



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 17, 2026

Cristal Gary, CEO
Meridian Healthcare

RE: Meridian HCI Q1 CY2026 (January- March) Provider Resolution Portal Sanction Payment Notice

Dear Ms. Gary:

This letter serves as written notification to Meridian Health Plan Inc (Meridian) of sanction pursuant to Section 7.16.17 of the Contract for Furnishing Health Services by a Managed Care Organization between the Department of Healthcare and Family Services ("Department") and Meridian and pursuant to 89 Ill. Adm. Code 140.75.

These requirements state that within 30 calendar days after receiving a disputed claim from the Department's provider complaint portal, the MCO will develop a written proposal to resolve the disputed claims, which shall be electronically transmitted to the provider and uploaded to the provider complaint portal. Meridian HCI is in direct violation of 89 Ill. Adm. Code 140.75 by not providing a written response/resolution within the 30 calendar day timeframe for the following tickets:

Overdue Provider Resolution Ticket Details:

Ticket Ref No: MCP-251223-116605-07

Written Proposal Resolution Due Date: 1/23/2026

MCO Written Proposal Response Submission Date: 1/26/2026

Complaint Type: Coverage/Service Denials

Fine Due: \$5,000

Therefore, the Department is issuing Meridian HCI a sanction in the amount of \$5,000. Meridian HCI is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, May 15, 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: XXXXXXXX

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: **Meridian HCI Q1 CY26 Prov. Res. 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, Steve Berry, Katie Barbara, Keshonna Lones, Jessica Pickens, Stephanie Hunter, Amy Roberts, Rich Allen, and Adam Lewis