

What is the Question?	Who Should I Contact?
Provider Contract Questions (All Programs)	dlfamcontracts@mychoicefamilycare.com or contact your assigned Contract Specialist (contact info below)
Provider Rate Questions	Contracted Providers to contact their Contract Specialist below
Provider Credentialing Questions	credentialing@mychoicefamilycare.com
Residential Provider Vacancies	Go into the MIDAS Portal and update bed capacity under bed information. Below is the path and link: MIDAS Provider Portal -> Provider Mgmt -> MIDAS Provider BedInformation

INTERNAL Claims Status or Questions	My Choice Wisconsin or MCFC legacy Origin Member Claims: Provider.Liaison@mychoicefamilycare.org Care Wisconsin Origin Member Claims: Provider-Help-Desk@carewisc.org
EXTERNAL Claim Status or Questions	My Choice Wisconsin or MCFC legacy Origin Member Claims: Call WPS: 800-223-6016 Care Wisconsin Origin Member Claims: Call Claims Help Desk: 855-878-6699
Member Concerns	Appropriate Care Management Program Staff (Family Care, Partnership, SSI, DualAdvantage)

Health Care Benefit Package Questions (Partnership, SSI, Dual Advantage)	General Benefit Questions: https://mychoicewi.org/providers/authorizations/ - Prior Authorization Reference Document (Requirements by Program) EXTERNAL Inquiries: <ul style="list-style-type: none"> • Callers should be directed to call CW Customer Service 800-963-0035
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MIDAS Provider Setup Questions (Provider Password Resets, etc.)	dlfamcontracts@mychoicefamilycare.com
Change of Ownerships	chowrequests@mychoicefamilycare.com

Authorization Questions	Appropriate Care Management Program Staff (Family Care, Partnership, SSI, Dual Advantage)
Electronic Visit Verification	External communication = EVV inbox: evv@mychoicewi.org
Apply to Join the Network	https://mychoicewi.org/providers/joining-our-network/

Contractor Information for In-Network Providers (Contracted rate questions, contract questions, provider information updates)

Provider Relations & Network Specialist	Assignments 1	Assignments 2	Alpha Split	Dedicated Responsibilities (i.e. below)
<p align="center">Jennifer Winter Jennifer.winter@mychoicewi.org 414-287-7428</p>	<p align="center">Ancillary Services (All Counties) With the exception of 1/7</p>	<p align="center">Supportive Visits , SHC, Day Services, Financial Services, Transportation, SNFS, DME/DMS, Employment Services, SDS, Meals, Adaptive Aids, PERS, Adult Day Care, OTC, Recreational Activities, Home Health Care, Personal Care</p>	<p align="center">A-H</p>	<p align="center">All Member Specific Requests for this Alpha Split</p>
<p align="center">Sheri Wojtowicz sheri.wojtowicz@mychoicewi.org 414-287-7656</p>	<p align="center">Ancillary Services (All Counties) With the exception of 1/7</p>	<p align="center">Supportive Visits , SHC, Day Services, Meals, Financial Services, Transportation, SNFS, DME/DMS, Employment Services, SDS, Meals, Adaptive Aids, PERS, Adult Day Care, OTC, Recreational Activities, Home Health Care, Personal Care</p>	<p align="center">I-P</p>	<p align="center">All Member Specific Requests for this Alpha Split</p>
<p align="center">Samantha Monrial Garza samantha.monrialgarza@mychoicewi.org 608-210-4078</p>	<p align="center">Ancillary Services (All Counties) With the exception of 1/7</p>	<p align="center">Supportive Visits , SHC, Day Services, Meals, , Financial Services, Transportation, SNFS, DME/DMS, Employment Services, SDS, Meals, Adaptive Aids, PERS, Adult Day Care, OTC, Recreational Activities, Home Health Care, Personal Care</p>	<p align="center">Q-Z</p>	<p align="center">All Member Specific Requests for this Alpha Split</p>
<p align="center">John Jorgenson john.jorgenson@mychoicewi.org 715-563-1616</p>	<p align="center">Ancillary & Residential Services ALL GSR 1/7</p>	<p align="center">Supportive Visits , SHC, Day Services, Meals, , Financial Services, Transportation, SNFS, DME/DMS, Employment Services, SDS, Meals, Adaptive Aids, PERS, Adult Day Care, OTC, Recreational Activities, Home Health Care, Personal Care</p>	<p align="center">No alpha, All providers in GSR 1/7</p>	<p align="center">All Member Specific Requests for this GSR</p>

<p>Kelli Macon Kelli.macon@mychoicewi.org 414-287-7422</p>	<p>All Single Case Agreements (All Counties) for Residential Dedicated Services</p>			
<p>Gray Bolivar gray.bolivar@mychoicewi.org 414-287-7638</p>			<p>A-G (V)</p>	<p>NOTE: Providers that start with "A": Please use alpha based on 2nd word</p>
<p>Jessica Cullen jessica.cullen@mychoicewi.org 608-290-0279</p>			<p>H-N (W)</p>	
<p>Sadie Parsons Cassidy.Parsons@mychoicewi.org 414-287-7688</p>			<p>O-U (XYZ)</p>	<p>NOTE: Providers that start with "The" or "ST", etc. : Please use alpha based on 2nd word</p>
<p>Michael Kampmeier - Health Plan michael.kampeier@mychoicewi.org 414-287-7652</p>				<p>Primary & Specialty Care Physician Services, Health Systems, Independent Hospitals, FQHC & Indian Providers, Chiropractic Care, PT/ST/OT, IP & OP BH, AODA</p>
<p>Dora Lo chowrequests@mychoicewisconsin.org, eiprequests@mychoicefamilycare.com, provterminationrequests@mychoicefamily care.org</p>		<p>ALL Enroll In Places, CHOW's, OON, Terminations</p>	<p>A-M</p>	

Kathleena Gomez chowrequests@mychoicewisconsin.org, eiprequests@mychoicefamilycare.com, provterminationrequests@mychoicefamily care.org		ALL Enroll In Places, CHOW's, OON, Terminations	N-Z	
Jane Westphal	Contract Services Assistant	New Provider Applications: A-M	If the assigned contractor is out and you need immediate assistance, please forward all calls to 414-287-7640 or email dlfamcontracts@my choicefamilycare.com	
Crissi Bates	Contract Services Assistant	New Provider Applications: N-Z		
Celine Unger	Manager, Provider Relations & Network	Please forward ALL escalations		

- If your organization name begins with "A" or "The" or a numeral, please use the 2nd word in association with the alpha splits above