



Meridian

HCAM Biller's Forum
April 12th, 2024



WHO WE ARE

Meridian has been operating government-sponsored health plans throughout the United States as a licensed HMO since 2000 and has originally become the largest Medicaid HMO in the State of Michigan with the most comprehensive provider network.

Collectively, our affiliated organizations administer Medicaid, Medicare (WellCare), Health Insurance Marketplace health plans (Ambetter from Meridian), and Medicare-Medicaid Plans (MeridianComplete).



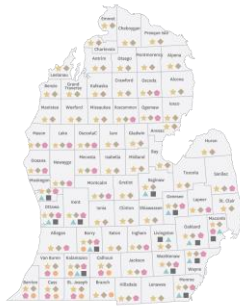
Meridian Service Area

MEDICAID	
POPULATION	DESCRIPTION
Medicaid	Members that need temporary assistance
ABD/CP	Aged, Blind and Disabled/Integrated Care Program
Aging	Aged Member in Medicaid
AIDS/HIV	AIDS/HIV Member
CCN	Children with Complex Needs
CD	Consent Decree
CSHCS	Children's Special Health Care Services
Dual	Medicare & Medicaid Covered Member
PD/DD	Physically Disabled/Developmentally Disabled
MH	Mental Health
SNF/LTC	Skilled Nursing Facility/Long Term Care
TBI	Traumatic Brain Injury

Meridian MI – Service Area and Products

Meridian offers several products in the State of Michigan, including:

MEDICAID	MEDICARE	MEDICARE-MEDICAID	MARKETPLACE
Provides healthcare services to Medicaid and MICHild Program beneficiaries in all counties in Michigan's Lower Peninsula based on the State of Michigan Medicaid benefit guidelines.	Provides Members with Part C (A and B) and Part D prescription drug benefits and includes additional benefits not covered by Original Medicare.	Integrates managed care for individuals who are eligible for both Medicare and Medicaid under one plan under a demonstration program with CMS and the State of Michigan.	A Federal Health Insurance Marketplace Qualified Health Plan (QHP) that offers individual and Family Catastrophic Health Essentials, Bronze, Silver, Gold, and Virtual Access plans. Ninety-one percent of members are between 100% and 400% of the federal poverty level and qualify for a government-sponsored premium subsidy.



Service Area Map

Service Area	Plan Product
	Meridian
	Healthy Michigan Plan
	Ambetter from Meridian
	MeridianComplete
	Wellcare (PPO) SNP Plans
	Wellcare (HMO) Plans
	Partial Counties: Igham, Lake, Leapee, Monroe, Muskegon, Oceana, Oscoda, Oshtemo, Roscommon and Sanilac.

KEY CONTACT INFORMATION

Meridian MI

PHONE
888-437-0606

TTY/TDD
711 or 888-437-0606

WEBSITE
mimeridian.com

PORTAL
provider.mimeridian.com



Provider Relations Team



PROVIDER RELATIONS

As a Meridian MI provider, you will have a dedicated Provider Network Specialist available to assist you.

Our Provider Network Specialists serve as the primary liaisons between our health plan and provider network.

An intake form should be submitted on our website under For Providers, Provider Resources, Provider Relations Intake Form.

Your Provider Network Specialist is here to help with things like:

- ✓ Inquiries related to administrative policies, procedures, and operational issues
- ✓ Performance pattern monitoring
- ✓ Contract clarification
- ✓ Membership/provider roster questions
- ✓ Secure Portal registration and PaySpan
- ✓ Provider education
- ✓ HEDIS/Care gap reviews
- ✓ Financial analysis
- ✓ EHR Utilization
- ✓ Initiate credentialing of a new practitioner



Intake Reps

Intake model went live in July of 2023

- Who? All providers except providers part of:
 - Hospital
 - PHO/PO
- Why?
 - Provide faster turnaround times for responses
 - Capture all needed information to properly assist and accurately resolve issues



System Reps

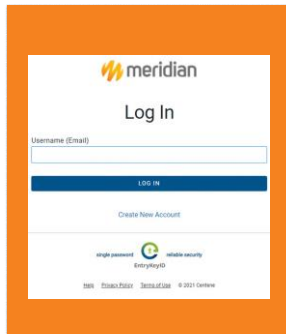
1. System Reps are dedicated to the relationship management and partnership of their various groups and systems.
2. Dedicated business analyst to support claims related issues



Medicaid Provider Portal Redesign

SECURE PROVIDER PORTAL

Registration is free and easy!



SECURE PROVIDER PORTAL

WHAT'S ON THE SECURE PROVIDER PORTAL?

- Member eligibility & patient listings
- Health records & care gaps
- Authorizations
- Claims submissions & status
- Corrected claims & adjustments
- Payments history
- Monthly Primary Care Provider (PCP) cost reports
- Provider analytics reports

NEW! Provider Portal Re-design

- Newly created Claims Dashboard enables quick access to most relevant claims information on one page.
- All-New Claims Status Tiles and Pages, with filter, row count, and pagination capabilities.
- Ability to search for claims by Claim Number, up to 10 claims at once, from Claims Dashboard and Advanced Search.

Great News – We’re Enhancing Your Provider Portal!

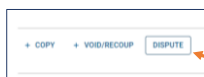
WE APPRECIATE ALL YOU DO FOR OUR MEMBERS. THAT’S WHY MERIDIAN WANTS TO PUT MORE TOOLS AT YOUR FINGERTIPS AND MAKE IT EVEN EASIER TO DO BUSINESS WITH US.

We’ve made several functionality updates to our secure provider portal that will be available soon. These enhancements include:



NEW! Medicaid Appeals

Providers can now submit appeals in our provider portal!



Dispute Claim: W036

SELECT Which I believe the claim:

SELECT Which I believe I should file the claim:

SELECT Which I believe the claim:



MI CLAIM APPEALS

Health Plan & Correspondence Type	Mailing Address
Meridian MI Medicaid Claim Appeals (Medical) (Medical necessity, authorization denials, and benefits exhausted)	Meridian ATTN: Appeals Department PO Box 8080 Farmington, MO 63640-8080
Meridian MI Medicaid Claim Appeals (Post service)	Meridian ATTN: Claims Department PO Box 3060 Farmington, MO 63640

Please note: Provider appeals (Medical Necessity Authorization Denials) will no longer be accepted via fax for dates of service 4/1/2022 and onward. Provider appeals must be submitted via mail or the provider portal.



Claims/Authorizations/Payment Policies

HOW TO SUBMIT A CLAIM

THE TIMELY FILING DEADLINE FOR INITIAL CLAIMS VARIES BY LINE OF BUSINESS. PLEASE REFER TO THE PROVIDER MANUAL FOR EACH LINE OF BUSINESS FOR ADDITIONAL INFORMATION.

CLAIMS MAY BE SUBMITTED IN 3 WAYS:

1. The Secure Provider Portal: provider.mimeridian.com
2. Electronic Clearinghouse
3. Mail

Date of Service	Health Plan Name	Transaction Type (CH/RP)	Clearing House Payer ID	Paper Claim Submissions
On or after April 1, 2022	Meridian MI Medicaid	Fee-for-Service BHT06 = CH	MHPMI	Meridian ATTN: Claims Department PO Box 8080 Farmington, MO 63540-8080
On or after April 1, 2022	MeridianComplete	Fee-for-Service BHT06 = RP	MHPMI	MeridianComplete ATTN: Claims Department PO Box 3060 Farmington, MO 63540-3822

Please note: For fastest, most accurate processing, EDI is the preferred method.

HOW TO SECURE PRIOR AUTHORIZATION

NEED PRIOR AUTHORIZATION? IT CAN BE REQUESTED IN THE FOLLOWING ways:

- ✓ **Secure Web Portal**
Provider.mimeridian.com
This is the preferred and fastest method.
- ✓ **Phone**
Medicaid: **888-437-0606**
MeridianComplete: **855-323-4578**
- ✓ **Fax (see table on the right)**

Description	Fax number
Meridian Medicaid Assessments	833-341-2052
Meridian Medicaid Buy & Bill Incode Requests	833-341-2049
Meridian Medicaid Concurrent Review	833-655-2188
Meridian Initial Admissions / Face Sheets	833-467-1212
Meridian Medicaid Medical Records	833-431-3313
Meridian Medicaid Prior Authorization – In/Op	833-607-1237
Meridian Medicaid Transplant	833-620-4419
Meridian Medicaid Behavioral Health – Outpatient	833-655-2191
MMP Medicare Inpatient Admissions	844-930-4390
MMP Medicare Post-Acute Admissions	844-930-4390
MMP Medicare Pre-Service Standard Requests	844-930-4389
MMP Medicare Pre-Service Expedited Requests	855-323-4578
MMP Medicare Part B Drug	844-930-4394
MMP Medicare Behavioral Health Inpatient Admissions	844-930-4395
MMP Medicare Behavioral Health Outpatient Services	833-728-0124

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned via phone, fax or web.

OUR SPECIALTY COMPANIES AND VENDORS

Service(s)	Specialty Company/Vendor	Contact Information
Sleep Studies, Genetic Testing	eviCore	Phone: 888-333-8641 Fax: 856-233-7271 http://www.evicore.com
Musculoskeletal surgical procedures, Orthopedic Surgery, Spinal Surger	Turning Point	Phone: 1-877-659-9496 Fax: 313-915-5036 www.turningpoint-healthcare.com
High Tech Imaging Services – Radiology/Cardiology, Pain Management, Physical/Occupational Therapy	National Imaging Associates - NIA	Phone: 866-842-1767 www.radmd.com
Oncology Services/Radiation Therapy	New Century Health	Phone: 888-999-7713 Medical Oncology: Option 1 Radiation Oncology: Option 2 https://my.newcenturyhealth.com
Interpretation services	PALS International	Support: 248-362-2060 ext. 108 https://one.proprio-1s.com/

IS PRIOR AUTHORIZATION NEEDED?

Use the **Pre-Auth Needed Tool** to quickly determine if a service or procedure requires prior authorization.

Available on the provider section of the **Meridian MI** website at mimeridian.com or mmp.mimeridian.com.

Are Services being performed in the Emergency Department?
OHIO - OHIO

Types of Services	YES	NO
Is the member being performed in an ambulatory facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member being administered services?	<input type="radio"/>	<input checked="" type="radio"/>
Are ambulance services being rendered to pain management or dental support?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are services other than OHIO, orthotics, prosthetics, and supplies being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

09436

UTILIZATION DETERMINATION TIMEFRAMES

Meridian MI Medicaid:

Type	Timeframe
Prospective/Urgent	72 hours
Prospective/Non-Urgent	14 calendar days
Emergency services	60 minutes (1 hour)
Concurrent/Urgent	Twenty-four (24) hours (1 calendar day)

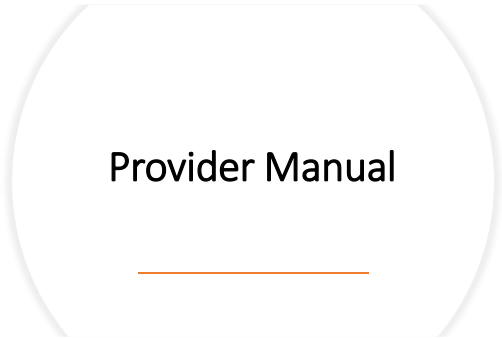
MeridianComplete:

Type	Timeframe
Pre-Service Non-Urgent	14 calendar days
Pre-Service Urgent	72 hours
Urgent Concurrent	24 hours (72 hours if clinical is not included with initial request)

CORRECT CODING FOR PRIOR AUTHORIZATION

PRIOR AUTHORIZATION WILL BE GRANTED AT THE CPT CODE LEVEL

- If a claim is submitted that contains CPT codes that were not authorized, the services will be denied.
- If additional procedures are performed during the procedure, the provider **must** contact the health plan to update the authorization in order to avoid a claim denial.
- It is recommended that this be done within 72 hours of the procedure. However, it **must** be done prior to claim submission or the claim will deny.
- Meridian MI will update authorizations, but will **not** retro-authorize services.
 - The claim will deny for lack of authorization.
 - If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.



THE PROVIDER MANUAL

The **Provider Manual** is your comprehensive guide to doing business with Meridian Michigan.

The Manual includes a wide array of important information relevant to providers including, but not limited to:

- Network information
- Billing guidelines
- Claims information
- Regulatory information
- Key contact list
- Quality initiatives
- And much more!

The Provider Manual can be found on our website under For Providers, Provider Resources, and Manuals, Forms and Resources.

Meridian Bulletins & Updates

Important Updates

Sign up to receive monthly bulletins e-mail directly to you!

mimeridian.com/providers/bulletins.html

Sign up to receive our monthly Provider Notification email!

First Name

Last Name

Email *


Phone

Fax

API *

Monthly Webinars

1. New updated schedule for our 2024 Monthly Webinars found [here](#)

 **meridian** Provider Network Monthly Webinar Series

Meridian is excited to announce a Provider Network Monthly Webinar Series! This series is designed for currently participating and non-participating providers in the Meridian network. The Meridian Provider Network team will conduct an in-depth analysis of:

- Meridian Billing (e.g. Analytics, Webinars, and Meridian Multiple Medical Billing)
- Claims and Denial rate of payment and how to improve submission, denials and appeals and claim resolution
- Claims and Denial rate of Adjudicator requirements and process
- Claims and Denial rate of Provider and subcontractors
- Providers contract details
- Overview of the Meridian website (portal, provider training materials, etc)

Interested in attending?
 Please see the attached link and Zoom meeting information.

Priority

Meridian Provider Network

2024 Dates	Zoom info:
January 1 February 1 March April 1 May 1	Join Meeting Provider ID: 98888 Passcode: 98888 Please use the ID: +1(800)390_98888 or 9888888888 or +1(800)390_9888888888 Meeting ID: #12 838 7488

All times are in US EST

Demographic Updates

1. Up to date demographic information is important!
2. Self service option online to submit any change at any time

Dear Providers,

As a reminder, please update Meridian when the following demographic changes occur:

- Provider name
- Provider specialty
- Accepted patient status
- Accepted lines of business
- Practice address
- Practice phone number
- Practice fax number
- Practice email address
- Hospital affiliations
- Office hours

The preferred method for submitting these updates is through our [Demographic Update Tool](#), which can be found on our [Provider Network Participation and Enrollment](#) page on [meridian.com](#).

THE MERIDIAN MI PUBLIC WEBSITE

WHAT'S ON THE PUBLIC WEBSITE?

- The Provider and Billing Manual
- Quick Reference Guides
- Important Forms (Notification of Pregnancy, Prior Authorization Fax forms, etc.)
- The Pre-Auth Needed Tool
- The Pharmacy Preferred Drug Listing
- And much more!