

# Claims Inquiry Request

## Provider Guide

The purpose of this job aid is to provide guidance on submitting claims inquiries via Meridian’s new 2025 Provider Concierge Inquiry Form.

### 1. Navigate to the Provider Relations Inquiry Form landing page

Go to your web browser and type in the following link:

<https://www.mimeridian.com/providers/provider-relations-intake-form.html>

### 2. Follow link to Inquiry Submission

Left click on "Submit Provider Relations Inquiry Form (via Smartsheet).

### 3. Complete the Inquiry Form

Please ensure that the information provided is valid to avoid delays in processing. For the issue category, select “Claim Issue.”

#### 4. Download Claims Template

Once the form has been completed, a hyperlink for the Claims Template will populate. Left click on the link and double click the downloaded file in the corner of your browser to open the spreadsheet.

### 2025 Provider Concierge

Meridian Provider Relations has introduced an enhanced intake form to better service all providers, including systems and PHOs. This streamlined process is designed to improve collaboration, ensure faster resolution times, and provide greater transparency.

To make the process seamless, please ensure you are submitting 1 issue per intake form, select the appropriate line of business, and include all requested details to avoid delays or having to resubmit.

Please call our customer service team for any Medicaid effective date inquiries: 888-773-2647 (TTY: 711)

Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)

Meridian Complete effective date inquiry: 1-855-323-4578 (TTY: 711)

Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)

**Provider Name \***

Claims-Intake-Form-2025 (1).xlsx  
36.2 KB • Done

**Date \***

**Contact Name \***

**Email Address \***

**Phone Number \***

**TAX ID \***

**Line of Business \***

**Issue Category \***

**Claims Template**

Please ensure you are filling out all rows so we can best assist you!

<https://www.mimeridian.com/content/dam/centene/meridian/mi/Claims-Intake-Form->

#### 5. Fill Out Claims Template

Complete cells 3B-10B of the template. These fields are required for assistance.

- Provider Name: Name of group or practitioner on the claim.
- TIN: Billing Tax ID
- PAR Relationship: Is the provider participating with the billed line of business?
- Issue Category: Select from the drop-down menu.

Claim Underpayment, Claim Overpayment, Recovery, Authorization Issue, Appeal/Reconsideration Issue, Other.

- Description of the Issue. Please be detailed.
- (For claims affected by an authorization issue) Authorization Number
- Example Claim #s.
- Products Line Impacted

meridian		2025 Claims Intake Form		
1				
2	Provider Claim Issue Intake Form- All fields are required for Providers		Please fill out all fields required below- All fields are required for Providers	
3	* Provider Name:			
4	* TIN			
5	* Par Relationship Y/N			
6	* Issue Category			
7	* Description of the Issue			
8	Authorization Number ( If category selected is authorization issue)			
9	* Claim # Examples:			
10	* Product Line Impacted:			
11	RCA Response Form: FOR REVISION ONLY		Claims Responses: FOR REVISION ONLY	
12	Did claims escalated pay accurately?			
13	If yes please explain/provide education in business terms against state requirements of why the claim reimbursement is accurate:			
14	If no please explain in business terms why the claim reimbursement is not accurate:			
15	What action is required to correct the processing?			
16	Any formal system tickets tied to the resolution for tracking purposes ?			
17	What is ETA For resolution of the payment error?			
18	What is ETA For adjusting Impacted claims?			
19	What date will adjustments go back to?			
20	Will interest apply and at what rate?			
21	What is the total claim count needed to adjust/mass process?			
22	What is estimated liability?			
23	What is the project number?			

## 6. Upload Completed Template

After completing and saving the template, upload the document to the inquiry form by either dragging and dropping or using the browse files feature.

**CENTENE**  
Corporation

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We will respond to all inquiries in 5 business days.

Provider Name \*  
John Doe

Date \*  
02/19/2025

Contact Name \*  
John Doe

Email Address \*  
john.doe@gmail.com

Phone Number \*  
888-888-8888

TAX ID \*  
12-3456789

Line of Business \*  
Medicaid

Issue Category \*  
Claim Issue

Claims Template  
**Please ensure you are filling out all rows so we can best assist you**  
<https://www.mimeridian.com/content/dam/centene/meridian/mi/Claims-Intake-Form-2025.xlsx>

File Upload \*  
Drag and drop files here or [browse files](#)

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## 7. Submit Inquiry Form

After the file has been uploaded, you may now submit the inquiry form. Please allow five business days for follow-up from our Issue Management team.