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TTY:711
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Effective 5/1/2025, Meridian will require that you obtain prior approval in order to see an out-of-network provider. This change will help ensure that you receive the highest quality of care. Key exclusions include emergency room care, urgent care, emergency medical transport, behavioral health psychotherapy sessions, any service at a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or Tribal Health Center (THC), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), vaccinations, dialysis and family planning services.

To find out if your provider is in-network, visit mimeridian.com/members/medicaid.html and use the "Find a Provider" tool. This tool will have the most up-to-date information about providers in our network.

If your provider is out of network, you will need to do one of two things:

1. Find a new provider using the "Find a Provider" tool or calling Member Services.
2. Request approval to see an out-of-network provider. Your request for approval is called a Prior Authorization. To request a prior authorization, you must have your provider fill out a Prior Authorization (PA) Request Form and send it to us for approval. When a provider submits a PA form, clinical staff reviews the request(s) and decides if:
 - It is medically necessary, which means that the healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms meet accepted standards of medicine.
 - You can get the care from a provider in our network.
 - Seeking services out of network may require PA. All out-of-state services require prior authorization.

If it's not approved, we will notify your doctor and send you a written notice of the decision.

For questions regarding this message or to request a printed copy of this notice, free of charge, please call Meridian Member Services at **1-888-437-0606** (TTY: **711**), Monday through Friday, 8 a.m. to 6:30 p.m.