

Migration to IL Market – FAQs for Providers

5/20/21

Effective July 1, 2021, MeridianHealth's current systems will be transitioned to Centene's platforms.

New Secure Provider Portal

Why is Meridian replacing its MeridianHealth provider portal?

The current MeridianHealth provider portal will be replaced with a new provider portal on Centene's platform, effective July 1, 2021. The move to Centene's platform will provide MeridianHealth with a higher performing, unified system.

Why do I need to register to use the new portal?

The existing portal will not house any information related to the existing membership after July 1, 2021. Only historical documentation will be housed on the legacy portal. Providers will need to register for the new portal prior to July 1, 2021.

When can I register to use the new portal?

Beginning May 10, you will be able to register for the new portal at provider.ilmeridian.com. Registering before July 1, 2021 will help us avoid delays from the start of the transition to ensure authorizations and claims are processed promptly.

Do all in-network providers need to register for the new provider portal?

No, if you registered for our new MeridianComplete portal in the last six months, you do not need to re-register.

When will the new portal be available to use?

You will be able to use the new provider portal beginning July 1, 2021.

What will the new provider portal allow for? Will it be different?

Effective July 1, 2021, our eligibility verification requirement, claims and prior authorization submission processes will be processed through the new provider portal. The portal will allow for **real-time connectivity**. These services improve data interchanges, providing an innovative solution to provider requests and implementation for other HIPAA-compliant transactions in the future:

- Real-time eligibility and claim status information—no waiting on the phone
- Low or no cost to the provider community
- Increased office productivity
- “One-stop shopping”—view eligibility and claim status information for all participating health insurance companies from a single website with a single login

Note: Illinois providers will only service Illinois members in the new Meridian Illinois provider portal. Providers will need to utilize other plan portals for other states/plans with which they are contracted to provide services.

Vendor Partner	Health Plan	Phone Numbers
Availity®	Meridian	800-282-4548

Claims Submissions

Where do I submit claims for MeridianHealth?

Please see below for dates and address information regarding where claims should be submitted. Your billing department must send claim submissions to the appropriate payer to prevent delays. To avoid a rejection, **please follow the Date Guidelines outlined below.**

Note: A rejected claim will include messaging indicating “Member not Valid at Date of Service.”

All claims submitted prior to July 1, 2021, need to be submitted via the Meridian legacy system.

Date Guidelines:

Date of Service	Transaction Type (CH/RP)	Health Plan Name	Payer ID	Paper Claim Submissions
On or before Dec. 31, 2020	Fee-for-Service BHT06 = CH	MeridianTotal	68069	Meridian Health ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226
		MeridianComplete	13189	
		MeridianHealth Illinois	13189	
On or after Jan. 1, 2021	Fee-for-Service BHT06 = CH	MeridianComplete	MHPIL	Meridian Health ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226
		MeridianHealth Illinois	13189	

On or after July 1, 2021	Fee-for-Service BHT06 = CH	MeridianHealth Illinois	MHPIL	Meridian Health Attn: Claims Department PO Box 4020 Farmington, MO 63640
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Note: For the fastest, most accurate processing, EDI is the preferred method.

How do I determine the correct payer?

- Professional Claims
 - Use the earliest service line **“from”** date to determine correct payer ID using the Date Guidelines provided.
 - EDI Claims–837P – Loop 2400 (DTP*472* **From**–Through~)
 - Paper Claims–(CMS1500) Box 24a
- Inpatient and Outpatient Claims
 - Inpatient
 - Please use the **statement “from” date** to determine the correct payer ID using the Date Guidelines provided.
 - EDI Claims–837I **statement “from” date** is in Loop 2300 (DTP*434***From**–Through~)
 - Paper claims–(UB04) use Box 6.
 - Outpatient
 - If billing **professional or institutional submission with an outpatient bill type**, please use the **statement “from” date** to determine correct payer ID using the Date Guidelines provided.
 - Professional EDI Claims–(837P) **first service line date** in all claim lines which is in Loop 2400 (DTP*472*from-through~)
 - Professional Paper Claims–(CMS1500) use box 24a
 - Institutional EDI Claims–837I **statement “from” date** is in Loop 2300 (DTP*434* from-through~~)
 - Institutional Paper claims–(UB04) use Box 6

Where do I submit a claim dispute for MeridianHealth?

Please see below for dates and addresses.

Your billing department must submit to the appropriate payer to prevent submission delays.

Use the Date Guidelines below to determine the correct payer to mail any paper submissions.

Health Plan & Correspondence Type	Date Guidelines	Mailing Address
IL Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)	On or before June 30, 2021	MeridianHealth ATTN: Claims Department 1 Campus Martius, Suite 720 Detroit, MI 48226
	On or after July 1, 2021	MeridianHealth Attn: Claims Department PO Box 4020 Farmington, MO 63640

Where can I file a claim dispute online for MeridianHealth?

Beginning July 1, 2021, you will be able to log into the new provider portal at **provider.ilmeridian.com** to file a dispute. You will see a link noting "Claim Dispute."

Through June 30, 2021, please file claim disputes using our current processes.

Where do I submit a claim appeal for MeridianHealth?

See below for dates and addresses.

Use the Date Guidelines below to determine the correct payer to mail any paper submissions.

IL Claim Appeals (Medical) (Medical necessity, authorization denials, and benefits exhausted)	On or before June 30, 2021	MeridianHealth Attn: Appeals Department PO Box 44287 Detroit, MI 48244
	On or after July 1, 2021	MeridianHealth Attn: Claims Department PO Box 4020 Farmington, MO 63640

Where do I request a refund from MeridianHealth?

Please see below for dates and addresses.

Provider Refunds	On or before June 30, 2021	MeridianHealth Plan of Illinois, Inc. PO BOX 771415 Chicago, IL 60677-1415
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		Overnight Mail/Special Courier (if needed): MeridianHealth Plan of Illinois, Inc. Lockbox #771415 350 East Devon Ave Itasca, IL 60143
	On or after July 1, 2021	MeridianHealth Attn: Provider Refunds PO Box 74925 Chicago, IL 60675

What service is available for Electronic Funds Transfer and Electronic Remittance?

We offer a free solution for payment by Electronic Funds Transfer (EFT) and Electronic Remittance Advice (835)/Explanation of Payment (ERA/EOP) through PaySpan®. If you are not already registered, create a new account by registering at **payspanhealth.com** or calling **877-331-7154, option 1**.

ePA Form

How will I be able to submit a prior authorization request?

Effective July 1, 2021, Meridian's ePA form will no longer be an accepted form of submission for prior authorization.

You will need to use the new prior authorization check tool at ilmeridian.com/providers/preauth-check.html.

Please note: Do not utilize the new channel to submit an authorization until on or after July 1, 2021.

Encounters

Our Illinois Market will be undergoing enhancements to our claims configuration systems to better align with Encounters requirements as posted by HFS. These edits put in place will be driven by the below documentation.

- Encounters Submission Manual – HFS Appendix A
- Chapter 300 Handbook for Electronic Processing – HFS Appendix 4
- HFS Medical Provider Handbooks – Chapter 200 Series

Submission of encounter data to HFS is a mandatory requirement established by the Centers of Medicare and Medicaid Services (CMS) and is the responsibility of the MCO pursuant to its contract with HFS. Complete, accurate, and timely reporting of encounter data is critical to the success of the HFS managed care program.

The enhancements will be validating Procedure Code, Revenue Code, Category of Service, Type of Bill, Place of Service, and Taxonomy Code against the Rendering Providers' HFS provider data record. Centene has aligned itself with loading each of HFS's weekly provider data file releases to assure that the most up-to-date registration information as provided by HFS is utilized to process claims.

The Explanation codes noted below along with the descriptions will provide detail at a service line and claim level to identify the mismatches between services billed in comparison to HFS provider registration.

Explanation Code	Description
2b	PROCEDURE NOT COMPATIBLE WITH PROVIDER TYPE
2c	PROCEDURE NOT COMPATIBLE WITH PROVIDER CATEGORY OF SERVICE
2C	TAXONOMY INCOMPATIBLE WITH PT AND COS BILLED FOR PROCEDURE
2d	PROCEDURE CODE INVALID FOR LOCATION FOR PT AND COS
2E	REVENUE CODE INVALID FOR PROVIDER TYPE
2f	REV CODE INVALID FOR PROV COS
2G	BILL TYPE INVALID FOR PROVIDER TYPE

What does this mean for you?

- Centene encourages providers to reach out and make sure that their registration information is up to date with HFS.
- Centene encourages that providers reference the appendix information provided by HFS to ensure what is billed for covered services is in line with the HFS provider file record.
- Centene strongly encourages that providers bill the correct taxonomy in line to the services rendered. Failure to bill a taxonomy may result in a denial of claim for incorrect taxonomy used.
- Centene strongly encourages atypical providers to bill the correct Medicaid Identification Number in line with the services billed for their entity.

Please note: It is the provider's responsibility to submit a 'clean' claim upon intake. Claims that may be corrected to adhere to the crosswalk are still subject to secondary edits if not billed appropriately.

Reference Links

- Medical Provider Handbooks – Chapter 200 Series
<https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter200.aspx>
- Encounters Submission Manual – HFS Appendix A

<https://www.illinois.gov/hfs/MedicalProviders/cc/encountermanual/Pages/AppendixAEncounterClaimsCrosswalks.aspx>

- Chapter 300 Handbook for Electronic Processing – HFS Appendix 4

<https://www.illinois.gov/hfs/MedicalProviders/cc/encountermanual/Pages/AppendixAEncounterClaimsCrosswalks.aspx>

New Public Website

Why is Meridian replacing its website?

The current MeridianHealth website—corp.mhplan.com—serves both the Michigan and Illinois markets. On May 14, a new public website—**ilmeridian.com**—specifically for Illinois members, providers and the community launches. The site will enable Meridian to provide information pertinent to its members and providers on a platform with improved functionality and enhanced search.

Changes to the Call Center's Self-service Options

What changes should I anticipate when I call into the MeridianHealth's Call Center?

When calling 866-606-3700, you will find numerous changes to the phone number's self-service application. Please have your NPI and TAX ID ready to navigate the self-service options. If the information you are looking for is not available, you are able to obtain more information through the provider portal or our public website.

Fax Number Changes

Which fax numbers are changing?

Effective July 1, 2021, the following fax numbers should be used to submit authorization requests, etc.:

Authorization Service Type	New Fax Number
Behavioral Health–Inpatient Authorization Requests	833-544-1827
Behavioral Health–Outpatient Authorization Requests	833-544-1828
Medical Health–Inpatient Authorization Requests	833-544-0590
Medical Health–Outpatient Authorization Requests	833-544-0590
Medical Health–Post-Acute Authorization Requests	833-544-0590
Meridian Rx	833-433-1078
Grievances Dept.	833-669-1734

Changes Members Should Expect

Will members receive information regarding the migration of services to market?

In late May, members should receive notification of various changes including the new website at ilmeridian.com, a new Member Portal at **member.ilmeridian.com** and updated information about providers in our network at **findaprovider.ilmeridian.com**. Additionally all MeridianHealth of Illinois members will receive new member ID cards. The new member ID card will reflect the member's original effective date with the plan for ease of transition for both the member and providers. Please note any subsequent requests for a member ID card (e.g., lost card) will reflect a July 1, 2021 effective date. An updated provider directory and member handbook can also be requested by calling 866-606-3700 or visiting ilmeridian.com.

MeridianHealth of Illinois Social Media

Where can I follow MeridianHealth of Illinois?

Visit Meridian's new LinkedIn page at [linkedin.com/company/meridianhealth-of-illinois/](https://www.linkedin.com/company/meridianhealth-of-illinois/) for the latest news for our providers. In addition to encourage your staff and patients to follow Meridian at [facebook.com/ILMeridian](https://www.facebook.com/ILMeridian) and twitter.com/ILMeridian for news about member benefits, services, healthy tips, events and more.

Other Questions?

Where can I get answers?

For eligibility/benefit information, prior authorization, claim status or other claims-related inquiries, please contact MeridianHealth Provider Services at 866-606-3700.