

Meridian Health Plan

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Meridian's Family of Plans

Meridian offers government-sponsored, managed healthcare services to families, children, seniors, and individuals with complex medical needs. Meridian is a Centene company, a leading healthcare enterprise committed to helping people live healthier lives. Meridian manages the care of approximately 800,000 Medicaid members statewide while Centene insures more than 1 in 15 individuals in the United States.

Our Plans

- **Meridian Medicaid Plan, Managed Long Term Supports & Services (MLTSS), and Meridian Medicare-Medicaid Plan (MMP)**
- **YouthCare HealthChoice Illinois** (YouthCare), a specialized program designed to address the healthcare needs of Illinois Department of Children and Family Services (DCFS) youth in care and former youth in care
- **Ambetter of Illinois** (Ambetter), our Health Insurance Marketplace product
- **Wellcare of Illinois** (Wellcare), our Medicare product

CLAIM SUBMISSION

Claim Requirements for Timely Reimbursements and Claims Submission

- A clean claim is received in a nationally accepted format in compliance with standard coding guidelines, and requires no further information, adjustment, or alteration for payment
- A claim will be paid or denied with an Explanation of Payment (EOP) mailed to the provider who submitted the original claim
- Providers may **not** bill members when the provider fails to obtain authorization, and the claim is denied
- Dual-eligible members are protected by law from balance billing for Medicare Parts A and B services. This includes deductibles, coinsurance, and copayments
- Providers may **not** balance bill members
- The standard Timely Filing submission for professional and institutional Medicaid claims for both in-network and out-of-network providers is 180 days from the date of service to submit an initial claim. There are two exceptions to the timely filing guidelines:
 - Retroactive eligibility: These claims must be accompanied by documentation demonstrating proof of the eligibility change and must be received within 365 days of notification of the eligibility change
 - Third party liability-related delays: These claims must be accompanied by a third-party liability (TPL) explanation of benefits and received within 90 days of the TPL processing date

Claims Disputes and Reconsideration

Disputes must be filed within **90 days** from the remittance date. Disputes submitted after the timeframe has expired may not be reviewed. All disputes must be received within 365 days of the DOS to be considered for review, unless otherwise specified within the provider contract.

If the original determination is upheld, the provider will be notified within 30 days of receipt of the dispute. If additional information is needed, such as medical records, then Meridian will respond within 30 days of receiving the necessary information. The written determination will include a detailed explanation of the determination. If the original determination is overturned, the provider will see payment details on the EOP.

For more information on claim disputes please refer to our provider manual:

<https://www.ilmeridian.com/providers/resources/forms-resources.html>

Availity Essentials

Meridian and its family of plans—including Meridian Medicaid Plan, Meridian Medicare-Medicaid Plan (MMP), YouthCare, Ambetter, and Wellcare—have chosen Availity Essentials™ as its new, secure provider portal.

- ❑ If you are new to Availity Essentials, establishing an account is the first step to working with Meridian on Availity. Visit [Register and Get Started with Availity Essentials](#) to enroll for training and access other helpful resources.
- ❑ If you are already working in Availity Essentials, you can [log in to your existing account](#) to enjoy these benefits for members.

If you need additional assistance with your registration or for general questions, please call Availity Client Services at [800-AVAILITY \(282-4548\)](#), Monday through Friday, 8 a.m. to 8 p.m. ET.

Claims Submission

Product	Electronic Submission	Paper Submission	Portal Submission
Meridian Medicaid	Payer ID: MHPIL	PO BOX 4020 Farmington, MO 63640-4402	https://www.ilmeridian.com/login.html
Youthcare	Payer ID: 68069	PO BOX 4020 Farmington, MO 63640-4402	https://www.ilyouthcare.com/providers/login1.html
Medicare/Medicaid (MMAI/MMP)	Payer ID: MHPIL	PO BOX 31372 TAMPA, FL 33631-3372	https://mmp.ilmeridian.com/login.html
Ambetter	Payer ID: 68069	PO BOX 5010 Farmington, MO 63640-5010	https://provider.ambetterofillinois.com/careconnect/login/
Wellcare	Payer ID: 14163	PO BOX 3060 Farmington, MO 63640	https://provider.wellcare.com/

HOW TO REACH US

Provider Services & Web Tools

Our locally based service team is your first point of contact.

Customer Experience Representatives are available each business day, Monday through Friday, 8 a.m. to 5 p.m.

Our team can assist with questions and help to resolve issues for:

- Claims questions
- Enrollment inquiries
- Credentialing status
- Care coordination
- Eligibility
- PCP changes



Secure Provider Portal

24-hour access to your patients' health information

Secure Provider Portal User Guide Providers can:

- Manage multiple practices under one account
- Check member eligibility
- View quality reports and member gaps in care
- Submit and view the status of claims, reconsiderations, and prior authorizations
- Get a patient list

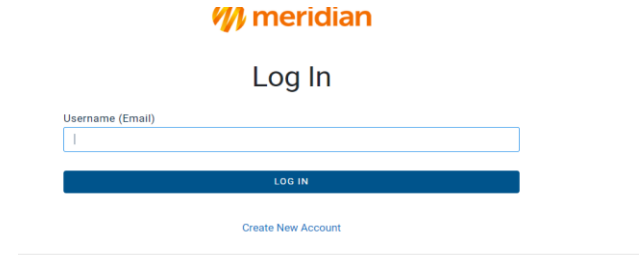
Meridian Secure Provider Portal

TO ENROLL

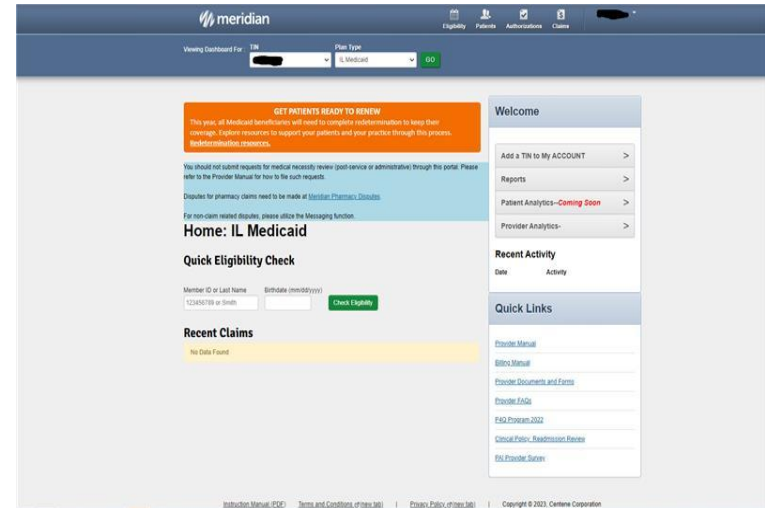
- Go to: Product Website and select: For Providers > Login > Create a new account.

YOU CAN:

- Request prior authorizations
- Check member eligibility
- Attach electronic medical records
- Run HEDIS® and enrollment reports
- Check claim status
- Access individual plan of care and care coordinator assignment
- Refer members to disease and case management



The image shows the Meridian Log In page. At the top right is the Meridian logo. Below it is the text "Log In". There is a text input field for "Username (Email)" with a cursor inside. Below the input field is a blue button labeled "LOG IN". Below the button is a link that says "Create New Account".



The image shows the Meridian Secure Provider Portal dashboard. At the top is the Meridian logo and navigation icons for Eligibility, Patients, Authorizations, and Claims. Below the navigation is a "Viewing Dashboard For" dropdown set to "TM" and a "Plan Type" dropdown set to "IL Medicaid" with a "GO" button. The main content area has a blue header with "Home: IL Medicaid" and "Quick Eligibility Check". Below this is a form for "Quick Eligibility Check" with fields for "Member ID or Last Name" and "Birthdate (mm/dd/yyyy)", and a "Check Eligibility" button. There is also a "Recent Claims" section with a "No Data Found" message. On the right side, there is a "Welcome" sidebar with "Add a TIN to My ACCOUNT", "Reports", "Patient Analytics - Coming Soon", "Provider Analytics", "Recent Activity", and "Quick Links" including "Provider Manual", "Billing Manual", "Provider Documents and Forms", "Provider FAQs", "PAQ Program 2022", "Clinical Policy - Repression Process", and "PA Provider Survey".

Contact Information Per Plan

Meridian Medicaid Plan

Member and Provider services:
866-606-3700

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

Meridian Medicare-Medicaid Plan (MMP)

Phone: 877-941-0482

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

MMP After Hours Nurse

Advice Line: 855-580-1689

YouthCare

Phone: 844-289-2264

[IYouthCare.com](https://www.IYouthCare.com)

Ambetter

1-855-745-5507

[ambetterofillinois.com](https://www.ambetterofillinois.com)

Wellcare

855-538-0454

[wellcare.com](https://www.wellcare.com)

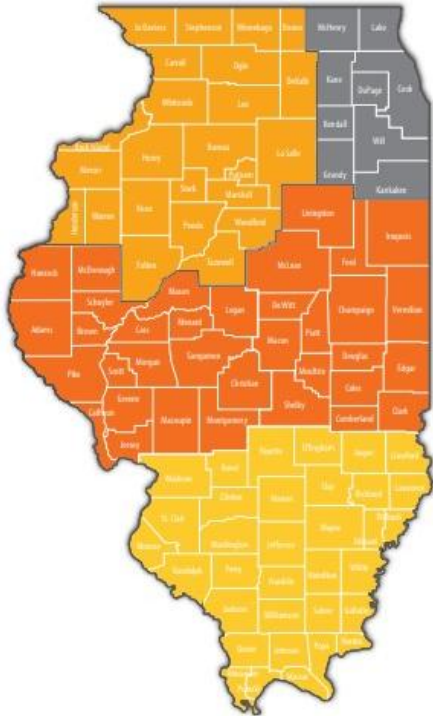
Translation Services:

855-580-1689, TTY: 711

Transportation Services

mtm.inc.net/providers

Provider Relations Contact Information



- Region 1**
Region1PR@centene.com
- Region 2**
Region2-3PR@centene.com
- Region 3**
Region2-3PR@centene.com
- Region 4 & 5**
Region4-5PR@centene.com
- STATEWIDE Long-Term Care**
LTCPR@centene.com
- STATEWIDE Behavioral Health**
BHPR@centene.com
- STATEWIDE FQHC**
FQHC@centene.com
- STATEWIDE Waiver**
Waiver_PR_Team@centene.com



Provider Relations Intake Form: We have a dedicated team of Provider Network Specialists who are available to assist with provider inquiries. To contact the Provider Relations Team please utilize our provider intake form.

[Provider Relations Intake](#)

Region 1	Boone, Bureau, Carroll, Dekalb, Fulton, Henry, Henderson, Jo Davies, Knox, Lee, La Salle, Mercer, Marshall, Ogle, Peoria, Putman, Rock Island, Stark, Stephenson, Tazewell, Whiteside, Warren, Winnebago, Woodford
Region 2/3	Adams, Alexander, Brown, Bond, Cass, Christian, Champaign, Coles, Calhoun, Clark, Cumberland, Crawford, Clinton, Clay, Dewitt, Douglas, Edgar, Effingham, Edward, Ford, Fayette, Franklin, Greene, Gallatin, Hancock, Hamilton, Hardin, Iroquois, Jersey, Jasper, Jackson, Jefferson, Johnson, Logan, Livingston, Lawrence, McDonough, Mason, Morgan, Menard, McLean, Macon, Moultrie, Macoupin, Montgomery, Madison, Monroe, Marion, Massac, Pike, Piatt, Perry, Pulaski, Pope, Richland, Randolph, Scott, Sangamon, Shelby, Schuyler, St Clair, Saline, Union, Vernilion, Washington, Williamson, Wayne, Wabash, White
Region 4/5	Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
BH	Mental Health Services, Substance Use Disorder (SUD) Treatment, Integrated Care & Holistic Approaches
LTC	Nursing Homes & Skilled Nursing Facilities (SNFs), Hospice Care Organizations, Rehabilitation Centers
FQHC	Federally Qualified Health Centers
Waiver	Home Health, Assisted Living, Atypical, Automated Medication Dispenser Service, Emergency Home Response, Environmental Home Modifications, Home Delivered Meals, Homemaker, Supportive Living

Meridian Provider Town Halls 2025

- In-Person Town Halls Kickoff in June!
- Locations to include:
 - Oak Brook
 - Rockford
 - Rock Island
 - Peoria
 - Springfield
 - Champaign
 - Mt Vernon
 - Burr Ridge
- Please be on the look out for further details and we look forward to seeing you!





Thank you