

Contract Submission Form

Provider Guide

Thank you for your interest in joining the Michigan Meridian family of health plans. The following job aid will provide guidance on how to request a new contract, how to request contract amendments, how to submit rate negotiations and TIN updates.

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

<https://www.mimeridian.com/providers/join-our-network/contract-request-form.html>

This will bring you to our Contract Request Form.

2. Complete all the required fields.

- a. Contact Information (The point of contact responsible for executing the contract)
- b. Select Contract Status
 - i. Some options serve as routing guides for other forms. This form is specifically for new contracts or amending contracts, not for resubmissions or additional practitioners.
- c. Provider Type
 - i. Please select one of the following: Ancillary, Clinic, FQHC, Group Practice, Hospital, Individual Provider, RHC.
 - ii. Do you bill your claims on a UB or 1500 form? Please select one.

- d. Product Interest

- i. Select one or more of the products you would like to participate in: Meridian (Medicaid Plan), Ambetter (Marketplace), Wellcare Medicare, and/or Wellcare Dual (D-SNP).
- ii. Contract Type. Select a Contract Type from the drop-down menu (New Contract, Amendment to Existing Contract, Rate/Language Negotiation, or TIN update)

- e. Provider Information

(The information for the facility, group practice, individual provider etc. being contracted).

i. Practice Name	ix. Signatory Name (If different from the above)
ii. Primary Address	x. Signatory Email (If different from the above)
iii. Suite Number	xi. Applying As? Specialist, Primary Care Provider, or Other? Select one
iv. City	xii. Is this your primary specialty?
v. State	xiii. Specialty. Select a specialty from the drop-down menu. If your specialty is not listed, please select one closest in description to your own.
vi. Zip Code	
vii. County (within Michigan or other State)	
viii. Primary Phone Number	
f. Provider Identification Numbers	
i. Group NPI	
ii. Tax ID Number	
g. Review & Submit	

Important Notes

1. *Completion of this form does not guarantee inclusion into Meridian Health Plan's network of providers.* Our projected time is 30 days to review the submission and decide if contracting will commence. Failure to accurately will significantly extend this process.
2. We will respond 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 Meridian Contracting at MIProviderContracting@mimeridian.com, duplicate submissions to this form will not be processed. This team is reserved for Non-Delegated Providers. If you have questions regarding Delegated providers, please contact our delegated team at delegatedcred.mi@mhplan.
3. This form does not route to Practitioner Enrollment, only contract changes. If you are adding additional practitioners to an existing contract, please use the Practitioner Enrollment Form to ensure your request is routed correctly.
4. **Authorization is required if you need to treat a Meridian Medicaid member prior to being contracted. Our Medical Management department will review the members' 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.**

Provider Credentialing Rights

During the credentialing process, Meridian obtains information from various sources to evaluate your application. Ensuring the accuracy of this information is key, so please review and provide any corrected information as soon as possible.