

Monthly Provider Check-In

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Time to revalidate



The first revalidation cycle for Medicaid providers ended **November 30, 2024**. If you were part of this cycle—or if your 90-day window is currently open—you should have received an email from the Illinois Department of Healthcare and Family Services (HFS).

It's critical to revalidate on time. Failure to revalidate will terminate providers from Medicaid, and claims will not be paid.

Take these steps to make sure you stay enrolled

- Log in to [IMPACT](#) and confirm or update the email addresses associated with your account(s)—this is where HFS will send revalidation notices.
- Find the "Revalidation Date" in IMPACT and mark it on your calendar.

- For help, contact the IMPACT Help Desk at [877-782-5565](tel:877-782-5565), option sequence 1, 2, 1.
- [Contact Provider Relations](#) for advice. We're here to help.

[Provider revalidation](#) ↗

Prevention is key for RSV

Respiratory syncytial virus (RSV) is the leading cause of hospitalization in infants and can be dangerous for older adults—especially those with chronic conditions or weakened immune systems. Learn more about the RSV vaccines available to Meridian members.

[RSV vaccines](#) ↗

Chicago Bears legend tackles men's health



"Just like I wouldn't miss a game, I won't miss my yearly physical," says Mike Singletary, Chicago Bears Hall of Fame linebacker, in our new *Fast Facts for Better Health* video. Watch and share as Singletary discusses the importance of having a preventive care game plan.

[Video library: Men's Preventive Health](#) ↗

Pharmacy spotlight: Seasonal Affective Disorder

This season can bring on winter blues, holiday blues, and Seasonal Affective Disorder. Review our notice to understand the differing symptoms and find recommendations that will help your patients navigate the season.

[Seasonal depression](#) ↗

Claim review update

Optum supports Meridian by performing prepayment claim auditing. For claims received on or after January 1, 2025, providers may experience a slight increase in

written requests (from Optum) for medical record submission prior to payment for the procedures noted.

- [Critical care coding, upcoding of Percutaneous Nephrostolithotomy \(PCNL\) Procedures, and Transcranial Dopplers with Valid Diagnosis updates](#)
- [Overpayment of Inappropriately Unbundled Procedures](#)

Look for updated provider manuals



- Our [2025 Meridian Medicare-Medicaid Plan \(MMP\) Provider Manual](#) has been posted. You can find a summary of the significant revisions on page 2.
- Access the most current [YouthCare Provider Manual](#) from earlier this year.
- Check our website later this December for an updated edition of the Medicaid Plan Provider Manual, including updated utilization management policies.

Get going with our new portal: Availity Essentials™

You can now use [Availity Essentials](#) for Meridian and its family of plans to validate eligibility and benefits, submit claims, check claim status, and submit authorizations.

As we transition to Availity Essentials, please continue to use our existing [secure provider portal](#) for:

- All waiver provider functions
- Submitting claim disputes, corrections, and overpayment
- Viewing member gaps in care and quality scorecards

Availity Essentials transition

Notable HFS Notices

- [Coverage was announced](#) for the over-the-counter birth control pill
- **Effective November 1, 2024**, [diabetes prevention and management programs](#)

Opill, effective **March 5, 2024**.

Providers previously unable to submit claims for Opill due to a system outage can now bill for this product.

- HFS provided an update for sub-clinical behavioral health (BH) professionals, whose services are covered by Medicaid and now require only general supervision from a licensed, clinical BH professional.

have expanded coverage beyond patients ages 18 to 64 to include adults 65 and over who do not qualify for these services through Medicare.

- Federal approval was granted for licensed genetic counselors to enroll as Medicaid providers and submit claims for their services. The provider notice also outlines updated billing procedures for physicians providing genetic counseling services.

Fee schedule updates, rate changes, & billing updates

Claim alerts and known issues are posted on our website, along with updates from Meridian about proactively reprocessing claims. Claims should not be resubmitted unless otherwise indicated. If you have billing questions, contact your assigned Provider Engagement Administrator or representative. If your practice doesn't have an assigned representative, please complete our intake form.

- Hospice Annual Rate Changes effective **October 1, 2024**
- Policy and Billing Changes for Physical, Occupational, and Speech Therapies, effective **December 1, 2024**

In case you missed it

- **To ensure our members receive important medical services by end of 2024**, Meridian has partnered with Affinity Patient Coordination (APC) to assist with scheduling Adults' Access to Preventative/Ambulatory Health Services (AAP) appointments. To close member care gaps, APC may be calling provider offices to schedule a visit with the member via a three-way phone call. No other information is needed for scheduling.
- Meridian donated free turkeys to dozens of southern Illinois families for Thanksgiving in partnership with elected officials and eight community organizations.
- The deadline to submit all HEDIS medical records for MY 2024 data entry is **Friday, December 13, 2024** via secure email to ILHEDISOps@mhplan.com or by fax to 833-734-1938.
- Members enrolled in Ambetter of Illinois, our health insurance marketplace product, can now receive care through Advocate Health Care and its 300 sites of care in Illinois.
- HFS announced 19 Certified Community Behavioral Health Clinics across Illinois now providing services through a new care model designed to improve access and outcomes.

- [Updates about the Electronic Visit Verification transition](#) for home health care services providers are now available.
- Meridian released important updates for providers serving YouthCare members:
 - **Effective January 1, 2025**, [reimbursement for Beyond Medical Necessity days](#) for YouthCare begins on the third day a child is in the hospital beyond medical necessity.
 - YouthCare has [expanded an innovative pilot program](#) with Blueberry Pediatrics to offer telehealth services to all members.

Meridian and our family of plans connect communities across the state to the whole-health care they need, right where they are.



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Contact us

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