



As previously communicated, MeridianChoice, will change its name and logo to Ambetter from Meridian, **effective January 1, 2021**. This change means current MeridianChoice Michigan members will become Ambetter from Meridian Health Plan members.

This announcement is to help providers with changes in 2021 for claim submissions, member eligibility, claim status inquiries, and customer service information. We want to help your billing department submit claim submissions for processing as efficiently as possible. Please use the date of service guidance below for any claim submissions.

Please be aware, your billing department must send claim submissions to the appropriate payer to prevent delays. Please use the date of service logic provided below. To avoid a rejection, a **professional claim** submission with service dates spanning 2020-2021 should be split by year and sent as two claim submissions to be handled by the appropriate payers. An **institutional inpatient claim** with service dates spanning 2020-2021 will be billed based on the statement start date and handled by the appropriate payer.”

Instructions on How to Determine Correct Payer for Date of Service:

- If billing a **fee for service (FFS) institutional submission with the bill types 18x, 21x, or 32x**, please use the **through date to perform the date of service evaluation in the Date of Service Guidance Grid on top of the next page**. Institutional (837I) statement date is in Loop 2300 (DTP*434*from-through~) and for paper box FL-06 of the UB-04 standard paper form.
- If billing an **FFS professional or institutional submission with an outpatient bill type**, please use the **earliest from date to perform date of service evaluation in the Date of Service Guidance Grid on top of the next page**. Professional (837P) earliest service date in all claim lines, which is in Loop 2400 (DTP*472*from-through~) or FL-24a unshaded area on the CMS1500 02/12 form. Institutional statement date is in Loop 2300 (DTP*434*from-through~) or FL-06 of the UB-04 paper form.
- If billing an **FFS institutional inpatient bill type**, please use the **admit date to perform date of service evaluation in the Date of Service Guidance Grid on top of the next page**. Institutional (837I) statement date is located in Loop 2300 (DTP*434*date~) or FL-06 of the UB-04 paper form.

Fee For Service (FFS) and Encounter (ENC) Guidance:

- FFS is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.
- ENC is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.



DATE OF SERVICE GUIDANCE

Date of Service	Health Plan Name	Clearing House Payer ID	Paper Claim Submissions
On or before December 31, 2020	MeridianChoice	Meridian: 52563 Emdeon: 83253	MeridianChoice ATTN: Claims Department 1 Campus Martius, Suite 710 Detroit, MI 48226
On or after January 1, 2021	Ambetter from Meridian	68069	Ambetter ATTN: Claims Department P.O. Box 5010 Farmington, MO 63640-5010

Please Note: For the fastest, most accurate processing, EDI is the preferred method.

REAL-TIME CONNECTIVITY

Vendor Partner	Phone Number
Availity®	1-800-282-4548

This service improves data interchanges and provides an innovative solution to provider requests and helps implement other HIPAA-compliant transactions in the future. Advantages are:

- 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

CORRESPONDENCE

Please be aware, your billing department must submit to the appropriate payer to prevent submission delays. Use the same date of service logic shown on the first page to determine the correct payer to mail any paper submissions.



Health Plan & Correspondence Type	Date of Service	Mailing Address
MI Claim Payment Disputes (Related to untimely filing, incidental procedure, unlisted procedure code)	On or before December 31, 2020	MeridianChoice ATTN: Claims Department 1 Campus Martius, Suite 710 Detroit, MI 48226
	On or after January 1, 2021	Ambetter from Meridian ATTN: Claims Department P.O. Box 5010 Farmington, MO 63640-5010
MI Claim Appeals (Medical) (Medical necessity, authorization denials, benefits exhausted, and non-covered procedures)	On or before December 31, 2020	MeridianChoice ATTN: Appeals Department P.O. Box 44260 Detroit, MI 48244
	On or after January 1, 2021	Ambetter from Meridian ATTN: Grievances and Appeals Department 12515-8 Research Blvd, Ste. 400 Austin, TX 78759

ELECTRIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE

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

OTHER PROVIDER SERVICE INQUIRIES

Please reference the provider manual available on the Ambetter from Meridian website at www.ambettermeridian.com/provider-resources/manuals-and-forms.html.

For eligibility/benefit information, prior authorization, claim status, or other claims-related inquiries you may have, please choose the appropriate provider service number below:

Date of Service	Health Plan	Provider Service Phone #
On or before December 31, 2020	MeridianChoice	1-855-537-9746
On or after January 1, 2021	Ambetter from Meridian	1-833-993-2426



Ambetter from Meridian offers robust technology options to save you time when using our secure web portal.

For the fastest, most effective way to manage your inquiries, please use our Self-Service Offerings within our secure web portal. CHAT is also available within our secure portal.

The following information represents the fastest and most effective ways to manage your inquiries and get what you need.

Register for the portal at provider.ambettermeridian.com.

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	Fastest Result ✓	N/A	Available ✓
Authorization Status	Fastest Result ✓	Available ✓	Available ✓
Authorization Request	Fastest Result ✓	N/A	N/A
Benefit Information	Fastest Result ✓	Available ✓	Available ✓
Claims Status	Fastest Result ✓	Available ✓	Available ✓
Co-Payment	Fastest Result ✓	Available ✓	Available ✓
Eligibility Verification	Fastest Result ✓	Available ✓	Available ✓
Submit Claims	Fastest Result ✓	N/A	N/A
Submit Corrected Claims	Fastest Result ✓	N/A	N/A

Having access to the right tools helps our providers streamline day-to-day administrative tasks. Our secure portal can help you with those routine tasks.

If you have any questions regarding this message, please feel free to email Centene’s EDI Department at EDIBA@Centene.com. We look forward to partnering with you.

Thank you for everything you do to deliver quality care to our members – your patients – and ensure they have a positive healthcare experience.

Sincerely,

Ambetter from Meridian