



777 Woodward Ave.,
Suite 700
Detroit, MI 48226

1-855-323-4578
TTY: 711
mimeridian.com
ambettermeridian.com
wellcare.com/michigan

WellCare Health Plans, Inc
Attn: Claim Payments Disputes
P.O. Box 31370
Tampa, FL 33631-3370

Appeal Submission Processes



Meridian Medicaid

Providers may submit a post-service appeal in one of three ways:

1. Login to the Provider Portal to submit an appeal. This is the preferred method for a quick turnaround time.
2. Via mail by filling out the Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to the following address:

Meridian
Attn: Appeals Department
PO Box 8080
Farmington, MO 63640-8080

3. Via fax by filling out the Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to 833-592-0658.



WellCare

Appeals should be submitted via the Provider Portal or mailed to the following address or faxed to 1-877-277-1808:

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Ambetter



Authorization Appeals

1. Providers and members may appeal adverse determinations up to 180 calendar days from Ambetter's notice of action. Ambetter shall acknowledge receipt of each appeal within three days after receiving an appeal.
2. Appeals are adjusted in accordance with the following timelines:
 - a. **Standard Member Appeals:** Within 30 days of receipt of the appeal request
 - b. **Expedited Member Appeals:** Within 72 hours of receipt of the appeal request

3. For Physical Health Related Authorization Appeals:

Ambetter from Meridian
Attn: Appeals and Grievances Department
PO Box 10341, Van Nuys, CA 91410-0341
Fax: 1-833-886-7956

4. For Behavioral Health Related Authorization Appeals:

Ambetter from Meridian
Attn: BH Appeals Department
PO Box 10378, Van Nuys, CA 91410-0378
Fax: 1-866-714-7991

Request for Reconsideration

1. Providers may elect to call Provider Services. This method is for requests for reconsideration that do not require submission of support or additional information. An example of this is when a provider believes a particular service is reimbursed at a particular rate, but the payment did not reflect that rate.
2. Providers may use the Request for Reconsideration Form found on our website (preferred method).



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3. Providers may send a written letter that includes a detailed description of the reason of the request.
 - a. To ensure timely processing, the letter must include sufficient identifying information, which includes, at a minimum, the member's name, member ID number, date of service, total charges, provider name, original EOP, and/or the original claim number found in box 22 on a CMS 1500 form or field 64 on a CMS 1450 (UB-04 form).
 - b. The corresponding frequency code should also be included with the original claim number (7 = replacement or corrected; 8 = voided or cancelled) in field 22 of the CMS 1500 and in field 4 of the CMS 1450 (UB-04) form. It is not necessary to attach a copy of the submitted claim.
 - c. Written requests for reconsideration and any applicable attachments must be mailed to:
Ambetter Attn: Request for Reconsideration P.O. Box 5010 Farmington, MO 63640-5010

Claim Dispute

1. A claim dispute/claim appeal should be used only when a provider has received an unsatisfactory response to a request for reconsideration. A claim dispute/appeal must be submitted on a claim dispute/appeal form found on our website. The claim dispute form must be completed in its entirety.
2. Mail completed claim dispute/appeal forms to: Ambetter, Attn: Claim Dispute, P.O. Box 5010, Farmington, MO 63640-5010

MeridianComplete



How to File a Post-Service Claim Appeal:

1. Please send a letter explaining the nature of your appeal and any special circumstances that you would like MeridianComplete to consider.
2. Attach a copy of the claim and documentation to support your position, such as medical records.
3. By mail only. Send the appeal to the following address:

MeridianComplete
Attn: Claims
P.O. Box 3060
Farmington, MO 63640