



METS frequently asked questions

How are members selected?

Meridian Medicaid Plan (Meridian) and Meridian Medicare-Medicaid Plan (MMP) members are identified using historical claims data to participate in the Members Empowered to Succeed (METS) program. Those with high intensity use of behavioral health outpatient services are compared with other members over a minimum 12-month period.

What's going to happen in this process?

A METS clinical liaison will reach out to you via telephone, email, or fax to arrange a call to discuss the member. Typically, information such as the member's most recent treatment plan and assessment are helpful in sharing the member's current treatment goals and progress. The clinical liaison would also like to know barriers to the member's treatment and any current needs. We prefer to speak directly with the member's treating provider to ensure the information needed is accessible during our conversation.

Is participation voluntary?

No, this is not a voluntary program. Providers are contractually required to participate in quality improvement and medical record review activities including, but not limited to, clinical indicators and outcomes, appropriateness of care, quality initiatives, Healthcare Effectiveness Data and Information Set (HEDIS®) measures, and medical record reviews. Our goal is to support you in developing a care strategy that best matches the member's needs to the lowest acuity setting considering the member's goals and desired outcomes.

What is the time commitment?

We collaborate with you to accommodate your schedule. The initial meeting takes approximately 30 minutes depending on the amount of detail provided about the member's complexity of needs. Ongoing communication takes place monthly and can be done by secure email or a brief phone call. The member typically remains in the program for three to nine months.

What release is needed for member information?

No release of information is required. PHI that is used or disclosed for purposes of treatment, payment, or healthcare operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member.

What are we trying to accomplish?

The METS program purpose is to focus on the recovery and resiliency of each individual member and assist in ensuring that they are supported to remain in their community at the appropriate level of services. We do this by partnering with you and the member to encourage collaboration and coordination of additional resources that will improve the member's treatment. METS provides the additional administrative and clinical support needed to assist you in delivering quality, personalized care for high utilizing members. We assist by addressing identified barriers that may be interfering with more successful treatment outcomes.



How does the member learn about METS?

METS will reach out to the member directly to share the program details and inform the member how to reach their Member Engagement Service Coordinator. We have provided you a flyer that explains the program that you may use when discussing METS with the member.

Is treatment for the member denied?

No, our goal is to collaborate with you and the member to help identify additional supports that may be needed for successful progress in treatment. The METS team does not conduct utilization management authorization reviews and all questions related to medical necessity criteria and authorizations should be directed to Meridian MMP's utilization management department. METS can assist with supportive materials about treatment planning, discharge planning, coordination of care, and titration of services, when assessing a member's treatment and progress.

Can members be referred?

Currently, members are not referred to this program. If you have a member who requires assistance, we can verify their eligibility and connect you with a Meridian Medicaid Plan or the Meridian MMP case management program or member services for either plan.

For questions, please contact Meridian Medicaid Plan at 866-606-3700 or, Meridian MMP Provider Services at 855-580-1689, Monday through Friday, from 8 a.m. to 5 p.m.