

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).

Enrollment and Updates	~	Why This Process Matters
Provider Relations Intake Fo	orm	This updated workflow enhances coordination between Provider Relations and Data Management, focusing on:
Pre-Auth Check	~	Timely Issue Resolution: Ensuring concerns are addressed more efficiently.
Health Library		 Improved Inventory Management: Allowing for more accurate tracking and resolution of disputes.
Pharmacy		We aim to provide prompt and effective support. When you submit a request:
Provider Resources		You'll receive a response within 10 business days for MMP/Medicaid Items and 30 business days for Wellcare/Ambetter
1041061 1165001065	~	 Our response will include a detailed tracking ticket, clear next steps, and an expected timeline for resolution.
Provider Training	~	 Once the issue is resolved, we'll provide a root cause analysis to ensure transparency. If you have further concerns, you can request a virtual meeting with our team to discuss the resolution.
Bulletins	~	Partnering Together
QI Program	~	To make the process seamless:
Coronavirus Information		Submit one issue per intake form.
Claims Project Status	~	Select the appropriate line of business (Medicaid, Meridian Complete[duals], Ambetter, or WellCare).
Vaccines for Children Progra	am in	3 Include all requested details and relevant information in your submission to avoid delays or having to resubmit.
Michigan		This process is designed to strengthen our partnership and ensure your needs are met with efficiency and care. We appreciate your cooperation and look forward to continuing to support your work.
		Submit Provider Relations Inquiry Forde(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."

	Provider Name *
	John Doe
	Date *
	02/19/2025
CENTENE	Contact Name *
Corporation	John Doe
2025 Provider Concierge	Email Address *
Lezo i roman concienge	john.doegemail.com
Meridian Provider Relations has introduced an enhanced intake form to better service all providers, including systems and PHOs. This streamlined process is	Phone Number *
designed to improve collaboration, ensure faster resolution times, and provide greater transparency.	888-888-8888
To make the process seamless, please ensure you are submitting 1 issue per	TAX ID *
Intake form, select the appropriate line of business, and include all requested details to avoid delays or having to resubmit.	12-3456789
	Line of Business *
Please call our customer service team for any Medicaid effective date inquiries: 888-773-2647 (TTY711)	Medicaid
Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)	Issue Category *
Meridian Complete effective date inquiry: 1-855-323-4578 (TTY 711)	Claim tesue
Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)	Claims Template
	Please ensure you are filling out all rows so we can best assist you!
We will respond to all inquiries in 5 business days.	https://www.mimeridian.com/content/dam/centene/meridian/mi/Claims-Intake-Form- 2025 xisx





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.



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.

🙌 meridian 2025 Claims Intake Form ovider Name TIN * Par Relationship Y/N Issue Category
 Description of the Issue
 Authorization Number (If category selected is authorization iss
 Claim # Examples: e Form Did claims escalated pay accurately? If yes please explain/provide education in business terms against state requirements of why the claim reimbursement is accurate: If no please explain in business terms why the claim reimbursement is not accurate: What action is required to correct the processing? Any formal system tickets tied to the resolution for tracking purposes ? What is ETA For resolution of the payment error? What is ETAF for adjusting impacted claims? What is ETAF for adjusting impacted claims? What date will adjustments go back to? Will interest apply and a twhat rate? What is the total claim count needed to adjust/mass process? What is estimated liability? What is the project number

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





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

	Provider Name -
	John Doe
	Date *
	02/19/2025
	Contact Name *
CENTENE	John Doe
	Email Address *
2025 Provider Concierge	john.doe@email.com
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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	12.3456789
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Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)	Claim Issue +
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Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)	Please ensure you are filling out all rows so we can best assist you!
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We will respond to all inquiries in 5 business days.	
	Elle Index de
	Drag and drop files here or browse files

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.