



## Provider Appeal Rights Under Family Care

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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](#) and provide the following information:

- Provider Name
- Member Name
- Date of Service
- Date of Billing
- Date of Rejection
- Procedure Code
- Copy of the WPS Provider Remittance Advice (PRA)
- Copy of the Explanation of Medicare Benefit (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.  
2615 East Avenue South  
Suite 103  
La Crosse, WI 54601

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 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