

Becoming an MHS Health Wisconsin In-Plan Provider

This *Quick Reference Guide (QRG) to Credentialing* identifies the criteria required for network participation, as specified in the MHS Health Credentialing Program Description and its policies and procedures. The criteria are based on MHS Health Wisconsin, Centene Corporation, URAC, and NCQA guidelines.

Qualifying to Participate

To qualify to participate in the MHS Health Wisconsin Provider Network, a provider must:

- ✓ Have an effective Wisconsin Medicaid number.
- ✓ Have a current unlimited/unrestricted medical license in the state where the practice is located.
- ✓ Have an effective Wisconsin NPI number.
- ✓ Have a current WI DEA certificate.
- ✓ Have a current certificate of malpractice insurance with the appropriate limits of liability as set by the State of Wisconsin for the practice where the provider is employed.
- ✓ Demonstrate appropriate experience, background, and relevant training for the specialty they will practice as an MHS Health in-network provider, if the application is approved.
- ✓ Each provider maintains a professional practice location in one or more counties within the MHS Health certified service area. For providers delivering care via telehealth, this requirement is met by the practice location(s) you report to MHS Health — it does not require members to be seen in person at that office. Telehealth services are credentialed and delivered under the same standards as in-person services, consistent with ForwardHealth telehealth guidelines, and your telehealth service location(s) must be identified so they are accurately reflected in the Provider Directory
- ✓ List all current hospital affiliations, declare if they use hospitalists, or if they are clinic-based only.
- ✓ To be credentialed, all providers must be licensed to practice independently in the state where the practice is located. License must be current, active, in good standing, and without limitations.

Council for Affordable Quality Healthcare (CAQH)

- MHS Health utilizes CAQH to streamline the credentialing/re-credentialing process. Providers must be active and current on CAQH before applying to join the network and must grant MHS Health/Centene access to their CAQH information.
- Update every 120 days: Provider information and supporting documents must be updated at least every 120 days on CAQH to remain current.
- There is no cost for providers to submit their credentialing applications with CAQH.

If you are not registered, you must complete your registration at <https://www.caqh.org/> or call the help desk at 1-888-599-1771.

MHS Health will make 3 outreach attempts for missing or expired information before the request is closed.

Primary Source Verification (PSV)

PSV will start once a “clean” application has been received by the credentialing staff. The following information is verified during credentialing and re-credentialing:

- ✓ Wisconsin license through the appropriate licensing agency.
- ✓ Board certification, residency training, and medical education.
- ✓ National Practitioner Data Bank (NPDB) and HIPDB claims.
- ✓ Review of five (5) years of work history.
- ✓ Review of federal sanction activity, including Medicare/Medicaid services, Office of Inspector General (OIG), and Excluded Parties Listing System (EPLS).



If MHS Health identifies a discrepancy during PSV, the applicant is notified via email with the email address located on the CAQH application. The applicant has 14 days to correct any erroneous information gathered from outside sources. If the applicant fails to meet the 14-day correction timeframe, the credentialing process will be terminated, and the applicant must begin the process again. Peer review–protected information (references, personal recommendations, etc.) is not subject to review.

Credentialing Timeframes

Milestone	Timeframe
Primary Source Verification (PSV)	Requires at least 30 days to complete
Entire credentialing process (incl. on-site visit if needed and Credentialing Committee review)	Up to 60 days for “clean” applications
Applicant correction of erroneous PSV information	Within 14 days of email notice
Notification of Credentialing Committee decision	In writing within 10 business days of the decision
Re-credentialing application sent to provider	At least 60 days before the last re-credentialing date
Re-credentialing cycle	Every 36 months (3 years), per State of Wisconsin

Understanding Your Effective Dates

Your participation with MHS Health/Network Health involves two separate processes — contracting and credentialing — each with its own effective date.

Contract Effective Date

Once a contracted Tax Identification Number (TIN) exists in our systems, all practitioners and

providers associated with that TIN are loaded as contracted. This establishes your contractual relationship with MHS Health, but being contracted does not by itself authorize you to see members or guarantee network participation.

Credentialing Effective Date

This is the date the MHS Health Credentialing Committee approves your credentialing. Until credentialing is complete:

- You are print suppressed from the online Provider Directory (in accordance with NCQA and Wisconsin DHS requirements);
- You are not counted toward MHS Health network adequacy; and
- You are not yet authorized to see MHS Health/Network Health members.

Applications are not considered fully approved until both the credentialing and contracting processes are complete and you have been notified that you may begin to see MHS Health/Network Health members.

Your credentialing effective date — not your contract load date — governs when you appear in the directory, count toward network adequacy, and may begin providing services to members. MHS Health cannot grant any exceptions for applicants who have not completed credentialing in its entirety.

Provider Types

MHS Health credentials the following providers:

- Physicians (MD and DO)
- Pain management (must have the appropriate education/training; considered on an individual basis)
- Physician Assistants (PA)
- Advance Practice Nurse Prescribers (APNP)
- Certified Nurse Midwives (CNM)
- Locum tenens
- All behavioral health providers
- Hospitals
- Ambulatory Surgery Centers
- Home health / hospice facilities
- Skilled nursing facilities
- Methadone clinics
- Day treatment centers
- DME providers
- Physical/Occupational/Speech providers

MHS Health does NOT credential the following providers:

- Urgent care and ER physicians
- Hospitalists
- Radiologists
- Pathologists
- Anesthesiologists

Although credentialing is not required, providers must submit a New Provider Enrollment Form, located on www.mhswi.com (Provider > Manuals, Forms, and Resources) to ensure proper enrollment in our claims payment system.

Re-Credentialing

- Every 36 months, all MHS Health Wisconsin providers will be sent a re-credentialing application at least 60 days in advance of their last re-credentialing date.
- To be re-credentialed, all providers must meet the criteria listed above; in addition, a medical record review by MHS Health Quality Improvement staff may be required.
- Health Delivery Organizations (HDOs) are re-credentialed every three years to assure the organization remains in good standing with State and federal requirements.
- Quality indicators — including but not limited to grievances, appointment availability, critical incidents, and compliance with discharge appointment reporting — are considered during the re-credentialing process.

Providers must have a current CAQH registration on file. Failure to attest and/or update your information on CAQH in a timely manner can result in termination from the network.

Provider Notification Responsibilities

It is the provider's responsibility to notify MHS Health within ten (10) days of any of the following:

- Any lawsuits related to professional role.
- Licensing board actions.
- Malpractice claims or arbitration.
- Disciplinary actions before a State agency and Medicaid/Medicare sanctions.
- Cancellation or material modification of professional liability insurance.
- Member grievances against the provider.
- Changes or revocation of DEA certifications, hospital staff changes, or NPDB/Medicare sanctions.
- Any situation that would impact a provider's ability to carry out the provisions of their Provider Participation Agreement, including the inability to meet member accessibility standards.



- A site visit conducted by an MHS Health Wisconsin representative may also be required as part of the credentialing or re-credentialing process.

Failure to pass the site visit may result in a Corrective Action Plan (CAP) that must be satisfied before admission to the network.

Note: *When an organization is not accredited, MHS Health Wisconsin will accept a CMS or State of Wisconsin (State) quality review in lieu of a scheduled on-site evaluation with the exception that the CMS or State review is no greater than three (3) years old. If the above does not apply, then MHS Health will schedule an on-site evaluation to review the scope of services available at the facility/clinic center as well as its physical accessibility and safety and quality improvement program. MHS Health will obtain a copy of the current state on-site evaluation to determine if the facility is compliant with MHS Health standards.*

Checking Application Status

Providers may contact MHS Health Wisconsin at any time to request an update on the status of a credentialing or re-credentialing application.

Email: WI_CRED@mhswi.com

Fax: 1-866-671-3669

Call: Provider Inquiry Line at 1-800-222-9831

MHS Health Wisconsin administers the BadgerCare Plus and Medicaid SSI plans through Network Health's contract with the Wisconsin Department of Health Services.

Unless otherwise specified, references to MHS Health include MHS Health Wisconsin, and Network Health and their respective members.

Last updated September 2026. Aligned to the 2026 MHS Health Wisconsin Medicaid Provider Manual, Section 15 (Provider Credentialing). The above is subject to change at any time per MHS Health Wisconsin guidelines