

Quick Reference Guide

JANUARY 2024



Contact Us

866-606-3700 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

[ILmeridian.com](https://www.ilmeridian.com)

Secure Provider Portal: Provider.ILMeridian.com

[Meridian Medicaid Provider Manual](#)

Check member eligibility, submit and view the status of claims, reconsiderations, and prior authorizations, view quality reports and member gaps in care, and pull patient lists using our Secure Provider Portal: Provider.ILMeridian.com

Update your practice information with the Meridian Provider Updates tool:

ILMeridian.com/providers/provider-updates.html

Stay up to date with the latest from Meridian. Sign up to receive essential news:

ILMeridian.us1.list-manage.com/subscribe?u=fd5964087a3f6079e47c40351&id=407ae04f1b

Prior Authorization

Services requiring Prior Authorization (PA) can be determined with our online [Pre-Auth Tool](#). PAs can be submitted electronically through the [Provider Portal](#) or one of our vendor solutions below.

Vendor Solutions	
Dental	Envolve Dental
MRA, MRI, PET, CT Scans, Cardiac Imaging, Pain Management, Speech, Occupational and Physical Therapy, and effective February 1, 2024, Musculoskeletal Services	NIA
Oncology/Supportive Drugs for Members Aged 18 and Older	New Century Health
Post-acute facility (SNF, IRF, and LTAC)	CareCentrix Fax 877-250-5290



Billing & Claims

Refer to our website (ILmeridian.com/providers/known-issues.html) for updated information on known claim processing issues and alerts. The timely filing limit is 180 days from the date of service. Billing and claim processing information can also be found in the Illinois Association of Medicaid Health Plan's (IAMHP) [Comprehensive Billing Guide](http://iamhp.net/providers) on iamhp.net/providers.

Electronic Payer ID: MHPIL*

Meridian Clearinghouse

Availability: 800-282-4548

*Providers utilizing [Change Healthcare](#) as their clearinghouse must submit with Payer ID MCCIL.

PaySpan

[PaySpan](#) is a free solution that simplifies administrative tasks for electronic payments and automatic reconciliation. If you are not registered, create a new account at payspanhealth.com or by calling 877-331-7154, option 1.

Mailing Address for Paper Claims:

Meridian Claims Department
PO Box 4020
Farmington, MO 63640-4402

If you are re-submitting a claim for a status or a correction, please indicate "Status" or "Claims Correction" on the claim.

Provider Claim Disputes

A claim dispute is related to a claim payment denial, including a claim denied for authorization when the provider failed to obtain a required authorization, claim processing and/or payment discrepancies. Requests for reconsideration and disputes must be received within 90 calendar days of the original determination or explanation of payment (EOP). Meridian's claim dispute policy does not routinely allow retroactive authorization reviews and the overturning of claim denials when a required prior authorization has not been obtained.

There are two ways to submit a claim dispute:

1. The secure provider portal is the fastest and most secure method: Provider.ILmeridian.com
2. Via mail: **Meridian Provider Claim Disputes**
PO Box 4020
Farmington, MO 63640-4402

Medical Necessity

A medical necessity appeal is the first and only level of plan appeal for the member and provider related to medical necessity determinations (authorization denial). Providers have 90 days to file a post-service appeal in writing from the date of the Adverse Benefit Determination letter. (Do not use this option if you fail to get an authorization. See provider claim disputes)



Medical Claim Refunds

If you would like to reverse a claim without sending a refund you may log into the secure provider portal, identify the claim, and choose the void/recoup function. Your claim will be recouped.

To refund a claim overpayment by mail, send a check and documentation to:

Meridian Refunds
PO Box 856407
Minneapolis, MN 55585-6407

Refer to the [Meridian Provider Manual](#) or the [IAMHP Comprehensive Billing Guide](#) for more information.

Member Appeals

An appeal is a request for review of a decision made by Meridian to deny, reduce, or terminate a requested service. Members have 60 days from the Adverse Benefit Determination letter to submit an appeal. An authorized representative of the member such as a provider, family member, friend, or attorney may file an appeal on the member’s behalf with the member’s written permission.

<p>Non-Rx and Non-Behavioral Health Services and Appeals</p> <p>Meridian Member Appeals Dept. PO Box 716 Elk Grove Village, IL 60009 Fax: 833-383-1503</p>	<p>Behavioral Health Services and Appeals</p> <p>Centene Behavioral Health Appeals (denied auth on file) P.O. Box 10378 Van Nuys, CA 91410-0378 BH Fax: 866-714-7991</p>	<p>Member Rx</p> <p>Meridian Pharmacy Appeals P.O. Box 31398 Tampa, FL 33631-3398 Fax: 888-865-6531</p>
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Transportation - MTM

MTM is our non-emergent transportation vendor. Non-emergent non-ambulance transportation services can be arranged by the member or their provider by calling 866-796-1165 to schedule services. Services must be scheduled at least three days in advance. Members requiring transportation for next-day appointments should contact our Member and Provider Services Department at 866-606-3700 (TTY: 711).

Pharmacy

Effective January 1, 2024, Meridian will transition their Pharmacy Benefit Manager (PBM) from CVS Caremark to Express Scripts® Pharmacy.

For medications that require prior authorization and/or a drug that is not on the preferred drug list, submit your request using covermymeds.com or complete a [Medication Prior Authorization Request Form \(PDF\)](#) and fax to 855-580-1695. **In emergency situations, please phone 855-580-1688.** For pharmacy resources ILMeridian.com/providers/pharmacy.html.



ILmeridian.com

Our website hosts a variety of resources and self-service tools. Bookmark the links below to access key information.

For Providers ILMeridian.com/providers.html	The <i>For Providers</i> page offers links to provider notices, newsletter, member redetermination guidance, online provider enrollment, forms, manuals, guides and our pre-auth tool.
Secure Provider Portal Provider.ILMeridian.com	Meridian's secure provider portal makes doing business with us easier. It's the fastest and most secure way to check member eligibility, submit claims, view claims status and reconsiderations, prior authorizations and pull patient lists.
Pre-Auth Tool ILMeridian.com/providers/preauth-check/medicaid-pre-auth.html	Prior authorization is required before certain services are rendered to confirm medical necessity. Use the tool by answering questions and following the prompts.
Meridian Preferred Drug List (PDL) ILMeridian.com/providers/pharmacy.html	The Meridian PDL is a guide to help providers choose clinically appropriate and cost-effective products for their patients and includes facts about covered drugs.
HEDIS® Quick Reference Guide ILMeridian.com/providers/resources/quality-improvement.html	Find guidance for all lines of business in the HEDIS® MY 2023 Quick Reference Guide to increase your practice's HEDIS rates and address care opportunities for your patients.
EPSDT program ILMeridian.com/providers/resources/quality-improvement.html	The EPSDT program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21 years old. Use the toolkit to learn about early prevention and treatments.
Health Library ILMeridian.kramesonline.com/	Meridian's Health Library, Krames Online, is available 24 hours a day and offers access to more than 4,000 topics relating to health and medication. Content is available in English and Spanish.