

Contract Submission Form

Provider Guide

Thank you for considering joining our network of providers. This purpose of this job aid is to provide guidance on submitting New Contract, Contract Amendment, Rate Negotiation, and TIN Update requests.

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

<https://www.mimeridian.com/providers/join-our-network/contract-request-form.html>

This will bring you to our Contract Request Form.

2. Complete all the required fields.

- a. Contact Information (The point of contact responsible for executing the contract)

- i. First Name
- ii. Last Name
- iii. Phone Number
- iv. Email Address

- b. Provider Type

- i. Please select one of the following: Ancillary, Clinic, FQHC, Group Practice, Hospital, Individual Provider, RHC.
- ii. Do you bill your claims on a UB or 1500 form? Please select one.

- c. Product Interest

- i. Select one or more of the products you would like to participate in (Meridian Medicaid Plan, Meridian Medicare-Medicaid Plan, Ambetter, or Wellcare).
- ii. Contract Type. Select a Contract Type from the drop-down menu (New Contract, Amendment to Existing Contract, Rate/Language Negotiation, or TIN update)

- d. Provider Information

(The information for the facility, group practice, individual provider etc. being contracted).

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|--|---|
| i. Practice Name | ix. Signatory Name (If different from the above) |
| ii. Primary Address | x. Signatory Email (If different from the above) |
| iii. Suite Number | xi. Applying As? Specialist, Primary Care Provider, or Other? Select one |
| iv. City | xii. Is this your primary specialty? |
| v. State | xiii. Specialty. Select a specialty from the drop-down menu. If your specialty is not listed, please select one closest in description to your own. |
| vi. Zip Code | |
| vii. County (within Michigan or other State) | |
| viii. Primary Phone Number | |

- e. Provider Identification Numbers

- i. Group NPI
- ii. Tax ID Number

- f. Review & Submit

Important Notes

1. *Completion of this form does not guarantee inclusion into Meridian Health Plan's network of providers.* Our projected time is 30 days to review the submission and decide if contracting will commence. Failure to accurately will significantly extend this process.
2. We will respond to the contact person listed once a review of your data is completed. If you have any questions or are in need of additional information, please submit a request via our [Provider Relations Intake Form](#), duplicate submissions to this form will not be processed.
3. This form does not route to Practitioner Enrollment, only contract changes. If you are adding additional practitioners to an existing contract, please use the Practitioner Enrollment Form to ensure your request is routed correctly.
4. **Authorization is required if you need to treat a Meridian Medicaid member prior to being contracted. Our Medical Management department will review the member's needs with you and issue an Authorization as needed if a contracted provider is not available to provide the services. Medical Management does coordinate with our contracting department when a non-contracted provider receives an Authorization.**

Provider Credentialing Rights

During the credentialing process, Meridian obtains information from various sources to evaluate your application. Ensuring the accuracy of this information is key, so please review and provide any corrected information as soon as possible.