

WELCOME TO MERIDIAN MI

Medicaid Provider Orientation
2022



AGENDA

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OVERVIEW



WHO WE ARE

- Meridian has been operating government-sponsored health plans throughout the United States as a licensed HMO since 2000 and has organically become the largest Medicaid HMO in the State of Michigan with the most comprehensive provider network.
- Collectively, our affiliated organizations administer Medicaid, Medicare, Health Insurance Marketplace health plans (Ambetter from Meridian), and Medicare-Medicaid Plans (MeridianComplete).

Meridian Service Area







- Medicare, Medicaid, MMP and Exchange Plans
- Medicare Only
- Medicare, Medicaid, MMP Plans

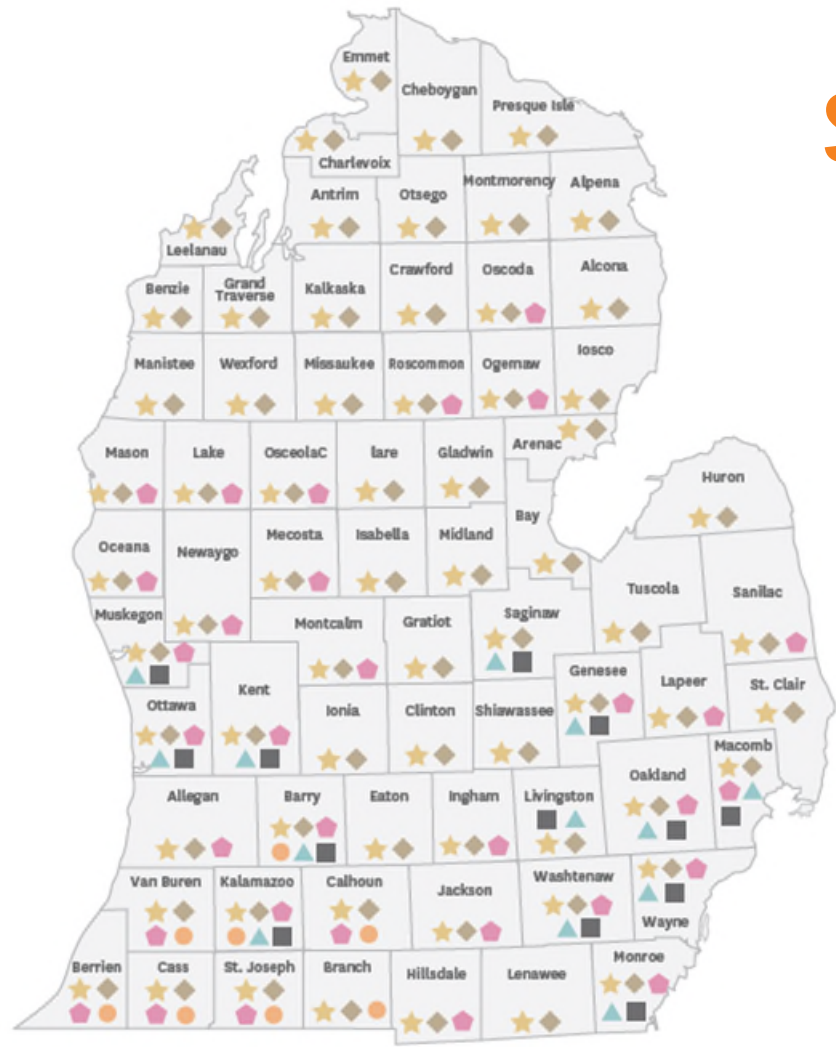
MEDICAID	
POPULATION	DESCRIPTION
Medicaid	Members that need temporary assistance
ABD/ICP	Aged, Blind and Disabled/Integrated Care Program
Aging	Aged Member in Medicaid
AIDS/HIV	AIDS/HIV Member
CCN	Children with Complex Needs
CD	Consent Decree
CSHCS	Children's Special Health Care Services
Dual	Medicare & 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 and Gold 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 (HMO SNP) Plans
	Wellcare (HMO) Plans

 *Partial Counties: Ingham, Lake, Lapeer, Monroe, Muskegon, Oceana, Osceola, Oscoda, Roscommon and Sanilac

WHAT YOU NEED TO KNOW



KEY CONTACT INFORMATION

Meridian MI

PHONE

888-437-0606

TTY/TDD

7-1-1 or 888-437-0606

WEB

mimeridian.com

PORTAL

provider.mimeridian.com



THE PROVIDER MANUAL

THE PROVIDER MANUAL IS YOUR COMPREHENSIVE GUIDE TO DOING BUSINESS WITH MERIDIAN MI.

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 in the Provider section of the Meridian MI website at mimeridian.com.

PROVIDER RELATIONS

- The **Meridian MI** Provider Services department includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:
 - Credentialing/Network status
 - Claims
 - Request for adding/deleting physicians to an existing group
- By calling **Meridian MI** Provider Services at **888-437-0606**, providers will be able to access real time assistance for all their service needs.



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.
- Your Provider Network Specialist is her 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 Pay Span
- ✓ Provider education
- ✓ HEDIS/Care gap reviews
- ✓ Financial analysis
- ✓ EHR Utilization
- ✓ Demographic information updates
- ✓ Initiate credentialing of a new practitioner

THE MERIDIAN MI PUBLIC WEBSITE



Home Find a Doctor Member Login Contact

Contrast On Off a a language

Select Your Plan Below

FOR MEMBERS

FOR PROVIDERS

CONTACT US

HEALTH LIBRARY

Health Insurance
Marketplace Plan

Medicaid Plan

Medicare-Medicaid Plan

One Plan.
Always Covered.

Our health insurance programs are committed to transforming the health of the community one individual at a time.



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!

SECURE PROVIDER PORTAL

Registration is free
and easy!

Contact your
Provider Network
Specialist to get
started!



Log In

Username (Email)

LOG IN

[Create New Account](#)



[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2021 Centene

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

SECURE PROVIDER PORTAL

INSIGHTFUL REPORTS

PCP reports available on Meridian's provider.mimeridian.com secure provider portal are generated on a monthly basis and can be exported into a PDF or Excel format.

PCP REPORTS INCLUDE:

- Patient List with HEDIS Care Gaps
- Emergency Room Utilization
- Rx Claims Report
- High Cost Claims

VERIFICATION OF ELIGIBILITY & BENEFITS

MEMBER ID CARD



**Possession of an ID Card is not a guarantee of eligibility and benefits*

VERIFICATION OF ELIGIBILITY & BENEFITS

PROVIDERS MUST VERIFY MEMBER ELIGIBILITY

- Every time a member schedules an appointment
- When the member arrives for the appointment

PANEL STATUS

- Primary Care Physicians (PCPs) should confirm that a member is assigned to their patient panel
- This can be done via our Secure Provider Portal
- PCPs can still administer service if the member is not on their panel and they wish to have the member assigned to them for future care

VERIFICATION OF ELIGIBILITY & BENEFITS

Eligibility and Benefits can be verified in 3 ways:

- ✓ **The Meridian MI Secure Portal: provider.mimeridian.com**
- ✓ **24/7 Interactive Voice Response System**
 - Enter the Member ID Number and the month of service to check eligibility

Contact Provider Services: 888-437-0606

VERIFICATION OF ELIGIBILITY ON THE PORTAL

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN [] Plan Type [Ambetter] **GO**

Eligibility Check

Date of Service [10/05/2020] Member ID or Last Name [123456789 or Smith] DOB [mm/dd/yyyy] **Check Eligibility** **Print**

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
	10/05/2020	AARON DOE View details	10/05/2020	No flu vaccine in past 12 months.	ER Visit? Remove

VERIFICATION OF BENEFITS ON THE PORTAL

[Back to Authorizations](#) **AARON DOE**

Overview	Summary of Benefits
Cost Sharing	
Benefit Tracker	
Assessments	
Health Record	
Care Plan	
Authorizations	
Pharmacy PDL	
Referrals	
Coordination of Benefits	
Claims	
Summary of Benefits	
Document Resource Center	
Notes	

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

888-437-0606

✓ Fax

Description	Fax number
Meridian Medicaid Assessments	833-341-2052
Meridian Medicaid Buy & Bill Jcode 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 – ip/op	833-467-1237
Meridian Medicaid Transplant	833-920-4419
Meridian Medicaid Behavioral Health – Outpatient	833-655-2191

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.

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.

Are Services being performed in the Emergency Department?

YES NO

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member having observation services?	<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than DME, 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:

69436

Check

UTILIZATION DETERMINATION TIMEFRAMES

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)

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.

CLAIMS

WHAT IS A CLEAN CLAIM?

- A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment

ARE THERE ANY EXCEPTIONS?

- A claim for which fraud is suspected
- A claim for which a third party resource should be responsible

HOW TO SUBMIT A CLAIM

THE TIMELY FILING DEADLINE FOR INITIAL CLAIMS IS **365** DAYS FROM THE DATE OF SERVICE OR DATE OF PRIMARY PAYMENT WHEN MERIDIAN IS SECONDARY

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 before March 31, 2022	Meridian	Fee-for-Service BHT06 = CH	52563	Meridian ATTN: Claims Department 1 Campus Martius, Suite 710 Detroit, MI 48226
On or after April 1, 2022	Meridian	Fee-for-Service BHT06 = CH	MHPMI	Meridian ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080

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



MI CLAIM PAYMENT DISPUTES

Health Plan & Correspondence Type	Date of Service	Mailing Address
MI Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)	On or before March 31, 2022	Meridian ATTN: Claims Department 1 Campus Martius, Suite 710 Detroit, MI 48226
	On or after April 1, 2022	Meridian ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080

MI CLAIM APPEALS

Health Plan & Correspondence Type	Date of Service	Mailing Address
MI Claim Appeals (Medical) (Medical necessity, authorization denials, and benefits exhausted)	On or before March 31, 2022	Meridian ATTN: Appeals Department PO Box 44287 Detroit, MI 48244
	On or after April 1, 2022	Meridian ATTN: Appeals Department PO Box 8080 Farmington, MO 63640-8080

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.

PROVIDER REFUNDS

Health Plan & Correspondence Type	Date of Service	Mailing Address
Provider Refunds	On or before March 31, 2022	Meridian ATTN: Provider Refunds PO Box 858875 Minneapolis, MN 55485
	On or after April 1, 2022	Meridian ATTN: Provider Refunds PO Box 858875 Minneapolis, MN 55485-8875

CLAIMS PAYMENTS: ELECTRONIC FUNDS TRANSFER

Payspan: A Faster, Easier Way to Get Paid

- Meridian offers PaySpan Health, a free solution that helps providers transition into electronic payments and automatic reconciliation
- If you currently utilize PaySpan, you will need to register specifically for Meridian MI
- **Set up your PaySpan account:**
 - Visit www.payspanhealth.com and click Register
 - You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN)

OUR SPECIALTY COMPANIES AND VENDORS

Service(s)	Specialty Company/Vendor	Contact Information
Sleep Studies, Genetic Testing	eviCore	Phone: 888-333-8641 Fax: 866-203-7271 http://www.evicore.com
Musculoskeletal surgical procedures, Orthopedic Surgery, Spinal Surger	Turning Point	Phone: 1-877-659-9496 Fax: 313-915-5036 www.myturningpoint-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

QUESTIONS?

