



Meridian
Health Plan

Meridian Health Plan AAHAM Spring Conference

May 15th, 2015



About Meridian Health Plan

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

According to NCQA's Medicaid Health Insurance Plan Rankings 2014-2015, Meridian is ranked the 9th, 10th, and 38th Medicaid HMO in the nation.

Meridian Honors and Awards

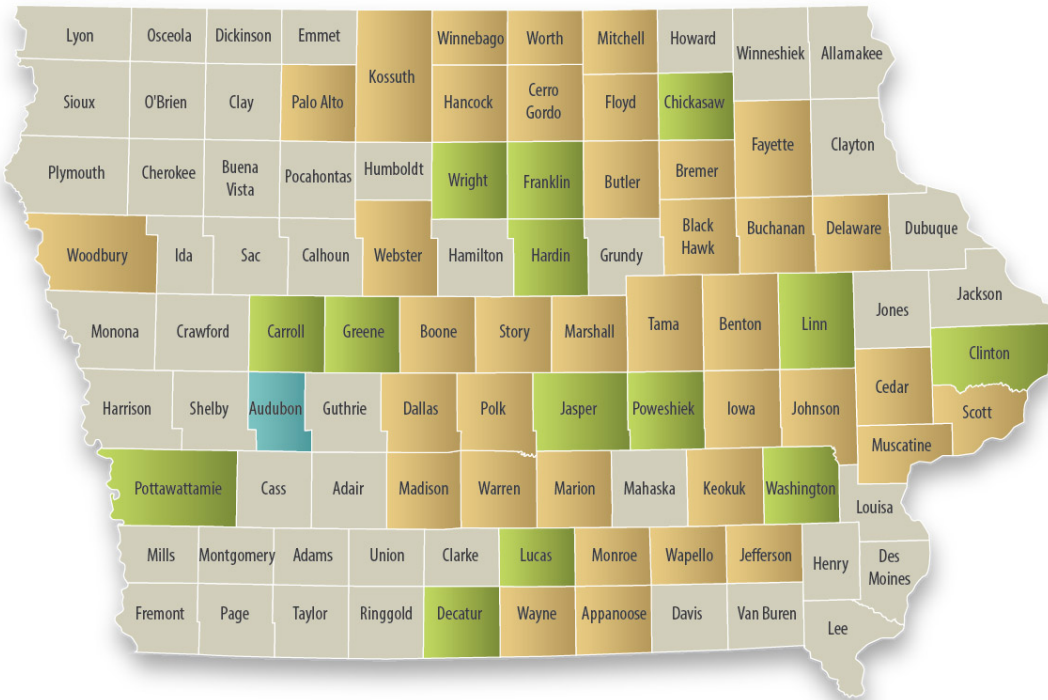
Meridian Health Plan of Iowa is the number one Medicaid HMO in Iowa and the number 38 Medicaid HMO in the US according to NCQA's Medicaid Health Insurance Plan Rankings 2014–2015.

- Recognized multiple times by NCQA as a Top 20 Medicaid Health Plan
- Holds Full Health Plan Accreditation in Health Utilization Management from URAC
- Honored with the CIO 100 Award from the editors of CIO Magazine in 2007, 2008, 2010, 2012 and 2013
- Winner of the National Best and Brightest™ Companies to Work For in 2012



Meridian Health Plan Service Area in Iowa

June 2015 Service Area



- Meridian Health Plan & Meridian Wellness Plan
- Meridian Health Plan
- Meridian Wellness Plan
- Not covered by Meridian

- Managed Medicaid HMO
- Statewide Expansion Underway – 52 Counties
- Medicare Advantage Programs - SNPs and 65 over in Polk, Scott, Linn & Jones counties

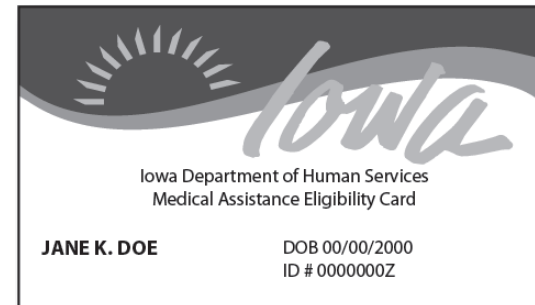
Growth - Provider Network

- Provider Network May 2015 includes:
 - Primary Care Physicians: 2,519
 - Specialists: 5,222
 - Ancillary: 328
 - Hospitals: 87

Eligibility

How to Verify Iowa Medicaid Eligibility

- Contact Iowa Medicaid Member Services:
 - Phone: 800-338-8366 or locally at 515-256-4606
 - E-mail: IMEMemberServices@dhs.state.ia.us



Sample Iowa Medicaid ID Card

Sample Meridian Member ID Cards

How Medicaid Beneficiaries Enroll

- Through Iowa Medicaid Enterprise
 - By Toll-Free Phone: 800-338-8366
 - Local Des Moines Area Phone: 515-256-4606
 - Online: <https://secureapp.dhs.state.ia.us/oasis/>

IOWA MEDICAID
ENTERPRISE



IOWA DEPARTMENT OF
HUMAN SERVICES



Key Features

Incentive Programs

- Generous incentives based on HEDIS[®] measures ranging from \$15 to \$200

Administrative Ease

- Meridian reimburses PCPs for well-exams and sick visits provided during the same visit
- Meridian pays the co-pays so physicians do not have to collect them
- Dedicated local Provider Network Development Representative (PNDR) available to address all questions or concerns

Key Features

Simplified Authorization Process

- Online Provider Portal
- No authorization required for most routine diagnostics or specialist office visits
- Reduced authorization requirements for in-network providers



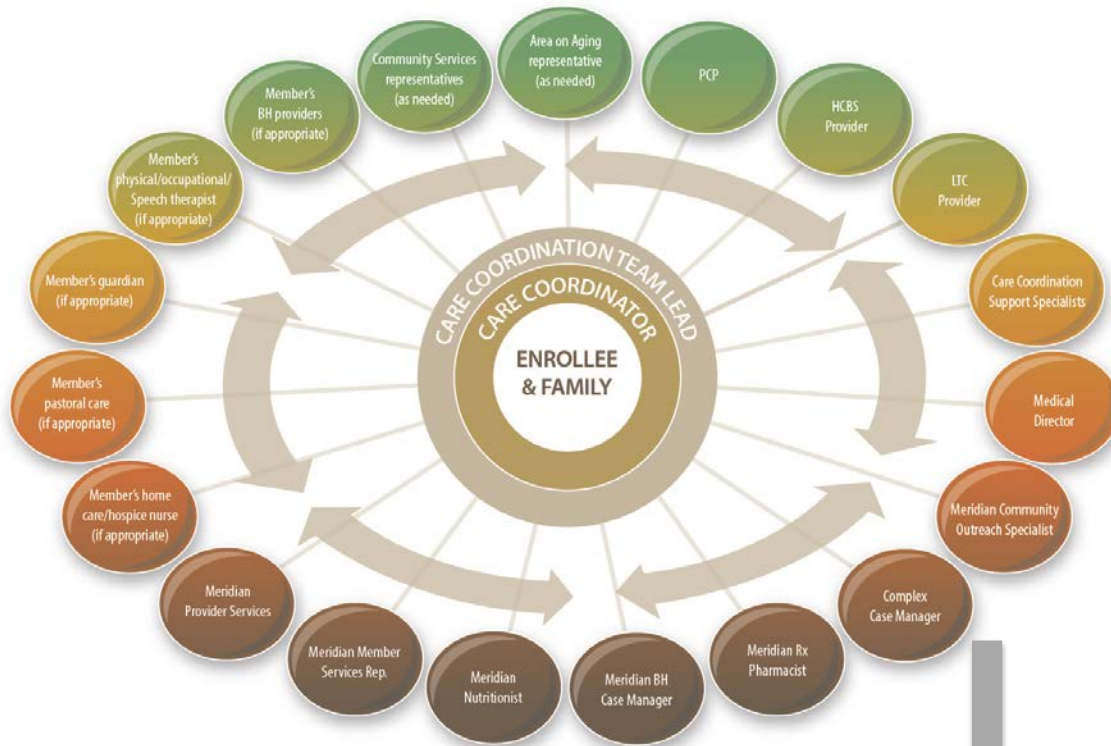
Member Services

- Welcome Call
- Health Risk Assessments
- Care Coordination
- Disease Management



Meridian Care Coordination

An Interdisciplinary Care Team (“ICT”) Approach



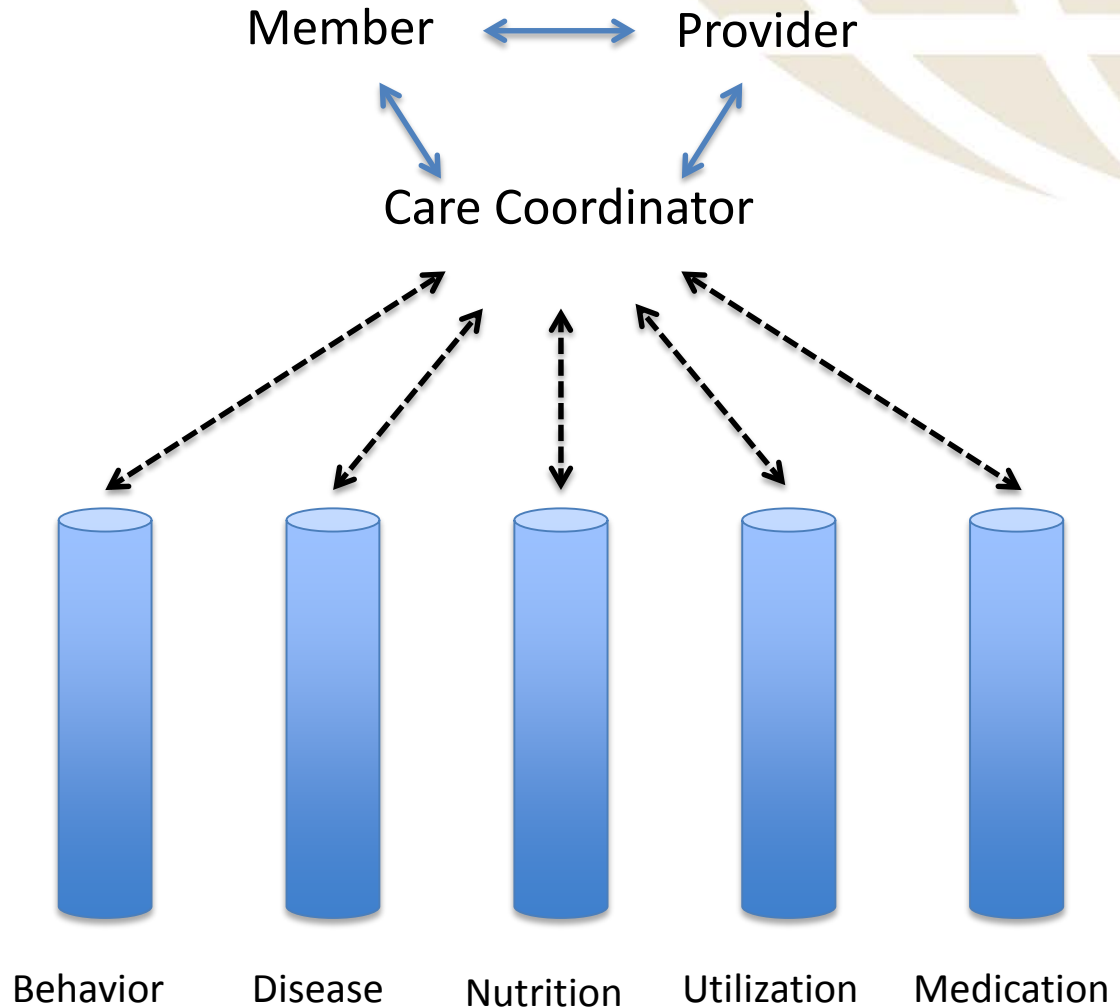
Each member is connected to a **team of health care professionals** through a **single point of contact** – their **personal Care Coordinator**

- A **member-centered** care program
- Links members to services and resources in their communities
- Focused on members' individualized needs in order to improve their health status
- Integrates the **behavioral, physical** and **social** health needs of members
- Utilizes care management best practices, **team and community-based care, continuous quality improvement** and data to monitor and improve processes
- Decisions are based on appropriate review, multi-disciplinary consultations and established clinical criteria

Meridian Care Coordination

Benefits for Providers

- Members are more educated about their health conditions
- Fewer gaps in care for members
- Increased Quality of Care
- Potential increase in HEDIS® incentive programs
- For Medicare, all members receive a Health Risk Assessment in the first ninety (90) days of enrollment



Consultants

HEDIS

Healthcare
Effectiveness
Data and
Information
Set

- **90% of health plans**

2015 HEDIS® Incentive Program

- In-network Primary Care Providers (PCP)
- HEDIS® services provided between dates of service January 1, 2015 and December 31, 2015
- Service must be delivered in accordance with HEDIS® guidelines
- Incentives paid in four installments
 - April - July - October - and - March Following Year for Year End
- Monthly reports hand-delivered each month by dedicated PNDR
 - Reports also available online through our secure Provider Portal
- Ability to self-report HEDIS® measures online through our secure Provider Portal
- Meridian pays for a sick visit and well-exam on the same visit

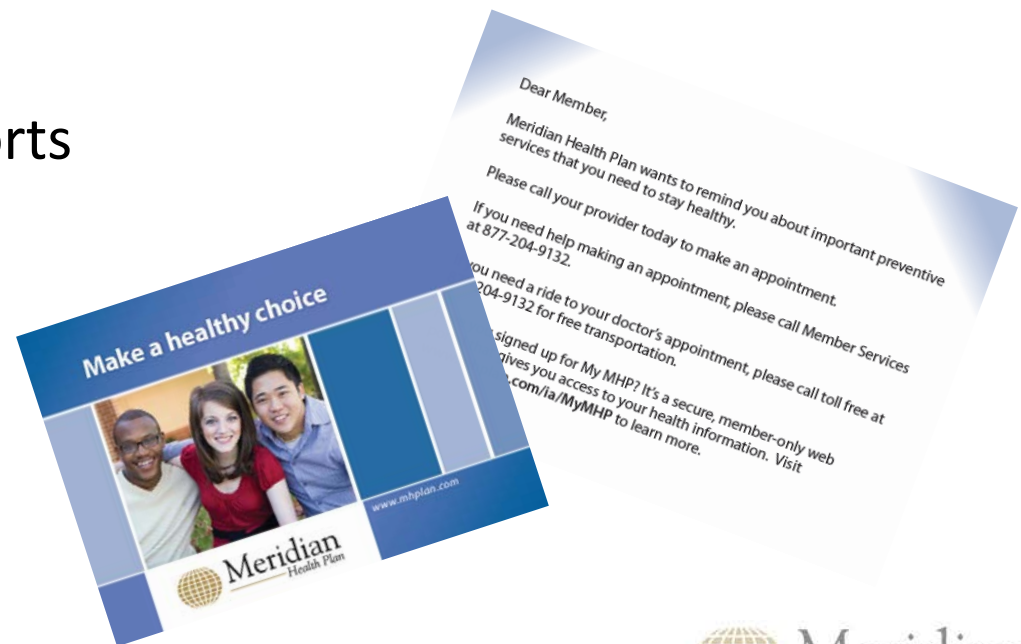
2015 HEDIS® Incentive Program

- Comprehensive Child & Adolescent Care
- Comprehensive Women's Care
- Diabetes Care
- Obstetrical Care
- Tobacco Cessation Counseling
 - All genders ages 9 and up
 - **\$20.00** per calendar year
 - Incentive paid with claim
 - Paid to servicing provider
 - Educational pieces will be provided throughout the year to remind physicians of this measure



Avoid Missed Opportunities

- Meridian will pay for a sick visit and a well-exam on the same visit
 - Turn a sports physical into a well-child visit
- Free HEDIS® Reminder Postcards for members
- Reminder phone calls
- Customized monthly reports
- Self-reporting online



Electronic Medical Record (EMR) Data

How does submitting EMR Data benefit you?

- Maximizes your HEDIS® bonus payments
- Less time spent faxing
- Less onsite medical record review
- Decreased Administrative burden
- Improved accuracy of diagnoses and health outcomes



**Electronic Medical Record
Data Collection**

Let's Get Started!



Records Requests and Access

- Quality Improvement Team may periodically request records for HEDIS®
 - Prenatal/postpartum managed weekly
 - Well visits, vaccinations and annual screenings managed monthly to quarterly
- Abstracted records for services meeting HEDIS® count towards provider bonus
 - On-site abstractions occur quarterly to annually when remote records access is unavailable
- Access
 - On-site or remote access

2014 Year in Review

- 99.32% of infants saw PCP by age 2
- 96.26% of pregnant women received timely Prenatal Care
- 95.16% of Diabetic members 18-75 had HbA1c test complete
- 79.37% of children receive 6+ well-child visits by 15 months old
- 74.53% of women received appropriate Postpartum care
- 73.08% had controlled high blood pressure
- 67.74% of Diabetic members received eye exam

Meridian Provider Manual

- Contains updates and helpful information
- Includes information on:
 - Member rights and responsibilities
 - Provider rights and responsibilities
- Online access at www.mhplan.com/ia/providers
 - Click on “Provider Manual “ in the left-hand navigation menu and download the most current version
 - For a paper copy, please contact your local Provider Network Development Representative



Meridian Provider Portal

- Verify eligibility
- Authorizations
- Claims status and submission/correction
- Meridian member information and reports
- Print enrollment and HEDIS® bonus information
- HEDIS self-reporting
- View historical information
- And much more...

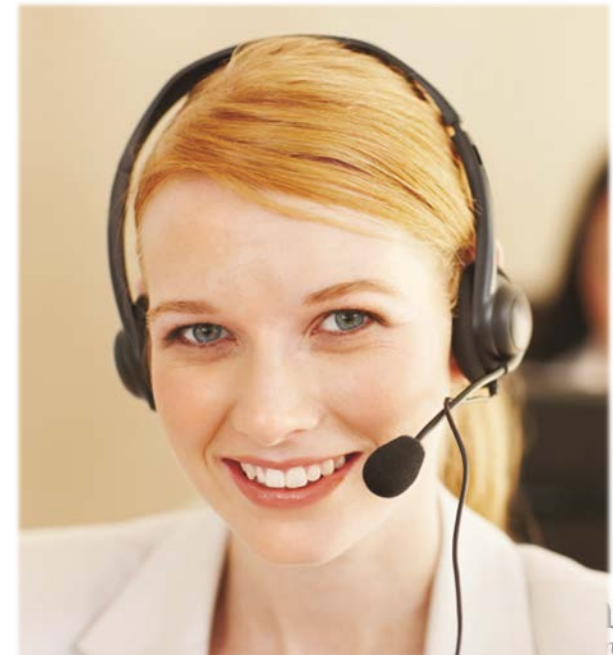


Meridian Customer Service

Focused on the needs of our Members and Partners

- **Single point of contact for all needs**
 - Providers: Assigned local Provider Representative
 - Members: Assigned Care Coordinator
- **One Customer Service Number for all parties**
- **Single call resolution is the Goal**
 - All calls answered in 30 seconds or less
- **Convenient Resources Available Online:**
 - Live Chat
 - Member Handbook
 - Member Portal
 - Provider Manual
 - Provider Portal

www.mhplan.com/ia



Meridian Contact Information

Member Services

Phone: 877-204-9132

Fax: 515-802-3566

- Verify member eligibility
- Obtain member schedule of benefits
- Obtain general information and assistance
- Determine claims status
- Encounter inquiry
- Record member personal data change
- Obtain member benefit interpretation
- File complaints and grievances
- Verify / record newborn coverage
- Coordination of Benefit questions

Provider Services

Phone: 877-204-8977

Fax: 515-802-3638

- Fee schedule assistance
- Discuss recurring problems and concerns
- Contractual issues
- Provider education assistance
- Primary care administration
- Initiate physician affiliation, disaffiliation and transfer

Utilization Management

Phone: 877-204-9072

Fax: 515-802-3560

- Process Referrals
- Perform corporate pre-service review of select services
- Collect supporting clinical information for select services
- Care Coordination services

Updates

- Radiology Benefit Management Program – on hold
- Service Area Expansion – TANF, Wellness, Medicare
- Reduced authorization requirements
 - 12/1/14: Therapy for ages 21+
- Medical Policies - <http://www.mhplan.com/ia/providers/index.php?location=provider&page=medicalPolicies>
- ICD-10 Testing – ICD@mhplan.com
- Medicaid Modernization Bid – May 19th, 2015

Thank You

Questions?