



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

## **Why This Process Matters**

This updated workflow enhances coordination between Provider Relations and subject matter experts such as Claims, Provider Data Management, Utilization Management, and more, focusing on:

- Timely Issue Resolution: Ensuring concerns are addressed more efficiently.
- Improved Inventory Management: Allowing for more accurate tracking and resolution of disputes.

## **Our Commitment to You**

We aim to provide prompt and effective support. When you submit a request:

- You will receive a response from our team within 3-5 business days acknowledging receipt of your submission and details on next steps of how we are resolving your issue
- Our response will include a detailed, clear next steps, and an expected timeline for resolution.
- **Claim related inquiry follow-up time:**  
You'll receive a response within **10 business days for DSNP/Medicaid items and 30 business days for WellCare/Ambetter.**
- **General inquiry follow-up time:**  
**You'll receive a response within 5 business days.**
- 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.

## **Partnering Together**

To make the process seamless:

1. Submit one issue per intake form.
2. Select the appropriate line of business (Medicaid, Wellcare by Meridian (DSNP), Ambetter, or WellCare).
3. Include all requested details and relevant information in your submission to avoid delays or having to resubmit.

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.

Where to find it: [www.mimeridian.com/providers/provider-relations-intake-form.html](http://www.mimeridian.com/providers/provider-relations-intake-form.html)



## FAQ:

### ***Do I not have an assigned rep anymore?***

The Provider relations team is moving away from a dedicated Rep being assigned to your office. That does not mean that Provider Relations is unable to support you. We are streamlining how we support our providers and resolve issue/concerns. We are requesting all inquiries and questions be submitted to our dedicated intake form.

### ***Do I have to submit one claim per inquiry?***

One Inquiry per issue. This allows the Provider Relations team to quickly triage each issue to the appropriate internal team.

### ***Can I request a billing meeting?***

Yes. Please submit an inquiry with detailed information and examples of why you wish to have a billing meeting. Our team will review and follow up with you.

### ***How can I get in touch with a real person?***

The Provider Relations team is still available to meet in person or phone. You can submit an inquiry form with that request.

### ***How can I get a credentialing status?***

Please reach out to our dedicated Customer Service department for assistance. If you have already spoken with Customer Service and need further clarification, you may submit a data inquiry. Please include the "I" number provided by Customer Service, as this is required for us to review your inquiry.

### ***How can I status our new contract request?***

Call our customer service department. Please note all of our contracting requests are worked based off network adequacy and member specialty needs. Due to the large volume of requests, there may be delays. You will receive an email from the contract team or the actual contract from Centene.com when ready.

### ***Will Reps be coming to visit us in person anymore?***

Yes. Provider Relations will have a dedicated Provider Engagement team who will be boots in the field. They will visit our network of providers and assist with any questions/concerns. If you would like an in-person visit, you can submit it via our intake form.

### ***What is the turnaround time of an inquiry form request?***

5 Business Days



## ***I have 10 claims with the same issue, how do I submit that?***

You can put a couple examples on the intake form and note that a report needs to be pulled of all claim denials.

## ***What if I disagree with the ticket response I receive?***

You can respond back to your ticket closure if there are questions, and you will receive a link to schedule a Microsoft teams conference call with us.

## ***What if a ticket closure says claim will be reprocessed for payment but the claim does not reprocess timely/correctly?***

You can respond back to your ticket closure email letting the rep know the claims have not paid.

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## Overview of intake form:

### ***Where to find it***

[Mimeridian.com](https://mimeridian.com) | [For providers](#) | [Provider Relations Inquiry Form](#)

### ***How to fill out form:***

- 1. Provider Name** - Provider/Practitioner/System/Office Name
- 2. Date:** Current Date
- 3. Contact Name:** Your Name
- 4. Email Address:** Your email address
- 5. Phone Number:** Your phone number
- 6. TAX ID:** Provider's TAX ID
- 7. Line of Business:**
  - a. Medicaid
  - b. Medicare (WellCare)
  - c. Meridian Complete- Dual Product
  - d. Ambetter



## 8. Issue Category:

### a. Claim Issue

- i. Providers will utilize this category if they have submitted a claim reconsideration/appeal and do not agree with the decision.
- ii. A spreadsheet will populate at the bottom of the intake form. Please download and fill out all required fields:
  1. Provider Name: Your name/System Name
  2. TIN: TAX ID
  3. Par Relationship: Do you have a contract with Meridian?
  4. Issue Category: Select from dropdown list
  5. Description of Issue: Please describe what the issue is
  6. Authorization Number: Only need to fill out if you are having an authorization issue
  7. Claim # Examples: List 1 claim per issue. If you have multiple claims per issue, you can list them all out, attach an additional excel, or ask that we pull a report of impacted claims.

**NOTE:** Submission will be returned and closed if all fields are not filled out.

A	B
<b>Provider Claim Issue Intake Form- All fields are required for Providers</b>	<b>Please fill out all fields required below- All fields are required for Providers</b>
* Provider Name:	
* TIN	
* Par Relationship Y/N	
* Issue Category	
* Description of the Issue	
Authorization Number ( If category selected is authorization issue)	
* Claim # Examples:	
* Product Line Impacted:	

### b. Provider Data Issue

#### i. Effective Date Status

1. Calling Customer Service is the first course of action. If they are not able to assist, you can submit an inquiry to us. Please include the “I” number provided by Customer Service, as this is required for us to review your inquiry.
2. There will be a template at the bottom of the intake form to fill out.

#### ii. Contract Status

1. Calling Customer Service is the first course of action. If they are not able to assist, you can submit an inquiry to us. Please include the “I” number provided by Customer Service, as this is required for us to review your inquiry.
2. There will be a template at the bottom of the intake form to fill out.

#### iii. Provider Out-Of-Network Issue

There will be a template at the bottom of the intake form to fill out.

#### iv. Incorrect Data in the Portal

There will be a template at the bottom of the intake form to fill out.



## **c. Check Issue**

- i. Missing Check
- ii. Check EOP needed
- iii. Check Question
- iv. Check has incorrect name on it  
There will be a template at the bottom of the intake form to fill out.

## **d. Member Reassignment/Eligibility**

- i. Front-End Rejection for member eligibility
- ii. COB (Coordination of Benefit) Issue  
There will be a template at the bottom of the intake form to fill out
- iii. Member Reassignment  
There will be a template at the bottom of the intake form to fill out.

## **e. Request for a meeting**

- i. Billing meeting request
- ii. In person visit



**Provider Name**

**Date**

**Contact Name**

**Email Address**

**Phone Number**

**TAX ID**

**Line of Business**

**Issue Category**

Send me a copy of my responses