



Provider Dispute Form Enhancements

SEPTEMBER 2020

ILLINOIS

Dear Providers,

In the February monthly provider update, MeridianHealth (Meridian) introduced the electronic provider dispute form, which is accessible to all providers. Meridian has made additional web capabilities for providers, as well as enhancements to the dispute process to ensure that inquiries are routed to the appropriate internal departments. The updated URL is below:
corp.mhplan.com/en/dispute-form

Providers will now have the option to send multiple disputes under one submission, as well as upload files including supporting documentation for both individual member and multiple claims submissions.

Once all required fields have been completed and the form is submitted, a document containing a tracking number will be available to save to your computer for your records. The acknowledgement letter will be in PDF form. Upon submission, you will also be given the option to print the document via a pop-up. We have included a sample for your reference. This will be the tracking number used to file a complaint with The Illinois Department of Healthcare and Family Service (HFS) if you have not received a resolution from Meridian. 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.

Once a claims dispute is submitted via the Meridian provider website, the tracking number is automatically generated. You can also call Provider Services at **866-606-3700**, Monday – Friday, from 8 a.m. to 8 p.m. to get assistance with completing the form. To help you become familiar with the process, Meridian will host provider education webinars over the next couple of months. Provider Network Management Representatives will share the schedule with all participating providers and trade associates, as well as include in futures monthly provider updates.

Please refer to Appendix 5 to see a sample of the Claims Dispute Confirmation, which Meridian will generate in response to the claim dispute. Find the tracking number in the header. You must have this number to file a complaint with the state.

If you have questions or concerns regarding the process or provider education, please contact your assigned Provider Network Management Representative for assistance.

Sincerely,

Meridian

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ILLINOIS

Appendix 1

meridian

Home About Us For Members For Providers Our Plans **Careers** News Contact Join Our Network Seminar

Dispute Form

Meridian/MeridianRx Dispute Form

Select Dispute Type:

☐ Professional Claim

☐ Institutional Claim

☐ Pharmacy Claim

Appendix 2

meridian

Home About Us For Members For Providers Our Plans **Careers** News Contact Join Our Network Seminar

Dispute Form

Meridian/MeridianRx Dispute Form

Select Dispute Type:

☒ Professional Claim

☐ Institutional Claim

☐ Pharmacy Claim

Meridian Claim Dispute Instructions

For additional information and requirements regarding appeals, provider claim disputes or claim processing guidelines, please refer to the [MI Provider Manual](#) or [IL Provider Manual](#).

Please complete this electronic form and attach any supporting documentation.

All Answers are Required to Proceed

1. Have you received a payment remittance (paper or electronic) for this claim? ☐ Yes ☐ No

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Appendix 3

All Answers are Required to Proceed

1. Have you received a payment remittance (paper or electronic) for this claim? ☒ Yes ☐ No

2. Have you submitted a dispute for this claim before and have a tracking number? ☐ Yes ☒ No

ALL INFORMATION REQUESTED IN SECTIONS 1 AND 2 ARE REQUIRED FOR PROCESSING.
Please provide an explanation and supporting documentation to facilitate your review.

Section 1: Claims Dispute

* Indicates Required Field

Provider Tax ID (TIN) *

Provider First Name * **Provider Last Name *** **NPI * **

Contact Person First Name * **Contact Person Last Name *** **Contact Person Email ***

Contact Person Phone * **Contact Person Extension** **Provider Portal Group Name or ID**

☐ Individual Member Submission ☐ Multiple Claim Submission

Appendix 4

☐ Individual Member Submission ☒ Multiple Claim Submission

State *

Michigan
Illinois

Explanation:

1000 character max

To submit multiple claim disputes you must follow the [Claims Spreadsheet Guidelines](#) and use the [CSV template](#).

Attachment formats (.jpg, .png, .bmp, .pdf, .csv) max size limit 20 Mbs 

Disclaimer: Claim disputes will be reviewed within the applicable department's time frame. Please allow up to 30 days for disputes to be reviewed upon submission. Dispute determinations will be made per Plan policies and procedures. Providers must follow proper billing and submission guidelines. If appropriate coding/billing guidelines or current company policies are not followed, Meridian may uphold the rejection or denial on the claim and/or recover/recoup claim payment.

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 facsimile in error, please notify us immediately and destroy this document.

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Appendix 5

FOR MEDICAL PROFESSIONAL USE ONLY

Tracking #: 07-200917-00157



Claims Dispute Confirmation

Your dispute has been received.
Your **Tracking** number for this dispute is: **07-200917-00157**.
Please utilize this number for any inquiries when contacting Meridian.



SECTION 1: CLAIMS DISPUTE

Provider Tax ID (TIN):

000000000

Provider First Name:

PFirst

Provider Last Name:

PLast

Provider NPI Number:

000000000

Contact Person First Name:

CFirst

Contact Person Last Name:

CLast

Contact Person Email:

email@website.com

Contact Person Phone:

999-999-9999

Contact Person Extension:

99999

Provider Portal Group Name or ID:

Portal Group

INDIVIDUAL MEMBER SUBMISSION INFORMATION

Member ID:

111111111

Member First Name:

MFfirst

Member Last Name:

MLast

State:

IL

Line of Business:

MeridianHealth (Medicaid)

Date of Service:

09/07/2020

Meridian Claim Number:

222222222

Billed Charges:

Authorization Number:

Expected Amount:

SECTION 2: CATEGORY OF CLAIM DISPUTE

Claim Category 1:

Eligibility

Explanation:testing testing testing

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