To appeal a claim denial, submit a written statement to the Provider Services Appeals within sixty (60) calendar days of the initial denial or partial payment. Complete the [Claim Appeal Submission Form](https://cccw.sharepoint.com/sites/DocuTrack/_layouts/15/DocIdRedir.aspx?ID=DOCUTRACK-1246408263-2611) and provide the following information:

* Be clearly marked “appeal”
* Include the Member’s name and date of birth
* Include a specific explanation of the payment amount or a specific reason for nonpayment, partial payment, or denial
* Contain the provider’s name, provider’s address, date of service, date of billing, procedure code, date of rejection, and reason(s) the claim merits reconsideration for each appeal
* Copy of the WPS Provider Remittance Advice (PRA)
* Copy of the Explanation of Medical Benefits (EOMB) or other insurance PRA, if applicable
* Reason(s) claim merits reconsideration

Submit to Inclusa using one of the following methods:

**Email:**  [providerclaimappeal@inclusa.org](mailto:providerclaimappeal@inclusa.org)

**Fax:**  (866) 880-0551

**Mail:** Inclusa, Inc.

2801 Hoover Road

Unit 3

Stevens Point, WI 54481

You have the right to appeal to the Department of Health Services (DHS) if Inclusa fails to respond to the appeal within forty-five (45) calendar days or if you are not satisfied with Inclusa’s response to the request for reconsideration.

All provider appeal requests to DHS must:

* Be clearly marked “appeal”
* Include the Member’s name and date of birth
* Include a specific explanation of the payment amount or a specific reason for nonpayment, partial payment, or denial
* Contain the provider’s name, provider’s address, date of service, date of billing, procedure code, date of rejection, and reason(s) the claim merits reconsideration for each appeal
* Include the appeal denial letter from the MCO

All appeals to DHS must be submitted in writing within sixty (60) calendar days of Inclusa’s final decision using one of the following methods:

**Fax:**  (608) 266-5629

**Mail:** Provider Appeals Investigator

Division of Medicaid Services

1 West Wilson Street, Room 518

PO Box 309

Madison, WI 53701-0309

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