

## Meridian Provider Information Regarding System Updates Effective April 1, 2022

This information is to help prepare you for Meridian system updates **effective April 1, 2022** for Claims Submissions, Utilization Management vendor changes and Prior Authorization submissions.

### PROVIDER RELATIONS

#### **New Secure Provider Portal**

The current Meridian provider portal will be replaced with a new provider portal on Centene's platform, **effective April 1, 2022**. Please register for the new portal on March 1, 2022.

- **Registration for the new portal opens on March 1, 2022 and can be completed at [provider.mimeridian.com](http://provider.mimeridian.com).** Registering before April 1, 2022 **will help us avoid delays** from the start of the transition to **ensure authorizations and claims are processed promptly**.
  - **\*\*If you are already registered for our new Meridian portal, you do not need to re-register.\*\***
- **After April 1, 2022, authorizations will be processed through the new provider portal.** Our eligibility verification requirement, claims and prior authorization submission processes will be changing. More information will be provided soon.

#### **New Public Website**

The new public website will launch April 1, 2022. Please visit [mimeridian.com](http://mimeridian.com) beginning April 1, 2022 for any of the information you would currently access via our current website.

#### **New Member ID Cards**

Our members will receive new member ID cards by April. You should confirm eligibility by using the new card through the secure provider portal.

### CLAIMS SUBMISSIONS

This information is to help prepare you for Meridian system updates effective April 1, 2022 for Claims Submissions, Utilization Management vendor changes and Prior Authorization submissions.

Please be aware, your billing department must send claim submissions to the appropriate payer to prevent delays. To avoid a rejection, **please follow the Date Guidelines outlined below**. A rejected claim will include messaging indicating "Member not Valid at Date of Service."

#### **Date Guidelines**

Date of Service	Health Plan Name	Transaction Type (CH/RP)	Clearing House Payer ID	Paper Claim Submissions
<b>On or before</b> March 31, 2022	Meridian	Fee-for-Service BHT06 = CH	52563	Meridian ATTN: Claims Department 1 Campus Martius, Suite 710 Detroit, MI 48226
<b>On or after</b> 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.*

### Inpatient Admissions Processing

Inpatient acute admissions will be processed based on date of admission.

Admissions with dates of service prior to April 1, 2022 will be managed in our existing system. Admissions with dates of service on April 1 2022 and beyond will be managed out of new systems.

### Instructions on How to Determine Correct Payer

- Professional Claims
  - Use the earliest service line **'from'** date to determine correct payer ID using the Date Guidelines provided.
    - EDI Claims- 837P – Loop 2400 (DTP\*472\* **From**–Through~)
    - Paper Claims – (CMS1500) Box 24a
- Inpatient and Outpatient Claims
  - Inpatient
    - Please use the **statement 'from' date** to determine the correct payer ID using the Date Guidelines provided.
      - EDI Claims – 837I **statement 'from' date** is in Loop 2300 (DTP\*434\***From**-Through~)
      - Paper claims – (UB04) use Box 6
  - DRG paid admissions: based on date of admission.
    - Admissions with dates of service starting **prior to** April 1, 2022 will continue to be managed in current systems. Claims should be submitted with Clearinghouse payor ID: 52563.
    - Admissions with dates of service **on or after** April 1, 2022 will be managed in our new systems. Claims should be submitted with Clearinghouse payor ID: MHPMI.
  - Per Diem paid admissions (Rehab, SNF, Ltach, and BH IP)
    - Admissions with dates of service starting **prior to** April 1, 2022 will be will continue to be managed in existing systems until dates of service on or after March 31, 2022. Claims for dates of service prior to April 1, 2022 should be submitted with Clearinghouse payor ID: 52563.
    - Admissions and extending per diem stay days with dates of service **on or after** April 1, 2022 will be managed in our new systems. Claims should be submitted with Clearinghouse payor ID: MHPMI.
  - Outpatient
    - If billing **professional or institutional submission with an outpatient bill type**, please use the **statement 'from' date** to determine correct payer ID using the Date Guidelines provided.

- Professional EDI Claims – (837P) **first service line date** in all claim lines which is in Loop 2400 (DTP\*472\*from-through~)
- Professional Paper Claims – (CMS1500) use box 24a
- Institutional EDI Claims – 837I **statement ‘from’ date** is in Loop 2300 (DTP\*434\*From – Through~)
  - Institutional Paper claims – (UB04) use Box 6

## Real-Time Connectivity

Vendor Partner	Health Plan	Phone Numbers
Availity®	Meridian	1-800-282-4548

These services improve data interchanges, provide an innovative solution to provider requests and implement other HIPAA-compliant transactions in the future:

- Real-time eligibility and claim status information – no waiting on the phone
- Low or no cost to the provider community
- Increased office productivity
- One-stop shopping – view eligibility and claim status information for all participating health insurance companies from a single website with a single login

## Correspondence

**Please be aware, your billing department must submit to the appropriate payer to prevent submission delays.** Use the Date Guidelines to determine the correct payer to mail any paper submissions.

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

<b>MI Claim Appeals</b> (Medical) (Medical necessity, authorization denials, and benefits exhausted)	<b>On or before</b> March 31, 2022	Meridian Attn: Appeals Department PO Box 44287 Detroit, MI 48244
	<b>On or after</b> April 1, 2022	Meridian Attn: Appeals Department PO Box 8080 Farmington, MO 63640-8080

		Meridian Attn: Provider Refunds
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<b>Provider Refunds</b>	<b>On or before</b> March 31, 2022	PO Box 858875 Minneapolis, MN 55485
	<b>On or after</b> April 1, 2022	Meridian PO Box 858875 Minneapolis, MN 55485-8875

**Provider Appeals**

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 to the following address for review.

Meridian  
ATTN: Appeals Department  
PO Box 8080  
Farmington, MO 63640

**Electronic Funds Transfer and Electronic Remittance**

We offer a free solution for payment by Electronic Funds Transfer (EFT) and Electronic Remittance Advice (835)/Explanation of Payment (ERA/EOP) through Payspan®. Create an account by registering at [www.payspanhealth.com](http://www.payspanhealth.com) or calling **1-877-331-7154, option 1**.

**UTILIZATION MANAGEMENT CHANGES**

Prior Authorization submission processes will be changing. Effective April 1, 2022 the electronic prior authorization (ePA) form will no longer be an acceptable form of submission. Prior authorizations should be submitted through the provider portal or via fax.

***As a reminder, if you have not already registered for the new provider portal, you will need to register before April 1, 2022.***

Providers should register for the new provider portal in advance of April 1, 2022 to ensure appropriate access is granted in advance of the system changes.

***Please be aware that codes requiring prior authorization have been added and deleted.*** You can check the requirements for any code on our website here: <https://www.mimeridian.com/providers/preauth-check.html>.

***Effective April 1, 2022, the fax numbers to submit authorization requests will change and are listed below:***

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 Admission / 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

### Utilization Management Vendor Updates

- The following vendors will no longer manage authorizations for Meridian Michigan Medicaid plans effective April 1, 2022:
  - eviCore healthcare
  - HealthHelp

### Active Vendors

- **National Imaging Associates (NIA):** NIA will continue to manage non-emergent, advanced, outpatient imaging services, therapy services (PT/OT), as well as interventional pain management which went live in 2021.
- **New Century Health:** Effective April 1, 2022, New Century Health will begin managing prior authorizations for radiation therapy and medical oncology services for Meridian members. Requests for dates of service April 1, 2022 and beyond should be submitted directly to New Century Health. Please access the Bulletins page on our website for a detailed notification and delegated code list.
- **TurningPoint Health:** Will continue to manage select musculoskeletal procedures (Orthopedic and Spinal Surgical Procedures)

### PAYMENT INTEGRITY CHANGES – CORRECT CODE EDITING

Meridian wants to inform you of correct code editing related changes effective April 1, 2022 to address the growing problem of Fraud, Waste, and Abuse (FWA) in health care as we migrate to our new claims processing platform, Amisys. Meridian Health currently uses Change Healthcare's Prepay Insight Supplemental Code Edits and Cotiviti's Prospective Payment Management (PMM) as their Payment Integrity claims editing solution. On April 1, 2022 with the migration to Amisys, Meridian will phase out both Change Healthcare Prepay Insight Supplemental Code Edits and Cotiviti Prospective Payment Management (PMM) and will start utilizing Change Healthcare's ClaimsXten, Cotiviti's Coding Validation, as well as internal Payment Integrity editing solutions to ensure accurate and precise correct code editing.

We will be setting up the above code editing programs for Meridian in conjunction with our Corporate Office, Centene Corporation, and our strategic business partners, Change Healthcare and Cotiviti for their respective programs. These programs will help protect Meridian from the unnecessary expenditures resulting from wastefully billed claims. The vendors, aforementioned, will provide clinically based rule content to evaluate claims against complex payment and medical policies to ensure accurate reimbursement.

Once Meridian migrates to Amisys on 4/1/2022, some providers will observe that more exacting programs are now in place to assure that only accurately and properly coded and billed services will be reimbursed. **For more information on the correct code editing program, more details about the vendors mentioned above, as well as sourcing of the correct code editing please visit the Meridian website at [corp.mhplan.com](http://corp.mhplan.com).**

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Last updated: 1/26/2022

## **PHARMACY**

The Pharmacy Benefit Manger will change to CVS and members will receive new ID cards. For pharmacy self-administered medications, a prior authorization can be submitted electronically through covermyeds. Please go to <https://account.covermyeds.com/> to register. The covermyeds account can be used by the provider to initiate, access, and submit prior authorization requests.

## **PROVIDER ADMINISTERED MEDICATIONS**

For provider administered medications (also referred to as J-codes or biopharmacy), the prior authorization fax number will be 833-341-2049.

## **HEALTHY MICHIGAN PLAN HRA CHANGES**

Healthy Michigan Plan (HMP) Health Risk Assessments (HRA) can be faxed to (833) 341-2052 (MER Fax) and the (517) 763-0200 (State Fax) or via the CHAMPS system. The previous 313 fax number will be retired as of April 1, 2022.

## **Other Provider Service Inquiries**

For eligibility/benefit information, prior authorization, claim status or other claims-related inquiries you may have, please contact your Provider Services Relations Representative or call **Meridian Provider Services at 888-437-0606 (TTY 711)** Monday through Friday 8 a.m. to 6:30 p.m.