MONTHLY Provider Update



August 16, 2019 MICHIGAN

Welcome to the Provider Updates for August 2019. Please refer to the Bulletins page of our website for more detailed information.



QUALITY

Appointment availability standards

Appointment availability is important for ensuring timely and appropriate care for our members. Please reference your provider manual for contractual requirements for appointment availability.

Clinical practice guidelines (CPGs)

Our Medicaid line of business, MeridianHealth, encourages the use of evidence-based CPGs by our providers. Our Quality Improvement committee approves and adopts CPGs for prevention, diagnosis, and management of medical and behavioral health conditions. We review all CPGs every two years or sooner, if necessary. Please visit the online version of this update to review our most up-to-date CPGs.

HEDIS® tips from MeridianHealth and MeridianChoice, our Health Insurance Marketplace plan

Prenatal care: Ensure prenatal care visits are a high priority by endorsing the initiation of prenatal care in the first trimester (first 13 weeks) of pregnancy. As a reminder, prenatal vitamins should have at least 600 mcg of folic acid. **Cardiovascular disease and medication adherence:** Keep an eye out for educational materials regarding measure training and clinical rationale supporting the use of statins in patients with cardiovascular disease and medication adherence measures.

Wellness Days

MeridianHealth collaborates with in-network Primary Care Providers (PCPs) to host Wellness Days, appointment scheduling days that aim to improve quality outcomes with a focus on HEDIS® measures. At Wellness Days, members can get on-site support and have the chance to win giveaways. If you are interested in participating in a Wellness Day, please contact **communityengagement@mhplan.com**, and our Community Engagement team will reach out to go over options and discuss how to encourage members to be proactive about their health.

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**



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PAYMENT INTEGRITY

Alternate payment model (APM) Care Coordinator (CC)/Care Manager (CM) codes

The State Innovation Model Patient-Centered Medical Home (SIM PCMH) pilot will be ending soon, and plans will roll out new provider incentive programs based on updated APM requirements. Many of the services can be accomplished through coordinated team efforts, maximizing CC and CM skills to engage patients efficiently. CC and CM codes that should be used for the upcoming PCMH program changes are listed on the Bulletins page of our website. Stay tuned for future updates.



EDUCATION

PCP change reminder

PCPs can be updated via fax by using the PCP reassignment form, which is on our provider home page under Provider Resources, Documents and Forms. Fields with an asterisk must be completed for the request to be processed. Please fax the completed form to **313-202-0007**.

Prior authorization (PA) reminder

The Online PA Form is Meridian's preferred submission option for PAs. It allows for efficient request processing, resulting in faster turnaround times. The form can be found on our website at **corp.mhplan.com/en/prior-authorization**, and more information is on our Bulletins page.

Verification reminder

When calling Meridian to inquire about eligibility, authorization, or claims, please have the following information ready so we can assist in a timely manner. *Eligibility*: provider NPI and member identification (member ID, date of birth, and full name); *Authorizations*: confirmation number (if submitted online), date requested, and current procedural terminology (CPT) codes/healthcare common procedure coding (HCPC) requested; *Claims*: claim number (can be obtained through our IVR) and date of service.

Flu vaccinations

It's almost flu season, and members are encouraged to get the flu vaccine. The vaccine can be covered at no out-of-pocket cost at local health departments, PCP offices and in-network pharmacies.

Annual exams

Be sure to remind patients to come in for their annual physical. During adult annual physicals, make sure to check and code for each patient's: body mass index (BMI), blood pressure, cholesterol level, blood glucose level, dental, and eye education. A comprehensive well-child exam should include: health history, physical and mental development history, physical exam, health education/anticipatory guidance, needed immunizations, dental and eye education, and BMI percentile.

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OPERATIONS

eviCore expansion

Meridian is expanding our partnership with eviCore to include the following programs: physical therapy (PT), occupational therapy (OT), genetic testing, pain management, and sleep studies. MeridianHealth and MeridianChoice will go live November 1, 2019, and MeridianComplete (Medicare-Medicaid Plan [MMP]) will go live January 1, 2020. More information will be sent next month and will be posted online at www.evicore.com/healthplan/meridian_wellcare.



PHARMACY

Point of sale claims and Medicaid enrollment

In accordance with Michigan Department of Health and Human Services (MDHHS) Bulletin MSA 19-20 beginning October 1, 2019, MeridianRx must reject Medicaid pharmacy claims for prescribers who are not enrolled with the Community Health Automated Medicaid Processing System (CHAMPS). To ensure continued access, please register through CHAMPS as soon as possible. Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at **800-292-2550**. Additional details may be found on our Bulletins page.

Electronic MeridianRx PAs

PAs may be electronically submitted via **www.meridianrx.com**. Notable features include medication smart search functions, attaching clinical documentation, submitting appeals, and authorization reference numbers.

Checking medication status via phone

MeridianRx's goal is to process authorization requests as timely as possible to best serve our members. You may check the status of an authorization by calling **866-984-6462** (select **option 3** for provider) with the authorization reference number through our IVR phone system. Providers may request a PA form to be faxed to the office, check the status of an authorization or appeal, and check eligibility.

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