Meridian – Supporting Positive Health Outcomes
Meridian Health Plan Overview
Care Coordination
Utilization Management
Home Care
Pharmacy
Authorizations
Claims and Payment
Network Development
Contact Meridian Health Plan
Meridian Overview

Our Mission:  
*To continuously improve the quality of care in a low resource environment*

We are:
- *Physician owned and directed*
- Committed to quality, innovation and member and provider satisfaction

Our Vision:
- To be the #1 health organization based on quality, innovative technology and service to our members
- To be the premier service organization in health care

*Meridian has been recognized multiple times by NCQA as a Top 20 Medicaid Health Plan*
High-Quality Care Across the State
Care Coordination
A Member’s Personal Meridian Support Team

INTEGRATED CARE PROGRAM

Member’s BH providers (if appropriate)
Community Services representatives (as needed)
New Hampshire Hospital Liaison
PCP
Behavioral Health Coordinator
Community Mental Health Center (CMHC)
Special Needs Coordinator
Medical Director
Developmental Disabilities Coordinator
Complex Case Manager
Meridian Rx Pharmacist
Meridian BH Case Manager
Meridian Nutritionist
Meridian Member Services Rep.
Meridian Provider Services
Member’s pastoral care (if appropriate)
Member’s guardian (if appropriate)
Member’s physical/occupational/Speech therapist (if appropriate)

CARE COORDINATION TEAM LEAD
CARE COORDINATOR

ENROLLEE & FAMILY

...all working to achieve health goals
# Utilization Management Program

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Referral Management

Referral and authorization processing is the primary function of our utilization management specialists team.

If the referral is submitted with complete and accurate information, a decision is made at the time of the initial review.

Referrals can be faxed to Meridian at 603-263-3449 or a provider may call directly at 855-827-1766.

All care must be coordinated by the member’s primary care provider or specialist.
Home Care Services

- Requires referral and prior authorization
- For weekend or holiday hospital discharges, providers may contact Meridian the next business day for approval
- Home care providers may submit referral requests with the physician’s order
Home Care Services

• Required information:
  – Member name
  – Contract number
  – Date of birth
  – Diagnoses
  – Requested service and CPT codes
  – Beginning date of service
  – # of visits requested
  – Length of referral

• Completed referral form is preferred but, not required

• Prior authorization needed for:
  – DME > $500
  – Home infusion
Pharmacy Management

Meridian Rx
A Limited Liability Company

Meridian Health Plan’s pharmacy benefit manager

- Formulary includes New Hampshire’s required Drug List (PDL)
- Certain pharmacy requires prior authorization
  - Specialty drugs, biologicals and IVIG
  - Visit [www.mhplan.com](http://www.mhplan.com) for a list of drugs requiring prior authorization
  - Fax prior authorization requests to MeridianRx at 603-263-3455 or call at 855-291-5217
Meridian Health Plan
Corporate Authorization

Authorization: [name]

Procedure:

76005: OB US/14 WKS SG FETUS

Diagnosis:

50121: SUPERVISION OF OTHER NORMAL PREGNANCY

Service:

Place of Service: Office

Additional Information:

This is a request for authorization for the following procedure. Please complete the following information and sign the form. If there are any questions about this procedure, please contact your provider.

Request for Medication Prior Authorization

Phone: 855-284-1315 / Fax: 877-735-8010

Date of Birth: [DOB]

DOB: [DOB]

SSN: [SSN]

GP: [GP]

Phone: [Phone]

Facility: [Facility]

Service Requested:

[Service Requested]

Provider Name: [Provider Name]

Provider License: [Provider License]

Address: [Address]

City: [City]

State: [State]

Zip Code: [Zip Code]

Signatures:

[Signatures]

Authorization:

[Authorization]

Meridian Health Plan
1111 Health Blvd
Columbus, OH 43215

Phone: 855-284-1315 / Fax: 877-735-8010

Purpose:

[Purpose]

Date:

[Date]

Requested By: [Requested By]

Authorization:

[Authorization]
Member ID Card

The back of the Meridian Health Plan ID card is blank.
Payment Protocols

**Primary Care Providers**
Fee for service, with quality bonus incentives in lieu of traditional full risk arrangements.

**Specialist Providers**
Meridian seeks to limit the amount of "red tape" whenever possible, especially with referrals and authorizations.

**Hospital Providers**
Partner with each contracted hospital in coordinating the care of its beneficiaries. Hospital providers can count on Meridian to help serve their communities with as little interference as possible.

**Ancillary Providers**
Meridian seeks to assist in the coordination of care through these relationships.
How to Submit Claims

• Meridian Provider Portal
  – [www.mhplan.com/nh/mcs](http://www.mhplan.com/nh/mcs)

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• Using standard CMS 1500 form or UB-04 claim
  – Mail to Meridian Health Plan at:
    1001 Woodward Avenue
    Suite 540
    Detroit, MI 48226
    Attn: Claims Department
  – Submit electronically via clearinghouse
Claims Payments

• Timely claims processing
  - Meridian pays 100% of Medicaid Fee Schedule
  - Clean claims in 10 business days
  - Electronically billed claims are paid faster
  - Most claims processed in 2-5 days

• Hassle-free policies and procedures
  - Meridian reimburses PCPs for well and sick visits provided during the same visit

Efficiency of Claims Processing

- EDI Submission: 89% (Automated) 11% (Manual)
- Auto Adjudication: 77% (Automated) 23% (Manual)

- Total Claims Processed in 2012 = 4,534,610
- Average Monthly Claims Volume = 377,884
- Average Claims Payment Time = 1.85 Days
- Claims Payment Accuracy Level = 99.21%
- % of Calls Answered within 30 Seconds = 99.9%
High-Quality Network Development

• Dedicated Provider Network Development Representative
• PCP monthly site visits
  – Personalized service
  – Distribute plan information/updates
  – Answer questions
  – Assist in developing plans to ensure members receive important services

Network Development department: 877-480-8250
Extra Provider Benefits

• Provider Portal
  – Secure, online access at: www.mhplan.com/nh/mcs
Extra Provider Benefits

• Provider Portal
  – View & verify eligibility
  – Review health history
  – Review previous utilization from other plans
Extra Provider Benefits

- Provider Portal
  - Enter authorizations
  - Print reports on assigned members
  - Status claims
  - Request assistance from Meridian departments

www.mhplan.com/nh/mcs
Extra Provider Benefits

• Provider Training
  – Log in to www.mhplan.com/nh/mcs to request Provider Portal Training
  • Training completed via WebEx
  – Contact your local Provider Network Development Representative to set up in-person training
Extra Provider Benefits

- Tailored Outreach
  - Targeted outreach program specially designed for your patients
- Training
  - Fraud, Waste & Abuse (FWA)
  - HIPAA Privacy & Security
  - Provider Portal
  - Critical incident reporting
  - ...and more!

Please contact your local Provider Network Development Representative to schedule on-site training for your office. Call 877-480-8250 for more information.
Thank You

Network Development: 877-480-8250

Member Services: 855-291-5221

Utilization Management: 855-827-1766

MeridianRx: 855-291-5217

www.mhplan.com

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