

Meridian 2026 Timely Filing Guidelines

Logo	Plan	First Time Claim Submission	Adjusted/Corrected Claim	Appeal
	Meridian Medicaid	Providers Have 365 days from the date of service to submit a claim	A claim can be resubmitted within 365 days from the date of service, or 120 days from the last date of adjudication/remit; whichever is later	Appeals must be filed within one year from the date of service. Meridian will allow an additional 120-day grace period from the date of the last claim denial, provided that the claim was submitted within one year of the date of service
	Wellcare By Meridian	A claim can be resubmitted within 365 days from DOS or 120 days from last date of adjudication/remit – whichever is later.	Must be received within 90 days from the date of the original explanation of payment or denial.	Must be submitted within 365 days from the date of service or 120 days from the EOP, whichever is later, provided the initial claim was submitted timely.
	Ambetter	Providers Have 365 days from the date of service to submit a claim	120 days from the date of the original explanation of payment or denial	120 days from the date of the explanation of payment
	Wellcare	Unless otherwise stated in the agreement, par providers must submit clean claims to Wellcare within 180 calendar days from the date of service or discharge (inpatient claims only)	180 days from the denial date of the original claim	Participating Providers -90 days from the denial date Non-Participating Providers - 60 days from denial date with WOL

*Please note that your participating agreement can state otherwise, so please ensure you are checking your agreement for your timely filing guidelines.