

# Dispute Form Announcement

May 2020

ILLINOIS

Dear Providers,

## How to Submit an Issue Electronically and Obtain a Tracking Number:

As announced in the February monthly provider update, Meridian now offers an electronic provider dispute form that is accessible to all providers at [corp.mhplan.com/en/claimsdispute/](http://corp.mhplan.com/en/claimsdispute/).

Once all required fields have been completed and the form is submitted, a pop-up PDF document containing a tracking number in the top right corner will appear. You will be able to save or print the PDF for your records. We have included a sample and highlighted the tracking number for your reference. This will be the tracking number used to file a complaint in the Illinois Department of Healthcare and Family Services (HFS) Provider Complaint Portal if you have not received a resolution from Meridian after 30 days.

Once your dispute is received, a Meridian representative will be in touch to secure additional documentation if needed and/or provide the status of your dispute.

Please allow 10 to 15 business days for a response.

The provider can also call Member Services at **866-606-3700**, Monday – Friday, 8 a.m. to 8 p.m. to assist the provider with completing the form.

## HFS Complaint Portal:

Effective February 28, 2020, HFS announced the implementation of a new Provider Complaint Portal. This new provider dispute resolution process requires providers to first use the MCO internal dispute process prior to submitting a complaint to HFS.

Disputes may be submitted to the HFS complaint portal:

[www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx](http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx)

- No sooner than 30 days after submitting to the MCO's internal process
- No later than 60 days after submitting to the MCO's internal process

If HFS determines a complaint was submitted sooner than 30 days or later than 60 days after submitting the dispute to the MCO's internal process, the complaint will be immediately closed.

If a provider brings an issue to the HFS complaint portal, they must input the tracking number given by Meridian when the provider filled out the electronic dispute form discussed above.

## Provider Webinars:

In an effort to ensure you are familiar with the Meridian dispute process, we will be hosting provider education webinars for the next couple of months. The schedule will be shared with all participating providers, trade associations, and in the Meridian newsletter.


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Provider Dispute Form Sample: [corp.mhplan.com/en/claimsdispute/](http://corp.mhplan.com/en/claimsdispute/)





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FOR MEDICAL PROFESSIONAL USE ONLY  
This Cover Page is for all Illinois Medicaid Providers.

The confirmation number will be generated upon completion of this form. Use the confirmation number to track the process of your dispute or to escalate your dispute with the State of Illinois.

## ILLINOIS DISPUTE COVER PAGE FORM

### CONTACT PERSON INFORMATION

**Contact Person First Name \***

**Contact Person Last Name \***

**Contact Person Phone \***

**Contact Person Extension**

**Contact Person Email \***


### MEMBER INFORMATION

**Member ID**

**Member First Name**

**Member Last Name**

### PROVIDER INFORMATION

**NPI \* **

**Provider First Name \***

**Provider Last Name \***

**Provider Phone \***

**Provider Extension**

**Provider Fax**

**Provider Tax ID \***

**Provider Email \***

**Provider Group Name or ID**

### PROVIDER NOTES

1000 character max

**Disclaimer:** It is the Provider's responsibility to obtain the new Confirmation ID in order to escalate disputes to the State of Illinois.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution or copying is strictly prohibited. If you have received this communication in error, please notify us immediately and destroy this document.

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## Acknowledgement Notification Sample:

FOR MEDICAL PROFESSIONAL USE ONLY

 **meridian**  
A WellCare Company

**Confirmation #: 07-200219-00017**

**ILLINOIS DISPUTE COVER PAGE FORM**

This is your official Cover Page. Submit your dispute along with this Cover Page. Your confirmation number is: **07-200219-00017**. Please utilize this number for any inquiries when contacting Meridian or escalation to the State of Illinois.



**CONTACT PERSON INFORMATION**

**Contact Person Name:**  
Test Test

**Contact Person Phone:** 708-787-4845      **Contact Person Extension:**      **Contact Person Email:** test@gmail.com

**PROVIDER INFORMATION**

**Provider NPI:** 1111111111      **Provider Name:** test test

**Provider Phone:** 7087054525      **Provider Extension:**      **Provider Fax:**

**Provider Tax ID:** 555555555      **Provider Email:** test@gmail.com      **Provider Group:**

Disclaimer: It is the Provider's responsibility to obtain the new Confirmation ID in order to escalate disputes to the State of Illinois.  
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02/19/2020 02:12 PM

FOR MEDICAL PROFESSIONAL USE ONLY

 **meridian**  
A WellCare Company

**Confirmation #: 07-200219-00017**

**ILLINOIS DISPUTE COVER PAGE FORM**

**MEMBER INFORMATION**

**Member ID:**      **Member Name:**

**PROVIDER NOTES**

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02/19/2020 02:12 PM

Sincerely,

Meridian