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.