



ATTENTION:
Personal Care
Workers/Agencies

*The hard launch date for
Electronic Visit Verification
begins on May 1, 2023.
Are you ready?*

[Learn More](#)

Medicaid Renewals are Coming

In 2020, the federal government put in place measures to protect the health of Medicaid program members during the pandemic. States were required to keep people enrolled to ensure they had health care coverage. In December 2022, the Consolidated Appropriations Act of 2023 was signed into law. It gave states a timeline for ending of continuous coverage.

Beginning in June 2023 and ending in May 2024, Wisconsin Department of Health Services (DHS) will restart renewals for the 1.6 million Wisconsinites in its Medicaid programs.

Most Medicaid members have not renewed in three years, so the process may cause stress, confusion, and frustration.

As Medicaid service provider to more than 130,000 members, MHS Health is closely aligned with DHS's operational plan to ensure members are supported and well-informed during this unprecedented time. MHS Health has developed a comprehensive communications strategy to its own members and wide-spread community outreach plan.

Providers are their patients' advocates and can play a critical role in conveying the importance of healthcare coverage, whether it is through Medicaid or an alternate source.

You can support your patients in the following ways:

UPDATE Ask your patients if DHS has their correct contact information. They can go to access.wi.gov or the MyACCESS Wisconsin mobile app to update their address, phone, email.

WATCH. READ. LISTEN. Tell your patients to pay attention to letters, calls, texts, and emails from DHS or their health plan.

ACT DHS will send Medicaid members a packet in the mail when it's their time to renew. It's important for them to meet their deadline or they may experience a gap in coverage.

INQUIRE Ask patients if they understand how to renew. If they need help, direct them to their state or tribal agency.

SUPPORT Medicaid renewals will be an added stressor in their lives. You can lessen their burden by learning what other needs they may have (housing, food, transportation, etc.).

REFER Encourage your patients to find helpful resources at mhswi.com/renew or call us for help at 1-888-713-6180.

COLLABORATE We want to work with you to help your patients maintain health coverage. Reach out to us for support. Call your Provider Relations representative.

Meet the TEAM!



NAME: Michael Walsh

TITLE: Manager, Contracting & Network Development

BACKGROUND: Michael has held leadership roles at Dentaquest, UnitedHealth Group, Advocate Aurora Healthcare.

PERSONAL INFO: Michael is married and has three children. He enjoys rugby, snowboarding, and running.

HOMETOWN: Wauwatosa, WI

EMAIL: Michael.Walsh@mhswi.com

DATE STARTED AT MHS HEALTH: April 2022

PROVIDER RELATIONSHIP GOAL:
My focus is adequacy of our provider network.

COMPLIANCE CORNER



Anti-Kickback Statute (AKS), 42 U.S.C. § 1320a-7b(b)

As a provider, you are a target for kickback schemes because you can be a source of referrals for your fellow providers. According to the U.S. Department of Health and Human Services, Office of Inspector General, “Many people and companies want your patients’ business and would pay you to send that business their way.” Just as it is illegal for you to take money from providers and suppliers in return for the referral of your Medicare and Medicaid patients, it is illegal for you to pay others to refer their Medicare and Medicaid patients to you.

Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms, and exclusion from participation in the Federal health care programs. Physicians who pay or accept kickbacks also face penalties of up to \$50,000 per kickback plus three times the amount of the remuneration. [Learn more about Fraud and Abuse Laws](#)

Provider Race and Ethnicity Part of New Requirements for NCQA Accreditation

In 2024, the Wisconsin Department of Health Services will require HMOs that provide Medicaid services to be National Committee for Quality Assurance (NCQA) accredited. MHS Health is already accredited. Effective this year, to meet NCQA accreditation, we must collect race and ethnicity information from providers.



Most credentialing applications have this question optional so there is limited documentation available. Provider race and ethnicity identification is important for NCQA accreditation and in improving health equity.

We seek your feedback about your documentation of race and ethnicity demographics for your providers.

► [Thank you for taking time to complete the survey.](#)

news you can use

NEW POLICY - Effective 5/1/2023

Policy Number	Policy Title/Link	Business Line
CC.PP.074	Optum Comprehensive Payment Integrity (CPI)	Medicaid; Medicare

Do your patients need help with daily living?

Learn more about our [Personal Care Services](#) benefit for members.

PRO TIP ADD + APP HEDIS® Training

What: MHS Health has implemented a claims-based primary care provider (PCP) reassignment process.

Why: For medical and behavioral health providers to recognize the intent of the ADD (follow-up for children prescribed ADHD medication) and APP (use of first-line psychosocial care and anti-psychotic medications) HEDIS® measures and share strategies to impact quality care and outcomes for our members.

How: Use the link below to register for the self-paced ADD and APP HEDIS® training

Complete the training: [Optimizing the impact of ADD and APP HEDIS® Measures](#)

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

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