

Member Reassignment Requests

Provider Guide

The purpose of this job aid is to provide guidance on submitting Member Reassignment requests via our <u>Provider Relations Inquiry Form</u>.

Why This Process Matters

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

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

Enrollment and Updates

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

Provider Relations Intake Form	This updated workflow enhances coordination between Provider Relations and Data Management, focusing on:
Pre-Auth Check	Timely Issue Resolution: Ensuring concerns are addressed more efficiently.
	 Improved Inventory Management: Allowing for more accurate tracking and resolution of disputes.
Health Library	Our Commitment to You
Pharmacy	We aim to provide prompt and effective support. When you submit a request.
Provider Resources	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.
Provider Training	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.
Bulletins	V Partnering Together
QI Program	✓ To make the process seamless:
Coronavirus Information	Submit one issue per intake form.
Claims Project Status	 Select the appropriate line of business (Medicaid, Meridian Complete[duals], Ambetter, or WellCare).
Vaccines for Children Program in	3 Include all requested details and relevant information in your submission to avoid delays or having to resubmit.
Michigan	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.
	Submit Provider Relations Inquiry Fordur(via Smartsheet) 🗗



Meridian, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members respectively. The information here is representative of our network of products. If you have any questions, please contact Provider Relations.







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

	Provider Name *
	John Dee
	Date *
	02/13/2025
Corporation	Contact Name *
2025 Provider Concierge	John Doe
Meridian Provider Relations has introduced an enhanced intake form to better	Email Address *
service all providers, including systems and PHOs. This streamlined process is designed to improve collaboration, ensure faster resolution times, and provide	john doe@email.com
greater transparency.	Phone Number *
To make the process seamless, please ensure you are submitting 1 issue per	868-888-8884
intake form, select the appropriate line of business, and include all requested details to avoid delays or having to resubmit.	TAX ID *
	12-3456789
Please call our customer service team for any Medicaid effective date inquiries: 888-773-2647 (TTY711)	Line of Business *
Welicare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)	Medicaid *
Meridian Complete effective date inquiry: 1-855-323-4578 (TTY 711)	Issue Category *
Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)	Member Reassignment •
	Member Reassignment
We will respond to all inquiries in 2-3 business days.	Please fill out all dark orange columns so we can best assist you!
	https://www.mimeridian.com/content/dam/centene/meridian/mi/Meridial Member- Reassignment-2025 xlax

4. 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	Meridian-Member-Reassignt (1).xlsx	ß
John Doe	36.3 KB • Done	
Date *		
02/13/2025		
Contact Name *		
John Doe		
Email Address *		
john.doe@email.com		
Phone Number *		
888-888-8888		
TAX ID *		
12-3456789		



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

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A	В	С	D	F	F	G	н	I J	к	1	м	N	0	Р	Q	в	S	
PROVIDERS: PLEASE FILL ORANGE COLUMN					Me	ridian Merr	nber Rea	assignme	ent									
ORANGE COLUMN	S ONLY				Me	ridian Merr	nber Rea	assignme	ent				Up	dated PCP	Details			
ORANGE COLUMN	S ONLY	LOB	is a Member Notification Letter Required	Reason for Member Move	Date Provider Notified Health Plan		Member Me	assignme unber dicald ID	Member M		ign Specific PC Auto Assign?	selected	New PCP TIN (If selected specific	New PCP NPI (If selected specific	Details New PPG (CA ONLY)	New Location ID (NC Only)	Current PCP Term Date	B
ORANGE COLUMN About the H Health Plan Contact	S ONLY lealth Plan		Notification		Date Provider	Member Details Remediation If Targeted Provider is Not	Member Me	ember dicald	Member M			Name (If selected	New PCP TIN (If selected	New PCP NPI (If selected	New PPG	Location ID (NC	PCP Term	B
ORANGE COLUMN About the F Health Plan Contact	S ONLY lealth Plan State		Notification Letter Required		Date Provider	Member Details Remediation If Targeted Provider is Not	Member Me	ember dicald	Member M			Name (If selected specific	New PCP TIN (If selected specific	New PCP NPI (If selected specific	New PPG	Location ID (NC	PCP Term	E
ORANGE COLUMN About the H Health Plan Contact Meridian	S ONLY lealth Plan State		Notification Letter Required		Date Provider	Member Details Remediation If Targeted Provider is Not	Member Me	ember dicald	Member M			Name (If selected specific	New PCP TIN (If selected specific	New PCP NPI (If selected specific	New PPG	Location ID (NC	PCP Term	E
ORANGE COLUMN About the F	S ONLY lealth Plan State		Notification Letter Required		Date Provider	Member Details Remediation If Targeted Provider is Not	Member Me	ember dicald	Member M			Name (If selected specific	New PCP TIN (If selected specific	New PCP NPI (If selected specific	New PPG	Location ID (NC	PCP Term	Ne

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

	Date *
_	02/13/2025
	Contact Name *
	John Doe
2025 Provider Concierge	Email Address *
Meridian Provider Relations has introduced an enhanced intake form to	john.doe@email.com
better service all providers, including systems and PHOs. This streamlined process is designed to improve collaboration, ensure faster resolution times, and provide greater transparency.	Phone Number *
resolution times, and provide greater transparency.	888-888-8888
To make the process seamless, please ensure you are submitting 1 issue per intake form, select the appropriate line of business, and	TAX ID *
include all requested details to avoid delays or having to resubmit.	12-3456789
Please call our customer service team for any Medicaid effective date	Line of Business *
inquiries: 888-773-2647 (TTY711)	Medicald •
Wellcare Medicare effective date inquiry: 1-855-538-0454 (TTY: 711)	Issue Category *
Meridian Complete effective date inquiry: 1-855-323-4578 (TTY 711)	Member Reassignment -
Ambetter effective date inquiry: 1-833-993-2426 (TTY Relay 711)	
	Member Reassignment
	Please fill out all dark orange columns so we can best assist you!
We will respond to all inquiries in 2-3 business days.	https://www.mimeridian.com/content/dam/centene/meridian/mi/Meridian- Member-Reassignment-2025.xlsx
	File Upload *
	Drag and drop files here or browse files

7. 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.