MONTHLY Provider Update

meridianhealth
A WellCare Company

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MICHIGAN

Dear Providers,

Based on your feedback, Meridian is making improvements to help make your job easier. We understand communication is key, so we're implementing a monthly notification process to share updates around quality, operations and more. Additional information will be posted individually to the Bulletins page on our website. We will continue to communicate regularly. Key updates for July 2019 are provided below.

QUALITY

Healthy Michigan Plan (HMP) provider updates
Medicaid providers are eligible to receive a $25 incentive for properly billed health risk assessment (HRA) services for HMP members. We suggest using CPT code 96160 for this service. Remember to include the member's effective date and date of service.

HRA reminder for HMP members
Medicaid providers are encouraged to complete an annual HRA with all HMP members and submit via the Community Health Automated Medicaid Processing System (CHAMPS). HMP members who are due for an HRA will be identified on the monthly provider HEDIS® reports.

Healthcare Effectiveness Data and Information Set (HEDIS®) tips for top priority measures
Keep an eye out for educational materials on high priority HEDIS® measures like breast cancer and prenatal screenings, which will be distributed in the coming months.

HEDIS® dials
Meridian is your partner in caring for patients. We have completed more than two million phone calls to members this year to remind them of HEDIS® services due and to support them in scheduling appointments.

PAYMENT INTEGRITY

Applying Medicare maximum units to claims reviews
Michigan Medicaid providers who bill for services outside billing guidelines should apply maximum units to submitted

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"

Contact your **local Provider Network Development Representative**

Contact Provider Services at **888-437-0606**

claims per the Centers for Medicare and Medicaid Services (CMS) billing requirements. Meridian will apply these CMS maximums moving forward.

Additional maximum units for select codes were created based on medical guidelines

Meridian is applying additional maximum units for the following codes: S5130, H0004, H2015, T1019, H2011, T1016, H0039, S9484, H0034, S5100, H2017, T2025, T2003, S5199, H0047, S0028, S1090, S5120, S5150, S5170, S8189, S8265, T1013, T2001, T4536, S0257, T4542, T2039

Applying state benefits at the code level

As a reminder, Michigan Medicaid providers should bill to the current Michigan Medicaid fee schedule shared by MDHHS. Meridian does not reimburse for codes that are expired or not on the current MDHHS fee schedule.

PT, OT, ST, DME and chiropractor billing reminder

Michigan Medicaid providers must bill services only on their respective fee schedule for specialty providers. This includes PT, OT, ST, DME and chiropractic providers.

National coding standard update

Meridian will be updating prepayment edits consistent with national coding standards. Meridian has partnered with Cotiviti, which will supplement our current prepayment programs in conjunction with Change Healthcare to increase the accuracy of claim payments to our provider partners. Meridian is committed to ensuring our systems and processes are updated regularly with national coding standards.

EDUCATION

CHAMPS ID requirement

As a reminder, providers are required to register with CHAMPS. Meridian will continue to deny claims and suspend network participation for providers that are not registered. We encourage all providers to register as required by Michigan Department of Health and Human Services (MDHHS). Beginning 10/1/19, Medicaid prescribers will receive claim denials if not active.

MDHHS HMP eligibility changes

Effective 1/1/20, MDHHS will require HMP members to report at least 80 hours of work or other qualifying activities monthly to maintain healthcare coverage. Members with HMP coverage for at least 48 months and are above 100 percent of the federal poverty line (FPL) will also have to make timely HMP premium payments and participate in the Healthy Behavior Incentives program to keep healthcare coverage. Some beneficiaries will be exempt from these requirements based on certain exemptions.

Your Provider Network Development Representative will be distributing educational materials later this month. Be sure to review these handouts to facilitate accurate billing, payment, and appropriate care.