

Quick Reference Guide



Contact Us

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

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

[Meridian Medicaid Provider Manual](#)

Provider Portal Resources	
Use Availity Essentials™ 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 	Use the Meridian secure provider portal for these functions: <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

- ✓ 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
• Dental	Envolve Dental
• MRA, MRI, PET, CT, and Cardiac Imaging • Pain Management • Physical, Occupational, and Speech Therapy • Musculoskeletal Services	Evolent
• Oncology/Supportive Drugs for members ages 18 and older	Evolent Specialty Services
• Post-acute Facility (SNF, IRF, and LTAC)	Care Centrix Fax: 877-250-5290



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

Meridian Clearinghouse

Payer ID: MHPIL*

Availability: 800-282-4548

**Providers utilizing Change Healthcare as their clearinghouse must submit with Payer ID MCCIL.*



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.

Submit Paper Claims to:

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

Medical Necessity Appeals: A medical necessity appeal is the first and only level of plan appeal for the member and provider related to medical necessity determinations (authorization denial).

Providers have **90 days** to file a post-service appeal in writing from the date of the Adverse Benefit Determination letter. (Do not use this option if you fail to obtain a PA; follow the above process for provider claim disputes.)

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

Member Appeals: An appeal is a request for review of 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. An authorized representative such as a provider, family member, friend, or attorney may file an appeal on a member's behalf with the member's written permission.

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 6000	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



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 <ul style="list-style-type: none">• Availity Essentials login• Secure Provider Portal login	Complete essential clinical and operational functions
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	Submit facility, practice, and practitioner changes online
<i>Monthly Provider Check-In</i> Newsletter ILmeridian.com/provider-news.html	Sign up for provider updates and news
Pay for Performance (P4P) Program ILmeridian.com/providers/resources/quality-improvement/the-2025-pay-for-performance-program.html	Earn incentives for delivering quality preventive care
HEDIS® Quick Reference Guide ILmeridian.com/providers/resources/quality-improvement.html	Enhance your quality performance and download our pocket guides

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