

# Monthly Provider Update

August 2024

## Go Paperless! Get the Monthly Provider Update by Email

Providers can now sign up to receive monthly updates via email by filling out [the form on our Bulletins page](#).



**Did you miss an update?** You can locate Monthly Provider Updates from previous months and applicable supplemental bulletins in the **archive section of the [Bulletins page](#)**, or see full details of any ongoing reminders on the **new [Ongoing Reminders page](#)**.

Please be sure to regularly check the **Bulletins page** on [mimeridian.com](#) for important **Medicaid and Medicare-Medicaid Plan (MMP)** provider updates. Policy changes, fee schedule updates, and urgent notices are posted throughout the month.

## Upcoming Webinars and Events

### Monthly Provider Webinars:

- Wednesday, September 4
- Wednesday, October 2

### Bi-Weekly Provider Orientation Webinars:

- Thursday, August 22 – 12pm
- Tuesday, September 10 – 8am
- Thursday, September 26 – 12pm

### 2024 MI Provider Workshop – Okemos, MI

**Who:** Providers, Office Support Staff, Billing Departments

**When:** Thursday, August 22, 2024 | 8:30 am to 2:00 pm EST

**Where:** Okemos Event Center

2187 University Park Dr., Okemos, MI 48864

**RSVP:** [bit.ly/provider-workshop-RSVP](https://bit.ly/provider-workshop-RSVP)

Additional details and links to webinars are available on our [bulletins page](#).

## New Updates

### Michigan Meridian and MeridianComplete (Medicare-Medicaid Plan)

#### Anti-Kickback Statute

The AKS, 42 U.S.C. Section 1320a-7b(b), makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward patient referrals or the generation of business involving any item or service reimbursable by a Federal health care program. When a provider offers, pays, solicits, or receives unlawful remuneration, the provider violates the AKS. For more information from CMS, please see our [Bulletins page](#).

## New Updates (cont'd)

### Michigan Meridian and MeridianComplete (Medicare-Medicaid Plan)

#### Provider Race and Ethnicity Disclosure Initiative

Based on requirements from NCQA's Health Equity and Health Equity Plus Accreditation, it is important to report out on providers' race and ethnicity in comparison to our membership's to ensure adequate network support. Providers can choose to disclose their race and/or ethnicity to facilitate the above outcomes, however this program is voluntary. Please see the bulletins page for additional information.

#### Electronic Visit Verification (EVV) Details and FAQs

Electronic Visit Verification (EVV) is a validation of the date, time, location, and type of Personal Care Services (PCS) or Home Health (HH) Care Services provided, and the individual(s) providing and receiving services. We have put together the latest information from MDHHS to answer any questions you may have about this new process, which is available on the bulletins page.

#### Closing HEDIS Gaps

Meridian offers many solutions to support you in providing preventive care to your patients and closing HEDIS gaps! Some examples include:

- Community Health Workers and Patient Care Advocates can work directly with your patients to help schedule appointments, arrange transportation, and perform SDoH assessments
- Providing home test kits and partnering with in-home vendors to complete preventative services
- Bone Density Testing equipment loaner program for use in your practice
- Member and Provider Incentive programs for completing services

## Michigan Medicaid Updates

#### OB-GYN Providers: Doula Referral Resources

If pregnant patients express interest in utilizing doula services, Mae Health can help. Mae is a no-cost digital platform that will help support Meridian members during pregnancy and postpartum by educating members about the benefits of doulas, as well as connecting members to a doula that matches their cultural preferences. For more information, please see our bulletins page.

#### Updated Prior Authorization Requirement: Abortion Services

Meridian recently discovered several abortion codes were inadvertently changed to no pre-authorization required. These codes will again require prior authorization effective September 19, 2024. Please see our bulletins page for a full list of affected codes and PA instructions.

#### Provider Satisfaction Survey

Our annual provider satisfaction survey will launch later this summer and we hope you'll take a moment to share your feedback. Please keep an eye out for our survey in the coming weeks.

## Appropriate Use of GLP-1 Agonists

For all prescribers of glucagon-like peptide 1 (GLP-1) agonists, please reference our Bulletins page for important information from Meridian regarding the prescription of this class of medications. GLP-1 agonists are used for treatment of type 2 diabetes mellitus and obesity, and the letter shares important information regarding coverage restrictions and clinical considerations including potential risks and side effects.

## MC3 Clinical Pearls Web Video Series

MC3 and the Michigan Medicine Department of Psychiatry has a web video series, *Clinical Pearls*, which offers straightforward recommendations for the assessment and management of common pediatric behavioral health resources. Their most recent video is on Trauma-Informed Care in a pediatric setting. For a synopsis and direct link to the video series, please see our Bulletins page.

## Respiratory Syncytial Virus (RSV) Notice

The Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practice (ACIP) issued an update and new recommendations in July 2024 about vaccination and immunization best practices for Respiratory Syncytial Virus (RSV) in adults, pregnant people, infants, and young children. Please see our Bulletins page for our provider notice which provides an important summary of RSV-related immunization updates and information on coverage under medical and pharmacy benefits for RSV vaccines and RSV monoclonal antibodies used for immunization.

## MDHHS Proposed Policy: Termination of COVID-19 Laboratory Policies

MDHHS recently released a bulletin notifying providers of the intent for the Michigan Department of Health and Human Services (MDHHS) to discontinue Medicaid coverage of over-the-counter (OTC) COVID-19 home test kits and special reimbursement for COVID-19 laboratory specimen collection and vaccine administration. The bulletin also notifies providers of a return to traditional laboratory policy coverage parameters for COVID-19 testing. This policy is effective October 1, 2024. For a direct link to the full bulletin, please see our Bulletins page.

## Inpatient Prior Authorization Form Education

In order for the Utilization Management (UM) team to ensure a timely decision is made for your inpatient request we are asking that you follow the below instructions.

- For all initial admission inpatient requests, use the Inpatient Prior Authorization Form (available on the Bulletins page and the Documents and Forms page) with clinical information and fax it to 833-467-1237.
  - Or you may request the authorization utilizing our Provider Portal
- For continued stay reviews and discharge information please send fax to 833-655-2188.
- Clinical information should be legible and reflect the case manager's summary of the member's current clinical symptoms/findings, VS, SaO<sub>2</sub> (on RA & O<sub>2</sub>), weights, I&O, abnormal lab/diagnostic/culture results, medication changes (include dose, rate, frequency), discharge plans with anticipated length of stay (LOS), and MD progress notes.
- Please refrain from sending large volumes of information or copies of the chart.

## In Case You Missed It

*Additional details can be found on our [Ongoing Reminders Page](#)*

- **EHR Access for HEDIS Care Gap Closure:** Providing our highly trained staff access to your EHR system can increase accuracy of submitted data and HEDIS scores. For information regarding setting up access, and applicable HEDIS measures, please reach out to [mihedis@mhplan.com](mailto:mihedis@mhplan.com).
- **Claims Address Reminder:** Our Detroit office is no longer processing mailed claims, any mailed claims sent to our Detroit address will be returned. For prompt claims processing please be sure to update your billing office records to the address found on our website.
- When experiencing **an upfront system rejection due to member's eligibility status** while having an authorization/approved service, **providers can submit a claim payment escalation through the Claim Reconsideration workflow on the Provider Portal**, or through your provider relations representative.
- As a reminder, **please update Meridian when demographic changes occur**. Updates can be made using our [Demographic Update Tool](#) on [mimeridian.com](http://mimeridian.com).
- **Medicare-Medicaid Plan (MMP) Dedicated Care Management:** All MMP members have a dedicated care manager who is a registered nurse or licensed social worker assigned to support them with their health care needs, navigating the health care system, and assisting with resources for SDoH needs. For more information call 1-855-323-4578 or your Provider Representative To find your provider representative's contact information visit [mmp.mimeridian.com](http://mmp.mimeridian.com) > For Providers +> Enrollment Information + > Service Area