



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



April 10, 2026

Cristal Gary, CEO
Meridian Healthcare

RE: HCI EUM 2026 Eval 1 \$100,000 Financial Penalty

Dear Ms. Gary:

This letter serves as notification to Meridian Health Plan Inc ("Meridian") of sanction pursuant to Section 7.16.6 of the Contract for Furnishing Health Services by a Managed Care Organization ("contract") between the Department of Healthcare and Family Services ("Department") and Meridian:

7.16. Failure to submit Encounter Data. The Department and Contractor acknowledge and agree that they will work in good faith to implement mutually agreed-upon system requirements resulting in the complete and comprehensive transfer and acceptance of Encounter Data, and that such mutual agreement shall not be unreasonably withheld. Contractor shall submit complete and accurate data quarterly to the Department in accordance with the Illinois Medicaid Health Plan Encounter Utilization Monitoring (EUM) requirements document, as set forth in Attachment XXIII, for each evaluation period. If Contractor does not meet the standards by the evaluation date as set forth in Attachment XXIII, the Department, without further notice, may:

- 7.16.6.1 impose a monetary penalty of up to US \$100,000;
 - 7.16.6.1.1 impose a monetary penalty of up to US \$100,000 for each unmet standard, beginning with the calendar year 2022 third quarter EUM data;
- 7.16.6.2 impose an enrollment hold on Contractor; or
- 7.16.6.3 impose both.

Meridian's HealthChoice Illinois (HCI) Encounter Summary report for EUM 2026 Evaluation Period 1 Subcategory scores for Home Health, 91.1%, is below the 92% threshold related to the \$100,000 Financial Penalty outlined in Attachment XIII. The Department is hereby providing written notice that Meridian failed to meet the established expectation and is therefore fining Meridian in the amount of \$100,000. Meridian is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, May 08, 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: XXXXXX
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: MER HCI EUM 2026 Eval 1
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 information, please contact Devang Ghadia at 217-524-2502.

Sincerely,

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

cc: Daniel Rich, Katie Barbara, Steve Berry, Keshonna Lones, Jessica Pickens, Stephanie Hunter, Amy Roberts, Rich Allen, Devang Ghadia, Lindsey Freeman, and Adam Lewis.