



1 Campus Martius, Suite 700  
Detroit, MI 48226



# Prime Meridian


ILLINOIS


## PROVIDER INFO UPDATES

Meridian is committed to coordinating the best care possible for our members, as well as providing the best service to our providers. Maintaining accurate demographic and provider practice information helps us achieve this goal.



To deliver the most up-to-date information to the Meridian associates, we ask that our providers update their information as needed. Please note the following:

 If there is a change in the billing/remit address, providers will fax the updated W-9 form to the appropriate fax queue. Providers must do this if they are adding, removing, or updating the address and if the address is the main site  
**Illinois Fax: 312-980-0418**

 If there is a change in the provider's demographics (office address, phone/fax number, etc.), the provider must fax, email, or mail the changes on their company's letterhead  
**Email: [providerupdates@mhplan.com](mailto:providerupdates@mhplan.com)**

 Mail:  
**Meridian  
Corporate Provider Services  
1 Campus Martius, Suite 700  
Detroit, MI 48226**

## 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](http://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.



We are delighted to inform you that WellCare Health Plans, Inc. (NYSE: WCG), the parent company of Harmony Health Plan of Illinois, Inc., has completed its acquisition of Meridian Health Inc. The acquisition includes Meridian Health Plan of Illinois, Inc., Meridian Health Plan of Michigan, Inc., MeridianRx, a pharmacy benefit manager (PBM), and Meridian's Michigan Health Insurance Marketplace plan.

As a result of the acquisition, all Harmony Medicaid members will transition to Meridian's Medicaid plan (MeridianHealth) on **January 1, 2019**. This has been approved by the Illinois Department of Healthcare and Family Services (HFS). MeridianHealth (Meridian) and Harmony's goal is to ensure this transition is seamless, with minimal disruption for plan members and providers.



We look forward to our continued partnership and working together to provide high-quality healthcare to individuals and families throughout Illinois. For questions and support, please email [ProviderHelp.IL@mhplan.com](mailto:ProviderHelp.IL@mhplan.com) or reach out to your Provider Network Development Representative.

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## The 90-Day Prescription

It's important for patients to stay compliant with their maintenance medication regimen. The standard 30-day fill is not ensuring patients will stay compliant when taking their medications. Patients taking medication for a chronic condition could find it difficult to run out to the pharmacy every 30 days to get their refill.

With the hazardous weather fast approaching, it's important for older patients to make one less trip to the pharmacy, as each trip could make them more prone to an accident. If patients have difficulties obtaining their prescriptions, every month is a gamble whether they will be adherent with your prescribed medication regimen or not.

With a 90-day prescription, a patient only has to go to the pharmacy four times a year, which ensures the member is adherent for those three months. At MeridianCare (Medicare), we encourage our providers to write 90-day prescriptions for maintenance medications. Filling a 90-day prescription can usually result in cost savings for the patient.

## Ordering, Referring, Prescribing- National Provider Identifier (NPI) Requirements Effective July 1, 2019

The IL Department of Healthcare and Family Services (HFS) notified all Illinois Medicaid Providers that it is now a requirement to have **all claims** for services that require an ordering or referring practitioner contain the name and National Provider Identifier (NPI) or the practitioner who ordered, or referred or prescribed the services. According to this state requirement, effective with dates of service on and after July 1, 2019, Meridian will begin rejecting claims for services where the ordering, referring and prescribing provider name and NPI are not included on the appropriate claim form when required and/or are not enrolled in IMPACT. This includes pharmacy claims where the prescriber identified on the claim is not enrolled.

For more information and assistance on registration, please visit [www.illinois.gov/hfs](http://www.illinois.gov/hfs)

Please call Meridian at **866-606-3700** for additional questions. You can also contact your Network Development Representative or send an email inquiry at [ProviderHelp.IL@mhplan.com](mailto:ProviderHelp.IL@mhplan.com)

## Claims IVR System

*Effective September 5, 2018, MeridianHealth (Medicaid) will no longer status Medicaid claims over the phone.* Providers are encouraged to use the Provider Portal or the automated Self Service System. The Self Service System will give information based on the most recent claim information and providers have the capability to status claims line by line. In order for the claims Self Service System to work properly, providers must utilize their individual NPI when prompted by the system. Using a group NPI could result in the provider receiving an Invalid NPI error.

## External Provider Grid

Providers may now obtain prior authorization requirements for Medicaid CPT Codes on Meridian's website ([mhplan.com](http://mhplan.com)). To access this grid, navigate to the Illinois Provider page and select the *Documents and Forms* option under the *Provider Resources* drop down.

Then, select the *Illinois Medicaid Authorization Lookup*. This link will generate an Excel file that will allow you to search on a code level for prior authorization requirements. If after utilizing this grid you have further questions, please contact Meridian at **866-606-3700**.

## Annual Wellness Visit for Medicare Patients



Encourage your Medicare patients to schedule an Annual Wellness Visit (AWV). The AWV can provide an opportunity to develop or update a personalized preventive care plan.

The AWV can often be confused as the Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare Preventive Visit." The two visits differ in what services are reviewed and the timing of the appointment. The IPPE focuses on the health promotion and disease prevention, while the AWV is a comprehensive annual visit.

Ask the patient to bring the following information to their visit:



- Medical records, including immunization records
- Detailed family health history
- A full list of medications and supplements, how often, and how much of each they take
- A full list of current providers and suppliers involved in providing care, including community-based providers (for example, personal care, adult day care, and home-delivered meals).

## Formulary Changes



The Medicaid Formulary is available on Meridian's website. Visit [www.mhplan.com/il](http://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

## Utilization Management 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 services 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 – Friday, 8 a.m. to 5 p.m. After normal business hours or holidays, you may contact Meridian toll-free at **866-606-3700** for assistance.