Meridian Provider Online Updates Guide

Meridian is committed to offering the best tools to support your administrative needs. We have created an easy online interface to request updates and ensure we receive what's needed to complete requests promptly.

Visit the <u>Provider Resources > Updates</u> page

			Home Find a	Doctor Login Contact	Q search
M meridian				Contrast On O	ff a a a a language∓
	FOR MEMBERS	FOR PROVIDERS	COVID-19	HEALTH LIBRARY	DISCOVER
FOR PROVIDERS	Provider Upd	lates			
Login	Meridian is committed to of	fering the best tools to support	your administrative ne	eeds. We have created an	easy method to
Provider Claim Alerts	request updates and ensur	e we receive what's needed to	complete your reques	t promptly.	
Become a Provider 📀	Provider Updates are for th Intake Form.	ose with existing contracts. To	become a contracted	provider, please complete	our <u>Provider</u>
Pre-Auth Check 📀	What would you	u like to do?			
Health Library					
COVID-19	 Make an Address Char Make a Demographic Char 	<u>ige</u> Change			
Non-Contract Providers	Update Member Assign	ment Limitations			
Pharmacy	 Add a New Provider or Make a Change to an I 	Term an Existing Provider RS Number or NPI Number			
Provider Resources	Submit Multiple Reques	<u>st Types</u>			
Manuals, Forms and Resources (
Provider Training					
FAQs					

Helpful Reminders

- □ * Indicates a required field
- □ Please specify Wellcare products in the comment section

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PROVIDER INTAKE FORM

Provider Updates

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Provider Updates is for providers updating their existing contracts. To become a contracted provider, please complete our <u>Provider Intake Form</u>.

Provider Intake Form

Choose <u>Provider Intake Form</u> to join our network of contracted Meridian providers.

Provider Updates

Meridian is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Provider Updates is for providers updating their existing contracts. To become a contracted provider, please complete our Provider Intake Form

Provider Intake Form

Step 1 - Provider Type Select your provider type. *

Note: Completion of this form does not guarantee inclusion into the provider network. It generally takes 20 business days to analyze the form and make a determination if the contract process will commence. Failure to accurately complete the form will significantly extend this processing time.

We will outreach 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 contact the Contracting Department at <u>ILJoinOurNetwork@CENTENE COM</u>.

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.

- Choose the provider type
- Select product(s) provider is interested in becoming contracted in
- Select Contract Type
 - o New Contract
 - Amend Existing
 Contract
- Enter Group NPI
- Enter Tax ID Number
- Enter Illinois Medicaid Number
 - Medicaid
 Number must
 be active with
 IMPACT to
 move forward
- Check box indicating if your Medicaid Number is active
- Enter Medicare Identifier based on product provider is interested in joining
- Enter Practice Name, Primary Address, Suite

 Ancillary 			
O Clinic			
O FQHC			
 Group Practice 			
 Hospital 			
 Individual Provider 			
○ RHC			
Step 2 - Product Interest			
Select the products you want to partie	cipate in.*		
Meridian Medicaid Plan and Youth	Care		
Meridian Medicare-Medicaid Plan			
Ambetter			
Wellcare			
Contract Type *			
Select an option.	~		
Step 3 - National Identifiers			
Group NPI *	Tax ID Nu	umber *	
Chan 4. Illinois Medicald No. 1			
Illinois Medicaid Number *	aid Number is currently active.	nied application for participation	n
I verify that my Illinois Medicaid Numb	er is currently active		
If applicable to your Product Interest. pr	rovide vour Medicare Identifie	er (Medicare ID)	
Medicare Identifier			
If your Medicare Identifier is NOT active products.	, this will result in a denied aj	pplication for participation in Me	dicare
Step 5 - Practice Contact Information	n		
Practice Name *			
Primary Address *		Suite Number	
Citv *	State *	Zip Code *	
	Alabama	▼	

Number, City, State, and Zip Code				
 Enter County and Primary Phone Number 	County *		Primary Phone Number *	
 Select applying as choice Specialist Primary Care Provider Other Select if this is your primary specialty 	Step 6 - Practice Information Applying as: * Specialist Primary Care Provider Other Specialty * Select a specialty. Step 7 - Credentialing Cont	on tact Information	Is this your primary specialty? * O Yes O No	~
o Yes o No	Name *			
 Enter your specialty from the drop down menu of options Enter credentialing contact information Name Phone Fax Email address 	Phone * Step 8 - W9 Form Click to download a blank W9 fo Please upload your completed Choose File No file chosen I'm not a robot	Fax *	Email *	
 Select hyperlink '<u>Click to</u> <u>download a blank W9</u> <u>form</u>' 	Submit			
 Provider will need to attach a copy of their W9 				
 Select '<u>I'm not a robot'</u> 				
 Select Submit Submit 				

MAKE AN ADDRESS CHANGE	 What would you like to do? Make an Address Change Make a Demographic Change Update Member Assignment Limitations Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types
 Provider indicates next action from four options: Update a Billing Address Change a Service Location Add an Additional Service Location Remove a Location 	Address Change What would you like to do? Oupdate a Billing Address Change a Service Location Add an Additional Service Location Remove a Location
 Update a Billing Address Choose the Network(s) that apply to your change Enter the Group/Facility Name Enter the Tax ID# Enter the GNPI (Group/Type 2 NPI) 	Address Change What would you like to do? • Update a Billing Address • Change a Service Location • Add an Additional Service Location • Add an Additional Service Location • Remove a Location Choose All Applicable Networks* Ambetter Meridian Medicate YouthCare Meliciare Medicare If submitting for specific WellCare product(s), indicate applicable products in Comments section Group/Facility Name *
 Enter the <u>NEW</u> billing street address Enter the <u>NEW</u> billing street address 2 (Suite number, dept name, etc.) 	Tax ID # * Group NPI # * Billing Address Street Address * Address 1 ing 2
 Enter the <u>NEW</u> billing City, State and Zip Enter the <u>NEW</u> billing phone number Brovider will need to attach 	City * State * Zip Code * Billing Address Phone Number *
 Provider will need to attach a copy of their W9 	Please attach a completed IRS W-9 Form * Choose File No file chosen

reflecting the new billing address Comments Provider has the option to enter any comments they Update Requested By wish to help facilitate First Name * Last Name * request Contact Email * Contact Phone Number * Enter the First Name, Last Name, Contact Email Date Requested * address and Contact Phone Number of the person Submit submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the request (today's date) Select Submit when everything has been entered correctly Submit

Change a Service Location

- Choose the Network(s) that apply to your change
- Enter the Group/Facility Name
- Enter the GNPI (Group/Type 2 NPI)
- Enter the Tax ID#
- Enter the effective date of the change
- Facility Name (as applicable)
 - Provider will need to select hyperlink 'Meridian Facility Application (PDF)' if you want to change the service location for a facility.
 - Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Facility</u> <u>Application (PDF)'</u> from their computer
- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)
- If <u>Multiple</u> Practitioners (as applicable)
 - Provider has option to select hyperlink <u>'Meridian Roster</u> <u>Template (Excel)</u>'
 - Provider will need to '<u>Browse</u>' and

Address Ch	nange
------------	-------

What would you like to do?		
O Update a Billing Address		
📵 Change a Service Location		
Add an Additional Service Location		
O Remove a Location		
Choose All Applicable Networks*		
Ambetter		
Meridian Medicaid		
VouthCare		
Meridian Medicare-Medicaid		
Welcare Medicare		
If submitting for specific WeilCare produ	ucti's), indicate applicable pro	ducts

Group Facility Name *

 Group NPT # *

 Tax ID # *

 Effective Date *

Facility Name

If Facility based / Ancillary provider, please download the <u>Meridian Facility Application (PDF)</u> and attach it in the upload field. The Meridian Facility Application is applicable in circumstances where there is a Group NPI update and a service location update coinciding.

Last Name

Facility Application Browse...

Practitioner Name

Practitioner I	NPI#		

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. All roster fields are required.

Meridian Roster Template (Excel) (Roster template revised 02/04/2022)

Old Service Location Address

Address Line 2	
City *	State *
	~
Zip Code *	
New Service Location Address	
Is the address change for a primary location? *	
⊖ Yes	
O No	

attach the			
completed			
Meridian Poster			
<u>Template (Excel)</u>	Street Address *		
from their			
computer	Address Line 0		
	Address Line 2		
Enter the <u>OLD</u> service	City *	State *	
location street address	ony		
Enter the OLD service		×	
location streat address line	Zip Code *		
2 as applicable (Suite			
number, dept name, etc.)	Primary Phone *		
Enter the OLD service			
location City State and Zin			
location city, state and zip			
Is the address change for a			
primary location?			
Coloct indicator of			
o Select Indicator of	Is your billing address also changing? *		
<u>YES</u> or <u>NO</u>	Yes		
	⊖ No		
Enter the NEW service	Street Address *		
leastion streat address			
location street address			
	Address Line 2		
Enter the <u>NEW</u> service			
location street address line	City *	State *	
2 as applicable (Suite			
		•	
number, Dept name, etc.)	Zip Code *		
Enter the <u>NEW</u> service	Pilling Address Obans Number \$		
location City State and Zin	billing Address Phone Number		
	Please attach a completed IRS W-9 Form *		
Enter the NEW primary	Browse		
phone			
Is your hilling address also			
shang:			
changing?			
 Select indicator <u>YES</u> 			
or NO			
If NO is selected you will			
- II <u>INO</u> IS SElected you will			
move to office hours			
If YES is selected new data			
fields will need to be			
neius wiii neeu to be			
populated by provider			
 Enter NEW billing 			
street address			
o Enter NEW billing			
street address line			
2 as applicable			

- Enter NEW billing service location City, State and Zip
- Enter NEW billing phone number
- Provider will need to attach a copy of their W9 reflecting the new billing address
- Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly



		(Suite number, dept	Office Hours	
		name, etc.)	Sweder *	
	0	Enter NEW billing		
		City State and Zin	Monday *	
	0	Enter NFW/ hilling		
	0	phone number	Tuesday *	
	0	Provider will need		
	-	to attach a copy of	Wednesday *	
		their W9 reflecting		
		the new billing	Thursday *	
		address		
			Fnitay *	
•	Enter N	NEW service location		
	office h	nours for each day	Saturday *	
	(Sunda	y – Saturday). If		
	closed	provider may enter	Comments	
	closed	OF N/A.		
	Provide	ar has the option to		
_	enter a	any comments they		
	wish to	heln facilitate	Update Requested By	
	reques	t		Last Name *
		-		
-	Enter t	he First Name, Last	Contact Email *	Cantact Phone Number *
	Name,	Contact Email		
	addres	s and Contact Phone	Date Requested *	
	Numbe	er of the person		
	submit	ting the request. This	Butwait	
	will be	the person Meridian		
		ntact for questions or		
	TOHOW	ups.		
-	Enter t	he date of the		
	reques	t (today's date)		
	•	())		
-	Select	Submit when		
	everytł	hing has been		
	entere	d correctly		
	Submit			
Add	an Ad	ditional Service	Location	

Choose the Network(s) that • apply to your change

 Enter the Group/Facility Name Address Obs

- Enter the GNPI # (Group/Type 2 NPI)
- Enter the Tax ID #
- Enter the effective date of the change
- Facility Name (as applicable)
 - Provider will need to select hyperlink '<u>Meridian Facility</u> <u>Application (PDF)</u>' if you want to add a service location for a facility.
 - Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Facility</u> <u>Application (PDF)</u>' from their computer
- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)
- If <u>Multiple</u> Practitioners (as applicable)
 - Provider has option to select hyperlink <u>'Meridian Roster</u> Template (Excel)'
 - Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Roster</u> <u>Template (Excel)</u>' from their computer

Address Change	
What would you like to do?	
O Update a Billing Address	
 Change a Service Location 	
Add an Additional Service Location	
 Remove a Location 	
Choose All Applicable Networks*	
Ambetter	
Meridian Medicaid	
YouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	
If submitting for specific WellCare product(s), indica	ate applicable products in Comments section
Group/Facility Name *	
Group NPI # *	Tax ID # *
Effective Date *	
Facility Name	
If Facility based / Ancillary provider, please downlos	ad the Meridian Facility Application (PDF) and attach it in the upload
update coinciding.	imstances where there is a Group NPI update and a service location
Facility Application	
-	
Practitioner Name	l act Marra
Brows Practitioner Name First Name	Last Name
Brows Practitioner Name First Name Practitioner NPI #	Last Name
Practitioner Name First Name Practitioner NPI #	Last Name
Brows	Last Name
Brows Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows	Last Name
	Last Name Last Name Re
	Se Last Name Last Name Be Be d, please download the Meridian Roster Template and attach it in the
	Last Name Last Name Re
	Last Name Last Name Re
Brows Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours	Last Name Last Name Re
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	Last Name Last Name Re
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) Iffice Hours nday *	Se Lest Name se d, please download the Meridian Roster Template and attach it in the
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) Iffice Hours nday * Indey *	Se Last Name se d, please download the Meridian Roster Template and attach it in the
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours indey *	Se Last Name Last Name Re Re Rd, please download the Meridian Roster Template and attach it in the
Brows Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours indey * exdey *	Se Lest Name Lest Name Re Re Re
Brows Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * esday *	Lest Name
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	Lest Name
Practitioner Name First Name Practitioner NPI # Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * esday * esday *	Lest Name
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are needed upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	Lest Name
Practitioner Name First Name Practitioner NPI #	Lest Name
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * escley * undey * usdey *	Lest Name
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * esclay * urdey * day *	Se
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * esdey * urdey * turday *	Se
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) ffice Hours nday * esdey * urdey * turday *	se
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	se Last Name se ed, please download the Meridian Roster Template and attach it in the
Practitioner Name First Name Practitioner NPI # Multiple Practioners Brows If multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	se
Practitioner Name First Name Practitioner NPI # Practitioner NPI # Multiple Practioners Frows Multiple practitioners' provider updates are neede upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) Hice Hours nday * unday *	se Last Name Re Ret, please download the Meridian Roster Template and attach it in the

•	Enter NEW service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.	Additional Location Address Street Address * Address Line 2
•	Provider has the option to enter any comments they wish to help facilitate request	City * State *
•	Enter the <u>ADDITIONAL</u> service location street address	Is your billing address also changing? * Yes No
•	Enter the <u>ADDITIONAL</u> service location street address line 2 as applicable (Suite number, Dept name, etc.)	Is your billing address also changing? * Yes No Street Address * Address Line 2
•	Enter the <u>ADDITIONAL</u> service location City, State and Zip	City * State *
•	Enter the <u>ADDITIONAL</u> location phone number	Billing Address Phone Number *
•	Is your billing address also changing? • Select indicator <u>YES</u> or <u>NO</u>	Please attach a completed IRS W-9 Form * Browse
•	If <u>NO</u> is selected you will move to update requested by.	Update Requested By First Name * Last Name *
•	If <u>YES</u> is selected new data fields will need to be populated by provider Enter NEW billing street address Enter NEW billing street address line 2 as applicable (Suite number, Dept name, etc.) Enter NEW billing service location City, State and Zip 	Contact Email *

W billing umber will need a copy of reflecting billing			
ame, Last mail tact Phone erson equest. This n Meridian uestions or			
the date)			
en een ,			
	W billing imber will need a copy of reflecting billing ime, Last mail fact Phone erson quest. This n Meridian uestions or the date) en	W billing imber will need a copy of reflecting pilling ime, Last mail act Phone erson quest. This n Meridian uestions or the date) en en	W billing imber will need a copy of reflecting billing ime, Last mail act Phone erson quest. This in Meridian uestions or the date) en en

Remove a Location

- Choose the Network(s) that apply to your change
- Enter the Group/Facility Name
- Enter the Group NPI # (Group/Type 2 NPI)
- Enter the Tax ID #
- Enter the effective date of the change
- If <u>Multiple</u> Practitioners (as applicable)
 - Provider has option to select hyperlink <u>'Meridian Roster</u> <u>Template (Excel)</u>'
 - Provider will need to '<u>Browse</u>' and attach the completed '<u>Meridian Roster</u> <u>Template (Excel)</u>' from their computer
- Enter Practitioner First Name (as applicable)
- Enter Practitioner Last Name (as applicable)
- Enter Practitioner NPI # (as applicable)
- Enter the <u>DELETED</u> location street address
- Enter the <u>DELETED</u> location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the <u>DELETED</u> location City, State and Zip
- Enter the <u>DELETED</u> location phone number
- Provider has the option to enter any comments they

vvnat would vou like to do?	
O Update a Billing Address	
O Change a Service Location	
Add an Additional Service Location	
Remove a Location	
Choose All Applicable Networks*	
Ambetter	
Meridian Medicaid	
VouthCare	
Wellcare Medicare	
It submitting for specific well-are product(s), indicate app	olicable products in Comments section
Group/Facility Name *	
Crown NDI # *	Tax ID # *
Group NFT#	
Effective Date *	
Multiple Practioners	
Browse	
If multiple practitioners' provider updates are needed, ple upload field. All roster fields are required.	ase download the Meridian Roster Template and attach it in the
Meridian Roster Template (Excel)	
(Roster template revised 02/04/2022)	
Practitioner Name	
Fielders	f and Marian
rirst Name	Last Name
Practitioner NPI #	
Delete Location Address	
Delete Location Address	
Delete Location Address Street Address *	
Delete Location Address	
Delete Location Address Street Address * Address Line 2	
Delete Location Address Street Address * Address Line 2	
Delete Location Address Street Address * Address Line 2	
Delete Location Address Street Address * Address Line 2 Dity *	State *
Delete Location Address Street Address * Address Line 2 City *	State *
Delete Location Address Street Address * Address Line 2 Dity *	State *
Delete Location Address Street Address * Address Line 2 Dity * Tip Code *	State *
Delete Location Address Street Address * Address Line 2 Dity * Zip Code *	State *
Delete Location Address Street Address * Address Line 2 City * Cip Code * Cocation Phone Number *	State *
Delete Location Address Street Address * Address Line 2 City * Zip Code * Location Phone Number *	State *
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Delete Location Address Street Address * Address Line 2 Dity * Zip Code * Location Phone Number *	State *
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Delete Location Address Street Address * Address Line 2 Dity * Zip Code * Location Phone Number *	State *
Delete Location Address Street Address * Address Line 2 Dity * Location Phone Number *	State *
Delete Location Address Street Address * Address Line 2 Dity * Location Phone Number *	State *

 wish to help facilitate request Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the request (today's date) Select Submit when everything has been entered correctly 	Comments	Last Name *	
MAKE A DEMOGRAPHIC CHANGE	What would you like to Make an Address Change Make a Demographic Change Update Member Assignment Limitat Add a New Provider or Term an Exit Make a Change to an IRS Number Submit Multiple Request Types	o do? tions isting_Provider or NPI Number	
 Provider indicates next action from five options: Change Phone Number Change Practitioner Name Add/Remove a Language Spoken Update Practitioner Office Hours Update Service Location Office Hours Changes will be reflected in all Products 	What do you want to do? * Change Phone Number Change Practitioner Name Add/Remove a Language Spoken Update Practitioner Office Hours Update Service Location Office Hours		

Change a Phone Number

- Enter the Group/Facility Name
- Enter the Tax ID #
- Enter the Group NPI # (Group/Type 2 NPI)
- Enter the service location street address
- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the service location City, State and Zip
- Enter <u>OLD</u> phone number
- Enter <u>NEW</u> phone number
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly



Demographic Change	
What do you want to do? *	
Change Phone Number	
O Change Practitioner Name	
Add/Remove a Language Spoken	
 Update Practitioner Office Hours 	
O Update Service Location Office Hours	
Group/Facility Name *	
Tax ID # *	
Group NPI # *	
Service Location Address	
Address Line 2	
City *	State *

New Phone Number *

Update Requested By

Zip Code *

Comments

Old Phone Number *

First Name *	Last Name *
Contact Email *	Contact Phone Number *
Date Requested *	
Submit	
Submit	

15

~

Change a Practitioner Name

- Enter Practitioner NPI #
- Enter <u>CURRENT</u> Practitioner Prefix
- Enter <u>CURRENT</u> Practitioner
 First Name
- Enter <u>CURRENT</u> Practitioner Last Name
- Enter <u>CURRENT</u> Practitioner Suffix
- Enter <u>NEW</u> Practitioner
 Prefix
- Enter <u>NEW</u> Practitioner First Name
- Enter <u>NEW</u> Practitioner Last Name
- Enter <u>NEW</u> Practitioner Suffix
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly

Submit

' Nan	ne		
	Demographic Change		
ŧ	What do you want to do? * O Change Phone Number Change Practitioner Name		
ioner	Ordenge - Instantion - Instantion Add/Remove a Language Spoken Update Practitioner Office Hours Update Service Location Office Hours		
ioner	Practitioner NPI # *		
ioner	Practitioner Current Name		
	Prefix *	First Name *	
ioner	×		
	Last Name *	Suffix	
r	Practitioner New Name		
	Prefix *	First Name *	
r First	· · · ·		
	Last Name *	Suffix	
r Last			
	Comments		
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n to	Update Requested By		
	First Name *	Last Name *	
ley			
	Contact Email *	Contact Phone Number *	
.ast	Date Requested *		
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ns or			

Add/Remove a Language Spoken

- Enter Practitioner NPI #
- **Enter Practitioner First** Name
- **Enter Practitioner Last** Name
- Enter Additional Language(s) Spoken
- Enter Language(s) No Longer Spoken
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly



	Demographic Change	
Enter Practitioner NPI #	What do you want to do? * Change Phone Number Change Practilinger Name	
 Enter Practitioner First Name Enter Practitioner Last 	Add/Remove a Language Spoken Update Practitioner Office Hours Update Service Location Office Hours Practitioner NPI # *	
 Name Enter <u>Additional</u> Language(s) Spoken Enter Language(s) <u>No</u> Longer Spoken 	Practitioner Name First Name * Additional Language(s) Spoken *	Last Name * Language(s) No Longer Spoken *
 Provider has the option to enter any comments they wish to help facilitate request 	Comments	
 Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the request (today's date) Select Submit when everything has been entered correctly. 	First Name *	Last Name * Contact Phone Number *
Update Practitioner Office	e Hours	

- Enter Practitioner NPI #
- Enter Group NPI # (Group/Type 2 NPI)
- Enter Tax ID #
- Enter Practitioner First Name
- Enter Practitioner Last Name
- Enter Group Name
- Enter service street address
- Enter the service location street address line 2 as applicable (Suite number, dept name, etc.)
- Enter the service location City, State and Zip
- Enter <u>NEW</u> service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)

Domographia Change	
Jemographic Change	
What do you want to do? *	
Change Phone Number	
Change Practitioner Name Add/Demous a Leasure Cashes	
Add/Remove a Language Spoken	
Update Practitioner Office Hours	
O Update Service Location Office Hours	
Practitioner NPI # *	
Group NPI # *	
Tax ID # *	
Practitioner Name	
First Manual A	Loui Mana A
First warrie "	Last warre
Group Name *	
Group Name	
Service Location Address	
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Street Address *	
Address Line 2	
City *	State *
	✓
Zip Code *	
New Provider Office Hours	
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Friday * Saturday * Comments Update Requested By First Name *	Last Name *
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Friday *	Last Name *
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Friday * Comments Update Requested By First Name * Contact Email * Date Requested	Last Name *
Friday * Friday * Saturday * Comments Update Requested By First Name * Contact Email * Date Requested	Last Name *
Friday * Friday * Saturday * Comments Update Requested By First Name * Contact Email * Date Requested Submit	Last Name *

•	Select Submit when		
	everything has been		
	entered correctly		
	Submit		

Update Service Location Office Hours

Demographic Change

- Enter Group/Facility Name
- Enter Group NPI# (Group/Type 2 NPI)
- Enter service street address
- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the service location City, State and Zip
- Enter <u>NEW</u> service location office hours for each day (Sunday – Saturday). If closed provider may enter 'closed' or 'N/A'.
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly

What do you want to do? ^		
O Change Phone Number		
Change Practitioner Name		
Add/Remove a Language Spoken		
Update Service Location Office Hours		
Group-acity name -	1	
Group NPI # *		
Service Location Address		
Street Address *		
Address Line 2		
C	Olete A	
City -	attice -	
	÷	
Zip Code *		
Service Location Office Hours		
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Alionalay *		
i besaay -	1	
Wealnesday *		
Thursday *		
	1	
Friday *		
Saturday *		
-		
Comments		
Update Requested By		
First Name *	l ast Name *	
Contact Email *	Contact Phone Number *	
Data Research 1		
Date rxeqüestea *		
Submit		

Submit	
UPDATE MEMBER ASSIGNMENT LIMITATIONS	 What would you like to do? Make an Address Change Make a Demographic Change Update Member Assignment Limitations Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types
 Provider indicates next action from three options: Change Accepting New Members Status Change Panel Size (PCP Only) Change Age Restrictions 	Update Member Assignment Limitations What would you like to do? * Change Accepting New Members Status Change Panel Size (PCP Only) Change Age Restrictions Choose Networks* Ambetter Meridian Medicaid YouthCare Meridian Medicare-Medicaid Wellcare Medicare

Change Accepting New Member Status

- Choose the Network(s) that apply to your change
- Enter the Practitioner First Name
- Enter the Practitioner Last Name
- Enter the Practitioner NPI #
- Enter the Tax ID#
- Enter the Group/Facility Name
- Enter the Group NPI # (Group/Type 2 NPI)
- Enter service street address
- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the service location City, State and Zip
- Select your Practitioner Type indicator
 - <u>Primary Care</u> <u>Provider (PCP)</u>
 Specialist
- Select Is Practitioner Accepting New Members?
 - Select indicator YES
 - Select indicator <u>NO</u>
 Select indicator NO
 - Select indicator <u>NO</u>
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email

Change Panel Size (PCP Only) Change Age Restrictions	
Choose Networks*	
Ambetter	
VouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	
Practitioner Name	
First Name *	Last Name *
Practitioner NPI # *	
Tax ID # *	
Groun/Eacility Name *	
Group NPI # *	
oroup rec'l #	
Service Location Address	
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Zip Code * Practitioner Type * ◯ Primary Care Provider (PCP)	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist	
Zip Code * Practitioner Type * ○ Primary Care Provider (PCP) ○ Specialist Is Practitioner Accepting New Members? *	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes No	
Zip Code *	

 address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the 	Comments Update Requested By First Name * Contact Email *	Last Name *
request (today's date)Select Submit when	Date Requested *	
everything has been entered correctly	Submit	
Change Panel Size (PCP Or	nly)	
 Choose the Network(s) that apply to your change Enter Primary Care Provider (PCP) NPI # Enter Primary Care Provider (PCP) First Name Enter Primary Care Provider (PCP) Last Name Enter Tax ID # Enter Group/Facility Name Enter Group NPI # (Group/Type 2 NPI) 	Update Member Assignment I What would you like to do? * Change Accepting New Members Status Change Panel Size (PCP Only) Change Age Restrictions Choose Networks* Ambetter Weridian Medicaid YouthCare Meridian Medicare Primary Care Provider (PCP) NPI # * Primary Care Provider (PCP) Nan First Name *	Lest Name *
 If <u>Multiple</u> Practitioners Provider has option to select hyperlink <u>'Meridian Roster</u> <u>Template (Excel)'</u> Provider will need to '<u>Browse</u>' and attach the completed 'Meridian Roster <u>Template (Excel)'</u> from their computer 	Tax ID # * Group/Facility Name * Group NPI # * Multiple Practioners Multiple Practioners All fields are required. If multiple practitioners' provider updates are needed, please upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	download the Meridian Roster Template and attach it in the
 Enter service street address 		

•	Enter the service location	Service Location Address		
	street address line 2 as	Street Address *		
	dept name, etc.)	Address Line 2		
•	Enter the service location	City *	State *	
	City, State and Zip	Zin Code *	~	
_	Fater New Denal Circ			
•	Enter <u>New</u> Panel Size	New Panel Size *		
	Provider has the option to			
	enter any comments they	Comments		
	wish to help facilitate			
	change			
	Enter the First Name, Last	Update Requested By		
	Name, Contact Email	First Name *	Last Name *	
	address and Contact Phone			
	Number of the person	Contact Email *	Contact Phone Number *	
	submitting the request. This	Date Requested *		
	will contact for questions or]	
	follow ups.	Submit		
•	Enter the date of the			
	request (today's date)			
	Select Submit when			
	everything has been			
	entered correctly			
	Submit			

Change Age Restricitions

- Choose the Network(s) that apply to your change
- Enter Primary Care Provider (PCP) NPI#
- Enter Primary Care Provider (PCP) First Name
- Enter Primary Care Provider (PCP) Last Name
- Enter Tax ID #
- Enter Group/Facility Name
- Enter Group NPI # (Group/Type 2 NPI)
- If <u>Multiple</u> Practitioners
 - Provider has option to select hyperlink '<u>Meridian Roster</u> <u>Template (Excel)</u>'
 - Provider will need to '<u>Browse</u>' and attach the completed 'Meridian Roster Template (Excel)' from their computer
- Enter service street address
- Enter the service location street address line 2 as applicable (Suite number, Dept name, etc.)
- Enter the service location City, State and Zip
- Select your Practitioner Type indicator
 - <u>Primary Care</u>
 <u>Provider (PCP)</u>
 - o <u>Specialist</u>
- Enter <u>New</u> Age Restrictions
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email

Update Member Assignment Limitations
What would you like to do? *
Change Accepting New Members Status
Change Panel Size (PCP Only)
Change Age Restrictions
Choose Networks*
Ambetter
Meridian Medicaid
VouthCare
Meridian Medicare-Medicaid
Wellcare Medicare
Primary Care Provider (PCP) NPI # *

Primary Care Provider (PCP) Name

Tax ID # *				
Group/Facility Name *				
Group NPI # *				
Multiple Practioners				
	Browse			
All fields are required.				
Meridian Roster Template (Excel) (Roster template revised 02/04/2021	D)			
Street Address *	_			
Address Line 2				
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oity	State *			
uty	State *		~	
Zip Code *	State *		~	
Zip Code *	State *		~	
Zip Code * Practitioner Type * ◯ Primary Care Provider (PCP)	State *		~	
Zip Code * Practitioner Type * O Primary Care Provider (PCP) O Specialist	State *		~	
Zip Code * Practitioner Type *) Primary Care Provider (PCP)) Specialist New Age Restrictions *	State *		~	
Zip Code * Practitioner Type *) Primary Care Provider (PCP)) Specialist New Age Restrictions *	State *		~	
Zip Code * Practitioner Type * > Primary Care Provider (PCP) > Specialist New Age Restrictions * Comments			~	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments			~	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments			×	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By			~	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By First Name *	Last Name		~	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By First Name *	Last Name		×	
Zip Code * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By First Name * Contact Email *	Last Name Contact Ph	.ne Number *	·	
Zip Code * Practitioner Type * Practitioner Type * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Comments Comments Contract Email * Contact Email *	Last Name	ne Number *	• •	
Zip Code * Practitioner Type * Practitioner Type * Practitioner Type * Practitioner Type * Practitions / Secondary Care Provider (PCP) Specialist New Age Restrictions * Comments Comments Update Requested By First Name * Contact Email * Date Requested *	Last Name	* Ine Number *	• •	

 address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the request (today's date) Select Submit when everything has been entered correctly 	
ADD A NEW PROVIDER OR TERMINATE AN EXISTING PROVIDER	 What would you like to do? Make an Address Change Make a Demographic Change Update Member Assignment Limitations Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types
 Provider indicates next action from three options: Add a New Provider Term a PCP Term a Specialist 	Add a New Provider or Term an Existing Provider Met do you want to do?* Add a New Provider Term a PCP Term a Specialist
 Add a New Provider Choose the Network(s) that apply to your change Provider has option to select hyperlink 'Meridian Roster Template (Excel)' Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer 	

Providers must be IMPACT approved and Medicaid numbers supplied for Medicaid, YouthCare and/or Duals products.

- Ambetter and Medicare submissions
 - <u>CAQH</u> must be current and accessible, if not enrollment will **not** be processed
 - No more than <u>20</u> locations per practitioner will be loaded into Meridian systems
- Facility or Clinic
 - A credentialing
 <u>'application (PDF)'</u>
 will be required
 - Provider will need to select hyperlink 'application (PDF)'
 - Provider will need to '<u>Choose File</u>' and attach the completed '<u>application (PDF)</u>' from their computer
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Select Submit when everything has been entered correctly

Submit

Add a New Provider or Term an Existing Provider

What do you want to do? *

- Add a New Provider
 Term a PCP
- Term a Specialist
- Choose All Applicable Networks*
- Meridian Medicaid
- YouthCare
 Meridian Medicare-Medicaid
- Wellcare

If submitting for specific WellCare product(s), indicate applicable products in Comments section

If multiple practitioners' provider updates are needed, please download the Meridian Roster Template and attach it in the upload field. All roster fields are required.

Meridian Roster Template (Excel)

(Roster template revised 02/04/2022)

New Provider Roster Upload *
Choose File No file chosen

Additional File Upload

Choose File No file chosen

1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be supplied

2. Prior to Ambetter and Medicare submissions

- Validate CAQH is current and accessible to the health plan for all practitioners
- NOTE: CMS does not allow more than 20 locations per practitioner
- If submitting a new facility or clinic, a credentialing <u>application (PDF</u>) will be required, along with the documents referenced on the last page of the application.

Update Requested By

Contact Email *	Contact Phone Number *
Date Requested *	
Submit	

Terminate a Primary Care Provider (PCP)

- Choose the Network(s) that apply to your change
- Select if you are terming a single or multiple providers.
- If you select '<u>single'</u> you will be prompted to enter additional information.
- Enter Primary Care Provider (PCP) NPI #
- Enter Primary Care Provider (PCP) First Name
- Enter Primary Care Provider (PCP) Last Name
- Enter Tax ID # Practitioner will be termed from all locations associated with TIN regardless of GNPI
- Enter Group/Facility Name
- Enter Date Term Effective
- Select Term Reason from drop down
 - o Left Group
 - o Retired
 - Deceased
 - Relocated out of State
 - Closed Practice
 - o Other

Add a New Provider Term a PCP Term a PCP Choose All Applicable Networks* Choose All Applic	What do you want to do? *	
• Term # Specialist Choose All Applicable Networks* I ambeller I middian Medicaid I workshow Medi	Add a New Provider	
Left Group Reficed Out of State	Term a PCP	
Choce AI Applicable Networks* Ambetiar Meridian Medicaid Subtrictions Subtrictions	 Ierm a Specialist 	
Left Group Retired Burger Left Group Retired Burger	Choose All Applicable Networks*	
<pre></pre>	Ambetter Meridian Medicaid	
Image: Instant in the instant insta	VouthCare	
Wellcare If submitting for specific WellCare product(s), indicate applicable products in Comments section to you need to term a single PCP or multiple?* Imary Care Provider (PCP) NPI #*	Meridian Medicare-Medicaid	
If submitting for specific WellCare product(s), indicate applicable products in Comments section to you need to term a single PCP or multiple?* Single Multiple timery Care Provider (PCP) NPI #* Chinacy Care Provider (PCP) Name tist Name *	Wellcare	
lo you need to term a single PCP or multiple? * Single Multiple Transer Care Provider (PCP) NPI # * Primary Care Provider (PCP) Name irst Name * Last Name * ax ID # * ax ID # * aractitioner will be termed from all locations associated the init TIN. iroup/Facility Name * late Term Effective * Left Group Retired Deceased Retocated out of State	If submitting for specific WellCare product(s), indi	icate applicable products in Comments section
Single Shuttple Primary Care Provider (PCP) NPI # * Primary Care Provider (PCP) Name irst Name * irst Nam	o you need to term a single PCP or multiple? *	
Image trimary Care Provider (PCP) NPI # *	Single	
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Primary Care Provider (PCP) Name	erimary Care Provider (PCP) NPI # *	
Primary Care Provider (PCP) Name irst Name * ax ID # * ax ID # * Tractitioner will be termed from all locations associated atthits TIN. Scoup/Facility Name * abate Term Effective * bate Term Effective attrice		
Initiality Carle Provider (PCP) Name irst Name * Last Name * iax ID # *		lama
irst Name * Last Name * ax ID # *	Primary Care Provider (PCP) N	lame
Left Group Retired Deceased Redocated Out of State Provention	irst Name *	Last Name *
Left Group Refired Deceased Refired Deceased Refired Deceased Refired Deceased Refired Deceased Refired Deceased Refired		
ractitioner will be termed from all locations associated ith this TIN. <i>isroup/Facility Name</i> * late Term Effective *	ax ID # *	
In this TIN. Scoup/Facility Name * Date Term Effective * Left Group Retired Deceased Relocated Out of State Rel		
Ith this TIN. Sroup/Facility Name * Date Term Effective * Left Group Retired Deceased Relocated Out of State Re	Practitioner will be termed from all locations associated	
Incup/Facility Name *	vith this TIN.	
Left Group Retired Deceased Relocated Out of State Polocated Out of State	Group/Facility Name *	
Left Group Retired Deceased Relocated Out of State Polocated Out of State		
Left Group Retired Deceased Relocated Out of State	Date Term Effective *	
Left Group Retired Deceased Relocated Out of State		
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 If selected 	Term Reason *
Provider	Other 🗸
will need to	If other reason please state why *
type in	· · ··································
reason	
 Select Move Members to 	Move Members To: *
indicator	Auto-Assignment
 Auto-Assignment 	
o Provider	0 Honda
Auto-Assignment will assign the	
member(s) to another PCP that is in	
proximity to their address.	
 If <u>PROVIDER</u> is selected new 	
data fields will need to be	
populated by provider (1 st ,	Move Members To: * Auto-Assignment
2 nd , 3 rd choice of where	Provider
members should be moved	Provider #1 NPI # *
to) as applicable	
• Enter Provider #1	Provider #1 First Name * Provider #1 Last Name *
NPI #	Provider #2 NPI #
 Enter Provider #1 	
First Name	Provider #2 First Name Provider #2 Last Name
 Enter Provider#1 	
Last Name	Provider #3 NPI #
 Enter Provider #2 	
NPI #	Provider #3 First Name Provider #3 Last Name
 Enter Provider #2 	
First Name	
 Enter Provider#2 	
Last Name	
 Enter Provider #3 	Comments
NPI #	
 Enter Provider #3 	
First Name	
 Enter Provider#3 	Undete Deguasted Du
Last Name	Update Requested By
	First Name * Last Name *
Provider has the option to	
enter any comments they	Contact Email * Contact Phone Number *
wish to help facilitate	
request	Date Requested *
Enter the First Name, Last	New Provider Roster Upload *
Name, Contact Email	Choose File No file chosen
address and Contact Phone	
Number of the person	
submitting the request. This	
will be the person Meridian	

will contact for questions or follow ups.	Is this request a PHO affiliation? Yes No
 Enter the date of the request (today's date) 	PHO Name
 Answer prompt if this request is a PHO affiliation Yes – please enter PHO Name No – no further action necessary 	Submit
 Select Submit when everything has been entered correctly 	
Submit	
Terminate a Specialist	
reminate a specialist	Add a New Provider or Term an Existing Provider
 Choose the Network(s) that 	What do you want to do? *
apply to your change	○ Add a New Provider
 Select indicator - Do you 	Term a PCP
need to term a single	Choose Networks*
Specialist or multiple?	Ambetter Meridian Medicaid
 Single 	VouthCare
	Meridian Medicare-Medicaid Wellcare
	Do you need to term a single Specialist or multiple? *
Single is selected new data fields	○ Single
<u>Single</u> is selected new data news	
will need to be populated by the	Specialist NPI # *
provider	
Enter Specialist NPI #	
 Enter Specialist First Name 	Specialist Name
 Enter Specialist Last Name 	First Name * Last Name *
 Enter Tax ID # 	
Barristina and the second former th	Tax ID # *
Practitioner will be termed from all	
locations associated with TIN	Practitioner will be termed from all locations associated with this TIN
regardless of GNPI	Groun/Facility Name *
Entor Group/Eacility Name	
 Enter Oroup/Facility Name Enter Date Term Effective 	
 Enter Date renn Enective Salact Tarm Passon from 	Date term Effective
- Select Territ Nedson Hom	
	Specialist Term Reason *
 Detirod 	×
	Left Group Retired
O Decedseu	Deceased Relocated Out of State
State	No Longer Accepting Medicaid Other
JIAIC	

o Closed Practice

0

- Other If selected Provider will need to type in reason
- Provider has the option to enter any comments they wish to help facilitate request
- Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
- Enter the date of the request (today's date)
- Provider has the option to upload a roster (not required)
- Answer prompt if this request is a PHO affiliation
 - Yes please enter
 PHO Name
 - No no further action necessary
- Select Submit when everything has been entered correctly

Submit

<u>Multiple</u> is selected new data fields will need to be populated by the provider

- Provider has option to select hyperlink <u>'Meridian Roster</u> Template (Excel)'
- Provider will need to <u>'Browse</u>' and attach the completed <u>'Meridian</u> <u>Roster Template (Excel)</u>' from their computer

Other r die rreason, piesse state wity.* pade Requested By pade Requested By pade Requested By pade Requested By pade result pade result pade result pade result r mem * <pre></pre>		\checkmark
taher reason, please stale why *	Other	
<pre>wmmt pdate Requested By freme * freme *</pre>	other reason, please state why. *	
pdate Requested By nivere iter request a reproduction of the request of the required of		
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	 Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.
•	Answer prompt if this request is a PHO affiliation • Yes – please enter
	 No – no further action necessary
•	Select Submit when everything has been entered correctly

What would you like to do?	
Make an Address Change Make a Demographic Change	
Update Member Assignment Limitations	
 Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types 	
Make a Change to an IRS Number or NPI Number	
Change an IRS Number (TIN) Change an NPI Number	
	 What would you like to do? Make an Address Change Make a Demographic Change Update Member Assignment Limitations Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types

r		
•	Enter <u>NEW</u> Tax Identification	What would you like to do? *
	Number (TIN)	Change an IRS Number (TIN) C Change an NPI Number
-	Enter NEW Group NPI #	
	(Group/Type 2 NPI)	Group/racinty Name -
- I	Enter offective date of change	
-	Enter enective date of change	Old Tax Identification Number (TIN) * Old Group NPI # *
•	Provider will need to attach a	
	copy of their W9 reflecting the	New Tax Identification Number (TIN) * New Group NPI # *
	new IRS number from their	
	computer	
		Effective Date *
_	Drovidor has the option to	
-		Please attach a completed IRS W-9 Form *
	enter any comments they wish	Browse
	to help facilitate request	Comments
-	Enter the First Name, Last	
	Name. Contact Email address	
	and Contact Phone Number of	Update Requested By
	the person submitting the	Fired Manua *
	request. This will be the	
	person Meridian will contact	Contact Email * Contact Phone Number *
	for questions or follow ups.	
		Date Requested *
-	Enter the date of the request	
	(todav's date)	
	(toddy 5 date)	Submit
- I	Soloct Submit when even thing	
-	Select Submit when everything	
	has been entered correctly	
	Submit	
Char	nge an NPI Number	
	5	Make a Change to an IRS Number or NDI Number
	Enter Group/Eacility Name	Make a Change to an INS Number of NET Number
_		What would you like to do? *
-	Enter <u>OLD</u> Group NPI #	Change an IRS Number (IIN)
	(Group/Type 2 NPI)	Cmun/Ganith Nama *
•	Enter <u>NEW</u> Group NPI #	Godph acing Name
	(Group/Type 2 NPI)	
-	Enter Tax Identification	Old Group NPI # * New Group NPI # *
	Number (TIN)	
	Select indicator has this NPI	Tax ID # *
_	been undeted with Illingia	
	been updated with illinois	Has this NPI been updated with Illinois Medicaid? *
	Medicaid?	⊖ Yes
	o <u>Yes</u>	⊖ No
	o <u>No</u>	
		Has this NPI been updated with Illinois Medicaid? *
	Νο	⊖ Yes
	\sim Plass contact MARACT	No
		Please contact IMPACT The IMPACT web portal can be found here
	web portal by selecting	
	' <u>here</u> ' hyperlink	
•	Yes	
1		
	 Enter New Medicaid ID 	

Enter Effective DateEnter effective date of change	Has this NPI been updated with Illinois Medicaid? * Yes No Please Provide New Medicaid ID *
 Provider has the option to enter any comments they wish to help facilitate change request 	Effective Date *
 Enter the First Name, Last Name, Contact Email address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups. Enter the date of the request (today's date) Select Submit when everything 	Comments Update Requested By First Name * Contact Email * Contact Email * Contact Phone Number * Date Requested * Contact Image A contact Phone Number * Contact
has been entered correctly	
SUBMIT	What would you like to do?
MULTIPLE REQUEST TYPES	 Make an Address Change Make a Demographic Change Update Member Assignment Limitations Add a New Provider or Term an Existing Provider Make a Change to an IRS Number or NPI Number Submit Multiple Request Types
 Provider chooses the applicable networks for this request If selecting Wellcare please 	Submit Multiple Request Types Choose All Applicable Networks* Ambetter Meridian Medicaid YouthCare Meridian Medicare-Medicaid Wellcare

Wellcare

indicate applicable products

Enter Contact First Name,

Last Name, Contact Email

address and Contact phone

in Comments section

number

1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be supplied

- 2. Prior to Ambetter and Medicare submissions:
- Validate CAQH is current and accessible to the health plan for all practitioners
- NOTE: CMS does not allow more than 20 locations per practitioner
- If submitting a new facility or clinic, a credentialing application (PDF) will be required, along with the documents referenced on the last page of the application.

•	Provider will need to select	If submitting for specific WellCare product(s), indicate applicable products in Comments section
	hyperlink <u>'Meridian Roster</u>	First Name *
	Template (Excel)	
		Last Name *
•	Provider will indicate if	
	request is part of a	Contact Email *
	Delegated Group	
	o Yes	Contact Phone Number *
	0 No	
•	If <u>NO</u> is selected you will	- If 5 or more provider updates are needed, please download the Meridian Roster Template and attach it in the upload
	move to uploading new	field. All required roster fields must be completed.
	provider roster	Meridian Roster Template (Excel) (Roster template revised 02/04/2022)
•	If <u>YES</u> is selected new data	Delegated Graun?
	field will need to be	O Yes
	populated by provider	○ No
	• Type in the name of	Delegated Group? Ves
	Delegated Group	○ No
		Delegated Group Name? *
•	Answer prompt if this	
	request is a PHO affiliation	Is this for a PHO agreement? *
	• Yes – please enter	O Yes
	PHO Name	Is this for a PHO agreement? *
	 NO – no further action passage 	● Yes ○ No
	action necessary	PHO Name? *
	Enter the total number	
	undates terms and/or adds	How many total updates, terms, or adds does your request contains? *
	your request contains	
	,	
-	Ambetter and Medicare	1. Providers must be IMPACT approved for any Medicaid, YouthCare, or Dual product, and Medicaid numbers must be
	submissions	supplied
	 <u>CAQH</u> must be 	2. Prior to Ambetter and Medicare submissions:
	current and	Validate CAQH is current and accessible to the health plan for all practitioners
	accessible, if not,	NOTE: CMS does not allow more than 20 locations per practitioner
	enrollment will not	In submitting a new facility or clinic, a credentialing <u>application (PDP)</u> will be required, along with the documents referenced on the last page of the application.
	be processed	New Provider Roster Upload *
		Choose File No file chosen
Provide	ers must be IMPACT	Comments
approv	red and Medicaid numbers	
supplie	ed for Medicaid, YouthCare,	
and/or	Duals products.	Submit
_	Drovidor will pood to	
-	Provider will fleed to	
	<u>browse</u> and attach the	
	Tompleted <u>Iviendian Roster</u>	
	computer	
	computer	
	Submit	
		I