

Monthly Provider Check-In

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Say hello to Availity Essentials™



Beginning **Monday, November 18**, providers in-network with Meridian and our family of plans can validate member eligibility and benefits, submit claims, check claim status (with dates of service going back 24 months), submit authorizations, and access payer resources via Availity Essentials.

- If you already work in [Availity Essentials](#), you will be able to use your existing credentials for Meridian members.
- New to Availity Essentials? [Get ready](#) to use this time-saving platform by registering and creating an account.
- Our [current secure provider portal](#) will remain available, but future sunseting is planned.

An ounce of Fluvention

Continuing vaccine hesitancy means more children and adults are unnecessarily susceptible to influenza and the potential for severe illness. Our annual Fluvention program to encourage flu vaccinations is a collective effort to safeguard members, their families, and public health. Visit our website for talking points and influenza vaccine protocols. **Together, we can drive change and protect our communities.**

[Fluvention resources ↗](#)

Defending against diabetes

During National Diabetes Month this November, join forces with Meridian to encourage lifestyle changes for prevention and support members with diabetes.



- Remind eligible members they can [earn rewards](#) for completing their diabetic blood test (HbA1c) or eye exam, in addition to maintaining blood sugar levels in a normal range (i.e., less than 8).
- Help a member with diabetes achieve health goals by connecting them to our [Chronic Disease Management Program](#). Have them contact Member Services—or call 833-796-0683 on their behalf.
- Share our video that helps members understand prediabetes, accessible from our [video library](#) page. Refer them to a [diabetes prevention program provider](#) if appropriate.
- Earn financial incentives by closing diabetes care gaps. It's one of the key quality measures in our [2024 Pay-for-Performance](#) program.

Transform health by knowing diabetes HEDIS[®] measures

- **Glycemic Status Assessment for Patients with Diabetes (GSD):** The GSD measure (formerly known as HBD) evaluates the most recent glycemic status (HbA1c or GMI) of patients 18-75 years of age with diabetes during the measurement year. Two rates are reported:

glycemic status < 8.0% or glycemic status > 9.0% (lower rate indicates better performance). CPT II codes for the appropriate lab tests and results are needed for care gap closure; refer to page 34 of our [HEDIS Quick Reference Guide](#) for details.

- **Adherence to Diabetes Medications (DIAB):** DIAB evaluates the percentage of members 18 and older with a diabetes medication with a Proportion of Days Covered (PDC) \geq 80%. See page 90 of the [HEDIS Quick Reference Guide](#) to learn more, including how PDC is calculated.

Updated behavioral health coding requirements & H2015 prior auth change

Effective December 1, 2024, Meridian is making notable changes that affect behavioral health (BH) providers.

- To best serve our providers and members, [we are removing the prior authorization requirement for procedure code H2015](#) (Comprehensive Community Support Services).
- Meridian is expanding coding requirements for BH billing to include the American Medical Association (AMA) coding standards in diagnosis reporting. [Please read our notice for guidance](#) on these enhanced billing practices.

QI Insights: Close quality gaps by screening for depression

Providers can get reimbursed for depression screening—just remember the Screening for Depression and Follow-Up Plan (CDF-AD and CDF-CH) HEDIS measures require the use of approved standardized instruments and either HCPCS code G8431 or G8510. It is critical to follow up after a positive depression screening. Learn more on page 67 of our [HEDIS Quick Reference Guide](#).

Provider revalidation: Tips to ensure you stay connected

Illinois Medicaid providers must revalidate their enrollment every five years—**or risk being terminated from Medicaid without the ability to bill for services**. The Department of Healthcare and Family Services (HFS) began sending revalidation notices in September, with a 90-day revalidation window opening for a new group of providers every month through 2025.



- Because revalidation notices are only sent via email, you should log into IMPACT to ensure all email addresses listed under the “Basic Information” page are accurate for your organization.
- Know when to expect your notice: Look for your “Revalidation Period” on the “Basic Information” page in IMPACT.
- Organizations with multiple service locations and/or NPI numbers must revalidate the enrollment of each service location and/or NPI number separately. **Never ignore a revalidation notice from HFS**, even if you think you have already completed the process.
- Visit the HFS provider revalidation website for helpful resources and step-by-step instructions.

Our community cancer screening program in the news



Mammogram Mondays is a series of events in partnership with community hospitals on Chicago’s South Side that aims to break down barriers and mobilize members due for their recommended mammograms. Hear from Chaya Grant, care manager at Meridian, who spoke with *WGN Morning News*.

Mammogram Mondays ↗

P.S., Encourage more members to get a mammogram! Meridian has increased the Healthy Rewards program amount to \$150 dollars through 2024.

Pharmacy spotlight: Navigating pneumococcal vaccines

Vaccination is the best defense against pneumococcal infections. But the vaccine landscape is evolving, especially with the recent approval of a new 21-valent

vaccine for adults aged 65 and older. Review the current guidance from our Pharmacy team for patients of all ages.

Pneumococcal vaccine updates ↗

Notable HFS Notices

- Buprenorphine will no longer require a prior authorization to bypass edits for age or dosage, per a newly enacted law: [Read more](#).
 - [Learn about](#) a new Learning Collaborative HFS is launching for behavioral health providers interested in joining the federal Certified Community Behavioral Health Center (CCBHC) Demonstration.
 - An [updated handbook for enrolled Birth Centers](#) was re-issued.
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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](#).

- HFS [recently released 2023 Q4 and 2024 Q1 payments](#) for the Critical Access Pharmacy (CAP) program.
 - [Annual information](#) regarding FY 2025 Disproportionate Share Hospital (DSH) Adjustments, Medicaid Percentage Adjustments (MPA), and Medicaid High Volume Adjustments (MHVA) has been posted by HFS.
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In case you missed it

- [Ambetter of Illinois](#), our health insurance marketplace product, [is expanding to offer coverage in 25 counties across the state](#).
- End-of-year HEDIS deadlines are fast approaching:
 - The deadline to submit all HEDIS medical records for MY 2024 data entry is **December 12** via secure email to LLHEDISOps@mhplan.com or by fax to 833-734-1938. For feedback on the pass/fail status of submitted records, email us or ask your Quality Practice Advisor (QPA) or associate QPA for our new tracking template before submitting medical records.
 - **December 2, 2024**, is the last date to receive MY 2024 Supplemental Data for the Supplemental Data Clinical Audit. For future processing ease, set up a data

feed by contacting Elizabeth.James@mhplan.com.

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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