

MHS Health Wisconsin Provider Frequently Asked Questions

Q: Where should I reach out if I **need to speak with someone**?

A: We have several tiers for provider assistance within MHS Health:

1. Call our Provider Inquiry Line at 800-222-9831.
2. If their response doesn't resolve your concern in an adequate or timely manner, please reach out to me. As your rep, I serve as an escalation point for you. Your rep can take your case/call reference number and work to assist you further.

Q: Where is the MHS Health Wisconsin **website**?

A: Our website ([mhswi.com](https://www.mhswi.com)) has information for members and providers.

- Key things to review include our [orientation information](#) and [provider resources](#).

Q: Where can I access specific **claims, authorization, and payment information**?

A: In our secure provider portal, you can access:

- Claim submission, correction, reconsideration
- Payment details (in downloadable excel format)
- Authorization submission and status review (authorization submission is not currently available for providers of personal care services)
- Patient overview information (assigned PCP, recent ER visits, claims, authorizations, etc.)

Q: What do I do if I need help with the **secure provider portal**?

A: There are many resources you can access yourself, but I am also happy to help.

- In order to protect our members' confidential health and identifying information, it is vital that we limit access to our secure portal. We ask that one person at each TIN manage all users within their office, including verifying access, disabling accounts and resetting passwords (**portal accounts get locked out after 90 days of inactivity**). If you do not know the name of your TIN's account manager, please reach out to me for assistance.
- There is an instruction manual available at the bottom of most portal pages. You can search it (CTRL+F) for the specific thing you need.
- As your rep, I'd be happy to offer portal assistance or training to help you better understand its full benefits. Please let me know if I can help.

Q: Where can I find information about **requirements** for your plan?

A: All providers are responsible for reviewing the provider manuals for all applicable products. They can be accessed on our website: <https://www.mhswi.com/providers/resources/forms-resources.html>

Q: Is there a simple document for quick reference of the **most commonly used information**?

A: Yes! Below are links to the At-A-Glance documents with most important phone/fax numbers and addresses (including authorizations, EFT, EFI, refunds, etc.):

- [MEDICAID](#)
- [MEDICARE](#)

MHS Health Wisconsin Provider Frequently Asked Questions

(Continued from previous page)

Q: Do I need an **authorization**?

A: Information about required authorizations can be found on our [Pre-auth Check Tool](#).

Q: How do I report **provider changes** (new address, additional/different TIN, new practitioners, etc.)?

A: Details can be found on our website:

- [Behavioral health provider changes](#)
- [Medical provider changes](#)

Q: Who should I contact for **provider set-up concerns** (something is incorrect on the website's provider directory, you want to send an updated delegated provider roster, etc.)?

A: You can reach out via the Provider Inquiry Line at 800-222-9831 or by emailing our Provider Data Management Team at MHS-WIPDM@mhswi.com

Q: Who should I contact with **credentialing** updates or concerns?

A: You can reach out to our Credentialing Team by calling the Provider Inquiry Line at 800-222-9831, or by emailing WI_Cred@mhswi.com.