# 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

Mineridian	Home Find a Doctor Login Contact Q search Contrast On Off a A A language-				
	FOR MEMBERS	FOR PROVIDERS	COVID-19	HEALTH LIBRARY	DISCOVER
FOR PROVIDERS	Provider Upd	lates			
Login	Meridian is committed to of	ffering the best tools to support	your administrative n	eeds. We have created an	easy method to
Provider Claim Alerts	request updates and ensure we receive what's needed to complete your request promptly.				
Become a Provider 📀	Become a Provider  Provider Updates are for those with existing contracts. To become a contracted provider, please complete our Provider Intake Form,				
Pre-Auth Check 📀		u lika ta da2			
Health Library	What would yo				
COVID-19	<ul> <li>Make an Address Char</li> <li>Make a Demographic Char</li> </ul>	-			
Non-Contract Providers 🛛 🕣	Update Member Assign	nment Limitations			
Pharmacy		Term an Existing Provider RS Number or NPI Number			
Provider Resources	Submit Multiple Reque				
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

<ul> <li>Ancillary</li> </ul>			
O Clinic			
O FQHC			
<ul> <li>Group Practice</li> </ul>			
<ul> <li>Hospital</li> </ul>			
Individual Provider			
○ RHC			
Step 2 - Product Interest			
Select the products you want to partie	cipate in.*		
Meridian Medicaid Plan and Youth	Care		
<ul> <li>Meridian Medicare-Medicaid Plan</li> </ul>			
Ambetter			
Wellcare			
Contract Type *			
Select an option.	*		
Step 3 - National Identifiers			
Group NPI *	Tax ID Nu	mber *	
Step 4 - Illinois Medicaid Number			
participation in Medicaid products. Illinois Medicaid Number * Please verify below that your Illinois Medic	aid Number is currently active.		
If your Illinois Medicaid Number is NOT	active, this will result in a den	ied application for participation.	
I verify that my Illinois Medicaid Numb	er is currently active.		
If applicable to your Product Interest, pr	ovide your Medicare Identifier	r (Medicare ID)	
Medicare Identifier			
If your Medicare Identifier is NOT active products.	, this will result in a denied ap	plication for participation in Medica	are
Step 5 - Practice Contact Information	n		
Practice Name *			
Primary Address *		Suite Number	
City *	State *	Zip Code *	
	Alabama	~	

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

MAKE AN ADDRESS CHANGE	<ul> <li>What would you like to do?</li> <li>Make an Address Change</li> <li>Make a Demographic Change</li> <li>Update Member Assignment Limitations</li> <li>Add a New Provider or Term an Existing Provider</li> <li>Make a Change to an IRS Number or NPI Number</li> <li>Submit Multiple Request Types</li> </ul>
<ul> <li>Provider indicates next action from four options: <ul> <li>Update a Billing Address</li> <li>Change a Service Location</li> <li>Add an Additional Service Location</li> <li>Remove a Location</li> </ul> </li> </ul>	Address Change What would you like to do? Oupdate a Billing Address Change a Service Location Add an Additional Service Location Remove a Location
<ul> <li>Update a Billing Address</li> <li>Choose the Network(s) that apply to your change</li> <li>Enter the Group/Facility Name</li> <li>Enter the Tax ID#</li> <li>Enter the GNPI (Group/Type 2 NPI)</li> </ul>	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 *
<ul> <li>Enter the <u>NEW</u> billing street address</li> <li>Enter the <u>NEW</u> billing street address 2 (Suite number, dept name, etc.)</li> </ul>	Tax ID # * Group NPI # *  Billing Address Street Address *  Address Line 2
<ul> <li>Enter the <u>NEW</u> billing City, State and Zip</li> <li>Enter the <u>NEW</u> billing phone number</li> <li>Provider will need to attach</li> </ul>	City *     State *       Zip Code *        Billing Address Phone Number *
<ul> <li>Provider will need to attach a copy of their W9</li> </ul>	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

Ad	dress	Cha	nae
	a 000	Onici	nge

What would you like to do?	
<ul> <li>Update a Billing Address</li> </ul>	
i Change a Service Location	
O Add an Additional Service Location	
<ul> <li>Remove a Location</li> </ul>	
Choose All Applicable Networks*	
Ambetter	
<ul> <li>Meridian Medicaid</li> </ul>	
YouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	

If submitting for specific Wei/Care product(s), indicate applicable products in Comments section

Group racing hame				
Group NPI # *	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.

Facility Application Browse...

#### Practitioner Name

First Name		Last Name
Practilloner NPI #		
Multiple Practioners		
	Browse	

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	

attach the			
completed			
Meridian Roster			
Template (Excel)'	Street Address *		
from their			
computer	Address Line 2		
	Address Line 2		
<ul> <li>Enter the <u>OLD</u> service</li> </ul>	City *	State *	
location street address	ony		
Enter the <u>OLD</u> service		×	
location street address line	Zip Code *		
2 as applicable (Suite			
number, dept name, etc.)	Primary Phone *		
Enter the <u>OLD</u> service			
location City, State and Zip			
location city, state and zip			
Is the address change for a			
primary location?			
	Is your billing address also changing? *		
<u>YES</u> or <u>NO</u>	Yes		
	⊖ No		
Enter the <u>NEW</u> service	Street Address *		
location street address			
location street address			
	Address Line 2		
Enter the <u>NEW</u> service			
location street address line	City *	State *	
2 as applicable (Suite		V	
		•	
number, Dept name, etc.)	Zip Code *		
Enter the <u>NEW</u> service	Billing Address Phone Number *		
location City, State and Zip	billing Address Phone Number		
	Please attach a completed IRS W-9 Form *		
<ul> <li>Enter the NEW primary</li> </ul>	Browse		
phone			
Is your billing address also			
changing?			
<ul> <li>Select indicator <u>YES</u></li> </ul>			
or <u>NO</u>			
If <u>NO</u> is selected you will			
move to office hours			
<ul> <li>If YES is selected new data</li> </ul>			
fields will need to be			
populated by provider			
<ul> <li>Enter NEW billing</li> </ul>			
street address			
<ul> <li>Enter NEW billing</li> </ul>			
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.)	Sunday *	
	0	Enter NEW billing	aunuay	
		service location	Monday *	
		City, State and Zip	njoniday	
	0	Enter NEW billing	Transferra	
		phone number	Tuesday *	
	0	Provider will need		
		to attach a copy of	Wednesday *	
		their W9 reflecting		
		the new billing address	Thursday *	
		auuress		
	Entor N	NEW service location	Friday *	
-		nours for each day		
		y – Saturday). If	Saturday *	
	-	provider may enter		
		' or 'N/A'.	Comments	
	closed			
-	Provide	er has the option to		
		iny comments they		
		help facilitate	Update Requested By	
	reques	•	First Name *	Last Name *
	•			
	Enter t	he First Name, Last	Contact Email *	Contact Phone Number *
	Name,	Contact Email		
	addres	s and Contact Phone	Date Requested *	
	Numbe	er of the person		
	submit	ting the request. This		
	will be	the person Meridian	Submit	
	will cor	ntact for questions or		
	follow	ups.		
•		he date of the		
	reques	t (today's date)		
•		Submit when		
	-	ning has been		
	entere	d correctly		
	Submit			
	L			
Add	an Ad	ditional 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 add a service location for a facility.
  - Provider will need to 'Browse' and attach the completed 'Meridian Facility Application (PDF)' 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 'Meridian Roster Template (Excel)'
  - Provider will need to 'Browse' and attach the completed 'Meridian Roster Template (Excel)' from their computer

Address Change	
What would you like to do?	
O Update a Billing Address	
O Change a Service Location	
Add an Additional Service Location	
<ul> <li>Remove a Location</li> </ul>	
Choose All Applicable Networks*	
Ambetter	
Meridian Medicaid  YouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	
If submitting for specific WellCare product(s), indicate appli	cable products in Comments section
Group/Facility Name *	
Group NPI # *	Tax ID # *
Group NP1#	
Effective Date *	
Facility Name	
	leridian Facility Application (PDF) and attach it in the upload as where there is a Group NPI update and a service location
Facility Application	
Browse	
Practitioner Name	
Practitioner Name	Last Name
First Name	Last Name
	Last Name
First Name Practitioner NPI #	Last Name
First Name Practitioner NPI # Multiple Practioners	Last Name
First Name Practitioner NPI # Multiple Practioners Browse If multiple practitioners' provider updates are needed, please	Last Name
First Name Practitioner NPI # Multiple Practioners Browse 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) Dffice Hours	
First Name Practitioner NPI # Multiple Practioners Browse 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) Dffice Hours	
First Name Practitioner NPI # Multiple Practioners Browse 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) Dffice Hours Sundey*	
First Name Practitioner NPI # Multiple Practioners  Multiple Practitioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Office Hours  undey *	
First Name Practitioner NPI # Multiple Practioners Browse If multiple practitioners' provider updates are needed, please upload field. All roster Tields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022) Dffice Hours Sunday * Acoday *	
First Name Practitioner NPI # Multiple Practioners  Multiple Practitioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Indey * Index * In	
First Name Practitioner NPI # Multiple Practioners  Multiple Practitioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Indey * Index * In	
First Name Practitioner NPI # Multiple Practioners Browse 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) Dffice Hours Sunday * Nonday * No	
First Name Practitioner NPI # Multiple Practioners  Multiple Practitioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Lunday * Luesday * Luesday * Luesday *	
First Name Practitioner NPI # Multiple Practioners Browse If multiple practitioners' provider updates are needed, pleas upload field. All roster fields are required. Meridian Roster Template (Excel) (Roster template revised 02/04/2022)	
First Name Practitioner NPI #  Practitioner NPI #  Multiple Practioners  Multiple Practioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours Sunday *  Lessday * Lessday *  Lessday * Lessday * Lessday * Lessday * Lessda	
First Name Practitioner NPI #  Practitioner NPI #  Multiple Practioners  Multiple Practioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours Sunday *  Mendersday *  Mednesday *  Mednesday *  Multiple Practioners  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Meridian Roster Template (Excel) (Roster template (Excel) (	
First Name Practitioner NPI #  Practitioner NPI #  Multiple Practioners  Multiple Practioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours Sunday *  Lessday * Lessday *  Lessday * Lessday * Lessday * Lessday * Lessda	
First Name Practitioner NPI #  Practitioner NPI #  Multiple Practioners  Multiple Practioners  Multiple practitioners' provider updates are needed, please upload field. All roster fields are required.  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours Sunday *  Mendersday *  Mednesday *  Mednesday *  Multiple Practioners  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Sunday *  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Multiple Practitioners  Multiple Practitioners  Meridian Roster Template (Excel) (Roster template revised 02/04/2022)  Dffice Hours  Meridian Roster Template (Excel) (Roster template (Excel) (	

•	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 <ul> <li>Enter NEW billing street address</li> <li>Enter NEW billing street address line 2 as applicable (Suite number, Dept name, etc.)</li> <li>Enter NEW billing service location City, State and Zip</li> </ul>	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 ,			
	Imber will need a copy of reflecting billing ame, Last mail act Phone erson quest. This n Meridian uestions or the date) en	Imber will need a copy of reflecting pilling Imme, Last mail act Phone erson quest. This n Meridian uestions or the date) en en	imber   will need   a copy of   reflecting   poilling   me, Last mail act Phone erson quest. This n 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

<ul> <li>Update a Billing Address</li> </ul>	
Change a Service Location	
Add an Additional Service Location     Remove a Location	
Choose All Applicable Networks*	
Meridian Medicaid	
YouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	
If submitting for specific WellCare product(s), in	dicate applicable products in Comments section
Group/Facility Name *	
Course N/D/# *	T 10 # *
Group NPI # *	Tax ID # *
Effective Date *	
Multiple Practioners	
	owse
	eded, please download the Meridian Roster Template and attach it in the
Meridian Roster Template (Excel)	
(Roster template revised 02/04/2022)	
Practitioner Name	
First Name	Last Name
Practitioner NPI #	
Delete Location Address	
Ireet Address *	
Ireet Address *	
Ireet Address *	
treet Address * ddress Line 2	State *
treet Address * ddress Line 2	
itreet Address * ddress Line 2	State *
treet Address * ddress Line 2 ity *	
itreet Address * ddress Line 2 ity *	
itreet Address * iddress Line 2 ity * iip Code *	
Delete Location Address itreet Address *  iddress Line 2  ity *  ip Code *  ocation Phone Number *	
itreet Address * iddress Line 2 ity * iip Code *	
itreet Address * iddress Line 2 ity * iip Code *	
itreet Address * iddress Line 2 ity * iip Code *	
itreet Address * iddress Line 2 ity * iip Code *	
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itreet Address * iddress Line 2 ity * iip Code *	
itreet Address * iddress Line 2 ity * iip Code *	

<ul> <li>wish to help facilitate request</li> <li>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.</li> <li>Enter the date of the request (today's date)</li> <li>Select Submit when everything has been entered correctly</li> </ul>	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	<u>tions</u> isting_Provider	
<ul> <li>Provider indicates next action from five options: <ul> <li>Change Phone Number</li> <li>Change Practitioner Name</li> <li>Add/Remove a Language Spoken</li> <li>Update Practitioner Office Hours</li> <li>Update Service Location Office Hours</li> </ul> </li> <li>Changes will be reflected in all Products</li> </ul>	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	
O Update Practitioner Office Hours	
O Update Service Location Office Hours	
Group/Facility Name *	1
Tax ID # *	
Group NPI # *	
Service Location Address	
Address Line 2	
City *	State *

#### Update Requested By

Zip Code \*

Comments

Old Phone Number \*

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

New Phone Number \*

 $\sim$ 

## 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

<sup>-</sup> Nan	ne		
	Demographic Change		
ŧ	What do you want to do? *		
	<ul> <li>Change Phone Number</li> <li>Change Practitioner Name</li> </ul>		
ioner	<ul> <li>Add/Remove a Language Spoken</li> </ul>		
IONEI	<ul> <li>Update Practitioner Office Hours</li> <li>Update Service Location Office Hours</li> </ul>		
ioner	Practitioner NPI # *		
ionei			
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		
r			
	Update Requested By		
n to ney	First Name *	Last Name *	
icy			
	Contact Email *	Contact Phone Number *	
ast	Date Requested *		
none	Submit		
. This			
idian			
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) <u>No</u> 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? * O Change Phone Number O Change Practitioner Name	
<ul> <li>Enter Practitioner First</li> <li>Name</li> <li>Enter Practitioner Last</li> </ul>	Add/Remove a Language Spoken     Update Practitioner Office Hours     Update Service Location Office Hours     Practitioner NPI # *	
<ul> <li>Name</li> <li>Enter <u>Additional</u> Language(s) Spoken</li> <li>Enter Language(s) <u>No</u> Longer Spoken</li> </ul>	Practitioner Name First Name * Additional Language(s) Spoken *	Last Name *  Language(s) No Longer Spoken *
<ul> <li>Provider has the option to enter any comments they wish to help facilitate request</li> </ul>	Comments	
<ul> <li>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.</li> <li>Enter the date of the request (today's date)</li> <li>Select Submit when everything has been entered correctly.</li> </ul>	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)

Demographic Change	
What do you want to do? * Change Phone Number Change Practitioner Name	
<ul> <li>Add/Remove a Language Spoken</li> <li>Update Practitioner Office Hours</li> </ul>	
Update Service Location Office Hours	
Practitioner NPI # *	
Group NPI # *	
Tax ID # *	
Practitioner Name	
First Name *	Last Name *
Group Name *	
Service Location Address	
Street Address *	
Address Line 2	
City *	State *
	~
Zip Code *	
New Provider Office Hours	
Sunday *	
Monday *	
Tuesday *	
Wednesday *	
Thursday t	
Thursday *	
Friday *	
Saturday *	
Comments	
Update Requested By	
	lart Nama *
First Name *	Last Name *
Contact Email *	Contact Phone Number *
Date Requested	
Submit	

•	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 Practitioner Office Hours		
Update Protocological Office Hours		
Group/Facility Name *	1	
Group NPI # *		
Service Location Address		
Street Address *		
Address Line 2		
C	State *	
City *		
	· · ·	
Zip Code *		
Service Location Office Hours		
Sunday *		
Alionalay *		
Tuesday *		
i besaay -	1	
Wealnesday *		
Thursday *		
	1	
Friday *		
Saturday *		
-		
Comments		
Update Requested By		
First Name *	Last Name *	
Contact Email *	Contact Phone Number *	
Data Research at		
Date Requested *		
Submit		

Submit	
UPDATE MEMBER ASSIGNMENT LIMITATIONS	<ul> <li>What would you like to do?</li> <li>Make an Address Change</li> <li>Make a Demographic Change</li> <li>Update Member Assignment Limitations</li> <li>Add a New Provider or Term an Existing Provider</li> <li>Make a Change to an IRS Number or NPI Number</li> <li>Submit Multiple Request Types</li> </ul>
<ul> <li>Provider indicates next action from three options:</li> <li>Change Accepting New Members Status</li> <li>Change Panel Size (PCP Only)</li> <li>Change Age Restrictions</li> </ul>	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         Weilcare 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	
Meridian Medicaid     YouthCare	
Meridian Medicare-Medicaid	
Wellcare Medicare	
Practitioner Name	
First Name *	Last Name *
Practitioner NPI # *	
Tax ID # *	
Group/Facility Name *	
Group NPI # *	
oroup rec'l #	
Service Location Address	
Street Address *	
lations lies 0	
Address Line 2	
City *	State *
	•
ip Code *	
7ip Code *	
Zip Code *	
ζip Code *	
Zip Code *	
Practitioner Type *	
Practitioner Type * ◯ Primary Care Provider (PCP)	
Practitioner Type * ) Primary Care Provider (PCP) ) Specialist	
Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? *	
Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * ) Primary Care Provider (PCP) ) Specialist Is Practitioner Accepting New Members? * ) Yes	
Practitioner Type * ) Primary Care Provider (PCP) ) Specialist Is Practitioner Accepting New Members? * ) Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Zip Code *  Practitioner Type *  Primary Care Provider (PCP)  Specialist  Is Practitioner Accepting New Members? *  Yes No	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * O Primary Care Provider (PCP) O Specialist Is Practitioner Accepting New Members? * O Yes	
Practitioner Type * Primary Care Provider (PCP) Specialist Is Practitioner Accepting New Members? * Yes	

<ul> <li>address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.</li> <li>Enter the date of the</li> </ul>	Comments Update Requested By First Name * Contact Email *	Last Name *
<ul><li>request (today's date)</li><li>Select Submit when</li></ul>	Date Requested *	
everything has been entered correctly	Submit	
Change Panel Size (PCP Or	nly)	
<ul> <li>Choose the Network(s) that apply to your change</li> <li>Enter Primary Care Provider (PCP) NPI #</li> <li>Enter Primary Care Provider (PCP) First Name</li> <li>Enter Primary Care Provider (PCP) Last Name</li> <li>Enter Tax ID #</li> <li>Enter Group/Facility Name</li> <li>Enter Group NPI # (Group/Type 2 NPI)</li> </ul>	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) Name         First Name *	
<ul> <li>If <u>Multiple</u> Practitioners         <ul> <li>Provider has option to select hyperlink <u>'Meridian Roster</u> <u>Template (Excel)'</u></li> <li>Provider will need to '<u>Browse</u>' and attach the completed 'Meridian Roster <u>Template (Excel)'</u> from their computer</li> </ul> </li> </ul>	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 applicable (Suite number,	Street Address *		
	dept name, etc.)	Address Line 2		
•	Enter the service location	City *	State *	
	City, State and Zip	Zip 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 will be the person Meridian	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

		Last 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				
Street Address *	_			
Address Line 2				
City *				
oity	State *			
	State *		~	
Zip Code *	State *		~	
Zip Code *	State *		~	
	State *		~	
Zip Code * Practitioner Type * O Primary Care Provider (PCP) O Specialist	State *		~	
Zip Code * Practitioner Type * ○ Primary Care Provider (PCP)	State *		~	
Zip Code * Practitioner Type * ) Primary Care Provider (PCP) ) Specialist New Age Restrictions *	State *		~	
Zip Code * Practitioner Type * O Primary Care Provider (PCP) O Specialist			~	
Zip Code * Practitioner Type * ) Primary Care Provider (PCP) ) Specialist New Age Restrictions *			~	
Zip Code * Practitioner Type * ) Primary Care Provider (PCP) ) Specialist New Age Restrictions *			×	
Zip Code * Practitioner Type * ) Primary Care Provider (PCP) ) Specialist New Age Restrictions *			~	
Zip Code *  Practitioner Type *  Primary Care Provider (PCP)  Specialist New Age Restrictions *  Comments	Last Name		~	
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	Last Name	.ne Number *	·	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By First Name *	Last Name		• •	
Zip Code * Practitioner Type * Primary Care Provider (PCP) Specialist New Age Restrictions * Comments Update Requested By First Name *	Last Name		• •	

<ul> <li>Add a New Provider</li> <li>Term a PCP</li> <li>Term a Specialist</li> </ul> Add a New Provider <ul> <li>Choose the Network(s) that apply to your change</li> </ul>	<ul> <li>Add a New Provider</li> <li>Term a PCP</li> <li>Term a Specialist</li> </ul>	
PROVIDER OR TERMINATE AN EXISTING PROVIDER Provider indicates next action from three options:	<ul> <li>Make an Address Change</li> <li>Make a Demographic Change</li> <li>Update Member Assignment Limitations</li> <li>Add a New Provider or Term an Existing Provider</li> <li>Make a Change to an IRS Number or NPI Number</li> <li>Submit Multiple Request Types</li> </ul> Add a New Provider or Term an Existing Provider Make a New Provider or Term an Existing Provider Add a New Provider or Term an Existing Provider Make a New Provider or Term an Existing Provider	
<ul> <li>address and Contact Phone Number of the person submitting the request. This will be the person Meridian will contact for questions or follow ups.</li> <li>Enter the date of the request (today's date)</li> <li>Select Submit when everything has been entered correctly</li> <li>Sume</li> </ul>	What would you like to do?	

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

What do you want to do? *	
Add a New Provider	
Term a PCP	
⊖ Term a Specialist	
Choose All Applicable Networks*	
Ambetter	
Meridian Medicaid     YouthCare	
Meridian Medicare-Medicaid	
Wellcare	
If submitting for specific WellCare product(s), indicat	e annlicable products in Comments section
	e applicable products in comments section
o you need to term a single PCP or multiple? *	
Single Multiple	
rimary Care Provider (PCP) NPI # *	
innary outer rovider (For) ivri #	
Deine and Open Presiden (DOD) New	
Primary Care Provider (PCP) Nar	me
irst Name *	Last Name *
ax ID # *	
vith this TIN.	
ith this TIN. iroup/Facility Name *	
ith this TIN. Group/Facility Name *	
ith this TIN. iroup/Facility Name *	
ith this TIN. Group/Facility Name *	
ith this TIN. iroup/Facility Name *	
ith this TIN. iroup/Facility Name * late Term Effective * Left Group	
Ith this TIN. Sroup/Facility Name * Date Term Effective *	
Retired	

<ul> <li>If selected</li> </ul>	Term Reason *
Provider	Other 🗸
will need to	If other reason, please state why. *
type in	
reason	
<ul> <li>Select Move Members to</li> </ul>	Move Members To: *
indicator	<ul> <li>Auto-Assignment</li> </ul>
<ul> <li><u>Auto-Assignment</u></li> </ul>	<ul> <li>Provider</li> </ul>
o <u>Provider</u>	Orlower
Auto-Assignment will assign the	
member(s) to another PCP that is in	
proximity to their address.	
<ul> <li>If <u>PROVIDER</u> is selected new</li> </ul>	
data fields will need to be	
populated by provider (1 <sup>st</sup> ,	Move Members To: * O Auto-Assignment
2 <sup>nd</sup> , 3 <sup>rd</sup> choice of where	Provider
members should be moved	Provider #1 NPI # *
to) as applicable	
<ul> <li>Enter Provider #1</li> </ul>	Provider #1 First Name * Provider #1 Last Name *
NPI #	Provider #2 NPI #
<ul> <li>Enter Provider #1</li> </ul>	
First Name	Provider #2 First Name Provider #2 Last Name
<ul> <li>Enter Provider#1</li> </ul>	
Last Name	Provider #3 NPI #
<ul> <li>Enter Provider #2</li> </ul>	
NPI #	Provider #3 First Name Provider #3 Last Name
<ul> <li>Enter Provider #2</li> </ul>	
First Name	
<ul> <li>Enter Provider#2</li> </ul>	
Last Name	
<ul> <li>Enter Provider #3</li> </ul>	Comments
NPI #	
<ul> <li>Enter Provider #3</li> </ul>	
First Name	
<ul> <li>Enter Provider#3</li> </ul>	
Last Name	Update Requested By
	First Name * Last Name *
<ul> <li>Provider has the option to</li> </ul>	
enter any comments they	Contact Email * Contact Phone Number *
wish to help facilitate	
request	Data Requested *
	Date Requested *
<ul> <li>Enter the First Name, Last</li> </ul>	
Name, Contact Email	New Provider Roster Upload * 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? Ves No
<ul> <li>Enter the date of the request (today's date)</li> </ul>	PHO Name
<ul> <li>Answer prompt if this request is a PHO affiliation         <ul> <li>Yes – please enter PHO Name</li> <li>No – no further action necessary</li> </ul> </li> </ul>	Submit
<ul> <li>Select Submit when everything has been entered correctly</li> </ul>	
Submit	
Terminate a Specialist	
reminate a specialist	Add a New Provider or Term an Existing Provider
<ul> <li>Choose the Network(s) that</li> </ul>	What do you want to do? *
apply to your change	Add a New Provider
<ul> <li>Select indicator - Do you</li> </ul>	○ Term a PCP Image: Term a Specialist
need to term a single	Choose Networks*
Specialist or multiple?	Ambetter Meridian Medicaid
• <u>Single</u>	Viendian Medicald
o Multiple	Meridian Medicare-Medicaid  Wellcare
	Do you need to term a single Specialist or multiple? *
<b>C</b> ircella is a classed a surglasta fields	O Single
Single is selected new data fields	○ Multiple
will need to be populated by the	Specialist NPI # *
provider	
<ul> <li>Enter Specialist NPI #</li> </ul>	
<ul> <li>Enter Specialist First Name</li> </ul>	Specialist Name
<ul> <li>Enter Specialist Last Name</li> </ul>	First Name * Last Name *
<ul> <li>Enter Tax ID #</li> </ul>	
Barrier and the second for a difference	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	Group/Facility Name *
<ul> <li>Enter Group/Facility Name</li> </ul>	
<ul> <li>Enter Oroup/Facility Name</li> <li>Enter Date Term Effective</li> </ul>	
<ul> <li>Select Term Reason from</li> </ul>	Date Term Effective
drop down	
	Specialist Term Reason *
	×
	Left Group Retired
	Deceased Relocated Out of State
<ul> <li>Relocated out of State</li> </ul>	Closed Fractice 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

Term Reason *	
Other	~
If other reason, please state why. *	
mments	
pdate Requested By	
st Name *	
st Name *	
ntact Email *	
ntact Phone Number *	
te Requested	
w Provider Roster Upload	
hoose File No file chosen	
Is this request a PHO affiliation?	
<ul> <li>Yes</li> <li>No</li> </ul>	
s this request a PHO affiliation?	
Yes	
) No	
PHO Name	
Submit	
If multiple practitioners provider updates are need upload field. All roster fields are required. <u>Meridian Roster Template (Excel)</u> (Roster template revised 02/04/2022) New Provider Roster Upload *	ded, please download the Meridian Roster Template and attach it in the
Choose File No file chosen	
First Name *	
Last Name *	
Contact Email *	
Contact Phone Number *	
Is this request a PHO affil	liation?
○ Yes	
-	
⊖ No	
ls this request a PHO affiliation?	
Yes	
O No	
PHO Name	
Submit	

<ul> <li>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.</li> </ul>
Answer prompt if this request is a PHO affiliation • Yes – please enter
<ul> <li>PHO Name</li> <li>No – no further action necessary</li> </ul>
Select Submit when everything has been entered correctly

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER	<ul> <li>What would you like to do?</li> <li>Make an Address Change</li> <li>Make a Demographic Change</li> <li>Update Member Assignment Limitations</li> <li>Add a New Provider or Term an Existing Provider</li> <li>Make a Change to an IRS Number or NPI Number</li> <li>Submit Multiple Request Types</li> </ul>
<ul> <li>Provider indicates next action from two options:</li> <li>Change an IRS Number (TIN)</li> <li>Change an NPI Number</li> </ul>	Make a Change to an IRS Number or NPI Number What would you like to do? * O Change an IRS Number (TIN) O Change an NPI Number
<ul> <li>Enter Group/Facility Name</li> <li>Enter <u>OLD</u> Tax Identification Number (TIN)</li> <li>Enter <u>OLD</u> Group NPI # (Group/Type 2 NPI)</li> </ul>	

r		
•	Enter <u>NEW</u> Tax Identification	What would you like to do? *
	Number (TIN)	Change an IRS Number (TIN) Change an NPI Number
	Enter <u>NEW</u> Group NPI #	
	(Group/Type 2 NPI)	Group/Facility Name *
- I	Enter effective date of change	
-	0	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	
-	Provider 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
		First Name * Last Name *
	the person submitting the	
	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	
	(today's date)	
	(toddy 5 date)	Submit
- I	Select Submit when everything	
-		
	has been entered correctly	
	Submit	
Char	nge an NPI Number	
	5	Make a Change to an IRS Number or NPI Number
	Enter Group/Facility 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 (TIN)     Change an NPI Number
	(Group/Type 2 NPI)	Group/Facility Name *
•	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 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? *
	No	<ul> <li>Yes</li> </ul>
		<ul> <li>No</li> </ul>
	<ul> <li>Please contact IMPACT</li> </ul>	Please contact IMPACT. The IMPACT web portal can be found here!
	web portal by selecting	
	' <u>here</u> ' hyperlink	
•	Yes	
1		
	<ul> <li>Enter New Medicaid ID</li> </ul>	

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

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 <b>No</b>	
•	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 Group?
	field will need to be	O Yes
	populated by provider	○ No
	<ul> <li>Type in the name of</li> </ul>	Delegated Group?      Ves
	Delegated Group	○ No
		Delegated Group Name? *
•	Answer prompt if this	
	request is a PHO affiliation	Is this for a PHO agreement? *
	<ul> <li>Yes – please enter</li> </ul>	O Yes O No
	PHO Name	Is this for a PHO agreement? *
	• No – no further	● Yes ○ No
	action necessary	PHO Name? *
	Enter the total number	
	updates, 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
	<ul> <li><u>CAQH</u> must be</li> </ul>	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 <b>not</b>	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.
	be processed	New Provider Roster Upload *
		Choose File No file chosen
	ers must be IMPACT	Comments
	red and Medicaid numbers	
	ed for Medicaid, YouthCare,	
and/or	Duals products.	Submit
_	Provider will need to	
-		
	' <u>Browse</u> ' and attach the	
	completed ' <u>Meridian Roster</u>	
	Template (Excel)' from their	
	computer	
	Submit	
		I