

Member Eligibility Inquiry

Provider Guide

Providers can use the Provider Inquiry Form to verify member eligibility. The following document provides step-by-step instructions for submitting these inquiries. Scenarios in which this may be necessary include:

- Getting claims rejected on members who are not eligible
- Reviewing CHAMPS and confirming if the member is a Meridian member
- MI Meridian would need to update member information in their system

Listed below are the steps to follow to submit a member complaint or issue.

1. Go to <https://www.mimeridian.com/providers>.
2. In the left navigation bar, click on the Provider Relations Inquiry Form.

meridian

For Members For Providers Contact Us Health Library Community Statement of Non-Discrimination

For Providers

Login

Join Our Network

Enrollment and Updates

Provider Relations Inquiry Form

Pre-Auth Check

Health Library

Pharmacy

For Providers

Provider Portal

If you are a contracted Meridian provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Meridian provider portal to:

- Verify member eligibility
- Manage claims

Join Our Network

We look forward to working with you to improve the health of the community.

Join Our Network

Vaccines For Children

3) Scroll down and click on “Submit Provider Relations Inquiry Form (via Smartsheet).”

To make the process seamless:

- 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.

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 Form \(via Smartsheet\)](#)

[Provider Concierge Team Overview \(PDF\)](#)

We Want to Hear From You

Please lead feedback regarding the new process on the Provider Relations Inquiry Form Survey. The survey is seven questions and should only take a few minutes to complete!

[PROVIDER RELATIONS INTAKE FORM SURVEY](#)

4. Complete all fields with the red asterisk. (*)

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: 711)

If your credentialing is through a delegated entity, please email delegatedcred.mi@mhplan.com

If you are looking for a NEW CONTRACT status/help, please email: MIprovidercontracting@mimeridian.com

We will respond to all inquiries in 5 business days.

Provider Name *

Date *

Please use today's date!

Contact Name *

Email Address *

Phone Number *

TAX ID *

Line of Business *

Issue Category *

☐ Send me a copy of my responses

5. Under the Issue Category, choose Member Eligibility.

Issue Category *

Member Eligibility

6. Describe the member issue/problem under “Description of Request”.

Description of Request *

7. Optional- Check the “Send me a copy of my response” then click on Submit.

☐ Send me a copy of my responses

Submit