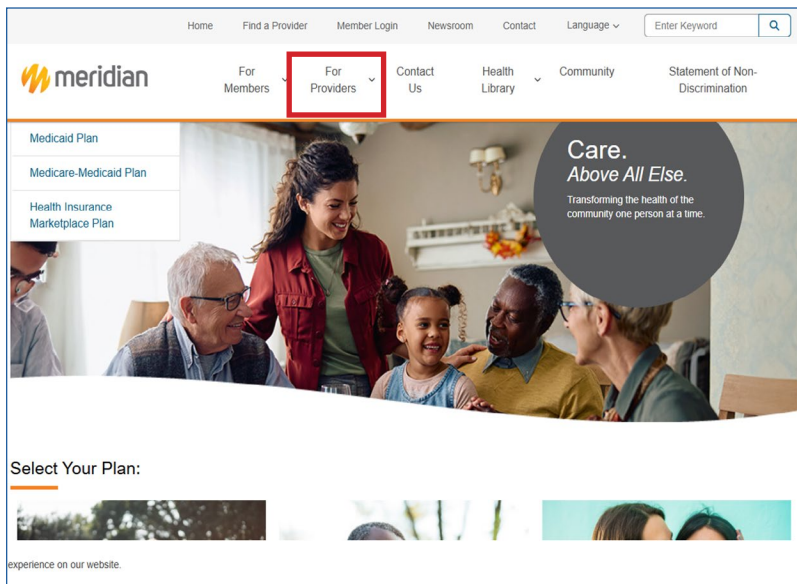


# Enrolling Contracted Provider

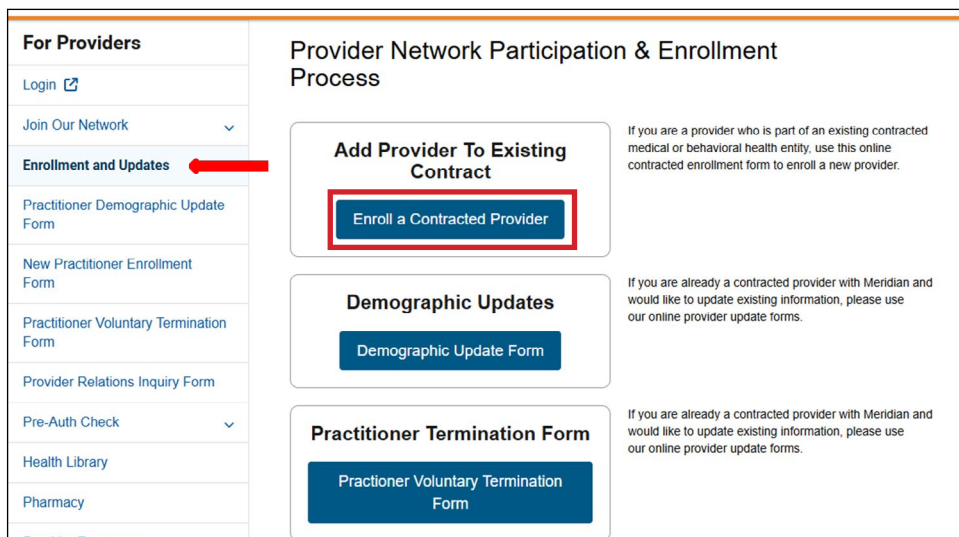
## Provider Guide

The purpose of this Job Aid is to demonstrate how to enroll a contracted provider via the MI Meridian Website.

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



3. Navigate to the **Enrollment and Updates** tab on the left-hand side and select the **Enroll a Contracted Provider**





# Enrolling Contracted Provider

## Provider Guide

- To add a new facility to an existing contract please download and fill out the **Facility Credentialing Application** and upload the PDF under **Additional Supporting Document**

### Add a New Facility or Practitioner to Existing Agreement

- [Practitioner Enrollment Form Template \(Excel | .xism\)](#)
- [Facility Credentialing App Form \(PDF\)](#)
- [Atypical Practitioner Credentialing Application \(PDF\)](#)
- [Blank QDF \(PDF\)](#)
- [Blank W9 \(PDF\)](#)

To add a new facility to an existing application, please download and fill out the [Facility Credentialing Application \(PDF\)](#) and upload along with applicable supplemental documents listed on the last page of the application.

To add a new practitioner to an existing agreement, please download and fill out the [Practitioner Enrollment Form Template \(Excel | .xism\)](#).

#### Additional Supporting Documents (for Atypical Providers)

No file chosen

If you have more than one document to upload, please either combine PDFs to one file, or create a .ZIP archive

Enrollment requested by:

First Name: \*

Last Name: \*

Contact Email: \*

Contact Phone Number \*

- To add a practitioner to an existing contract please download and follow the instructions on the **Enrollment Instruction** tab to fill out the **Practitioner Enrollment Template** upload the Excel file under **Upload Practitioner/Facility Enrollment Form**

**Instructions - Practitioner Enrollment Information**

**NOTES:**

- Yellow Highlighted field denotes mandatory required fields for roster.
- "Practitioner" and "Provider" terms are used, where "Practitioner" is an individual person providing care, and "Provider" is an organization.
- Providers should not have practitioners begin seeing members until confirmation is received that practitioner is enrolled.
- Failure to provide all information requested and accurate information will result in delay with practitioner being added to the roster.

Column (Roster Form)	Field Name	Values
A	Last Name	
B	First Name	
C	Title/ Degree	See "Key - Degrees" tab for valid values
D	Gender	F/M
E	Practitioner Primary Specialty	See "Key - Practitioner Specialties" tab for valid values
F	Practitioner HAT Code	PC or SP
G	Practitioner Primary Taxonomy	See "Key - Practitioner Specialties" tab for valid values
H	Effective Date	XX/XX/XXXX
I	Provider (Group) TIN	9 digits (no alpha)
J	Practitioner NPI (Type 1) (10 Char)	10 digits (no alpha or dashes)
K	Provider NPI (Type 2/Group NPI) (10 Char)	10 digits (no alpha or dashes). Different from practitioner NPI unless practitioner is a Sole Proprietor (must be identified in APPES).

Enrollment Instructions | **Practitioner Enrollment Form** | Key - Practitioner Specialties | Key - Degrees | Key - Provider Specialty | + | 1



# Enrolling Contracted Provider

## Provider Guide

### Add a New Facility or Practitioner to Existing Agreement

- [Practitioner Enrollment Form Template \(Excel | .xism\)](#)
- [Facility Credentialing App Form \(PDF\)](#)
- [Atypical Practitioner Credentialing Application \(PDF\)](#)
- [Blank ODF \(PDF\)](#)
- [Blank W9 \(PDF\)](#)

To add a new facility to an existing application, please download and fill out the [Facility Credentialing Application \(PDF\)](#) and upload along with applicable supplemental documents listed on the last page of the application.

To add a new practitioner to an existing agreement, please download and fill out the [Practitioner Enrollment Form Template \(Excel | .xism\)](#).

Upload Practitioner/Facility Enrollment Form \*

No file chosen

If you are an Atypical Practitioner (Doula, Community Health Worker, etc.), please download, fill out, and submit the Atypical Practitioner Credentialing Application

No file chosen

Please upload a completed W-9 form, if available. \*Required for all new facility requests.

No file chosen

Please upload a completed Disclosure of Ownership Form (ODF) that includes the TIN and all GNPIs being submitted in the request. Form should be signed and dated within 1 year of the submission date. \*Required for ALL submissions.

No file chosen

Additional Supporting Documents (for Atypical Providers)

No file chosen

If you have more than one document to upload, please either combine PDFs to one file, or create a .ZIP archive

6. For an **Atypical Practitioner** (Doula, Community Health Worker, etc.), please download, fill out, and submit the **Atypical Practitioner Credentialing Application**

### Add a New Facility or Practitioner to Existing Agreement

- [Practitioner Enrollment Form Template \(Excel | .xism\)](#)
- [Facility Credentialing App Form \(PDF\)](#)
- [Atypical Practitioner Credentialing Application \(PDF\)](#)
- [Blank ODF \(PDF\)](#)
- [Blank W9 \(PDF\)](#)

To add a new facility to an existing application, please download and fill out the [Facility Credentialing Application \(PDF\)](#) and upload along with applicable supplemental documents listed on the last page of the application.

To add a new practitioner to an existing agreement, please download and fill out the [Practitioner Enrollment Form Template \(Excel | .xism\)](#).

Upload Practitioner/Facility Enrollment Form \*

No file chosen

If you are an Atypical Practitioner (Doula, Community Health Worker, etc.), please download, fill out, and submit the Atypical Practitioner Credentialing Application

No file chosen

Please upload a completed W-9 form, if available. \*Required for all new facility requests.

No file chosen

Please upload a completed Disclosure of Ownership Form (ODF) that includes the TIN and all GNPIs being submitted in the request. Form should be signed and dated within 1 year of the submission date. \*Required for ALL submissions.

No file chosen

Additional Supporting Documents (for Atypical Providers)

No file chosen

If you have more than one document to upload, please either combine PDFs to one file, or create a .ZIP archive



# Enrolling Contracted Provider

## Provider Guide

7. Upload **W9, ODF**, complete the **Enrollment Requested By** information fields, check the **Attestation** box, and select the **Submit** button to complete

Upload Practitioner/Facility Enrollment Form \*

No file chosen

If you are an Atypical Practitioner (Doula, Community Health Worker, etc.), please download, fill out, and submit the Atypical Practitioner Credentialing Application

No file chosen

Please upload a completed W-9 form, if available. \*Required for all new facility requests.

No file chosen

Please upload a completed Disclosure of Ownership Form (ODF) that includes the TIN and all GNPIs being submitted in the request. Form should be signed and dated within 1 year of the submission date. \*Required for ALL submissions.

No file chosen

Additional Supporting Documents (for Atypical Providers)

No file chosen

If you have more than one document to upload, please either combine PDFs to one file, or create a .ZIP archive

Enrollment requested by:

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

Attestation \*

☐ I hereby certify the above information to be true and correct to the best of my knowledge.

**Note:** If you have already completed your application with CAQH, please ensure that you have authorized Meridian to access your data. This can be done by calling CAQH at (888) 599-1771 or by logging into your account and adding Meridian to your list of authorized plans. Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with Meridian.