Medicaid Claims and Billing Guide

Claim Corrections, Adjustments, and Appeals

Quick Reference Table

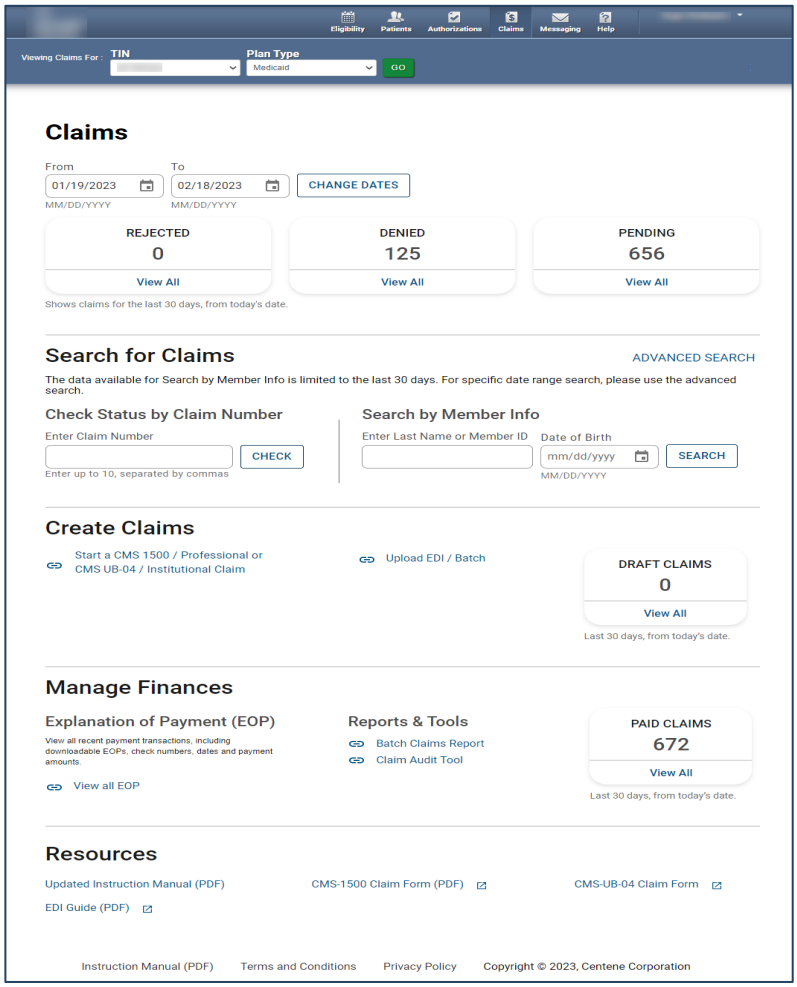
Action	Definition	Timely Filing	Method	Additional Notes
Correction	For claims that include a correction to the initial claim submission. For example, to correct invalid or incorrect information in the initial submission.	A claim can be resubmitted within 365 days from the date of service, or 120 days from the last date of adjudication/remit; whichever is later.	EDI, provider secure web portal, or to the address below: https://provider.mimeridian.com/ Meridian Michigan ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080 Health Plan Name: Meridian Transaction Type: Fee for Service BHT06 = CH Clearing House Payer ID: MHPMI	Please see Pg 2 for Detailed Web Portal Instructions.
Reconsideration	To dispute original claim determination. Complete and submit dispute to request additional review.	A claim can be resubmitted within 365 days from the date of service, or 120 days from the last date of adjudication/remit; whichever is later.	Secure provider portal or to the address below: https://provider.mimeridian.com/ Meridian Michigan ATTN: Claims Department PO Box 8080 Farmington, MO 63640-8080	Claim reconsiderations do not include decisions related to retro authorization and adverse medical necessity determination.
Appeal	Post service appeal- A formal request for re-evaluation of a decision made based on plan policy or contract requirement related to denied authorization or medical necessity of services rendered. Post service claim appeal- A formal request for re-evaluation of a decision made based on a claim denial related to benefit limitations or failure to authorize services.	Appeals must be filed within one year from the date of service. Meridian will allow an additional 120-day grace period from the date of the last claim denial, provided that the claim was submitted within one year of the date of service.	Secure provider portal, fax, or address below: https://provider.mimeridian.com/ Fax: 833-592-0658 Meridian Michigan Appeals Department PO Box 8080 Farmington, MO 63640-4402	

Secure Provider Portal: Claim Corrections

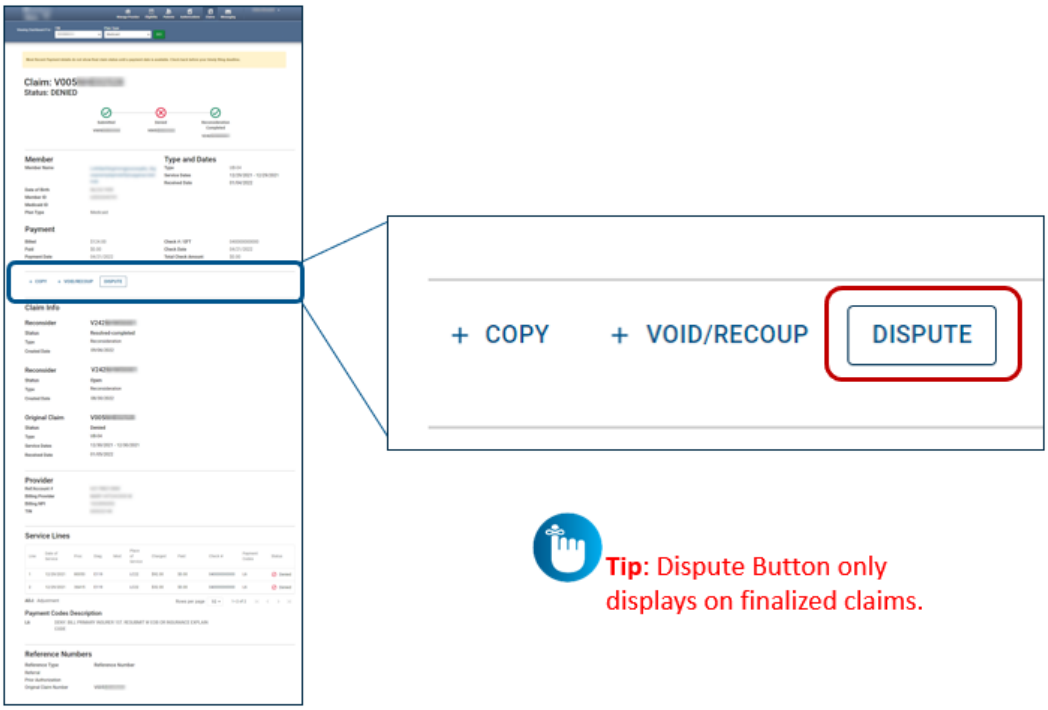
Providers have the ability to correct a claim and attach documentation to any claim online. Attachment functionality is available for new claim submissions, claim corrections and claim appeals.

Review the steps below to see the process for correcting a claim and attaching documentation.

1. Log into the Secure Provider Portal: https://provider.mimeridian.com/
2. Use the navigation bar at the top to select the **Claims** feature.
3. **Search for Claims** by the CLAIM NO to populate the claim detail.

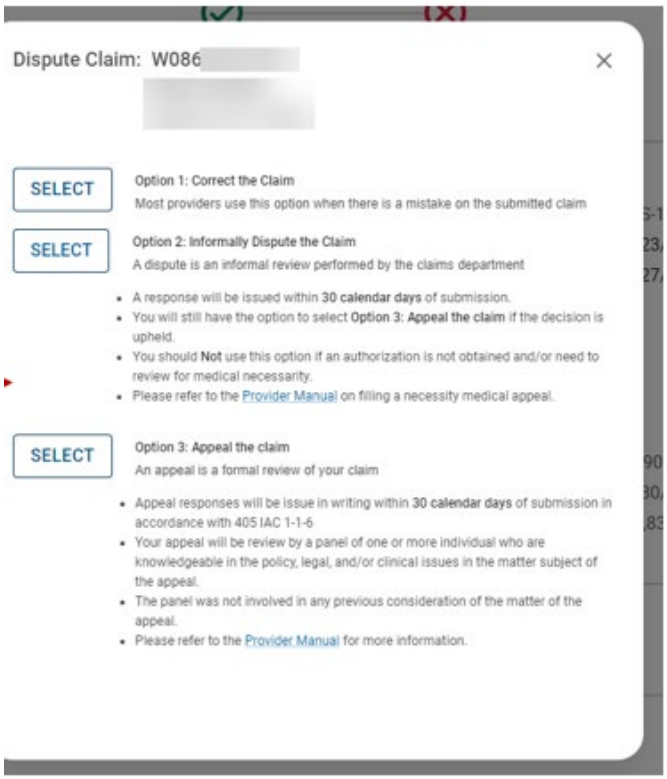


4. Once the claim is opened, click the **dispute** button.

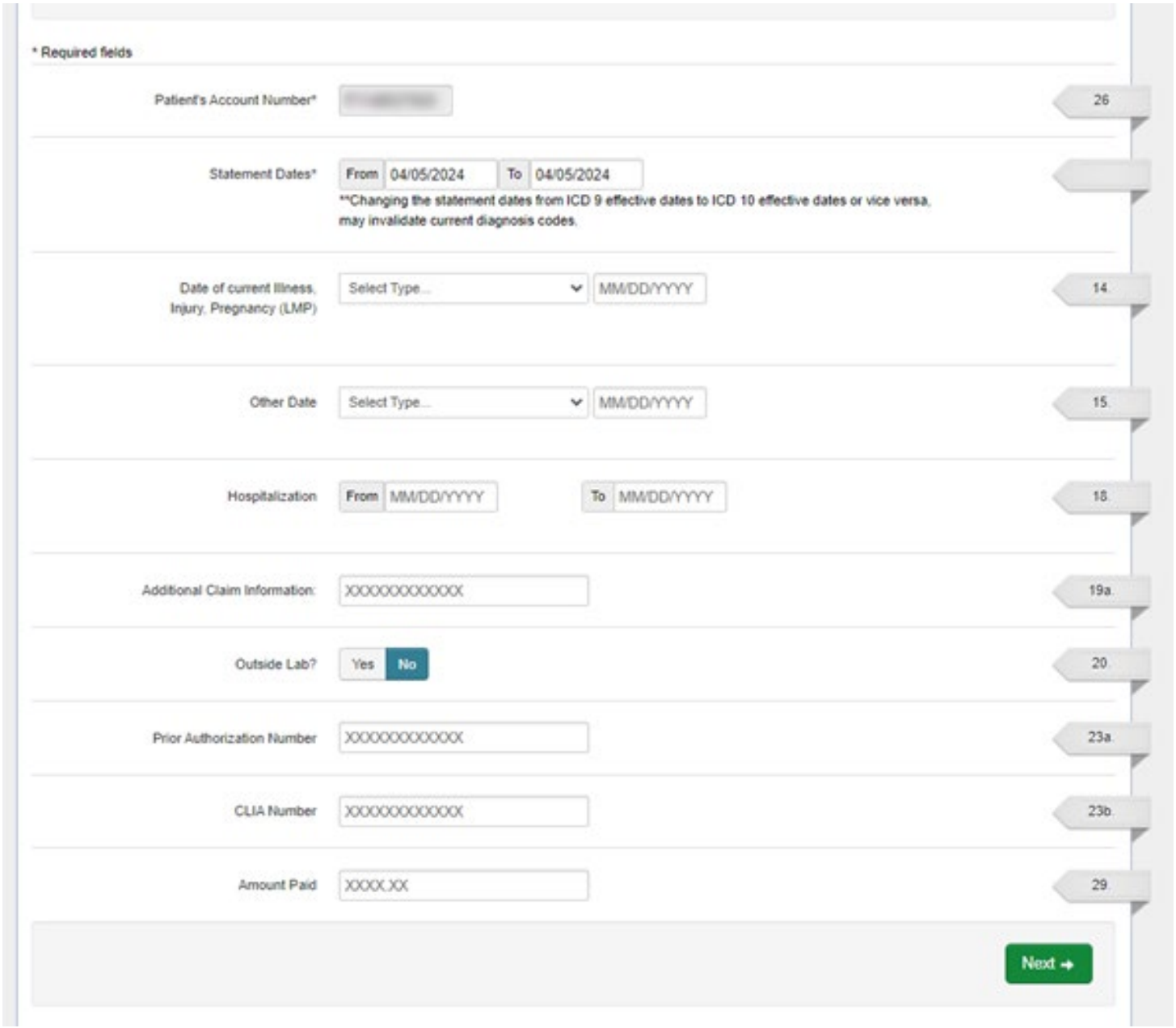


Tip: Dispute Button only displays on finalized claims.

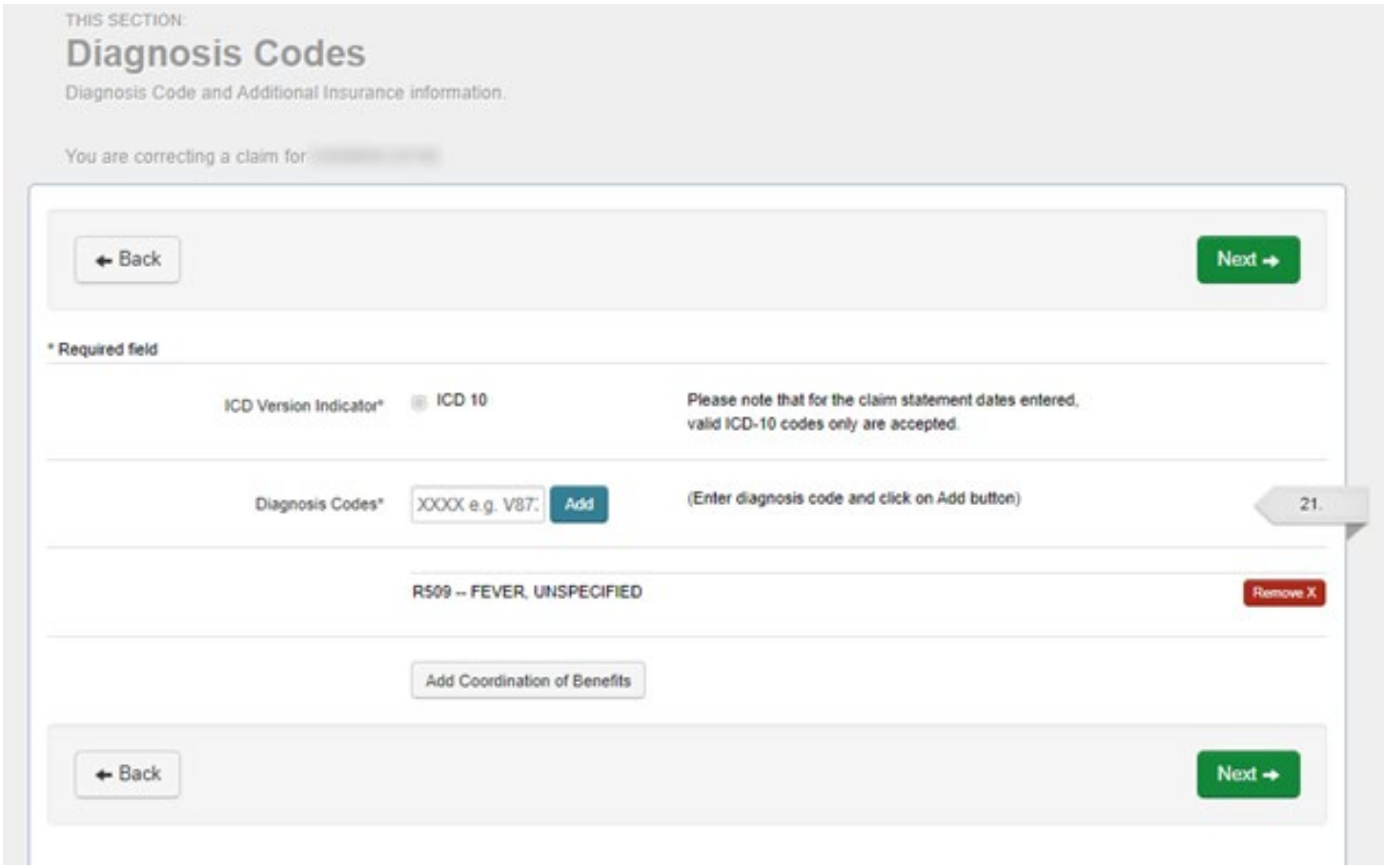
5. Once you click dispute, you will have three options to select from. **Select Option 1: Correct the claim**



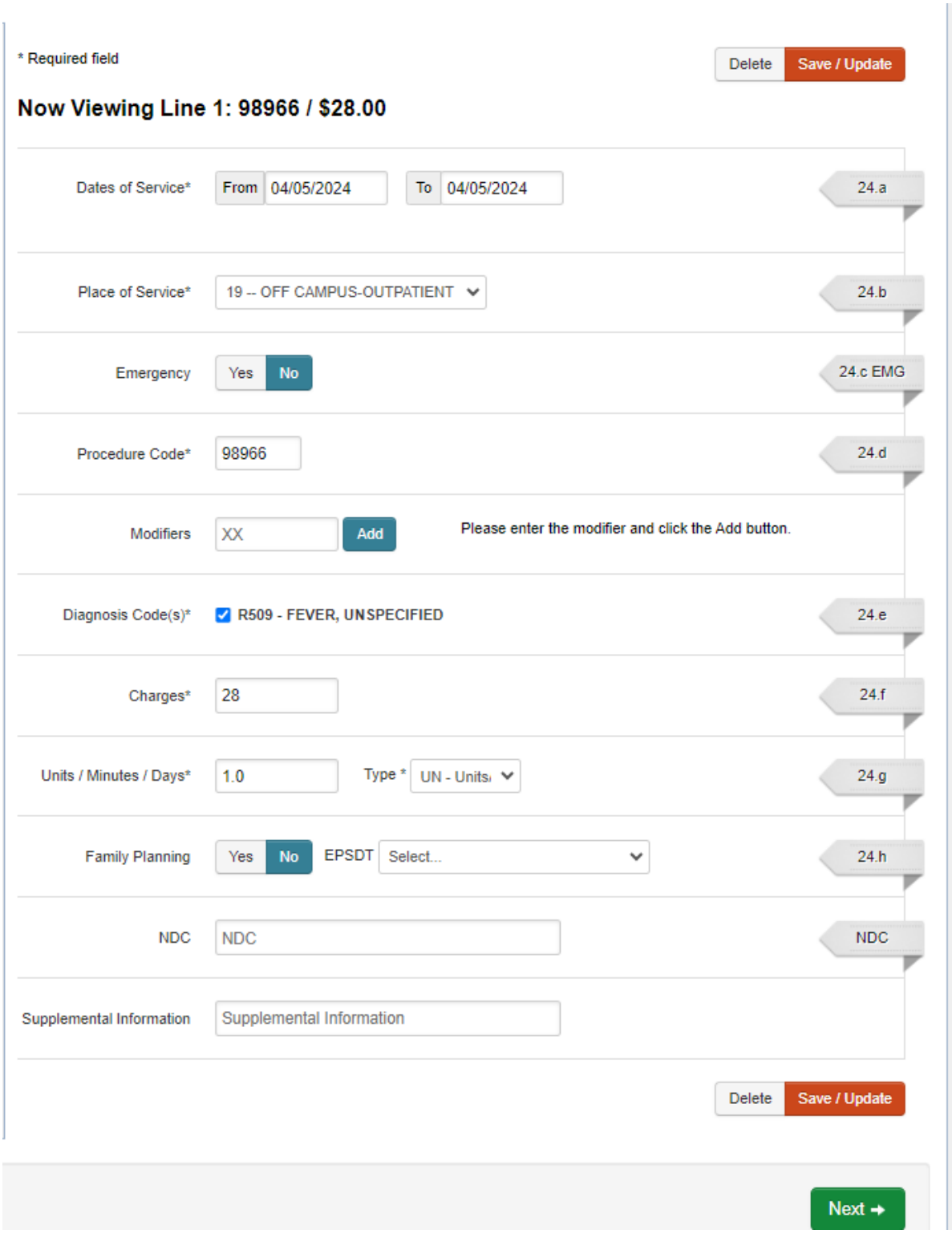
6. In the general information tab, you will fill out all required information displayed below. Click **Next**.



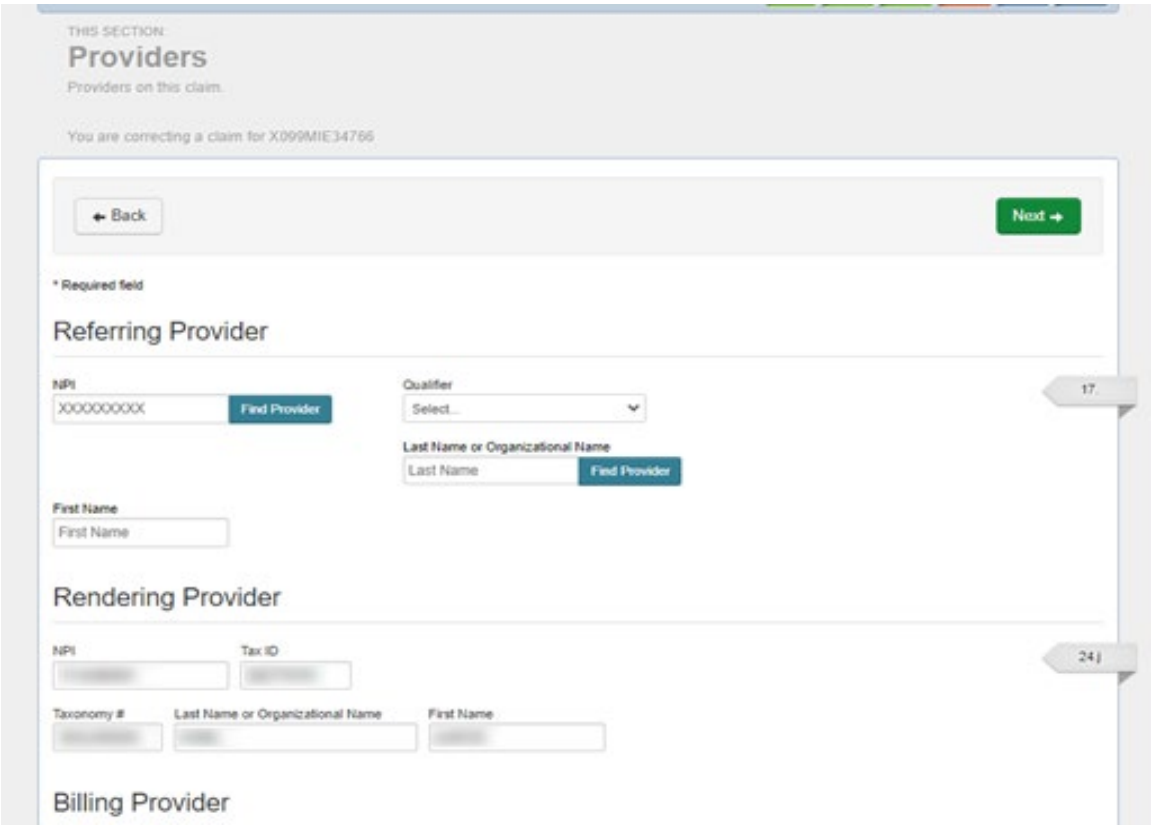
7. On the diagnosis codes page, you will need to verify any diagnosis code. If a code is incorrect, please click **remove**. Then select **next**.



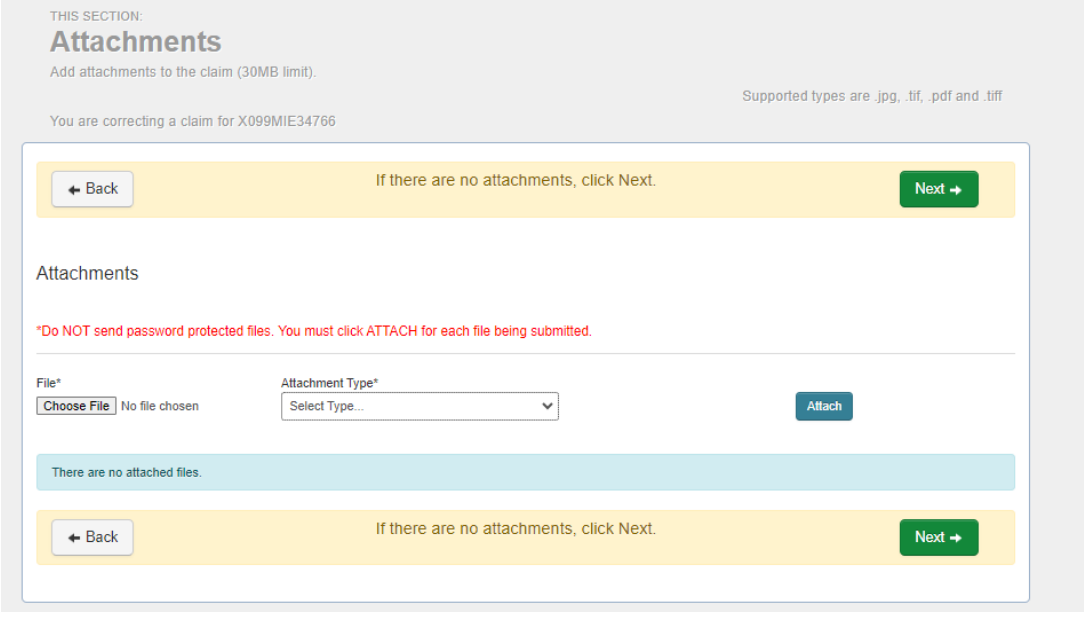
8. On the service lines page, click on **save/update** to each service line details, as necessary, and click **Next**.



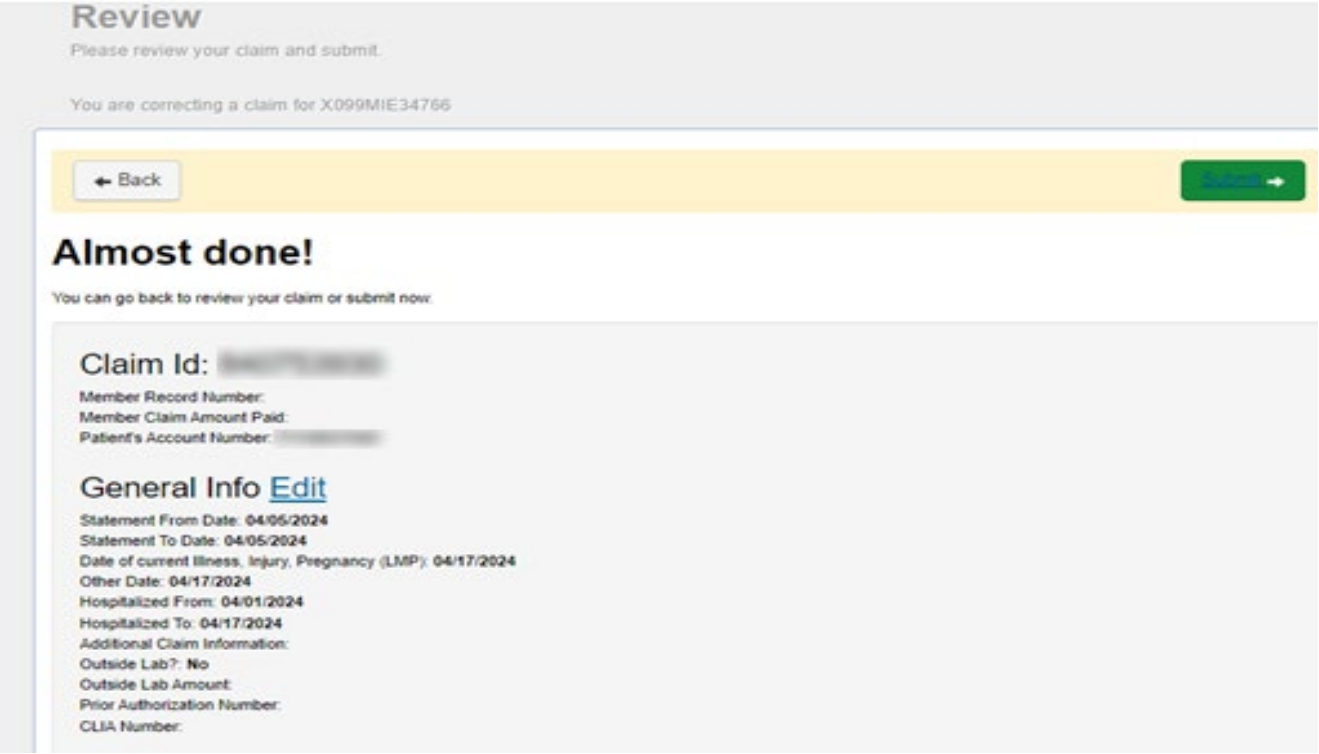
9. The provider information will remain the same from the original claim. Click **Next**.



10. On the attachments page, click browse to attach supporting documents. Please note: attachments are optional if you are submitting a corrected claim. If providers are submitting a corrected claim and do not need to attach any documents, then hit **next** to be taken to the review page.



11. The review page is used to review and confirm claim details. Once confirmed, click **submit**



12. When the claim is successfully submitted, the **web/ref#** will display for confirmation.

    Please note: web/ref# is not a claim number. It only serves as confirmation that the claim was submitted using the secure provider portal.