



333 South Wabash Avenue, Suite 2900
Chicago, IL 60604

2017 ACCOMPLISHMENTS

- NEW!** Improved automated phone system for checking member eligibility!
- NEW!** Electronic submission of Prior Authorization requests!

PrimeMeridian ILLINOIS






UM Decision - Making

Providers may obtain the criteria used to make Utilization Management (UM) decisions by accessing the Provider Manual on our website or by calling 866-606-3700 for a printed copy. UM decision-making is based only on appropriateness of care and service and existence of coverage. Meridian and its customers do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization. Meridian has processes in place to ensure that our UM staff is available to receive calls from members or providers to discuss UM decisions or practices. You may call during normal business hours, Monday through Friday from 8 a.m. to 5 p.m. For those who are hearing or vision impaired, Meridian offers TTY/TDD services free of charge. The TTY/TDD line is open 24/7 by calling 711. Meridian can also arrange for an interpreter to help members speak with their provider in any language. Member materials are also offered in other languages. Please call Meridian at 866-606-3700. This number can also be reached after normal business hours or on holidays.

Meridian's Partnership with ProgenyHealth

Meridian has partnered with ProgenyHealth, a company that specializes in neonatal care management services throughout the first year of life. This partnership began on **January 1, 2018**. ProgenyHealth's neonatologists, pediatricians, and neonatal nurse care managers will work closely with Meridian members and their parents/caretakers, as well as attending physicians and nurses to promote healthy outcomes for Meridian's premature and medically complex newborns.

Meridian and ProgenyHealth's partnership provides:

-  The support of a team who understands the complexity and stress of managing infants in the NICU, who will work with you to achieve the best possible outcomes
-  A collaborative and proactive approach to care management that supports timely and safe discharge to home
-  A team that believes in sharing best practices and works with NICUs nationwide to improve our next generation's health outcomes

Your process for notifying Meridian of infants admitted to a NICU or special care nursery will not change. Meridian will notify ProgenyHealth of admissions and Progeny's clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

To learn more about ProgenyHealth's programs and services, call 888-832-2006 or visit www.progenyhealth.com. If you have any questions regarding this partnership, contact your Meridian Provider Network Development Representative or the Meridian Provider Services department 866-606-3700.

New Provider Fax Number for Appeal Submission

In order to better serve you and improve our business processes, Meridian has added another fax line for our Medicaid line of business, MeridianHealth, administrative, pre-service, and post-service appeals. Please refer to the table below to determine where to mail and/or fax your appeal request. Please remember to update your records. If you have any questions or would like additional information, contact your local Provider Network Development Representative or the Provider Services department at 866-606-3700.

APPEAL TYPE	WHERE TO SUBMIT
Administrative Appeals Appeal of a claim denied for failure to authorize services according to timeframe requirements. This includes: • Inpatient Admission/Skilled Nursing Facility • Hospice	MeridianHealth ATTN: Appeals Department P.O. Box 44287 Detroit, MI 48244 Fax Number: 312-508-7255
Pre-Service Appeal Providers may file an appeal of a denial prior to rendering the service (pre-service) or during an ongoing course of treatment (concurrent) if they are appealing on behalf of the member. For expedited/urgent* pre-service appeals, the treating provider will be automatically deemed the authorized representative for the member. For all other appeals, a signed <u>authorized representative form</u> must be obtained from the member. *Expedited appeals mean you feel that a delay in treatment could seriously jeopardize the life or health of the member. Examples of pre-service appeals include, but are not limited to: • Denied Elective Surgery • Denied Prior Authorization for an Inpatient Admission	MeridianHealth ATTN: Appeals Department P.O. Box 44287 Detroit, MI 48244 Fax Number: 312-508-7255
Post-Service Provider Appeals Appeals of services that were denied or reduced and have a denied authorization request on file. This excludes administrative denials (denials for lack of authorization). Examples of services that can be appealed through the post-service provider appeal process: • Denied Days for an Inpatient Stay or Denied Level of Care for an Inpatient Stay • Combined 15-30 Day Readmission	MeridianHealth ATTN: Appeals Department P.O. Box 44287 Detroit, MI 48244 Fax Number: 312-508-7255
Provider Claim Dispute Disputes related to claims processing are handled separately from Administrative Appeals or Post-Service Provider Appeals. Claim disputes are disputes regarding the following: • Inaccurate Payment • Claims Denied as a Duplicate • Untimely Filing	MeridianHealth ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226

Formulary Changes

The Medicaid formulary is available on Meridian's website. Visit www.mhplan.com/il and click on "Providers," or call MeridianRx at 866-984-6462 to request a printed copy. In the formulary, you can find valuable information related to:

- A list of pharmaceuticals included in the benefit plan, including restrictions and preferences
- Instructions on how to use the pharmaceutical management procedures
- An explanation of limits or quotas
- How prescribing practitioners must provide information to support an exception request
- Meridian's process for generic substitution, therapeutic interchange, and step-therapy protocol
- Updates to the formulary




A new year sparks new beginnings. For your patients, it might be helpful to help them set new health goals and keep them aware of preventive health measures. National Health Observances (NHOs) help to raise awareness while also keeping your own health and your patient's health in mind. Here is a list of dedicated observances for the year:

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|  JANUARY
Cervical Health Awareness Month |  JUNE
National Safety Month |
|  FEBRUARY
American Heart Month |  AUGUST
National Immunization Awareness Month |
|  MARCH
Colorectal Cancer Awareness Month |  SEPTEMBER
Fruits & Veggies – More Matters Month |
|  APRIL
Alcohol Awareness Month |  OCTOBER
National Breast Cancer Awareness Month |
|  MAY
National Physical Fitness and Sports Month |  NOVEMBER
American Diabetes Month |
| |  DECEMBER 1
World Aids Day |


Know Your Rights!



 Make sure you know your rights as a provider with Meridian!

To learn more about your rights, your patient's rights and much more, check out your Provider Manual. Your provider manual will also provide important info on:

- Medical Necessity Criteria
- Notice of Privacy Practices
- Clinical Practice Guidelines
- Programs that Meridian offers to members

 Visit www.mhplan.com/il/providers and click on "Provider Manual." From there you can download and save a copy or you can request a printed copy from your local Provider Network Development Representative. Have questions? Call 866-606-3700 to speak with the Network Development department.