



BADGERCARE PLUS CONTACT AND INFORMATION SHEET

CONTACT INFORMATION

Customer Service

All departments may be accessed through customer service

Service Hours: Monday-Friday, 8:00 am to 5:00 pm

Phone: (414) 755-3619 or (855) 530-6790

TTY: 711

Fax: (414) 755-4410

Email: CustomerService@trilogyhealthinsurance.com

Verification of Eligibility

Phone: (414) 755-3619 or (855) 530-6790

Email: CustomerService@trilogyhealthinsurance.com

Medicaid Member Advocate

Phone: (855) 530-6790

Fax: (414) 755-4410

Email: Advocate@trilogyhealthinsurance.com

24 hour After Hours Line

(855) 530-6790 or (414) 755-3619

Provider Relations and Contracting

Phone: (414) 755-3619 or (855) 530-6790

Fax: 414-448-6710

Email: ProviderRelations@trilogyhealthinsurance.com

Dental

DentaQuest of WI

Customer Service: (855) 453-5287

Vision

Routine Eye Exams and Hardware

EyeQuest of WI

Phone: 844-824-2014

Transportation

Non-Emergency Medical Transportation Services

Phone: (866) 907-1493

7:00 AM-6:00 PM Monday through Friday

CLAIMS SUBMISSIONS & APPEALS

Medical and Behavioral Health Claims

My Choice Wisconsin Health Plan

P.O. Box 1171

Milwaukee, WI 53201

EDI Payor ID: 62777

Medical and Behavioral Health Claims Appeals

My Choice Wisconsin Health Plan

Provider Appeals Department

P.O. Box 70491

Milwaukee, WI 53207

Fax: 414-448-6710

Dental Claims

DENTAQUEST of WI – Claims

P.O. Box 2906

Milwaukee, WI 53201-2906

Phone: (855) 453-5287 for providers Electronic claims: via DentaQuest website:

www.dentaquest.com

Dental Claim Appeals

DENTAQUEST of WI – Claims

Attn: Appeals Department

P.O. Box 2906

Milwaukee, WI 53201-2906

Fax: (262) 834-3452

Vision Claims

EYEQUEST of WI - Claims

P.O. Box 433

Milwaukee, WI 53201-0433

Phone: 844-824-2014 for providers

Fax: 888-696-9552

Vision Claim Appeals

EYEQUEST of WI Claims

Attn: Appeals Department

P.O. Box 2906

Milwaukee, WI 53201-2906

Phone: 844-824-2014

Email: VisionCGA@dentaquest.com

CARE MANAGEMENT, PRIOR AUTHORIZATIONS & REFERRALS

Medical (delegated to IPN)

Online Referral Form is available on My Choice Wisconsin website

<https://mychoicewi.org/providers/authorizations/>

Phone: (414) 755-3619 or (855) 530-6790

Fax: (414) 771-1159

Email: MedicalManagement@trilogyhealthinsurance.com

Behavioral Health

Forms for Prior Authorization of Behavioral Health Services are available on My Choice Wisconsin website

<https://mychoicewi.org/providers/authorizations/>

Phone: (855) 530-6790

Fax: (608) 245-3097

Dental (delegated to DentaQuest of WI)

Dental Prior Authorizations Submission

Phone: (855) 453-5287

Fax: (262) 834-3489

Vision (delegated to EyeQuest of WI)

Vision Prior Authorizations Submission

Phone: (844) 824-2014

Fax: (888) 696-9552

PROVIDER UPDATES

Participating providers who wish to update their demographic information should send the information to DataServices@scasmg.com. These changes can include:

- Adding or removing providers associated with an agreement
- Modifying office/service location information (e.g. address, phone, etc.)
- Changing W-9 information

Current information must be submitted to ensure proper billing and payment

For more details refer to the 2021 BadgerCare Plus Provider Handbook available on My Choice Wisconsin website: <https://mychoicewi.org/providers/resource-library/>

Chiropractic and Dental services are provided by My Choice Wisconsin Health Plan in Milwaukee, Kenosha, Racine, Ozaukee, Washington, and Waukesha counties only.