

Provider Guide

The purpose of this Job Aid is to demonstrate how to navigate the Demographic Update tool via the MI Meridian Website

- 1. Navigate to the **MI Meridian Website:** <u>https://www.mimeridian.com/</u>
- 2. Select the For Providers tab



3. Navigate to the **Enrollment and Updates** tab on the left-hand side and select the **Practitioner Demographic Update Form**

For Providers	For Providers	
_ogin 🖸		
Join Our Network 🗸	Provider Portal	Join Our Network
Enrollment and Updates	If you are a contracted Meridian provider,	Thank you for your interest in becoming a Meridian network provider. We look forward to
Practitioner Demographic Update Form	you can register now. If you are a non- contracted provider, you will be able to register after you submit your first claim.	working with you to improve the health of the community.
New Practitioner Enrollment Form	Once you have created an account, you can use the Meridian provider portal to:	join our network
Practitioner Voluntary Termination Form	Verify member eligibility Manage claims Manage authorizations	Redetermination
Provider Relations Inquiry Form	View patient list Login/Register	
Pre-Auth Check 🗸		Medicaid redetermination is coming. Learn
Health Library		what your patients need to do to renew their Medicaid coverage.
Pharmacy	LOGIN/REGISTER	MORE MEDICAID ELIGIBILITY RENEWAL
Provider Resources		
Provider Training		



Provider Guide

4. Select the **Practitioner Change Form Template** and open the link to the **Excel Form**

Change Form Template (Excel .xsix)	iics.
Indete Form Lipland *	
e No file chosen	
pload (required for all billing/remittance address ch	anges)
e No file chosen	
ge Documentation Upload (required for name chan	ges/updates)
e No file chosen	
lested by:	
• La	ast Name: *
ail: *	ontact Phone Number *

5. Select the **Change Form Instruction** tab and follow the listed instructions to complete the information fields requested in the **Change Form** tab

MOTEST			
Yellow Highligh	ted field denotes mandatory required fields	for roster.	
"Practitioner" an	d "Provider" terms are used, where "Practiti	oner" is an individual person providing care, and "Provid	
 Failure to provid 	le all information requested and accurate in	nformation will result in delay with practitioner being lo	
lumn (Roster For	Field Name	Values	
A	Charge Requested	Dilling/Renitance Address Change Cisting Practice Location Address Change Practice Location Mone/Tax Number Change Practice Location Office Hours Change Adds Altery Practice Location Remove an Listing Practice Location Practitioner Change to a Specialist Practicioner Change to Specialist Practicioner Change to Specialist Practicioner Practicioner Language Spoken Practicioner Name Change	
в	Details on Requested Change		
с	Effective Date of Change	XX/XX/XXXX	
D	Member Reassignment		
E	NEW PCP Last Name		
F	NEW PCP First Name		
G	NEW PCP Title/Degree	See "Key - Degrees" tab for valid values	



Provider Guide

6. Upload the Change Form Template under the Practitioner Update Form Upload

Meridian is committed to providing our providers have created an easy way for you to request upd complete your request in a timely manner. If you the form below to communicate any needed dem	with the best tools possible to support their administrative needs. We lates to your information and ensure we receive what we need to are an existing participating practitioner, simply complete and upload lographic updates.
Practitioner Change Form Template (Excel .xslx	0
Practitioner Update Form Upload * Choose File No file chosen	
W-9 Form Upload (required for all billing/remittan	ce address changes)
Choose File No file chosen	
Name Change Documentation Upload (required	for name changes/updates)
Choose File No file chosen	
Update requested by:	
First Name: *	Last Name: *
Contact Email: *	Contact Phone Number *

7. Upload the **W9 Form** if making a billing/remittance address change

Update Form
ith the best tools possible to support their administrative needs. We tes to your information and ensure we receive what we need to re an existing participating practitioner, simply complete and upload graphic updates.
r name changes/updates)
Last Name: *
Contact Phone Number *



Provider Guide

8. Upload the Name Change Documentation Form if making a name change/update

Practitioner Demographic I Meridian is committed to providing our providers with have created an easy way for you to request update complete your request in a timely manner. If you are the form below to communicate any needed demoor	Update Form the best tools possible to support their administrative needs. We is to your information and ensure we receive what we need to an existing participating practitioner, simply complete and upload raphic updates.
Practitioner Change Form Template (Excel .xslx)	
Practitioner Update Form Upload * Choose File No file chosen W-9 Form Upload (required for all billing/remittance a Choose File No file chosen Name Change Documentation Upload (required for r Choose File No file chosen Update requested by:	address changes) name changes/updates)
First Name: *	Last Name: *
Contact Email: *	Contact Phone Number *

9. Complete the **Update Requested By** information fields and select the **Submit** button to complete

have created an easy way for you to request complete your request in a timely manner. If the form below to communicate any needed	ters winn the best tools possible to support their administrative needs. We updates to your information and ensure we receive what we need to you are an existing participating practitioner, simply complete and upload demographic updates.			
Practitioner Change Form Template (Excel .xslx)				
Practitioner Update Form Upload *				
Choose File No file chosen				
W-9 Form Upload (required for all billing/remi	ittance address changes)			
Choose File No file chosen				
Name Change Documentation Upload (requi	ired for name changes/updates)			
Choose File No file chosen				
Update requested by:				
First Name: *	Last Name: *			
Contact Email: *	Contact Phone Number *			