Meridian Provider Online Updates Guide

Meridian is committed to offering the best tools to support your administrative needs. We have created an easy online interface to request updates and ensure we receive what's needed to complete requests promptly.

Visit the Provider Resources > Updates page

Helpful Reminders

- ☐   * Indicates a required field
- ☐   Please specify Wellcare products in the comment section

Table of Contents

Provider Updates

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Provider Updates is for providers updating their existing contracts. To become a contracted provider, please complete our Provider Intake Form.

Provider Intake Form

Choose Provider Intake Form to join our network of contracted Meridian providers.

- Choose the provider type

- Select product(s) provider is interested in becoming contracted in

- Select Contract Type
  - New Contract
  - Amend Existing Contract
- Enter Group NPI
- Enter Tax ID Number

- Enter Illinois Medicaid Number
  - Medicaid Number must be active with IMPACT to move forward
- Check box indicating if your Medicaid Number is active
- Enter Medicare Identifier based on product provider is interested in joining

- Enter Practice Name, Primary Address, Suite

Provider Updates

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Provider Updates is for providers updating their existing contracts. To become a contracted provider, please complete our Provider Intake Form.

Provider Intake Form

Note: Completion of this form does not guarantee inclusion into the provider network. It generally takes **20 business days** to analyze the form and make a determination if the contract process will commence. **Failure to accurately complete the form will significantly extend this processing time.**

We will outreach to the contact person listed once a review of your data is completed. If you have any questions or are in need of additional information, please contact the Contracting Department at ILJoinOurNetwork@CENTENE.COM.

Authorization is required if you need to treat a Meridian Medicaid member prior to being contracted. Our Medical Management department will review the member's needs with you and issue an Authorization as needed if a contracted provider is not available to provide the services. Medical Management does coordinate with our contracting department when a non-contracted provider receives an Authorization.

Step 1 - Provider Type

Select your provider type. *
- ○ Ancillary
- ○ Clinic
- ○ FQHC
- ○ Group Practice
- ○ Hospital
- ○ Individual Provider
- ○ RHC

Step 2 - Product Interest

Select the products you want to participate in. *
- ☐ Meridian Medicaid Plan and YouthCare
- ☐ Meridian Medicare-Medicaid Plan
- ☐ Ambetter
- ☐ Wellcare

Contract Type *

[Select an option. ▼]

Step 3 - National Identifiers

Group NPI *
[   ]

Tax ID Number *
[   ]

Step 4 - Illinois Medicaid Number

If applicable to your Product Interest, log into your IMPACT account to verify that your Illinois Medicaid Number is active. If your Illinois Medicaid Number is NOT active, this will result in a denied application for participation in Medicaid products.

Illinois Medicaid Number *
[   ]

Please verify below that your Illinois Medicaid Number is currently active.

If your Illinois Medicaid Number is NOT active, this will result in a denied application for participation.

☐ I verify that my Illinois Medicaid Number is currently active.

If applicable to your Product Interest, provide your Medicare Identifier (Medicare ID)

Medicare Identifier
[   ]

If your Medicare Identifier is NOT active, this will result in a denied application for participation in Medicare products.

Step 5 - Practice Contact Information

Practice Name *
[   ]

Primary Address *
[   ]

Suite Number
[   ]

City *
[   ]

State *
[Alabama ▼]

Zip Code *
[   ]

Number, City, State, and Zip Code

- Enter County and Primary Phone Number

- Select applying as choice
  - Specialist
  - Primary Care Provider
  - Other
- Select if this is your primary specialty
  - Yes
  - No
- Enter your specialty from the drop down menu of options
- Enter credentialing contact information
  - Name
  - Phone
  - Fax
  - Email address

- Select hyperlink 'Click to download a blank W9 form'

- Provider will need to attach a copy of their W9

- Select 'I'm not a robot'

- Select Submit

Submit

County *

Primary Phone Number *

Step 6 - Practice Information

Applying as: *
- Specialist
- Primary Care Provider
- Other

Is this your primary specialty? *
- Yes
- No

Specialty *

Select a specialty.
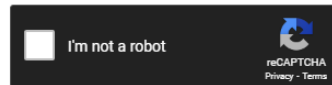
Step 7 - Credentialing Contact Information

Name *

Phone *

Fax *

Email *

Step 8 - W9 Form

Click to download a blank W9 form.

Please upload your completed W9 form.
Choose File   No file chosen

I'm not a robot
reCAPTCHA
Privacy - Terms

Submit

MAKE AN ADDRESS CHANGE

What would you like to do?

- Make an Address Change
- Make a Demographic Change
- Update Member Assignment Limitations
- Add a New Provider or Term an Existing Provider
- Make a Change to an IRS Number or NPI Number
- Submit Multiple Request Types

Provider indicates next action from <u>four</u> options:
- *Update a Billing Address*
- *Change a Service Location*
- *Add an Additional Service Location*
- *Remove a Location*

Address Change

What would you like to do?
- ○ Update a Billing Address
- ○ Change a Service Location
- ○ Add an Additional Service Location
- ○ Remove a Location

Update a Billing Address

- Choose the Network(s) that apply to your change

- Enter the Group/Facility Name

- Enter the Tax ID#

- Enter the GNPI (Group/Type 2 NPI)

- Enter the <u>NEW</u> billing street address

- Enter the <u>NEW</u> billing street address 2 (Suite number, dept name, etc.)

- Enter the <u>NEW</u> billing City, State and Zip

- Enter the <u>NEW</u> billing phone number

- Provider will need to attach a copy of their W9

Address Change

What would you like to do?
- ● Update a Billing Address
- ○ Change a Service Location
- ○ Add an Additional Service Location
- ○ Remove a Location

*Choose All Applicable Networks**
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare Medicare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

*Group/Facility Name **

*Tax ID # **   *Group NPI # **

Billing Address

*Street Address **

Address Line 2

*City **   *State **

*Zip Code **

*Billing Address Phone Number **

*Please attach a completed IRS W-9 Form **
Choose File   No file chosen

reflecting the new billing address

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Submit

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

- Choose the Network(s) that apply to your change

- Enter the Group/Facility Name

- Enter the GNPI (Group/Type 2 NPI)

- Enter the Tax ID#

- Enter the effective date of the change

- Facility Name (as applicable)
  - Provider will need to select hyperlink 'Meridian Facility Application (PDF)' if you want to change the service location for a facility.
  - Provider will need to 'Browse' and attach the completed 'Meridian Facility Application (PDF)' from their computer

- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)
- If Multiple Practitioners (as applicable)
  - Provider has option to select hyperlink 'Meridian Roster Template (Excel)'
  - Provider will need to 'Browse' and

Address Change

What would you like to do?
- ○ Update a Billing Address
- ● Change a Service Location
- ○ Add an Additional Service Location
- ○ Remove a Location

Choose All Applicable Networks*
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare Medicare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

Group/Facility Name *

Group NPI # *

Tax ID # *

Effective Date *

Facility Name

If Facility based / Ancillary provider, please download the Meridian Facility Application (PDF) and attach it in the upload field. The Meridian Facility Application is applicable in circumstances where there is a Group NPI update and a service location update coinciding.

Facility Application

[Browse...]

Practitioner Name

First Name

Last Name

Practitioner NPI #

Multiple Practioners

[Browse...]

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. All roster fields are required.

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

Old Service Location Address

Street Address *

Address Line 2

City *

State *

Zip Code *

New Service Location Address

Is the address change for a primary location? *
- ○ Yes
- ○ No

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attach the completed '[Meridian Roster Template (Excel)](#)' from their computer

- Enter the OLD service location street address
- Enter the OLD service location street address line 2 as applicable (Suite number, dept name, etc.)
- Enter the OLD service location City, State and Zip

- Is the address change for a primary location?
  - ○ Select indicator of YES or NO

- Enter the NEW service location street address

- Enter the NEW service location street address line 2 as applicable (Suite number, Dept name, etc.)

- Enter the NEW service location City, State and Zip

- Enter the NEW primary phone

- Is your billing address also changing?
  - ○ Select indicator YES or NO

- If NO is selected you will move to office hours

- If YES is selected new data fields will need to be populated by provider
  - ○ Enter NEW billing street address
  - ○ Enter NEW billing street address line 2 as applicable

Street Address *

Address Line 2

City *

State *

Zip Code *

Primary Phone *

Is your billing address also changing? *
- ◉ Yes
- ○ No

Street Address *

Address Line 2

City *

State *

Zip Code *

Billing Address Phone Number *

Please attach a completed IRS W-9 Form *
Browse...

(Suite number, dept name, etc.)
- o Enter NEW billing service location City, State and Zip
- o Enter NEW billing phone number
- o Provider will need to attach a copy of their W9 reflecting the new billing address

- Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

  Submit

Office Hours

Sunday *

Monday *

Tuesday *

Wednesday *

Thursday *

Friday *

Saturday *

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

Add an Additional Service Location

- Choose the Network(s) that apply to your change

- Enter the Group/Facility Name

- Enter the GNPI # (Group/Type 2 NPI)

- Enter the Tax ID #

- Enter the effective date of the change

- Facility Name (as applicable)
  - Provider will need to select hyperlink 'Meridian Facility Application (PDF)' if you want to add a service location for a facility.
  - Provider will need to 'Browse' and attach the completed 'Meridian Facility Application (PDF)' from their computer

- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)

- If Multiple Practitioners (as applicable)
  - Provider has option to select hyperlink 'Meridian Roster Template (Excel)'
  - Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer

Address Change

What would you like to do?
○ Update a Billing Address
○ Change a Service Location
◉ Add an Additional Service Location
○ Remove a Location

*Choose All Applicable Networks**
☐ Ambetter
☐ Meridian Medicaid
☐ YouthCare
☐ Meridian Medicare-Medicaid
☐ Wellcare Medicare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

*Group/Facility Name **

*Group NPI # **   *Tax ID # **

*Effective Date **

Facility Name

If Facility based / Ancillary provider, please download the Meridian Facility Application (PDF) and attach it in the upload field. The Meridian Application is applicable in circumstances where there is a Group NPI update and a service location update coinciding.

Facility Application
[Browse...]

Practitioner Name

First Name   *Last Name*

Practitioner NPI #

Multiple Practitioners
[Browse...]

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

Office Hours

*Sunday **

*Monday **

*Tuesday **

*Wednesday **

*Thursday **

*Friday **

*Saturday **

Comments

- Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the ADDITIONAL service location street address

- Enter the ADDITIONAL service location street address line 2 as applicable (Suite number, Dept name, etc.)

- Enter the ADDITIONAL service location City, State and Zip

- Enter the ADDITIONAL location phone number

- Is your billing address also changing?
  - Select indicator YES or NO

- If NO is selected you will move to update requested by.

- If YES is selected new data fields will need to be populated by provider
  - Enter NEW billing street address
  - Enter NEW billing street address line 2 as applicable (Suite number, Dept name, etc.)
  - Enter NEW billing service location City, State and Zip

Additional Location Address

Street Address *

Address Line 2

City *   State *

Zip Code *

Location Phone Number *

Is your billing address also changing? *
○ Yes
○ No

Is your billing address also changing? *
◉ Yes
○ No

Street Address *

Address Line 2

City *   State *

Zip Code *

Billing Address Phone Number *

Please attach a completed IRS W-9 Form *
[Browse...]

Update Requested By

First Name *   Last Name *

Contact Email *   Contact Phone Number *

Date Requested *

[Submit]

- o Enter NEW billing phone number
- o Provider will need to attach a copy of their W9 reflecting the new billing address

- ▪ Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- ▪ Enter the date of the request (today's date)

- ▪ Select Submit when everything has been entered correctly

Submit

- Choose the Network(s) that apply to your change

- Enter the Group/Facility Name
- Enter the Group NPI # (Group/Type 2 NPI)
- Enter the Tax ID #

- Enter the effective date of the change

- If <u>Multiple</u> Practitioners (as applicable)
  - Provider has option to select hyperlink '<u>Meridian Roster Template (Excel)</u>'
  - Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Roster Template (Excel)</u>' from their computer

- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)

- Enter the <u>DELETED</u> location street address
- Enter the <u>DELETED</u> location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the <u>DELETED</u> location City, State and Zip
- Enter the <u>DELETED</u> location phone number

- Provider has the option to enter any comments they

Address Change

What would you like to do?
- ○ Update a Billing Address
- ○ Change a Service Location
- ○ Add an Additional Service Location
- ● Remove a Location

Choose All Applicable Networks*
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare Medicare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

Group/Facility Name *

Group NPI # *   Tax ID # *

Effective Date *

Multiple Practioners
[   ] [Browse...]

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

Practitioner Name

First Name   Last Name

Practitioner NPI #

Delete Location Address

Street Address *

Address Line 2

City *   State *

Zip Code *

Location Phone Number *

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wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly

Submit

Comments

[   ]

Update Requested By

First Name *   Last Name *

[   ]   [   ]

Contact Email *   Contact Phone Number *

[   ]   [   ]

Date Requested *

[   ]

Submit

MAKE A DEMOGRAPHIC CHANGE

What would you like to do?

- Make an Address Change
- Make a Demographic Change
- Update Member Assignment Limitations
- Add a New Provider or Term an Existing Provider
- Make a Change to an IRS Number or NPI Number
- Submit Multiple Request Types

Provider indicates next action from five options:
- *Change Phone Number*
- *Change Practitioner Name*
- *Add/Remove a Language Spoken*
- *Update Practitioner Office Hours*
- *Update Service Location Office Hours*

Changes will be reflected in all Products

Demographic Change

What do you want to do? *
- ○ Change Phone Number
- ○ Change Practitioner Name
- ○ Add/Remove a Language Spoken
- ○ Update Practitioner Office Hours
- ○ Update Service Location Office Hours

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- Enter the Group/Facility Name

- Enter the Tax ID #

- Enter the Group NPI # (Group/Type 2 NPI)

- Enter the service location street address

- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)

- Enter the service location City, State and Zip

- Enter OLD phone number

- Enter NEW phone number

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Demographic Change

What do you want to do? *
- ◉ Change Phone Number
- ○ Change Practitioner Name
- ○ Add/Remove a Language Spoken
- ○ Update Practitioner Office Hours
- ○ Update Service Location Office Hours

Group/Facility Name *

Tax ID # *

Group NPI # *

Service Location Address

Street Address *

Address Line 2

City *

State *

Zip Code *

Old Phone Number *

New Phone Number *

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

Change a Practitioner Name

- Enter Practitioner NPI #

- Enter <u>CURRENT</u> Practitioner Prefix
- Enter <u>CURRENT</u> Practitioner First Name
- Enter <u>CURRENT</u> Practitioner Last Name
- Enter <u>CURRENT</u> Practitioner Suffix

- Enter <u>NEW</u> Practitioner Prefix
- Enter <u>NEW</u> Practitioner First Name
- Enter <u>NEW</u> Practitioner Last Name
- Enter <u>NEW</u> Practitioner Suffix

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Submit

Demographic Change

What do you want to do? *
- ○ Change Phone Number
- ● Change Practitioner Name
- ○ Add/Remove a Language Spoken
- ○ Update Practitioner Office Hours
- ○ Update Service Location Office Hours

Practitioner NPI # *
[   ]

Practitioner Current Name

Prefix *   First Name *
[⌄]   [   ]

Last Name *   Suffix
[   ]   [   ]

Practitioner New Name

Prefix *   First Name *
[⌄]   [   ]

Last Name *   Suffix
[   ]   [   ]

Comments
[   ]

Update Requested By

First Name *   Last Name *
[   ]   [   ]

Contact Email *   Contact Phone Number *
[   ]   [   ]

Date Requested *
[   ]

Submit

Add/Remove a Language Spoken

- Enter Practitioner NPI #

- Enter Practitioner First Name
- Enter Practitioner Last Name
- Enter Additional Language(s) Spoken
- Enter Language(s) No Longer Spoken

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

  Submit

Demographic Change

*What do you want to do? ***

○ Change Phone Number
○ Change Practitioner Name
◉ Add/Remove a Language Spoken
○ Update Practitioner Office Hours
○ Update Service Location Office Hours

*Practitioner NPI # ***

Practitioner Name

*First Name ***

*Last Name ***

*Additional Language(s) Spoken ***

*Language(s) No Longer Spoken ***

Comments

Update Requested By

*First Name ***

*Last Name ***

*Contact Email ***

*Contact Phone Number ***

*Date Requested ***

Submit

Update Practitioner Office Hours

- Enter Practitioner NPI #
- Enter Group NPI #
  (Group/Type 2 NPI)
- Enter Tax ID #

- Enter Practitioner First Name
- Enter Practitioner Last Name
- Enter Group Name

- Enter service street address

- Enter the service location street address line 2 as applicable (Suite number, dept name, etc.)

- Enter the service location City, State and Zip

- Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

Demographic Change

What do you want to do? *
○ Change Phone Number
○ Change Practitioner Name
○ Add/Remove a Language Spoken
● Update Practitioner Office Hours
○ Update Service Location Office Hours

Practitioner NPI # *

Group NPI # *

Tax ID # *

Practitioner Name

First Name *   Last Name *

Group Name *

Service Location Address

Street Address *

Address Line 2

City *   State *

Zip Code *

New Provider Office Hours

Sunday *

Monday *

Tuesday *

Wednesday *

Thursday *

Friday *

Saturday *

Comments

Update Requested By

First Name *   Last Name *

Contact Email *   Contact Phone Number *

Date Requested

Submit

- Select Submit when everything has been entered correctly

Submit

Update Service Location Office Hours

- Enter Group/Facility Name
- Enter Group NPI# (Group/Type 2 NPI)

- Enter service street address

- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)

- Enter the service location City, State and Zip

- Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Demographic Change

What do you want to do? *
- ○ Change Phone Number
- ○ Change Practitioner Name
- ○ Add/Remove a Language Spoken
- ○ Update Practitioner Office Hours
- ⦿ Update Service Location Office Hours

Group/Facility Name *

Group NPI # *

Service Location Address

Street Address *

Address Line 2

City *   State *   ⌄

Zip Code *

Service Location Office Hours

Sunday *

Monday *

Tuesday *

Wednesday *

Thursday *

Friday *

Saturday *

Comments

Update Requested By

First Name *   Last Name *

Contact Email *   Contact Phone Number *

Date Requested *

Submit

Submit	
UPDATE MEMBER ASSIGNMENT LIMITATIONS	**What would you like to do?** ● Make an Address Change ● Make a Demographic Change ● Update Member Assignment Limitations ● Add a New Provider or Term an Existing Provider ● Make a Change to an IRS Number or NPI Number ● Submit Multiple Request Types
Provider indicates next action from <u>three</u> options: • *Change Accepting New Members Status* • *Change Panel Size (PCP Only)* • *Change Age Restrictions*	**Update Member Assignment Limitations** *What would you like to do?* * ○ Change Accepting New Members Status ○ Change Panel Size (PCP Only) ○ Change Age Restrictions *Choose Networks** ☐ Ambetter ☐ Meridian Medicaid ☐ YouthCare ☐ Meridian Medicare-Medicaid ☐ Wellcare Medicare

Change Accepting New Member Status

- Choose the Network(s) that apply to your change

- Enter the Practitioner First Name

- Enter the Practitioner Last Name

- Enter the Practitioner NPI #

- Enter the Tax ID#

- Enter the Group/Facility Name

- Enter the Group NPI # (Group/Type 2 NPI)

- Enter service street address

- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)

- Enter the service location City, State and Zip

- Select your Practitioner Type indicator
  - Primary Care Provider (PCP)
  - Specialist

- Select Is Practitioner Accepting New Members?
  - Select indicator YES
  - Select indicator NO

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email

Update Member Assignment Limitations

*What would you like to do? * *
- ⦿ Change Accepting New Members Status
- ○ Change Panel Size (PCP Only)
- ○ Change Age Restrictions

*Choose Networks**
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare Medicare

Practitioner Name

*First Name * *

*Last Name * *

*Practitioner NPI # * *

*Tax ID # * *

*Group/Facility Name * *

*Group NPI # * *

Service Location Address

*Street Address * *

Address Line 2

*City * *

*State * *

*Zip Code * *

*Practitioner Type * *
- ○ Primary Care Provider (PCP)
- ○ Specialist

*Is Practitioner Accepting New Members? * *
- ○ Yes
- ○ No

address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Submit

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

Change Panel Size (PCP Only)

- Choose the Network(s) that apply to your change

- Enter Primary Care Provider (PCP) NPI #
- Enter Primary Care Provider (PCP) First Name
- Enter Primary Care Provider (PCP) Last Name
- Enter Tax ID #
- Enter Group/Facility Name
- Enter Group NPI # (Group/Type 2 NPI)

- If Multiple Practitioners
  - Provider has option to select hyperlink 'Meridian Roster Template (Excel)'
  - Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer

- Enter service street address

Update Member Assignment Limitations

What would you like to do? *
- ○ Change Accepting New Members Status
- ⦿ Change Panel Size (PCP Only)
- ○ Change Age Restrictions

Choose Networks*
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare Medicare

Primary Care Provider (PCP) NPI # *

Primary Care Provider (PCP) Name

First Name *

Last Name *

Tax ID # *

Group/Facility Name *

Group NPI # *

Multiple Practioners

Browse...

All fields are required.

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

- Enter the service location street address line 2 as applicable (Suite number, dept name, etc.)

- Enter the service location City, State and Zip

- Enter <u>New</u> Panel Size

- Provider has the option to enter any comments they wish to help facilitate change

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

  Submit

Service Location Address

Street Address *

Address Line 2

City *

State *

Zip Code *

New Panel Size *

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

- Choose the Network(s) that apply to your change
- Enter Primary Care Provider (PCP) NPI#
- Enter Primary Care Provider (PCP) First Name
- Enter Primary Care Provider (PCP) Last Name
- Enter Tax ID #
- Enter Group/Facility Name
- Enter Group NPI # (Group/Type 2 NPI)

- If Multiple Practitioners
  o Provider has option to select hyperlink 'Meridian Roster Template (Excel)'
  o Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer
- Enter service street address
- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the service location City, State and Zip

- Select your Practitioner Type indicator
  o Primary Care Provider (PCP)
  o Specialist

- Enter New Age Restrictions

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email

Update Member Assignment Limitations

What would you like to do? *
○ Change Accepting New Members Status
○ Change Panel Size (PCP Only)
◉ Change Age Restrictions

Choose Networks*
☐ Ambetter
☐ Meridian Medicaid
☐ YouthCare
☐ Meridian Medicare-Medicaid
☐ Wellcare Medicare

Primary Care Provider (PCP) NPI # *
[   ]

Primary Care Provider (PCP) Name

First Name *
[   ]

Last Name *
[   ]

Tax ID # *
[   ]

Group/Facility Name *
[   ]

Group NPI # *
[   ]

Multiple Practioners
[   ] [Browse...]
All fields are required.

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2021)

Service Location Address

Street Address *
[   ]

Address Line 2
[   ]

City *
[   ]

State *
[▾]

Zip Code *
[   ]

Practitioner Type *
○ Primary Care Provider (PCP)
○ Specialist

New Age Restrictions *
[   ]

Comments
[   ]

Update Requested By

First Name *
[   ]

Last Name *
[   ]

Contact Email *
[   ]

Contact Phone Number *
[   ]

Date Requested *
[   ]

[Submit]

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address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. ▪ Enter the date of the request (today's date) ▪ Select Submit when everything has been entered correctly Submit	

What would you like to do?

- Make an Address Change
- Make a Demographic Change
- Update Member Assignment Limitations
- Add a New Provider or Term an Existing Provider
- Make a Change to an IRS Number or NPI Number
- Submit Multiple Request Types

Provider indicates next action from three options:

- *Add a New Provider*
- *Term a PCP*
- *Term a Specialist*

Add a New Provider or Term an Existing Provider

*What do you want to do? ***

○ Add a New Provider
○ Term a PCP
○ Term a Specialist

Add a New Provider

▪ Choose the Network(s) that apply to your change

▪ Provider has option to select hyperlink 'Meridian Roster Template (Excel)'

▪ Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer

Providers must be IMPACT approved and Medicaid numbers supplied for Medicaid, YouthCare and/or Duals products.

- **Ambetter** and **Medicare** submissions
  - CAQH must be current and accessible, if not enrollment will **not** be processed
  - No more than 20 locations per practitioner will be loaded into Meridian systems

- **Facility** or **Clinic**
  - A credentialing 'application (PDF)' will be required
  - Provider will need to select hyperlink 'application (PDF)'
  - Provider will need to 'Choose File' and attach the completed 'application (PDF)' from their computer

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Submit

Add a New Provider or Term an Existing Provider

What do you want to do? *
- ● Add a New Provider
- ○ Term a PCP
- ○ Term a Specialist

Choose All Applicable Networks*
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

New Provider Roster Upload *
[Choose File] No file chosen

Additional File Upload
[Choose File] No file chosen

1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be supplied

2. Prior to Ambetter and Medicare submissions:

- ● Validate CAQH is current and accessible to the health plan for all practitioners
- ● NOTE: CMS does not allow more than 20 locations per practitioner
- ● If submitting a new facility or clinic, a credentialing application (PDF) will be required, along with the documents referenced on the last page of the application.

Update Requested By

First Name *
[   ]

Last Name *
[   ]

Contact Email *
[   ]

Contact Phone Number *
[   ]

Date Requested *
[   ]

Submit

Terminate a Primary Care Provider (PCP)

- Choose the Network(s) that apply to your change

- Select if you are terming a single or multiple providers.

- If you select 'single' you will be prompted to enter additional information.

- Enter Primary Care Provider (PCP) NPI #

- Enter Primary Care Provider (PCP) First Name

- Enter Primary Care Provider (PCP) Last Name

- Enter Tax ID # Practitioner will be termed from all locations associated with TIN regardless of GNPI

- Enter Group/Facility Name

- Enter Date Term Effective

- Select Term Reason from drop down
  - Left Group
  - Retired
  - Deceased
  - Relocated out of State
  - Closed Practice
  - Other

Add a New Provider or Term an Existing Provider

*What do you want to do? ***
- ○ Add a New Provider
- ● Term a PCP
- ○ Term a Specialist

*Choose All Applicable Networks**
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

*Do you need to term a single PCP or multiple? ***
- ● Single
- ○ Multiple

*Primary Care Provider (PCP) NPI # ***

[   ]

Primary Care Provider (PCP) Name

*First Name ** [   ]   *Last Name ** [   ]

*Tax ID # ** [   ]

Practitioner will be termed from all locations associated with this TIN.

*Group/Facility Name ** [   ]

*Date Term Effective ** [   ]

Left Group
Retired
Deceased
Relocated Out of State
Closed Practice
No Longer Accepting Medicaid
Other

- If selected Provider will need to type in reason

- Select Move Members to indicator
  - Auto-Assignment
  - Provider

Auto-Assignment will assign the member(s) to another PCP that is in proximity to their address.

- If PROVIDER is selected new data fields will need to be populated by provider (1st, 2nd, 3rd choice of where members should be moved to) as applicable
  - Enter Provider #1 NPI #
  - Enter Provider #1 First Name
  - Enter Provider#1 Last Name
  - Enter Provider #2 NPI #
  - Enter Provider #2 First Name
  - Enter Provider#2 Last Name
  - Enter Provider #3 NPI #
  - Enter Provider #3 First Name
  - Enter Provider#3 Last Name

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian

Term Reason *

Other ⌄

If other reason, please state why. *

Move Members To: *
○ Auto-Assignment
○ Provider

Move Members To: *
○ Auto-Assignment
◉ Provider

Provider #1 NPI # *

Provider #1 First Name *   Provider #1 Last Name *

Provider #2 NPI #

Provider #2 First Name   Provider #2 Last Name

Provider #3 NPI #

Provider #3 First Name   Provider #3 Last Name

Comments

Update Requested By

First Name *   Last Name *

Contact Email *   Contact Phone Number *

Date Requested *

New Provider Roster Upload *
Choose File   No file chosen

will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Answer prompt if this request is a PHO affiliation
    - Yes – please enter PHO Name
    - No – no further action necessary

- Select Submit when everything has been entered correctly

Is this request a PHO affiliation?
- ● Yes
- ○ No

PHO Name

Submit

Terminate a Specialist

- Choose the Network(s) that apply to your change
- Select indicator - Do you need to term a single Specialist or multiple?
    - Single
    - Multiple

Single is selected new data fields will need to be populated by the provider
- Enter Specialist NPI #
- Enter Specialist First Name
- Enter Specialist Last Name
- Enter Tax ID #

Practitioner will be termed from all locations associated with TIN regardless of GNPI

- Enter Group/Facility Name
- Enter Date Term Effective
- Select Term Reason from drop down
    - Left Group
    - Retired
    - Deceased
    - Relocated out of State

Add a New Provider or Term an Existing Provider

What do you want to do? *
- ○ Add a New Provider
- ○ Term a PCP
- ● Term a Specialist

Choose Networks*
- ☐ Ambetter
- ☐ Meridian Medicaid
- ☐ YouthCare
- ☐ Meridian Medicare-Medicaid
- ☐ Wellcare

Do you need to term a single Specialist or multiple? *
- ○ Single
- ○ Multiple

Specialist NPI # *

Specialist Name

First Name *

Last Name *

Tax ID # *

Practitioner will be termed from all locations associated with this TIN.

Group/Facility Name *

Date Term Effective

Specialist Term Reason *

Left Group
Retired
Deceased
Relocated Out of State
Closed Practice
No Longer Accepting Medicaid
Other

- Closed Practice
- Other
    - If selected Provider will need to type in reason

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Provider has the option to upload a roster (not required)
- Answer prompt if this request is a PHO affiliation
    - Yes – please enter PHO Name
    - No – no further action necessary
- Select Submit when everything has been entered correctly

Submit

Multiple is selected new data fields will need to be populated by the provider
    - Provider has option to select hyperlink 'Meridian Roster Template (Excel)'

    - Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer

---

Term Reason *

Other ▼

If other reason, please state why. *

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested

New Provider Roster Upload
Choose File | No file chosen

Is this request a PHO affiliation?
○ Yes
○ No

Is this request a PHO affiliation?
◉ Yes
○ No

PHO Name

Submit

Do you need to term a single Specialist or multiple? *
○ Single
◉ Multiple

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All roster fields are required.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

New Provider Roster Upload *
Choose File | No file chosen

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Is this request a PHO affiliation?
○ Yes
○ No

Is this request a PHO affiliation?
◉ Yes
○ No

PHO Name

Submit

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Answer prompt if this request is a PHO affiliation
  - Yes – please enter PHO Name
  - No – no further action necessary

- Select Submit when everything has been entered correctly

Submit

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER

What would you like to do?

- Make an Address Change
- Make a Demographic Change
- Update Member Assignment Limitations
- Add a New Provider or Term an Existing Provider
- Make a Change to an IRS Number or NPI Number
- Submit Multiple Request Types

Provider indicates next action from two options:

- *Change an IRS Number (TIN)*
- *Change an NPI Number*

Make a Change to an IRS Number or NPI Number

*What would you like to do? *
- Change an IRS Number (TIN)
- Change an NPI Number

Change an IRS Number (TIN)

- Enter Group/Facility Name
- Enter OLD Tax Identification Number (TIN)
- Enter OLD Group NPI # (Group/Type 2 NPI)

- Enter NEW Tax Identification Number (TIN)
- Enter NEW Group NPI # (Group/Type 2 NPI)
- Enter effective date of change
- Provider will need to attach a copy of their W9 reflecting the new IRS number from their computer

- Provider has the option to enter any comments they wish to help facilitate request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

  Submit

*What would you like to do? ***

◉ Change an IRS Number (TIN)
○ Change an NPI Number

*Group/Facility Name ***

*Old Tax Identification Number (TIN) ***   *Old Group NPI # ***

*New Tax Identification Number (TIN) ***   *New Group NPI # ***

*Effective Date ***

*Please attach a completed IRS W-9 Form ***   Browse...

Comments

Update Requested By

*First Name ***   *Last Name ***

*Contact Email ***   *Contact Phone Number ***

*Date Requested ***

Submit

Change an NPI Number

- Enter Group/Facility Name
- Enter OLD Group NPI # (Group/Type 2 NPI)
- Enter NEW Group NPI # (Group/Type 2 NPI)
- Enter Tax Identification Number (TIN)
- Select indicator has this NPI been updated with Illinois Medicaid?
  - o Yes
  - o No

- No
  - o Please contact IMPACT web portal by selecting 'here' hyperlink

- Yes
  - o Enter New Medicaid ID

Make a Change to an IRS Number or NPI Number

*What would you like to do? ***
○ Change an IRS Number (TIN)
◉ Change an NPI Number

*Group/Facility Name ***

*Old Group NPI # ***   *New Group NPI # ***

*Tax ID # ***

*Has this NPI been updated with Illinois Medicaid? ***
○ Yes
○ No

*Has this NPI been updated with Illinois Medicaid? ***
○ Yes
◉ No
Please contact IMPACT. The IMPACT web portal can be found here!

o   Enter Effective Date

- Enter effective date of change

- Provider has the option to enter any comments they wish to help facilitate change request

- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.

- Enter the date of the request (today's date)

- Select Submit when everything has been entered correctly

Has this NPI been updated with Illinois Medicaid? *
◉ Yes
○ No

Please Provide New Medicaid ID *

Effective Date *

Comments

Update Requested By

First Name *

Last Name *

Contact Email *

Contact Phone Number *

Date Requested *

Submit

SUBMIT MULTIPLE REQUEST TYPES

What would you like to do?

- Make an Address Change
- Make a Demographic Change
- Update Member Assignment Limitations
- Add a New Provider or Term an Existing Provider
- Make a Change to an IRS Number or NPI Number
- Submit Multiple Request Types

- Provider chooses the applicable networks for this request

- If selecting Wellcare please indicate applicable products in Comments section

- Enter Contact First Name, Last Name, Contact Email address and Contact phone number

Submit Multiple Request Types

Choose All Applicable Networks*
☐ Ambetter
☐ Meridian Medicaid
☐ YouthCare
☐ Meridian Medicare-Medicaid
☐ Wellcare

1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be supplied

2. Prior to Ambetter and Medicare submissions:

- Validate CAQH is current and accessible to the health plan for all practitioners
- NOTE: CMS does not allow more than 20 locations per practitioner
- If submitting a new facility or clinic, a credentialing application (PDF) will be required, along with the documents referenced on the last page of the application.

- Provider will need to select hyperlink '<u>Meridian Roster Template (Excel)</u>'

- Provider will indicate if request is part of a Delegated Group
  - Yes
  - No
- If <u>NO</u> is selected you will move to uploading new provider roster
- If <u>YES</u> is selected new data field will need to be populated by provider
  - Type in the name of Delegated Group

- Answer prompt if this request is a PHO affiliation
  - Yes – please enter PHO Name
  - No – no further action necessary

- Enter the total number updates, terms and/or adds your request contains.

- **Ambetter** and **Medicare** submissions
  - <u>CAQH</u> must be current and accessible, if not, enrollment will **not** be processed

Providers must be IMPACT approved and Medicaid numbers supplied for Medicaid, YouthCare, and/or Duals products.

- Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Roster Template (Excel)</u>' from their computer

  Submit

If submitting for specific WellCare product(s), indicate applicable products in Comments section

First Name *

Last Name *

Contact Email *

Contact Phone Number *

If 5 or more provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. **All required roster fields must be completed.**

Meridian Roster Template (Excel)
(Roster template revised 02/04/2022)

Delegated Group?
- Yes
- No

Delegated Group?
- ● Yes
- No

Delegated Group Name? *

Is this for a PHO agreement? *
- Yes
- No

Is this for a PHO agreement? *
- ● Yes
- No

PHO Name? *

How many total updates, terms, or adds does your request contains? *

1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be supplied

2. Prior to Ambetter and Medicare submissions:

- ● Validate CAQH is current and accessible to the health plan for all practitioners
- ● NOTE: CMS does not allow more than 20 locations per practitioner
- ● If submitting a new facility or clinic, a credentialing application (PDF) will be required, along with the documents referenced on the last page of the application.

New Provider Roster Upload *
Choose File | No file chosen

Comments

Submit