

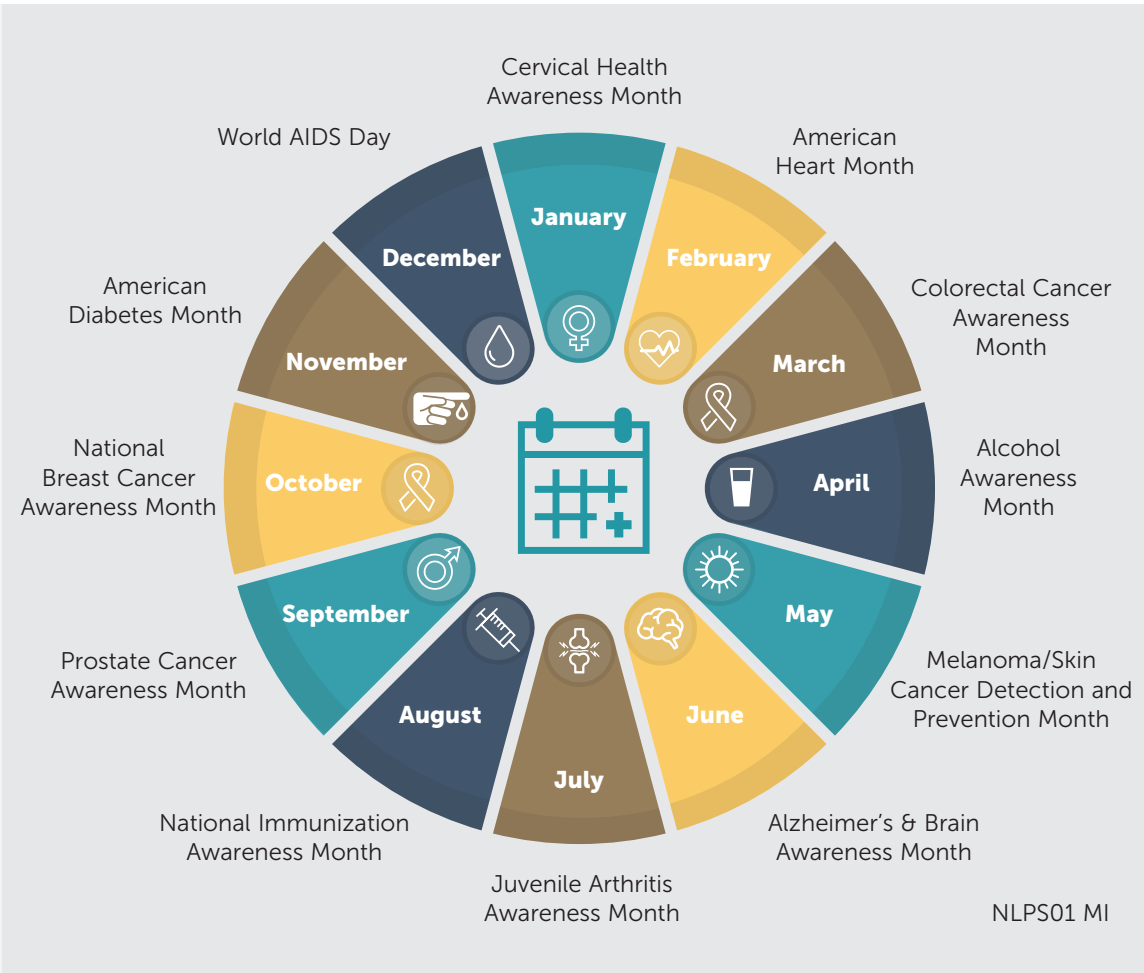


Prime Meridian

MICHIGAN

Health Awareness Months

A new year sparks new beginnings. It could be beneficial to your patients for you to help them set new health goals and keep them aware of preventive health measures. National Health Observances (NHOs) help 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:



NLPS01 MI

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
Michigan Fax: 313-202-0007
- 

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
- 

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/mi/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 **888-437-0606** to speak with the Network Development department.

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. For members who have MeridianCare, we want to ensure patients are staying adherent with their RAS, oral diabetes or statin medications.

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.



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.

Formulary Changes



The Medicaid Formulary is available on Meridian's website. Visit www.mhplan.com/mi and click on "Providers," or call MeridianRx at **866-984-6462** to request a printed copy. You can also find the Medicare formulary on www.mymeridiancare.com. 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

External Provider Grid

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

Then, select the *Michigan 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 **888-437-0606**.



Annual Wellness Visit for Medicare Patients

Do you encourage your Medicare patients to schedule an Annual Wellness Visit (AWV) each year? An AWV can address open care gaps and assess the patient's quality of health. If the patient is eligible, try to schedule their visit at the beginning of 2019. The AWV can provide an opportunity to develop or update a personalized preventive care plan with your MeridianCare patient. Plus, this service should cost nothing for the patient!

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).

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 **888-437-0606** 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 **888-437-0606** for assistance.