

Member Reassignment Requests

Provider Guide

The purpose of this job aid is to provide guidance on submitting Member Reassignment requests via our [Provider Relations Inquiry Form](#).

1. Go to your web browser and type in the following link:

<https://www.mimeridian.com/providers/provider-relations-intake-form.html>

2. Left click on "Submit Provider Relations Inquiry Form (via Smartsheet)".

<ul style="list-style-type: none"> Enrollment and Updates Provider Relations Intake Form Pre-Auth Check Health Library Pharmacy Provider Resources Provider Training Bulletins QI Program Coronavirus Information Claims Project Status Vaccines for Children Program in Michigan 	<p>Why This Process Matters</p> <p>This updated workflow enhances coordination between Provider Relations and Data Management, focusing on:</p> <ul style="list-style-type: none"> Timely Issue Resolution: Ensuring concerns are addressed more efficiently. Improved Inventory Management: Allowing for more accurate tracking and resolution of disputes. <p>Our Commitment to You</p> <p>We aim to provide prompt and effective support. When you submit a request:</p> <ul style="list-style-type: none"> You'll receive a response within 10 business days for MMP/Medicaid items and 30 business days for Wellcare/Ambetter. Our response will include a detailed tracking ticket, clear next steps, and an expected timeline for resolution. 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. <p>Partnering Together</p> <p>To make the process seamless:</p> <ol style="list-style-type: none"> 1. Submit one issue per intake form. 2. Select the appropriate line of business (Medicaid, Meridian Complete[duals], Ambetter, or WellCare). 3. Include all requested details and relevant information in your submission to avoid delays or having to resubmit. <p>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.</p> <p>Submit Provider Relations Inquiry Form (via Smartsheet)</p>
---	---

- Complete the inquiry form. Please ensure that the information provided is valid to avoid delays in processing.

2025 Provider Concierge

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

To make the process seamless, please ensure you are submitting 1 issue per intake form, select the appropriate line of business, and include all requested details to avoid delays or having to resubmit.

Please call our customer service team for any Medicaid effective date inquiries: 888-773-2647 (TTY: 711)

Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)

Meridian Complete effective date inquiry: 1-855-323-4578 (TTY: 711)

Ambetter effective date inquiry: 1-833-993-2426 (TTY: Relay 711)

We will respond to all inquiries in 2-3 business days.

Provider Name *

John Doe

Date *

02/13/2025

Contact Name *

John Doe

Email Address *

john.doe@email.com

Phone Number *

888-888-8888

TAX ID *

12-3456789

Line of Business *

Medicaid

Issue Category *

Member Reassignment

Member Reassignment

Please fill out all dark orange columns so we can best assist you

<https://www.meridian.com/content/dam/cenene/meridian/ml/Member-Reassignment-2025.xlsx>

- Once the form has been completed, a hyperlink for the Member Reassignment template will populate. Left click on the link and double click the downloaded file in the corner of your browser to open the spreadsheet.

Provider Name *

John Doe

Date *

02/13/2025

Contact Name *

John Doe

Email Address *

john.doe@email.com

Phone Number *

888-888-8888

TAX ID *

12-3456789

Meridian-Member-Reassign (1).xlsx

36.3 KB • Done

- Complete only the orange sections of the template. Please ensure that all the orange fields are completed to avoid delays in processing.

About the Health Plan		Member Details										Updated PCP Details							
Health Plan Contact	State	LOB	Is a Member Notification Letter Required	Reason for Member Move	Date Provider Notified Health Plan	Remediation if Targeted Provider is Not Available	Member AMISYS ID	Member Medicaid ID	Member Name	Member DOB	Member UMV ID	Assign Specific PCP or Auto Assign?	New PCP Name (If selected specific PCP)	New PCP TIN (If selected specific PCP)	New PCP NPI (If selected specific PCP)	New PCP (CA ONLY)	New Location ID (NC Only)	Current PCP Term Date	New PCP Effective Date
Meridian	Michigan		Yes																

- After completing and saving the template, upload the document to the inquiry form by either dragging and dropping or using the browse files feature.

CENTENE Corporation
2025 Provider Concierge

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

To make the process seamless, please ensure you are submitting 1 issue per intake form, select the appropriate line of business, and include all requested details to avoid delays or having to resubmit.

Please call our customer service team for any Medicaid effective date inquiries: 888-773-2647 (TTY 711)

Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)

Meridian Complete effective date inquiry: 1-855-323-4578 (TTY 711)

Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)

We will respond to all inquiries in 2-3 business days.

Date *
02/13/2025

Contact Name *
John Doe

Email Address *
john.doe@email.com

Phone Number *
888-888-8888

TAX ID *
12-3456789

Line of Business *
Medicaid

Issue Category *
Member Reassignment

Member Reassignment
Please fill out all dark orange columns so we can best assist you!
<https://www.mimeridian.com/content/dam/centene/meridian/ml/Meridian-Member-Reassignment-2025.xlsx>

File Upload *
Drag and drop files here or [browse files](#)

- After the file has been uploaded, you may now submit the inquiry form. Please allow 5 business days for follow-up from our Issue Management team.