

Provider Recredentialing Process

Provider Guide

The purpose of this Provider Guide is to demonstrate the process of navigating the recredentialing process.

 When a provider is due for recredentialing, our representatives will send a Notice of Recredentialing letter. Please note, notification will be sent to the primary credentialing contact in CAQH. Meridian uses CAQH to access provider data, so it is essential to keep all documents up to date (licenses, certifications, malpractice insurance, etc.)

NOTICE: Recredentialing is Due
In order to remain compliant with State, Federal and Contract Regulations, Meridian - Michigan must recredential our network providers every 3 years. If we are unable to complete the recredentialing process, your network participation will expire on: 4/30/2024.
In order for us to complete this process, we will download your current application. Please ensure your application and below supporting documents are available and up to date:
 CAQH Application must have current attestation date, within the past 120 days (4 months) Meridian - Michigan has been granted access to your application Complete current credentialing contact section on application with email address State medical license information is current Current copy of State Controlled Substance Registration (CSR/CDS/BNBD) (Applicable only to prescribing
 specialties) Current DEA certificate registered in practicing state Current CLIA certificate or waiver (Applicable only if your practice location provides laboratory services) If no lab services are provided, please indicate 'No' on your application Evidence of malpractice coverage/professional liability insurance (dates of coverage & policy limits must
 be included) Detail of hospital admitting privileges. If you do not have full and unrestricted admitting privileges, provide detail of admitting arrangements Detailed narrative of malpractice case(s), if applicable Disclosure of Ownership - <u>Please submit via email</u>
We must have a complete recredentialing application and all required supporting documents by 3/1/2024, or your network participation will expire on 4/30/2024.
For general questions or to submit documentation, contact the Recredentialing Department via email at RECRED-CORPORATE@CENTENE.COM. Please include Meridian - Michigan for First Name Last Name in the subject line.
Meridian - Michigan Credentialing Team





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- 2. Submit required documents
 - a. If your practice is not utilizing CAQH, providers may need to submit:
 - i. A completed credentialing application
 - ii. Disclosure of Ownership and Control Interest Statement
 - iii. Copies of licenses, board certifications, and insurance
 - iv. CLIA certificates if applicable (for labs or testing services)
- 3. Recredentialing information must be sent by the stated due date to the recredentialing team at <u>recred-corporate@centene.com</u>. This contact email also serves as a resource for any additional recredentialing questions or concerns.
- 4. Meridian will verify licensure and board certification, work history and education, malpractice claims and sanctions, and compliance with Medicaid/Medicare requirements.
- 5. Our committee will then review the application and supporting documentation and determine whether the provider continues to meet network standards.
- 6. Providers will then receive a Notification of Outcome that will inform you of the decision. If approved, the provider will remain active in network. If not approved, we will contact you and request additional documentation and/or updates to information if needed.
 - a. Our representatives will contact providers a total of three times in the event of nonapproval. If we do not receive a response after three attempts to request additional documentation or updated information, the provider may be removed from the network.



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.