patients with diabetes and/or hypertension. These tests together provide a more complete picture of kidney health and help identify CKD earlier.
- Simplify Ordering - Use bundled lab panels (e.g., diabetes/renal panels) that include A1C, BMP/CMP, and uACR to streamline workflows and reduce administrative burden.

By integrating CKD screenings into routine care, you play a vital role in protecting your patients from preventable kidney damage and improving their overall health outcomes. Thank you for your commitment to quality care.



2025 CCIP Outreach

Our Diabetes Chronic Care Improvement Program is set to continue in the coming weeks. All Meridian Complete, Medicare, and Medicaid members with at least one claim-based diagnosis of diabetes in 2022 to 2025 are in the eligible population. This program was effective as of 1/1/2022 and will be conducted over a multi-year cycle. The goal is to engage members with chronic conditions through increased outreach initiatives to improve health outcomes and increase member satisfaction. This will promote effective management of chronic diseases. All applicable member lists will be sent by your PQL/QPA in the coming weeks. Please reach out to your PQL/QPA with any questions.



EMR Connectivity

Meridian is participating in a bi-directional data sharing connectivity initiative. Our EMR Payer Platform enhancement is for providers currently participating in EPIC, Healow, Availity, and Athena! Providers can receive Health Plan insights including claims, care gaps, and diagnoses. This can also securely push the appropriate clinical data to the Health Plan to assist in closing Risk Adjustment and HEDIS Care Gaps.

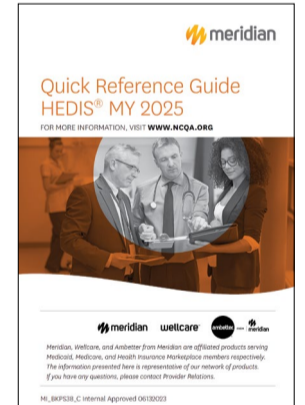
Please reach out to your QPA/PQL for more information.



2025 Quick Reference Guide for HEDIS

Our 2025 Guide for HEDIS measures has arrived! Within this guide, you can navigate through an index of the HEDIS measures that are tracked, find the applicable CPT codes for each measure listed, view information on Administrative Claims, Supplemental Data and Feeds. Be sure to check into the changes for 2025!

For more information, [click here](#).



Meridian Portal Access & Self Service Option

Please make sure you have portal access for all staff members. This is where you will find all of your reporting and gain access to your CoC Appointment Agenda's. If you need assistance with access or have any questions, please reach out to your Quality representative.

For those needing access, please register for the portal(s) using the following links:

- [WellCare Portal - https://provider.wellcare.com/](https://provider.wellcare.com/)
- [Centene Portal - https://provider.mimeridian.com](https://provider.mimeridian.com)
- [AmBetter Portal - https://provider.ambettermeridian.com](https://provider.ambettermeridian.com)



Self-Service Options

- Terminations
- Updating credentialing files
- Demographic information changes, etc.
- Now available on the Meridian website: <https://www.mimeridian.com/providers/join-our-network.html>

Measure Spotlight

Medication Adherence for Diabetes Medications

This measure evaluates the percentage of Medicare Part D members 18 years and older with a prescription for diabetes medication, who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

- Urge patients to fill their prescriptions regularly to encourage medication adherence
- Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices:

- Talk with patients about why they're on diabetes medications and why it's important to take their medication as prescribed and get refills promptly
- Encourage patients to use a pillbox to organize their medications and to set an alarm on their phone or clock to remind them to take their medications
- Encourage patients to sign up for refill reminders at their pharmacy
- Monitor with scheduled follow-up appointments

Medication Adherence for Cholesterol (Statins) Medications

This measure evaluates the percentage of Medicare Part D members 18 years and older with a prescription for a cholesterol medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication

- Urge patients to fill their prescriptions regularly to encourage medication adherence
- Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices:

- Talk with patients about why they're on cholesterol medications and why it's important to take their medication as prescribed and get refills promptly
- Encourage patients to use a pillbox to organize their medications and to set an alarm on their phone or clock to remind them to take their medications
- Encourage patients to sign up for refill reminders at their pharmacy
- Monitor with scheduled follow-up appointments

[Click here for Statin Use Measures](#)

