

Welcome to Meridian Michigan

Provider Orientation 2024



AGENDA

OVERVIEW

- Who We Are
- Meridian Service Area and Products
- Service Area Map

WHAT YOU NEED TO KNOW

- Key Contact Information
- Provider Manual
- Provider Relations
- Public Website and Secure Portal
- Verification of Eligibility and Benefits
- Prior Authorization
- Claims, Billing and Payments
- Specialty Companies and Vendors
- MDHHS Special Programs
- Quality Incentive Programs

Q & A

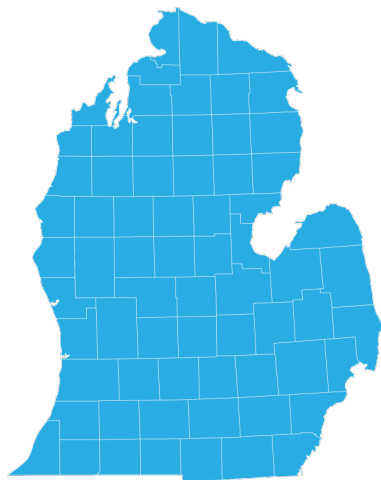
OVERVIEW



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 (WellCare), Health Insurance Marketplace health plans (Ambetter from Meridian), and Medicare-Medicaid Plans (MeridianComplete).







Meridian
Service Area

MEDICAID

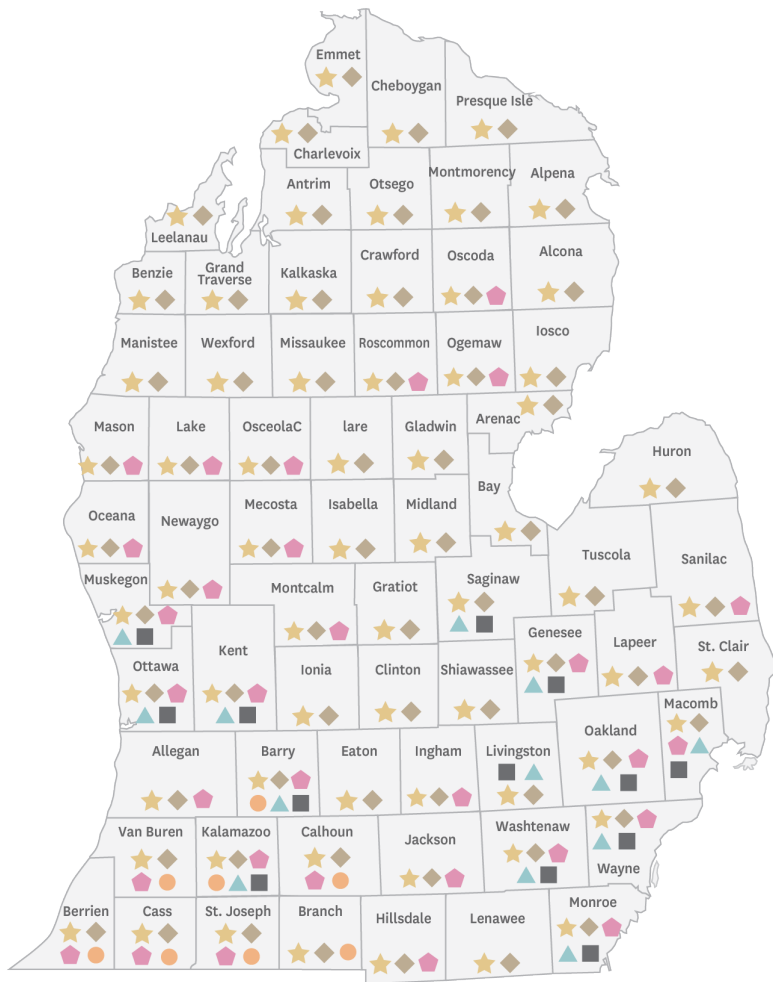
POPULATION	DESCRIPTION
Medicaid	Members that need temporary assistance
ABD/ICP	Aged, Blind and Disabled/Integrated Care Program
Aging	Aged Member in Medicaid
AIDS/HIV	AIDS/HIV Member
CCN	Children with Complex Needs
CD	Consent Decree
CSHCS	Children's Special Health Care Services
Dual	Medicare & Medicaid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

711 or 888-437-0606

WEBSITE

mimeridian.com

PORTAL

provider.mimeridian.com



KEY CONTACT INFORMATION

MeridianComplete MI

PHONE

855-323-4578

TTY

711

WEBSITE

mmp.mimeridian.com

PORTAL

provider.mimeridian.com



THE PROVIDER MANUAL

The Provider Manual is your comprehensive guide to doing business with Meridian Michigan.

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 on our website under For Providers, Provider Resources, and Manuals, Forms and Resources.

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 **888-773-2647**, providers will be able to access real time assistance for all their service needs. For **MeridianComplete** please contact **855-323-4578**.



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.

An intake form should be submitted on our website under For Providers, Provider Resources, Provider Relations Intake Form.

Your Provider Network Specialist is here 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 PaySpan
- ✓ Provider education
- ✓ HEDIS/Care gap reviews
- ✓ Financial analysis
- ✓ EHR Utilization
- ✓ Initiate credentialing of a new practitioner

THE MERIDIAN MI PUBLIC WEBSITE

Mimeridian.com

The screenshot shows the homepage of the Meridian MI Public Website. At the top left is the Meridian logo, a stylized orange 'M' followed by the word 'meridian' in lowercase. To the right of the logo are navigation links: Home, Find a Provider, Member Login, Newsroom, and Contact. Further right is a search bar with the placeholder text 'Enter Keyword' and a 'Search' button. Below the search bar are contrast controls with 'On' and 'Off' buttons, and a 'language' dropdown menu.

Below the navigation is a horizontal menu with four orange buttons: 'FOR MEMBERS' with a dropdown arrow, 'FOR PROVIDERS' with a dropdown arrow, 'CONTACT US', and 'HEALTH LIBRARY' with a dropdown arrow. Under the 'FOR MEMBERS' button, a vertical list of three orange buttons is shown: 'Health Insurance Marketplace Plan', 'Medicaid Plan', and 'Medicare-Medicaid Plan'. The text 'Select Your Plan Below' is positioned to the left of this list.

The main content area features a large photograph of a diverse group of people (an elderly man, a young girl, and a woman) smiling together. Overlaid on the right side of the photo is a dark grey circular graphic containing the text: 'Care. Above All Else.' followed by the tagline 'Transforming the health of the community one person 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!

New Intake Form Process

The new communication tool allows you to make an inquiry via the website for an array of issues that requires PR assistance.

Effective July 17th, 2023, Meridian Network Team went live with a new intake communication form that allows a streamlined approach to assisting our providers.

Who? All providers except providers part of:

- Hospital
- PHO/PO
- Value-Based

Why?

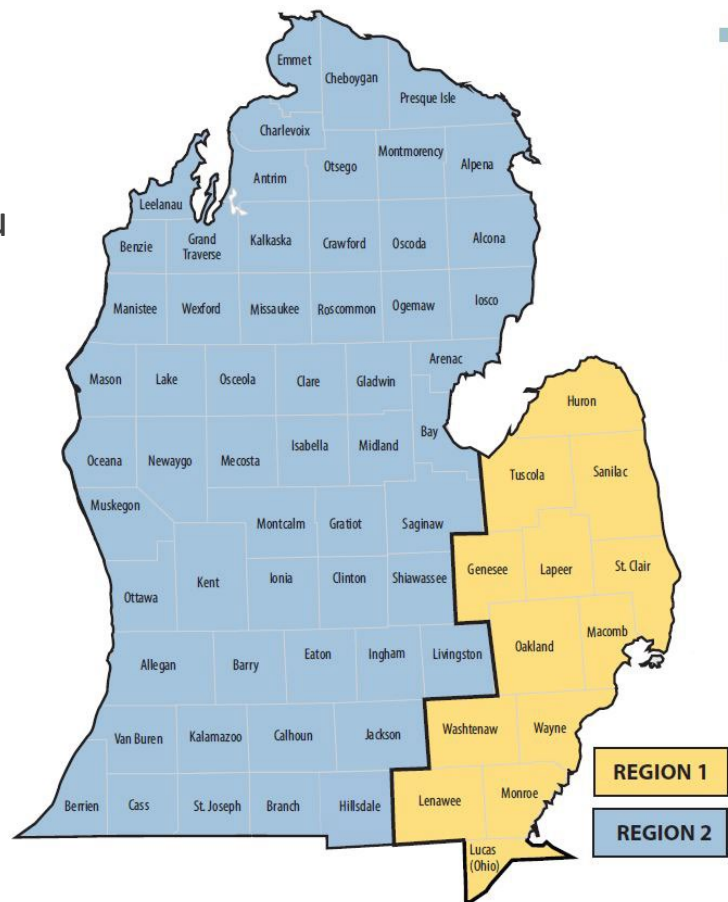
- Provide faster turnaround times for responses
- Capture all needed information to properly assist and accurately resolve issues

Intake Form - Things to Note!

- Complete all the fields on the form to streamline and provide an efficient communication process.
- For claims issues please attach a completed copy of the Universal claims template with separate tabs for each LOB (line of business). Please be detailed as possible with reasoning for the dispute.
- Before submitting your request, please enter an email for an auto response to be sent as validation that your request was received.
- Please allow 2-3 business days for a Team Member to respond and provide tracking information or assistance with your issues.
- If your submission is received by the Incorrect Team, you will receive an acknowledgement email with advisement that the correct team will make contact within 2-3 business days.

Regions

When filling out the intake form, you will be prompted to pick a region. Please select Region 1 or 2 based on your practice location county.



Intake Form

CENTENE
Corporation
Inquiry Form Test

Date *

Provider Name *

Office Contact Person

Email Address *

Phone Number *

Individual Practitioner NPI (Type 1) *

Group NPI (Type 2) *

Tax ID *

Line of Business *
Select or enter value

Issue Category *
Select or enter value

County *

Region *
Select or enter value

Description of Issue/Request *

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](#)

single password



reliable security

EntryKeyID

[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

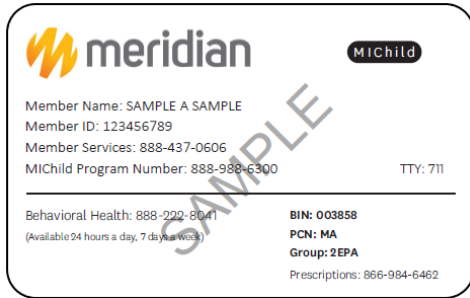
PCP reports available on Meridian's provider.mimeridian.com secure provider portal are generated on a monthly basis and can be exported into a PDF or Excel format.

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

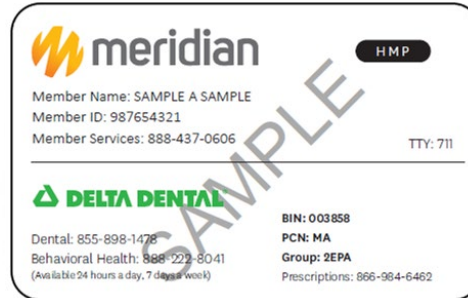


meridian MICHild

Member Name: SAMPLE A SAMPLE
Member ID: 123456789
Member Services: 888-437-0606
MICHild Program Number: 888-988-6300 TTY: 711

Behavioral Health: 888-222-8041
(Available 24 hours a day, 7 days a week)

BIN: 003858
PCN: MA
Group: 2EPA
Prescriptions: 866-984-6462



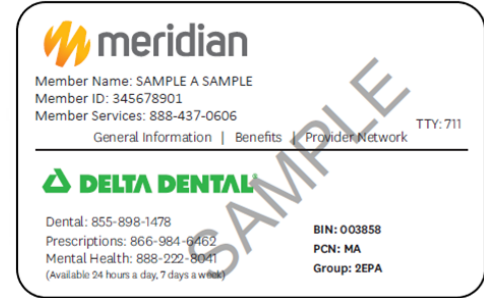
meridian HMP

Member Name: SAMPLE A SAMPLE
Member ID: 987654321
Member Services: 888-437-0606 TTY: 711

DELTA DENTAL

Dental: 855-898-1478
Behavioral Health: 888-222-8041
(Available 24 hours a day, 7 days a week)

BIN: 003858
PCN: MA
Group: 2EPA
Prescriptions: 866-984-6462



meridian

Member Name: SAMPLE A SAMPLE
Member ID: 345678901
Member Services: 888-437-0606 TTY: 711

General Information | Benefits | Provider Network

DELTA DENTAL

Dental: 855-898-1478
Prescriptions: 866-984-6462
Mental Health: 888-222-8041
(Available 24 hours a day, 7 days a week)

BIN: 003858
PCN: MA
Group: 2EPA



meridiancomplete MIHEALTH LINK

Member name: [Cardholder Name]
Member ID: [Cardholder ID]

MedicareRx
Prescription Drug Coverage

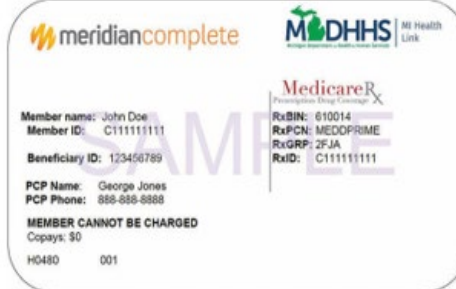
RxBIN: [RxBIN]
RxPCN: [RxPCN]
RxGRP: [RxGRP]
RxID: [RxID]

Beneficiary ID: [Medicaid ID]

[PCP Name] [PCP Name]
[PCP Phone:] [PCP Phone]

MEMBER CANNOT BE CHARGED
Copays: \$0

H0480 001



meridiancomplete MDHHS MI Health Link

Member name: John Doe
Member ID: C111111111

MedicareRx
Prescription Drug Coverage

RxBIN: 610014
RxPCN: MEDCPRIME
RxGRP: 2FJA
RxID: C111111111

Beneficiary ID: 123456789

PCP Name: George Jones
PCP Phone: 888-888-8888

MEMBER CANNOT BE CHARGED
Copays: \$0

H0480 001



In case of emergency, call 911 or go to the closest emergency room. After treatment, call your Care Coordinator within 48 hours or as soon as possible.

Member Services: 1-855-323-4578 (TTY: 711)
Contact: Member Services for Vision benefit assistance.
24 Hour Nurse Line: 1-855-323-4578 (TTY: 711)
DentalQuest: 1-888-245-2954
Pharmacy Help Desk: 1-833-750-0202 (TTY: 711)
Website: <https://mmpd.meridian.com>
Behavioral Health Services: Call the number for your county
24 Hr Behavioral Health Crisis Line: Call the number for your county
Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Macomb, Van Buren: 1-855-323-4578 Wayne: 1-800-241-4949

Send Claims To: **Medical Claims:** MeridianComplete (MMP)
Attn: Medicare Claims Department
P.O. Box 3060 Farmington, MO 63640-4402
1-855-323-4578 (TTY: 711)
Pharmacy Claims: MeridianComplete (MMP)
Attn: Member Reimbursement Dept.
P.O. Box 31577 Tampa, FL 33631-3577

**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** for Medicaid or **855-323-4578** for MeridianComplete

VERIFICATION OF ELIGIBILITY ON THE PORTAL

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

[Summary of Benefits](#)

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

Medicaid: 888-437-0606

MeridianComplete: 855-323-4578

✓ Fax (see table on the right)

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.

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
MMP Medicare Inpatient Admissions	844-930-4390
MMP Medicare Post-Acute Admissions	844-930-4390
MMP Medicare Pre-Service Standard Requests	844-930-4389
MMP Medicare Pre-Service Expedited Requests	855-323-4578
MMP Medicare Part B Drug	844-930-4394
MMP Medicare Behavioral Health Inpatient Admissions	844-930-4395
MMP Medicare Behavioral Health Outpatient Services	833-728-0124

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 or mmp.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

Meridian MI Medicaid:

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)

MeridianComplete:

Type	Timeframe
Pre-Service Non-Urgent	14 calendar days
Pre-Service Urgent	72 hours
Urgent Concurrent	24 hours (72 hours if clinical is not included with initial request)

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 VARIES BY LINE OF BUSINESS. PLEASE REFER TO THE PROVIDER MANUAL FOR EACH LINE OF BUSINESS FOR ADDITIONAL INFORMATION.

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 after April 1, 2022	Meridian MI Medicaid	Fee-for-Service BHT06 = CH	MHPMI	Meridian ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080
On or after April 1, 2022	MeridianComplete	Fee-for-Service BHT06 = RP	MHPMI	MeridianComplete ATTN: Claims Department PO Box 3060 Farmington, MO 63640-3822

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



MI CLAIM PAYMENT DISPUTES

Health Plan & Correspondence Type	Mailing Address
<p>Meridian MI Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)</p>	<p>Meridian ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080</p>

MI CLAIM APPEALS

Health Plan & Correspondence Type	Mailing Address	Fax (Post-Service Appeals)
Meridian MI Medicaid Claim Appeals (Medical) (Medical necessity, authorization denials, and benefits exhausted)	Meridian ATTN: Appeals Department PO Box 8080 Farmington, MO 63640-8080	833-592-0658
Meridian MI Medicaid Claim Appeals (Post service)	Meridian ATTN: Claims Department PO Box 3060 Farmington, MO 63640	833-957-0439

Please note: Provider appeals must be submitted with the appeal cover form located at the website below under Eligibility and Billing. <https://www.mimeridian.com/providers/resources/forms-resources.html>.

PROVIDER REFUNDS



Health Plan & Correspondence Type	Mailing Address
Provider Refunds	Meridian ATTN: Provider Refunds PO Box 858875 Minneapolis, MN 55485

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
Interpretation services	PALS International	Support: 248-362-2060 ext. 108 https://one.propio-ls.com/
Transportation services	SafeRide	SafeRide: https://www.saferidehealth.com/help-center/members

MDHHS SPECIAL PROGRAMS

Vaccines for Children (VFC)

The VFC program is a federally funded program that provides vaccines at no cost for Medicaid-eligible infants, children, and adolescents through age 18. Vaccines are directly shipped to the physician's office and must be stored using CDC storage and handling guidelines.

How to become a VFC provider:

- Contact your local health department to request enrollment
- Once enrollment forms have been filled out and returned, ensure the practice is equipped with required storage of vaccines and all storage/handling requirements are being met.

Established providers must re-enroll annually.

Additional information about this program can be found at <https://www.mimeridian.com/providers/bulletins/vaccines-for-children.html>

MDHHS SPECIAL PROGRAMS

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is **key** to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Control, correct or reduce health problems found

Additional information about this program can be found at

<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

MDHHS SPECIAL PROGRAMS

Adult Dental Coverage

Many adults do not seek regular preventive dental care. Regular dental care helps catch and treat dental problems early and avoid costly visits to the emergency room. Chronic conditions, such as diabetes, can impact oral health and increase the risk of dental problems.

- Oral health is essential to overall health and well being
- 1 in 4 adults aged 20 to 64 currently has cavities (CDC, 2019)

In April 2023, MDHHS expanded health plan dental coverage to all adult enrollees ages 21+ or those who are enrolled in the Healthy Michigan Plan. This expanded access is for enrollees that previously received coverage under FFS Medicaid with expanded coverage to include restorative services, such as crowns or root canals, and periodontal treatment. This expansion also increased reimbursement for dental providers to match commercial rates

Encourage your patients to see a dentist at least annually for a check up and cleaning to help keep their mouth healthy.

Dental coverage for Meridian's adult beneficiaries is through [Delta Dental](#).

Additional information about this program can be found at <https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2023/04/03/medicaid-dental-redesign>

QUALITY INCENTIVE PROGRAMS

Meridian offers a variety of incentive programs to reward providers for delivering quality preventive healthcare services to members.

Programs include:

- Continuity of Care Bonus Program – Appointment Agenda
- Quality Bonus Program (QBP)
- Pediatric Quality Bonus Program (QBP)
- Pay for Performance (P4P)
- Patient-Centered Medical Home (PCMH)
- Healthy Michigan Plan Health Risk Assessments (HMP HRAs)
- Notification of Pregnancy (NOP)
- Health Information Exchange (HIE) Initiative

Please contact your Quality Practice Advisor for additional details!

QUESTIONS?

