

Quick Reference Guide



Contact Us

866-606-3700 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

ILmeridian.com

Provider Manual

Access the current Meridian Medicaid Provider Manual from our website under [*Manuals, Forms and Resources*](#)

Provider Portal Resources

Use <u>Availity Essentials™</u> for these functions:	Use the <u>Meridian secure provider portal</u> for these functions:
<ul style="list-style-type: none"> - Validate eligibility and benefits - Submit prior authorization (PA) requests and check PA status - Submit claims and check claim status - Correct and resubmit claims - View member gaps in care 	<ul style="list-style-type: none"> - View and download a patient panel - Check quality scorecards - Access the Pay for Performance (P4P) program - Refer members to care management - Complete a Notification of Pregnancy form on behalf of a member

Prior Authorization (PA)

- ✓ Quickly determine PA requirements with our online [Prior Auth Tool](#)
- ✓ Submit PA requests through [Availity Essentials](#)
- ✓ For the services listed below, request PA through a Meridian vendor

Service Type	Vendor Link
<ul style="list-style-type: none"> • Dental 	<u>Centene Dental Services</u>
<ul style="list-style-type: none"> • MRA, MRI, PET, CT, and Cardiac Imaging • Pain Management • Physical, Occupational, and Speech Therapy • Musculoskeletal Services 	<u>Evolent</u>
<ul style="list-style-type: none"> • Oncology/Supportive Drugs for members ages 18 and older 	<u>Evolent Specialty Services</u>



Non-Urgent Pre-Service Appeals

Members, their authorized representative, or provider have the right to submit a formal request to review a decision made by Meridian to deny, reduce, or terminate a requested service. Members have **60 days** from the Adverse Benefit Determination letter to submit an appeal.

Non-Rx and Non-Behavioral Health Services and Appeals	Behavioral Health Services and Appeals	Member Rx
Fax: 833-383-1503 Mail: Meridian Member Appeals Dept. PO Box 716 Elk Grove Village, IL 60009	Fax: 866-714-7991 Mail: Centene Advanced Behavioral Health (CABH) Appeals Dept P.O. Box 10378 Van Nuys, CA 91410-0378	Fax: 888-865-6531 Mail: Meridian Pharmacy Appeals PO Box 31398 Tampa, FL 33631-3398

Expedited Pre-Service Appeals

A member or their provider may call Member Services at 866-606-3700 to file an expedited appeal if they think that their situation is clinically urgent and reviewing the appeal in the standard time frame would jeopardize the member’s life or well-being. Consult the provider manual for additional details.

Pharmacy Resources

- [Meridian Preferred Drug List \(PDL\)](#) and [PDL Updates](#)
- For drugs that require a PA and/or a drug is not on the PDL, submit your request:
 - Online at covermymeds.com
 - By faxing a [Medication Prior Authorization Request Form \(PDF\)](#) to 855-580-1695
- In emergencies, call **855-580-1688**

Transportation

MTM is our vendor for non-emergent, non-ambulance transportation.

- Call 866-796-1165 **at least three days in advance** of an appointment date
- For next-day appointments, members or providers can contact us at 866-606-3700 (TTY: 711)

Billing & Claims

- Find information in the Illinois Association of Medicaid Health Plan’s (IAMHP) [Comprehensive Billing Manual](#) at iamhp.org/providers
- Refer to Meridian’s [Provider Claim Alerts](#) page for claim processing updates
- The claims timely filing limit is **180 days** from the date of service

Electronic Clearinghouse

Meridian Preferred Clearinghouse: [Availity](#)

Payer ID: MHPIL*

Availity Client Services: 800-282-4548

*Providers utilizing [Change Healthcare](#) as their clearinghouse must submit with Payer ID MCCIL.



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866-606-3700 (TTY: 711)



PaySpan

PaySpan is a free solution that simplifies administrative tasks for electronic payments and automatic reconciliation. Create a new account at payspanhealth.com or call 877-331-7154, option 1 for help.

Paper Claims Submission

Meridian Claims Department
PO Box 4020
Farmington, MO 63640-4402

If you are re-submitting a paper claim for a status or a correction, indicate "Status" or "Claims Correction" on the claim.

Provider Claim Disputes

A claim dispute is related to a claim payment denial, including a claim denied for authorization when the provider failed to obtain a PA, claim processing, and/or payment discrepancies. Disputes must be filed within **90 days** of the remittance date. There are two ways to submit a claim dispute:

1. Secure provider portal (preferred)
2. Mail to: **Meridian**
ATTN: Provider Claim Disputes
PO Box 4020
Farmington, MO 63640-4402

Post-Service Authorization Appeals

Provider appeals are related to authorizations that were denied in whole or in part for medical necessity. Provider appeals are submitted post-service. An authorization denial will result in a denied claim. (Do not use this option if you fail to obtain a PA; follow the above process for provider claim disputes.)

Requests for a contracted provider claim review related to authorization denials must be received by Meridian **within 90 days from the date of the EOP**. A copy of the EOP and supporting justification or documentation (such as medical records) must be submitted with the review request.

Non-Rx and Non-Behavioral Health Services and Appeals	Behavioral Health Services and Appeals
Submit via the secure provider portal Fax: 833-383-1503 Mail: Meridian ATTN: Provider Appeals PO Box 4020 Farmington, MO 63640-4402	Fax: 866-714-7991 Mail: Centene Advanced Behavioral Health (CABH) Appeals Dept. P.O. Box 10378 Van Nuys, CA 91410-0378



Online Resources at [ILmeridian.com](https://www.ilmeridian.com)

For Providers website ILmeridian.com/providers.html	Find resources and quick links to manuals, reference guides, forms, etc.
Secure Provider Portals ILmeridian.com/providers/login.html	Complete essential clinical and operational functions
Service Authorization Programs ILmeridian.com/providers/preauth-check.html	Find details about prior authorization, medical necessity guidelines, and other utilization management procedures
Prior Auth Check Tool ILmeridian.com/providers/preauth-check/medicaid-pre-auth.html	Quickly determine service requirements
Provider Updates ILmeridian.com/providers/provider-updates.html	Upload rosters and submit facility, practice, and practitioner changes online
Pay for Performance (P4P) Program ILmeridian.com/providers/resources/quality-improvement/the-pay-for-performance-program.html	Earn incentives for delivering quality preventive care
HEDIS® Quick Reference Guide https://www.ilmeridian.com/providers/resources/quality-improvement.html	Enhance your quality performance and download our pocket guides

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