



Providers are required to notify MHS Health of any relevant [updates](#) to their contact or credentialing information in a timely manner. Provider contact info is critical for our members who depend on the accuracy of our [Provider Directory](#).

A Note About Provider Notes

MHS Health Wisconsin has developed a new monthly communication just for our providers. Welcome to the first issue of Provider Notes.

Our goal is to provide you with regular updates related to policy changes, quality initiatives, and news about MHS Health. It will also include informative articles and helpful tips on ways to provide the best care to your patients and our members.

We know your time is valuable. That is why we are committed to keeping this newsletter brief, timely, and relevant to the news and information you need. To help us achieve our commitment to you, we need your help.

- ▶ Take this [short survey](#) related to:
 - Reviewing and updating your preferred contact information.
 - Letting us know what topics you would like to see featured in a future issue of Provider Notes.

Here are some topics planned for upcoming issues of Provider Notes.

- Secure provider portal tips
- Orientation information and live drop-in events
- Pre-auth check tool features
- Quality initiatives and incentives

You may not be the only one in your office who would benefit from receiving this newsletter since it regularly will contain policy updates and other important news and announcements.

Please share this [link](#) with your colleagues so they may opt in to receiving the Provider Notes. Receiving the updates electronically saves times and the environment.



**YES! I would like to receive
MHS Health Provider Notes.**

Between newsletter issues, you can visit Provider News on mhswi.com to catch up on the latest news and updates.



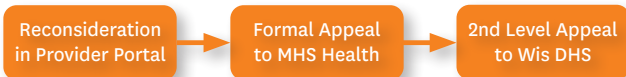
Reconsiderations and Appeals

Disagree with a Denial?

If you have a concern about how a claim was processed by MHS Health (i.e, denied, paid differently than expected), there are steps you can take to have the claim reviewed. While sometimes you can simply submit a corrected claim, that approach might not always address the issue.

MHS Health offers providers three options to request payment evaluation and/or determination:

1. Informal claim resolution or reconsideration (Definition: A request for a change that is the result of an error in processing such as keying errors, configuration issues, fee schedules or supported timely filing reconsiderations. Filing a claim reconsideration is not the same as filing a formal appeal.)
 - Submit a Reconsideration Request for the specific claim in our secure Provider Portal (details at right)
 - Call our Provider Inquiry Line to request a reconsideration at 1-800-222-9831
2. Administrative Claim Appeal (Formal Appeal)
 - *NOTE: An informal claim resolution procedure precedes the formal appeal
 - See the Provider Manual for the appropriate product for detailed instructions
3. Medical Necessity Appeal (Definition: A request for a review of an adverse decision made by the MHS Health Medical Management Department.)
 - See the Provider Manual for the appropriate product for detailed instructions



Second Level Appeal to the Wisconsin Department of Health Services (DHS)

After both a reconsideration and an appeal to MHS Health have been exhausted, if a provider feels that further appeal is necessary, an appeal may be made to the DHS. To reserve the right to appeal to DHS, provider must exhaust all appeal rights with MHS Health.

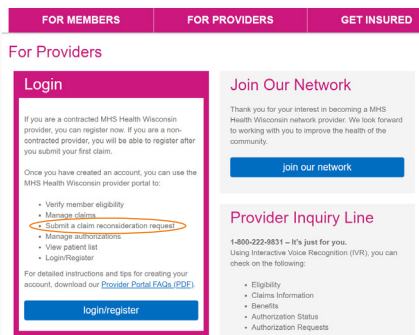
- Providers may use the [DHS form](#) when submitting an appeal for State review. DHS' form can be found here.
- See the [Provider Manual](#) for detailed instructions.

PRO TIP

This month's Pro Tip: Reconsideration Request

Did you know that within our secure [Provider Portal](#), there is an option to submit a Reconsideration Request for Denied Claims? A reconsideration is the best first step in addressing a claim denial that you believe is incorrect.

You can always call our Provider Inquiry Line (1-800-222-9831) with claims concerns, but many providers find the Reconsider Claim option in the portal to be more convenient.



Are you registered on our portal? Our Provider Portal has many benefits to help with everything from managing claims and authorizations to verifying member eligibility and balancing the books.

To register, click the login button. Be sure to have the following information ready: NPI or Medicaid ID number and your Tax Identification Number (TIN).

news you can use

In this section of Provider Notes we will share with you important policy updates, news, and announcements from MHS Health Wisconsin.

You can also find these updates real-time by regularly visiting mhswi.com.

Policy Updates

The following policies went into effect on May 1, 2021. Please click on policy number to view the actual policy.

CC.PP.061	CC.PP.070
CC.PP.065	CP.MP.97
CC.PP.068	CP.MP.134
CC.PP.069	Prepay Edit



Do we have your correct practice information? We are required to send you policy updates and other important news to you. Update your practice changes for [medical](#) or [behavioral health](#).

Provider Services: 1-800-222-9831
Behavioral Health Provider Services: 1-800-589-3186
Prior Authorization Requests Fax: 1-866-467-1316
Member Customer Service: 1-888-713-6180
24-hour Nurse Advice Line: 1-800-280-2348
For more phone numbers and addresses: mhswi.com

Mailing Address:
 MHS Health Wisconsin
 Attn: Provider Relations
 801 S. 60th Street, Suite 200
 West Allis, WI 53214

Medical Claims Address:
 MHS Health Wisconsin
 Attn: Claims Dept
 PO Box 3001
 Farmington, MO 63640

BH Claims Address:
 MHS Health Wisconsin
 Attn: BH Claims Dept
 PO Box 6123
 Farmington, MO 63640