



**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**



July 16, 2025

Cristal Gary, CEO  
Meridian MMAI

**RE: MMAI EUM 2025 Eval 2 \$50,000 Financial Penalty**

Dear Ms. Gary:

This letter serves as notification to Meridian MMAI Health Plan ("Meridian") of sanction pursuant to Section 5.3.14 of the Contract for the Medicare and Medicaid Alignment Initiative ("MMAI Contract") between the Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the State of Illinois, acting by and through the Department of Healthcare and Family Services (Department) and Meridian:

#### 5.3.14 Intermediate Sanctions and Civil Monetary Penalties

5.3.14.1 In addition to termination under Section 5.5, CMS and the Department may impose any or all of the sanctions in Section 5.3.14.2 upon any of the events below; provided, however, that CMS and the Department will only impose those sanctions they determine to be reasonable and appropriate for the specific violations identified. Sanctions may be imposed in accordance with regulations that are current at the time of the sanction. Sanctions may be imposed in accordance with this section if the Contractor:

5.3.14.1.11 Fails to comply with reporting requirements;

5.3.14.1.12 Fails to submit complete and usable encounter data

Meridian's EUM 2025 Eval 2 Subcategory scores for Outpatient Hospital, 80.96%, and SUPR, 73.35% are below the threshold of 85% related to the \$50,000 Financial Penalty pursuant to Section 2.17.3 of the MMAI Contract. The Department is hereby providing written notice that Meridian failed to meet the established expectation and is therefore fining Meridian in the amount of \$50,000. Meridian is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, August 15, 2025. 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: [REDACTED]

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: EUM 2025 Eval 2  
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, Ryan Litteken, Robert Miromonti, Keshonna Lones, Veronica Trimble, Amy Roberts, Rich Allen, Adam Lewis, Devang Ghadia, and Joe Merwin