HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
Telephone: +1 217-782-1200, TTY: +1 800-526-5812

March 26, 2026

Cristal Gary, CEO
Meridian Healthcare

RE: Meridian DSNP Untimely HB 4203 Ad-Hoc Sanction

Dear Ms. Gary:

This letter serves as written notification to Meridian Health Plan Inc ("Meridian") of sanction pursuant to Section 1.2.38.I of the Contract for the Dual-Eligible Special Needs Plan (DSNP) between the Department of Healthcare and Family Services ("Department") and Meridian DSNP.

Meridian DSNP failed to respond timely to the Department's ad-hoc request issued on Monday, January 12, 2026, at 11:30 AM, under the email titled "URGENT ALL MCO ACCT MGR ACTION: HB 4203 - RESPONSE DUE 12PM TOMORROW 01.13.26" and subsequent email issued on Monday, January 12, 2026 at 5:06 PM titled "extension granted: URGENT ALL MCO ACCT MGR ACTION: HB 4203 - RESPONSE DUE 12pm CST, Tuesday, January 20, 2026". This ad-hoc request required Meridian DSNP to confirm by Tuesday, January 20, 2026, at 12:00 pm, if any increased costs will be incurred by the health plans if HB4203 is signed into law. Meridian DSNP requested additional information on Tuesday, January 20, 2026, at 11:55 am, but did not request an extension to the report due date. Meridian DSNP's subsequent response was received on Friday, January 23, 2026. As such, the Department is sanctioning Meridian DSNP $5,000. Meridian DSNP is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, April 24, 2026. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Meridian Health Plan Inc
ORIG ID: XXXXXXXXX
ENTRY DESCR: this is to be left blank
ENTRY CLASS: *CCD*
TRACE NO: *Bank Information*
ENTRY DATE: *yymmdd*
IND ID NO: *Bank Information*
IND NAME: Meridian Health Plan Inc
REMARK: DSNP HB4203 Ad-Hoc Sanction

ORIG BANK: *Bank Name*

*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.
*The information in gray is the banking information.

If you have any questions regarding this notification, please contact your HFS Account Management team Jessica Pickens at Jessica.Pickens@illinois.gov, or Stephanie Hunter at Stephanie.Hunter2@illinois.gov.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance
Division of Medical Programs

cc: Daniel Rich, Ryan Litteken, Bob Miromonti, Keshonna Lones, Jessica Pickens, Stephanie Hunter, Amy Roberts, Rich Allen, and Adam Lewis