

Monthly Provider Check-In

[Provider Portal](#) ↗ [Prior Authorization](#) ↗ [Provider Notices](#) ↗ [Provider Manual](#) ↗ [Practice Updates](#) ↗

In this issue

- [Thanks for attending provider Meet & Greets](#) >
- [2024 Provider Satisfaction Survey](#) >
- [Prepare for Medicaid revalidation](#) >
- [Pharmacy spotlight: GLP-1 medications](#) >
- [Member benefit: Weight management support through WW[®]](#) >
- [Celebrating Hispanic Heritage Month](#) >
- [Substance use disorder HEDIS[®] measures](#) >
- [Key HEDIS updates & deadlines](#) >
- [Upcoming quality education webinars](#) >
- [Be a champion for prenatal & postpartum depression care](#) >
- [Fee schedule updates, rate changes, & billing updates](#) >
- [In case you missed it](#) >

Meeting our providers where they are



Because our providers *always* go above and beyond to meet our members where they are, we hosted 11 events across the state this summer to gather your feedback that will help make our health plan better. **Thank you for joining us.**

Of those surveyed at our Meet & Greets, over 85% rated Meridian more favorably than other managed care organizations. We valued these opportunities to connect in person with providers over refreshments, put faces to names, and address every question.

Unable to attend a Meet & Greet? Be sure to share your feedback through the annual Provider Satisfaction Survey (details below). And visit our

Hitting mailboxes: Our annual Provider Satisfaction Survey

Feedback from our providers, especially through our annual survey, is the foundation of our health plan's improvement initiatives. Results from last year's survey informed structural changes within our Provider Engagement team to enable more personalized support, Provider Services call center training enhancements, and the launch of our town hall-style Meet & Greet events.

Please take a moment to thoughtfully complete your survey when you receive it in the mail. **And send it back by October 31 to be entered into our drawing for one of five Apple iPads!**

All providers need to revalidate their Medicaid enrollment



Like member redetermination, the provider revalidation process is getting back on track following the expiration of the COVID-19 Public Health Emergency. **Starting this month and continuing throughout 2025, the Illinois Department of Healthcare and Family Services (HFS) will begin sending revalidation notices to Medicaid providers-via email-in rolling stages.**

All providers have a 90-day revalidation cycle. **Failure to revalidate by the due date will terminate providers from Medicaid and claims will not be paid retroactively.** Review our provider notice for key details and guidance—including our suggestion to access the [IMPACT](#) system ASAP. Review and update your practice's contact information to ensure you don't miss the email notices.

[Prepare to revalidate](#)

Pharmacy spotlight: GLP-1 medications

The intense hype around GLP-1 medications, especially on social media, means many people have questions about these drugs. Providers will benefit from reviewing our Pharmacy team's recent notice **explaining the current FDA-approved indications for GLP-1 medications and their status on Meridian's Preferred Drug List.** See our [Pharmacy](#) page for information about medications that require prior authorization.

Did you know? Weight management support through WW[®] is a member benefit

We've partnered with the WW program (formerly known as Weight Watchers) to help members achieve weight goals and guide their journey to healthy living. Remind your Meridian patients they get access to the WW app and can attend free online and in-person workshops. To find out more, have members contact Meridian Member Services at **866-606-3700**, **TTY: 711**, or their care coordinator.

Celebrating Hispanic Heritage Month



September 15 marked the beginning of **Hispanic Heritage Month**, a special time to appreciate the contributions of our providers, members, and employees who identify as Hispanic and Latino Americans. Meridian was proud to be the presenting sponsor for the Chicago Fire's Hispanic Heritage Night celebration last Saturday, which featured a live mural painting exhibition and mariachi bands.

And in this month's [member newsletter](#), we shared directions in Spanish on how to find a primary care provider (including one who speaks their language) using our online [Find a Provider](#) tool.

Substance use disorder HEDIS[®] measures: Save lives & improve your performance

For **National Recovery Month**, our Quality Improvement (QI) team has gathered essential information on HEDIS measures related to substance use disorder-with tips to enhance your practice's performance. Review our [QI Insights](#) to gain a better understanding of these measures:

- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- Follow-Up After an Emergency Department Visit for Substance Use (FUA)
- Pharmacotherapy for Opioid Use Disorder (POD)

Key HEDIS® updates

- The deadline to submit all HEDIS medical records for MY 2024 data entry is **December 13** via secure email to ILHEDISOps@mhplan.com or by fax to [833-734-1938](tel:833-734-1938). If you'd like feedback on the pass or fail status of submitted medical records, please email ILHEDISOps@mhplan.com. Or ask your Quality Practice Advisor for our new tracking template process *before* submitting medical records.
 - If you began **HEDIS supplemental data feed implementation** for MY 2024 but the data did not pass the clinical audit, please submit corrected files by **October 11**.
 - NCQA has released next year's HEDIS updates. We've highlighted **notable changes for MY 2025** and encourage you to [register for an upcoming October webinar](#) to learn more.
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Get the full scoop at an upcoming webinar

Mark your calendars now and [read more about our upcoming webinar topics](#) for September and October.

- **September topics:**
 - Year-end quality push
 - Risk Adjustment program
 - Provider portals
 - **Register:** [Sept. 19 from 2-3 p.m.](#) or [Sept. 25 from 9-10 a.m.](#)
 - **October topics:**
 - Community outreach programs
 - Behavioral health depression screening
 - 2025 HEDIS changes & e-measures
 - **Register:** [Oct. 17 from 2-3 p.m.](#) or [Oct. 23 from 9-10 a.m.](#)
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Champion prenatal and postpartum depression screenings & follow-up care

Research continually reinforces how identifying depression during and after pregnancy—and swiftly providing treatments—is vital to the health of moms and babies. **Be a champion for maternal health by delivering and documenting these crucial screenings and interventions:**

- The Prenatal Depression and Screening and Follow-Up (**PND-E**) & Postpartum Depression Screening and Follow-Up (**PDS-E**) quality measures require properly

documented screenings using an approved standard assessment instrument and if positive, follow-up care within 31 days.

- **Only LOINC codes will close the screening HEDIS measure**, not CPT billing codes alone. Please ensure your EMR system is set up for LOINC codes.
- Review our [HEDIS Quick Reference Guide](#) for details on the PND-E and PDS-E measures (page 106) and approved depression screening instruments (page 117).

Notable HFS Notices

- All agencies using HHAeXchange directly for Electronic Visit Verification (EVV) and those transmitting third-party EVV data to the system must update information to include all caregivers' full nine-digit Social Security Numbers by **October 17, 2024**. Read [Meridian's most recent update to providers](#) on the EVV transition including support resources.
- HFS allows for reimbursement to FQHCs for the services of sub-clinical behavioral health professionals who meet the educational requirements.
- Effective **October 1, 2023**, [Place of Service Code 27 – Outreach Site/Street](#) will allow providers who offer services to unhoused individuals to seek reimbursement.
- DME providers must be properly enrolled, credentialed, and screened before serving any Illinois Medicaid members. [Review the requirements](#) and find a checklist of documents needed with enrollment applications.

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 questions about billing, contact your assigned Provider Engagement Administrator or representative. If your practice doesn't have an assigned representative, please complete our [intake form](#).

In case you missed it

- Meridian celebrated [14 outstanding organizations](#) from around Illinois who were the recipients of our Health Happens Here Grants™, amounting to over \$850,000 awarded in the first half of 2024.
 - Effective **October 1, 2024**, all services rendered by out-of-network providers will require prior authorization and will be paid at the standard [Meridian](#) or [YouthCare](#) in-network Medicaid rates applicable for each provider type.
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Meridian and our family of plans connect communities across the state to the whole-health care they need, right where they are.



Meridian complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Contact us

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Meridian Provider Services



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Monday–Friday, 8:00 a.m. to 5:00 p.m.

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