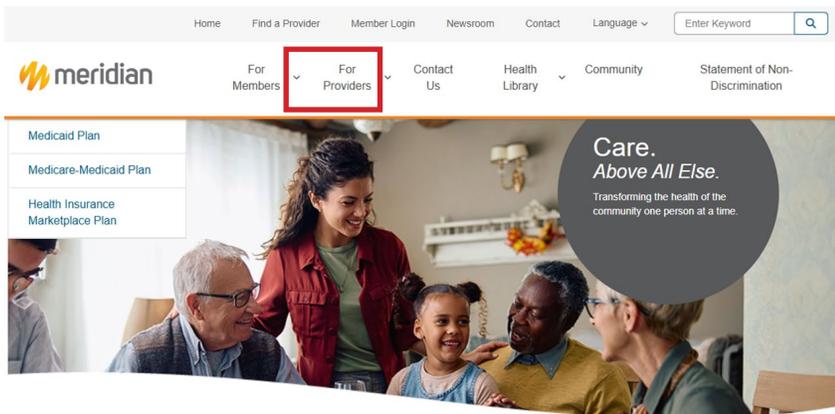


Practitioner Termination

Provider Guide

The purpose of this Job Aid is to demonstrate on how to submit a Practitioner Termination Request via the MI Meridian Website.

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

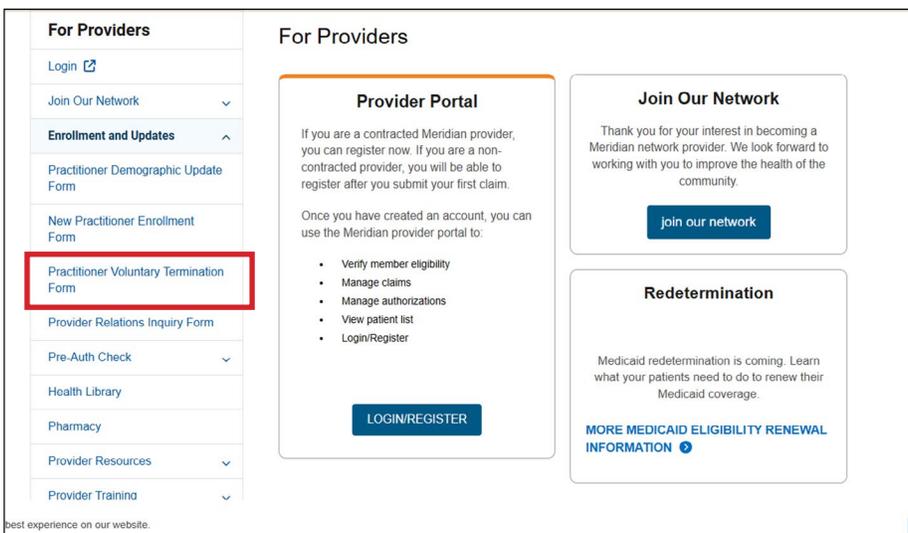


Select Your Plan:



experience on our website.

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





Practitioner Termination

Provider Guide

- Select the **Termination Form Template** and open the link to the **Excel Form**

Practitioner Demographic Update Form

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner. If you are an existing participating practitioner, simply complete and upload the form below to communicate any needed demographic updates.

[Practitioner Change Form Template \(Excel | .xlsx\)](#)

Practitioner Update Form Upload *
 No file chosen

W-9 Form Upload (required for all billing/remittance address changes)
 No file chosen

Name Change Documentation Upload (required for name changes/updates)
 No file chosen

Update requested by:

First Name: * Last Name: *

Contact Email: * Contact Phone Number *

- Select the **Termination Form Instruction** tab and follow the listed instructions to complete the form

The screenshot shows an Excel spreadsheet with two tabs: 'Termination Form Instructions' and 'Termination Form'. The 'Termination Form Instructions' tab is active and contains a table with the following data:

Tab	Field Name	Field Description
A	Networks to Terminate	Indicate all networks (including Out-of-Network, Multi-Credentialing, In-Network (In-DC), and Out-of-DC) to be terminated.
B	Termination Effective Date	See "Termination Effective Date" tab for additional information.
C	Termination Effective Date	See "Termination Effective Date" tab for additional information.
D	Termination Effective Date	See "Termination Effective Date" tab for additional information.
E	Practitioner MPI Data (OR Data)	Apply (see MPI for details).
F	Practitioner MPI Data (OR Data)	Apply (see MPI for details).
G	Practitioner MPI Data (OR Data)	Apply (see MPI for details).
H	Termination Effective Date	See "Termination Effective Date" tab for additional information.
I	Termination Effective Date	See "Termination Effective Date" tab for additional information.
J	NEW/REASSIGNMENT	Apply (see MPI for details).
K	New PCP Last Name	See "Termination Effective Date" tab for additional information.
L	New PCP First Name	See "Termination Effective Date" tab for additional information.
M	New PCP Title/Design	See "Termination Effective Date" tab for additional information.
N	New PCP Practitioner MPI Data (OR Data)	Apply (see MPI for details).
O	New Practitioner (Specialist)	Apply (see MPI for details).

The 'Termination Form' tab is highlighted in the bottom tab bar.



Practitioner Termination

Provider Guide

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

Practitioner Voluntary Termination Form

To provide Meridian Notice of Voluntary Termination of a practitioner, please download and fill the Termination Form Template below, and upload to the form.

[Termination Form Template \(Excel | .xlsx\)](#)

Voluntary Termination Form Upload *

Choose File No file chosen

Providers must give Meridian Health Plan notice of voluntary termination following the terms of their participation agreement. Meridian Health Plan must notify affected enrollees covered under the terminating agreement at least 30 calendars days prior to the effective date for any termination. For more information, please review our provider manual.

Please attest to the following:

I understand that in order to provide 30-day prior notice to affected members my effective date of voluntary termination must be at least 30 calendar days from notification.

Termination requested by:

First Name: *	Last Name: *
<input type="text"/>	<input type="text"/>
Contact Email: *	Contact Phone Number *
<input type="text"/>	<input type="text"/>

7. Read the **notice**, check the **notice box** to agree, complete the **Termination Requested By** information fields, and select the **Submit** button to complete

Practitioner Voluntary Termination Form

To provide Meridian Notice of Voluntary Termination of a practitioner, please download and fill the Termination Form Template below, and upload to the form.

[Termination Form Template \(Excel | .xlsx\)](#)

Voluntary Termination Form Upload *

Choose File No file chosen

Providers must give Meridian Health Plan notice of voluntary termination following the terms of their participation agreement. Meridian Health Plan must notify affected enrollees covered under the terminating agreement at least 30 calendars days prior to the effective date for any termination. For more information, please review our provider manual.

Please attest to the following:

I understand that in order to provide 30-day prior notice to affected members my effective date of voluntary termination must be at least 30 calendar days from notification.

Termination requested by:

First Name: *	Last Name: *
<input type="text"/>	<input type="text"/>
Contact Email: *	Contact Phone Number *
<input type="text"/>	<input type="text"/>

Submit ←