

Provider Checklist

Adult Long-Term Care Enrollment

Ready to start the process of becoming a Medicaid-enrolled adult long-term care (LTC) provider?

Adult LTC providers who deliver home and community-based services (HCBS) may use this checklist to enroll with Wisconsin Medicaid on the ForwardHealth Portal (the Portal) at forwardhealth.wi.gov. We'll guide you every step of the way.

Reminders:

- 1** The enrollment deadline is **January 1, 2026**. Applications may take up to 60 days to process. We encourage you to apply early.
- 2** If you are a residential provider or provider of services at a fixed-site facility, you must enroll with Wisconsin Medicaid and receive a unique Medicaid ID for each physical location. Refer to the ForwardHealth Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx, scroll down the page and accept the licensing agreement, and search for topic #23490, Enrollment by Physical Service Location, for a list of fixed-site facilities.

Enrollment Resources

- Find more information on the Provider Enrollment System for Adult Long-Term Care page at forwardhealth.wi.gov/WIPortal/cms/public/ltc/providerenrollment.htm.
- View the Adult LTC Provider Enrollment Training video in the Adult Long-Term Care Programs drop-down menu of the Portal Trainings page at forwardhealth.wi.gov/WIPortal/cms/page/trainings/home for a step-by-step demonstration on how to complete an enrollment application.
- Start your enrollment by clicking the Start or Continue Your Enrollment Application link at forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx on the Provider Enrollment Information page.

Key Contacts

- ForwardHealth Provider Services can answer enrollment and policy questions. Call 800-947-9627, Monday–Friday 7 a.m.–6 p.m. Central Time (CT).
 - The ForwardHealth Portal Help Desk can answer technical questions on the Portal functions, including accounts, registrations, passwords, and more. Call 866-908-1363, Monday–Friday 8:30 a.m.–4:30 p.m. (CT).
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Adult Long-Term Care Provider Enrollment

Step-by-Step Instructions

Gather Information

Having details and documents on hand will make it easier for you to enter this information:

- Any ownership or controlling interest related to the adult LTC provider (Refer to the Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx and search for topic #14317, Terminology to Know for Provider Enrollment, for definitions of ownership or controlling interest.)
- Criminal conviction and termination disclosure information
- Address information, including Practice Location, Mailing Location, and 1099 Mailing Location
- All tax information, including Taxpayer Identification Number (TIN) and TIN effective dates

Note: Either an Employer Identification Number or an individual's Social Security number can be used for the TIN.

Complete Your Application

You have 10 calendar days to complete your enrollment application once you start it. Refer to the Enrollment Application and Tracking Process page of the Portal at forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx?topic=3 for more information on saving an application.

Beginning Enrollment Information

1. Go to forwardhealth.wi.gov.
2. Click the **Become a Provider** link in the Providers box on the left side of the page to get enrollment information and start an application.
3. Click the **Start or Continue Your Application** link. You can either start a new enrollment or continue a previous enrollment.
4. Under **To Start a New Medicaid Enrollment**, click the **Medicaid/Border Status Provider Enrollment Application** link.
5. Read through the **instructions**. Click **Next**.
6. Select the **Type of Applicant**. Click **Next**.
7. Individual: Select the button that you are not employed by a clinic. Click **Next**.
8. Select **Type of Enrollment**. Click **Next**.
9. Select **Provider Type**. Refer to the Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx and search for topic #23491, Adult Long-Term Care Waiver Provider Enrollment Guide, for more information on each provider type. Click **Next**.
10. Select **Provider Specialty**. Click **Next**.
11. Select the **Waiver Services** applicable to you. Click **Next**.
12. Select the **Waiver Programs** you wish to provide services for. Click **Next**.
13. Individual: Complete all required information for **Individual Name**. Click **Next**.
14. Organization: Enter the organization name and language(s), if applicable, for **Identifying Information**. Click **Next**.
If you have a certificate from the Division of Quality Assurance, a managed care organization, or the Wisconsin Department of Health Services (DHS), this name must match the facility name on your certificate.

15. Organization: Select the **Type Of Business** from the list of options: Sole Proprietor, Corporation for Nonprofit, Corporation for Profit, Limited Liability, Partnership, and Government. Select **State of Registration**. Click **Next**.

Address and Other Details

1. Fill in **Address Information: Practice Location** and **Mailing Address**.
2. Fill in **Financial Information: Tax Information, Checks and Remittance Advice Address**, and **1099 Mailing Address**. Click **Next**.
The Taxpayer Name must exactly match your tax name on file with the Internal Revenue Service (IRS).
3. Select the **County** and **Tribes** you serve. Click **Next**.
4. Enter your **Medicaid Service Provider** and **Medicaid Member Count**. Click **Next**.
5. Enter any appropriate **license or credentialing information**—do not include letters if they are in the license number. Click **Next**.
6. Enter **Medicare** and **Medicaid** information. Click **Next**.
7. Individual: Complete all information on the **Background Information Disclosure** page. All previous convictions, regardless of severity, must be disclosed when answering the second question.
8. Individual: Complete information for addresses you have lived at in the past three years. Click **Add** for each address. Click **Next**.
9. Answer Yes or No to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.

10. Provide detailed information about criminal conviction disclosures and termination disclosures, if applicable. Click **Next**.

Owner/Controlling Interest/Manager Information

1. Indicate any **Owner/Controlling Interest in Applicant**. Click **Next**.
2. Add any **Owner/Controlling Interest Relationships**. Click **Next**.
3. Provide additional information in the **Owner/Controlling Interest in Applicant—Disclosing Organization(s) Detail** panel. Click **Next**.
4. Enter the information for the **Managing Employee**. Click **Next**.
5. Answer **Yes** or **No** to the **Subcontractor and Owner Relationships to Subcontractors** questions. Click **Next**.

Attestation and Provider Agreement

1. If applicable, review the **Attestation** statements, check all boxes, sign, and date. Click **Next**.
2. Next, review the **Provider Agreement**, and confirm you agree to the statements listed in the Agreement. Click **Next**.

Documentation

1. **Upload Supporting Documents**, such as licenses or certifications. Acceptable file formats are JPG, JPEG, TXT, RTF, CSV, and PDF. Click **Next**.

Review the How to Upload Documents video in the Adult Long-Term Care Programs section of the Training page at forwardhealth.wi.gov/WIPortal/cms/page/trainings/home for additional information on uploading documents.

2. 1–2 bed adult family home (AFH), 3–4 bed AFH, community-based residential facility (CBRF), residential care apartment complex (RCAC), and Adult Day Care providers must upload a copy of their certificate.
3. Providers of these services must upload a copy of supporting documentation showing they are qualified to provide the service (certificate, license, or resume):
 - Community Services & Support—Other
 - Health and Wellness
 - Counseling and Therapeutic Services—Other
 - Home Modifications—Environmental Accessibility Adaptations

Providers who have an HCBS Compliance Letter from DHS must upload a copy.

Submit the Application

1. Carefully read the **Summary**. Click **Submit**.
2. **Print Enrollment Documents** to save them or print a hard copy. Click **Next**.
3. At the **Enrollment Application Submitted** screen, save the **Application Tracking Number (ATN)** for your records.

Wait for Your Enrollment Decision

We will usually notify you of your enrollment status within 10 business days after receiving your complete application, but no longer than 60 business days.

You can track the status of your enrollment application through the Portal by entering your ATN in the Enrollment Tracking Search tool at forwardhealth.wi.gov/WIPortal/Subsystem/Provider/EnrollmentTracking.aspx. You will see current information on the status of your application, such as whether it is being processed or has been returned for more information.

If your application is approved, you will receive a welcome letter at the mailing address submitted on your application with instructions on how to request a PIN for the Portal.

Your next step is to create a Portal account:

- Go to forwardhealth.wi.gov.
- Click the **Login** link.
- At the bottom of the Sign In box, click **Logging in for the First Time?** and enter the Login ID and PIN provided in the PIN letter.

If ForwardHealth needs additional documentation to process the application, it will be returned to you. You will receive a letter informing you what is needed. You must respond by mail within 30 business days.

If the application is denied, you will receive a letter with the denial reason.

Adult Long-Term Care (LTC): Waiver Service Provider Enrollment and Portal Resources

ForwardHealth Training Department



Agenda

- Training Objective
- ForwardHealth Portal Introduction
- Information to Have Before Enrolling
- Provider Enrollment Timeline
- Enrollment Walkthrough and Group Enrollment
- Saving and Exiting a Provider Enrollment Application
- Application Outcomes
- Adult LTC Resources
- Other Resources



Adult LTC waiver services providers will need to enroll with Wisconsin Medicaid using the ForwardHealth Portal by January 1, 2026. Adult LTC waiver services providers will need an approved Wisconsin Medicaid provider enrollment to get a Medicaid ID, which allows services to be provided for Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct) members and participants. This enrollment process does not apply to individual self-directed services (SDS) workers or participant-hired workers. After your enrollment has been approved, you will be provided a Medicaid ID. This presentation will demonstrate the provider enrollment process. This training will also include important provider enrollment information and resources. First, there will be an introduction to the Portal, which is where you will go to complete your provider enrollment application. There is a list of information needed prior to enrollment, an explanation of the enrollment timeline, and important dates to remember. Then, there is a walkthrough of an entire provider enrollment application from start to finish. This presentation will show you how to save and exit a provider enrollment application and return to it later. Once the provider enrollment demonstration is over, you will see the three outcomes of the application. Then this training will direct you to various Adult LTC resources that contain valuable information to help you in your provider enrollment journey. This presentation will also direct you to other resources that can help you once you are enrolled.

Training Objective

By the end of this training, you will know:

- What information you'll need to begin enrollment.
- How to enroll as a provider.
- How to access Adult LTC resources on the Portal.



ForwardHealth Portal Information

- Access the Portal at www.forwardhealth.wi.gov:
 - Supports Edge, Chrome, Firefox, and Safari browsers.
 - Used to complete provider enrollment.
 - Has a public and secure side.
- Click the ForwardHealth logo to get back to the Portal homepage.



The ForwardHealth Portal is Wisconsin Medicaid's information hub. To access the Portal, make sure you are using a supported browser, such as Edge, Chrome, Firefox, or Safari. The Portal can be found at forwardhealth.wi.gov. LTC waiver provider enrollment will be completed through the Portal. The Portal has two sides, public and secure.

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Providers

- Provider-specific Resources
- Become a Provider
- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim
- Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Order](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

[Providers](#)

[Acute and Primary Managed Care](#)

[Adult Long-Term Care Programs](#)

[Children's Specialty Programs](#)

Members

- Find a Provider

Partners

- Find a Provider
- Related Programs and Services
- Express Enrollment for Children
- Express Enrollment Change Request
- Waiver Agencies
- Adult Incident Reporting System (AIRS) for
- MCO Reporting

Trading Partners

- Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case
- Management Software Approval Process

Children's Specialty Programs

- Birth to 3 Program
- Children's Long-Term Support Program

The public side is where you can access information on policy, trainings, the ForwardHealth Online Handbook, user guides, and ForwardHealth Updates. The secure side is accessible once you're enrolled and contains your account that allows you to do Portal functions such as receiving your secured messaging from ForwardHealth, adding or removing a waiver service or program, or performing demographic maintenance on your account. When navigating the Portal, you can click the ForwardHealth logo in the top left to reach the Portal homepage.

Information to Have Before Enrolling

- Tax ID number
- All licenses and certifications
- Mailing address
- Practice location information
- Medicaid member and provider count
- Background check information
- Ownership information
- Managing employee information



Prior to enrollment, you should have the above information. This information is required, depending on the provider type, specialty, and waiver services selected.

If you have a DQA license, then the name and address entered in the enrollment application must match the DQA license.

Provider Enrollment Timeline

- You must be enrolled by January 1, 2026.
- Application processing usually takes 10 days but can take up to 60. Submit your application well in advance of the enrollment deadline to allow time for processing.
- You may save and exit your application and return to it later:
 - An unsubmitted application will expire after 10 calendar days unless it is re-accessed.
 - If the application expires, it will be deleted.
 - The application can be saved and exited multiple times. After each save and exit, the 10-day clock will restart.



You must be enrolled by January 1, 2026. Application processing usually occurs within 10 days but can take up to 60. Providers should submit their application well in advance of the enrollment deadline to allow time for processing. You may save and exit an application at any point and return to it later. An unsubmitted application must be re-accessed within 10 calendar days of starting or it will be deleted, and you will have to start from the beginning. The application can be saved and exited multiple times. After each save and exit, the 10-day clock will restart.


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Providers

- Provider-specific Resources
- Become a Provider**
- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim
- Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Orders](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.









Members

- Find a Provider

Partners

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- Related Programs and Services
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- MCO Reporting

Trading Partners

- Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case
- Management Software Approval Process

Children's Specialty Programs

- Birth to 3 Program

Manufacturer Drug Rebate

Providers

Acute and Primary Managed Care

Adult Long-Term Care Programs

Children's Specialty Programs

This is where we will begin, at the ForwardHealth Portal homepage. From here, click **Become a Provider**.

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Provider Enrollment Information

[Start or Continue Your Enrollment Application](#)

Medicaid Criteria

- [Home](#)
- [Affordable Care Act](#)
- [Border-Status Providers](#)
- [Categories of Enrollment](#)
- [Change in Ownership](#)
- [Effective Date of Medicaid Enrollment](#)
- [Enrollment Application and Tracking Process](#)
- [Express Enrollment](#)
- [Fingerprint Requirement Overview](#)
- [Information for Specific Provider Types](#)
- [In-State Emergency Providers](#)
- [Multiple Locations and Services](#)
- [Notice of Enrollment Decision](#)
- [Out-of-State Providers](#)
- [Out-of-State Youth Program](#)
- [Prescribing/Referring/Ordering Providers](#)
- [Provider Addresses](#)

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Provider Enrollment Requirements

Providers are required to enroll as Wisconsin Medicaid providers (as described in Wis. Admin. Code ch. [DHS 105](#)) in order to be reimbursed for services provided to members or participants in the following programs:

- Wisconsin Medicaid
- BadgerCare Plus
- SeniorCare
- Family Care
- Family Care Partnership
- Program of All-Inclusive Care for the Elderly (PACE)
- IRIS (Include, Respect, I Self-Direct)

How to Enroll as a Provider

Providers are required to complete an application process. Failure to complete this process will delay completion of enrollment and could result in denial. Providers have [10 calendar days to complete an application](#) on the ForwardHealth Portal once they begin. As part of the enrollment application, providers are required to sign an agreement with the Wisconsin Department of Health Services (DHS).

Providers sign the provider agreement electronically by selecting the box acknowledging and agreeing to the terms of the agreement. By electronically signing the provider agreement, the provider attests that the provider and each person employed by the provider holds all licenses or similar entitlements and meets other requirements specified in Wis. Admin. Code chs. [DHS 101-109](#); the [IRIS Waiver](#); the [Family Care Waiver](#); and any federal or state statute, regulation, or rule for the provision of the service.

Next, click **Start or Continue Your Enrollment Application**.

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Welcome » April 25, 2024 3:24 PM [Login](#)

To Start a New Medicaid Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid/Border Status Provider Enrollment Application](#) ← Click Here

To Start a New In-State Emergency/Out-of-State Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid In-State Emergency/Out-of-State Enrollment Application](#)

To Start a New Prescribing/Referring/Ordering Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.
- Physicians and other professionals who only prescribe, refer, or order services and who are not interested in full Medicaid enrollment may apply for limited Medicaid enrollment as a prescribing/referring/ordering provider. **This type of enrollment does not allow Wisconsin Medicaid to reimburse you for your services.**

[Medicaid Prescribing/Referring/Ordering Provider Enrollment Application](#)

To Continue a Previous Medicaid Enrollment

- Enter your Enrollment Key and Password and select Login.
- Enrollment process will start from the beginning; however, previously entered data will be displayed for review.
- ADAP enrollment cannot be completed in this section. Please start a new ADAP Provider Certification Application to enroll as an ADAP provider.

Enrollment Key

Password

To Start a New ADAP Enrollment

- Select the link below to start the enrollment process.
- Medicaid-enrolled providers must complete a separate application to be an ADAP provider.

[ADAP Provider Enrollment Application](#)

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Next, you will want to begin a **Medicaid/Border Status Provider Enrollment Application**.

Please note, there is no application fee for LTC Waiver Providers.

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Search

[Instructions](#)

Instructions

Welcome to the online provider enrollment process

Attention: ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

Please complete each of the steps in the enrollment process. When you have completed all of the steps click on the "Submit" button to submit your enrollment application. **Application is not submitted to Wisconsin Medicaid until an Application Tracking Number is generated at the end of the application process.** If you need to leave the enrollment application before it is completed you may click on the "Save & Exit" button on the bottom of any page.

If you need additional assistance completing the steps of the enrollment process, please click the Help on the header menu.

ForwardHealth will only use the provided information to monitor for waste, fraud and abuse. All information provided will be protected under federal and/or state confidentiality laws. Social security numbers and other personally identifiable information will only be used for the direct administration of the Wisconsin Medicaid program.

Please click the "Next" button to start the enrollment process.

Next Exit

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The provider enrollment application is a series of screens that will prompt you to enter specific information. This is a demonstration of a provider enrollment application that will show you these screens. Each screen will have notes that will clarify what the application is asking for. These notes may vary on the section, depending on the provider type, specialty, and waiver service selected. If you need additional assistance completing the steps of the provider enrollment process, please click the question mark on the top of the screen. When you are ready to begin, click Next.

Throughout the application, if you need to navigate to previous screens, use the Previous button that appears on the bottom, or use the blue links above the box. **Do not** use the browser's navigation buttons, such as the back arrow, or you may lose all the information you have entered to that point.

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Search

[Instructions](#) » [Type of Applicant](#)

Type of Applicant

- Required fields are indicated with an asterisk (*).
- If you are a sole Proprietor, select Organization.

Type of Applicant *

☐ Individual

☒ Organization

Previous Next Save & Exit Exit

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Wisconsin Department of Health Services

Additional Text 1: ADT1_WIDportal2_M943

Session expires in: 00:29:56

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For type of applicant, you can either select individual or organization. This example will be an organization. If you are a sole Proprietor, select Organization. There will be some screenshots of the individual application to highlight key differences.

It is important to note that each screen will time out in 30 minutes if you have not moved onto a different screen. There is a countdown timer on the bottom of the page that will show you how much time is left. If the page times out, you will need to restart the application. If you need to pause and collect information, you can save and exit your application and return to it later. Instructions for that are given later in this training.

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[Instructions](#) » [Type of Applicant](#) » [Employed At Clinic](#)

Employed At Clinic

Required fields are indicated with an asterisk (*).

- Employed At Clinic is not applicable for waiver only providers. Select 'No' and click next to continue.

Are you currently employed by a clinic? *

☐ Yes

☒ No

Clinic Provider ID

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Additional Test 1 ADT1_WIPortal2_M962

Session expires in: 00:29:18

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Individual Applicant Screen: If you selected Individual for type of applicant, this would be the next screen. Indicate whether you are currently employed by a clinic. For Adult LTC Waiver Providers, this answer will always be No.

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[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#)

Type of Enrollment

Required fields are indicated with an asterisk (*).

- If you are a previously enrolled provider in the same provider type, select Re-enrollment of a Previous Enrollment.

Select type of enrollment *

☒ Initial Enrollment

☐ Re-enrollment of a Previous Enrollment

☐ Change Of Ownership

Previous Provider ID

Previous Provider ID

Change of Ownership Effective Date

New providers will select Initial Enrollment.

☐ Hearing Instrument Specialists	☒ Waiver Aging and Disability Support Agency
☐ Home Health Agencies / Personal Care Agencies	☐ Waiver Community Services & Support
☐ Hospice Providers	☐ Waiver Counseling & Therapeutic Services
☐ Independent Labs	☐ Waiver Equipment & Accessibility Related Services
☐ Inpatient/Outpatient Hospital Providers	☐ Waiver Financial Management
☐ Institute for Mental Disease	☐ Waiver Health and Wellness
☐ Medical Equipment Vendors	☐ Waiver Interpreter
☐ Medical Supply Providers	☐ Waiver Living Environment Adaptation
☐ Mental Health/Substance Abuse Clinics (includes Crisis/CSP/CCS)	☐ Waiver Microboard
☐ Nurse Practitioners	☐ Waiver Non-Residential Day & Vocational Services
☐ Nursing Homes	☐ Waiver Nurse Service
☐ Occupational Therapists	☐ Waiver Personal Emergency Response Systems
☐ Opticians	☐ Waiver Remote Monitoring and Support
☐ Optometrists	☐ Waiver Residential Services
☐ Pharmacies	☐ Waiver Retail Store
☐ Physical Therapists	☐ Waiver Supportive Home Care Agency
☐ Physicians	☐ Waiver Transportation
☐ Podiatrists	☐ Waiver Tribal Provider

Select your provider type. The provider type is how a provider is enrolled with Wisconsin Medicaid. Provider types are divided into subtypes, referred to as provider specialties. The specialty refers to services a provider is licensed or qualified to provide. In this demonstration, we will use Waiver Aging and Disability Support Agency. The list is in alphabetical order. **All waiver provider types are at the end of the list.**

The selections used in this resource are only an example. Providers need to determine their own selections.

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[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#)

Provider Specialty

Required fields are indicated with an asterisk (*).

Provider Specialties *

☒ Aging and Disability Support Agency

☐ Aging and Disability Support Facility

View [Enrollment Criteria](#).

Previous

Next

Save & Exit

Exit

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Additional Test 1 ADT1_WIPortal2_M943

Session expires in: 00:29:55

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Enter the provider specialty. The options available are determined by the provider type selected on the previous screen. We will use Aging and Disability Support Agency.

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » **LTC Waiver Provider Service Enrollment**

LTC Waiver Provider Service Enrollment

• Select all applicable Services.

Waiver Service

☐ Assistive, Communication, or Adaptive Aids

☐ Assistive, Communication, or Adaptive Aids - Assessment

☐ Care Management

☐ Chore Services

☐ Consultative Clinical and Therapeutic Services for Caregivers

☐ Consumer Directed Support Services/Support Broker Services

☒ Consumer Education and Training Services

☐ Counseling and Therapeutic Services - DSPS Licensed Services

☐ Counseling and Therapeutic Services - Exercise, Diet, and Nutrition

☐ Counseling and Therapeutic Services - Other

☒ Daily Living Skills

☐ Day Services - Community Based

☐ Financial Management Services

☒ Home Delivered Meals

☐ Home Modification-Environmental Accessibility Adaptations

☐ Housing Counseling

☐ Personal Emergency Response Systems (PERS)

☐ Relocation/Community Transition

☐ Respite Care

☐ Supportive Home Care

☐ Transportation (Community)-IRIS

☐ Transportation (Non Emerg Med & Comm)-FC/FCP/PACE

☐ Vocational Futures Planning and Support

Previous

Next

Save & Exit

Exit

In the next section, you will be asked to add all waiver services that you intend to perform. We will add three waiver services: Consumer Education and Training Services, Daily Living Skills, and Home Delivered Meals. Enter the waiver services and click Next. The system is configured to display services on this screen, depending on the provider type and specialty selected on the previous sections.

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[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#)

LTC Waiver Provider Program Enrollment

- Select all applicable Programs.

Waiver Program

☒ Family Care
☐ Family Care Partnership
☐ IRIS:Include, Respect, I Self-Direct
☐ PACE:Program of All-Inclusive Care for the Elderly

In this section, you will select one or more waiver programs for which you intend to supply services. For this training, we will use Family Care. Select the Waiver Programs applicable to you, then click Next.

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 Welcome » August 1, 2024 2:49 PM
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[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#) » **Identifying Information**

Identifying Information

Required fields are indicated with an asterisk (*).

- If your organization uses a "doing business as" (DBA), then enter your DBA name. The name entered on this line must exactly match the provider name used on all other information supplied to Wisconsin Medicaid.
- Indicate the language(s) spoken by organization staff who are available to interpret for members.

Name - Organization*

Languages ☒ English
☐ Hmong
☐ Russian
☐ Spanish
☐ Other

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Next, you will be prompted to enter identifying information. This includes the organization's name and languages spoken.

If you have a DQA License, then the organization name entered here must exactly match the Facility Name on the DQA License. If you are an Adult Family Home and have a certification from an MCO or DHS, then the name entered here must exactly match the name on the certification. Enter the information, then click Next.



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Type Of Business

Required fields are indicated with an asterisk (*).

- A sole proprietorship is a business owned by one person who assumes all assets and is solely liable for all debts of the business. Sole proprietorships may have only one NPI.
- State of Registration is only required for Partnership or Corporation for Profit.

Applicant's type of business? *

☒ Corporation for Nonprofit

☐ Corporation for Profit

☐ Limited Liability

☐ Partnership

☐ Government

State of Registration

Enter the type of business, then click Next. This example will be a corporation for non-profit.

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[LTC Waiver Provider Service Enrollment](#) » [LTC Waiver Provider Program Enrollment](#) » **Individual Name**

Individual Name

Required fields are indicated with an asterisk (*).

- The name entered on this line must exactly match the provider name used on all other information supplied to Wisconsin Medicaid.

Last Name*

First Name*

Middle Initial

Suffix

Credentials

Date of Birth*

Gender*☐ Female ☒ Male

Social Security Number*

Individual Applicant Screen: If you selected Individual Enrollment, the Individual Name screen will appear instead of the Type of Business screen. Enter your name and information and click next.

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Practice Location

Required fields are indicated with an asterisk (*).

- Practice Location is the street address where provider's office is physically located, even if services are delivered in a home or community setting.
- A provider directory search will be made available to the public. The address and Telephone Number for Member Use will be included in the provider directory.
- Medicaid Contact Person and Telephone Number for Contact Person will be used for Medicaid administrative purposes only.

Street Address Line 1* 123 ForwardHealth Dr.
Street Address Line 2
City* Madison
State/ZIP* WI 53702 - 0021
County Dane

Medicaid Contact Person* Michael Jones

Telephone Number - Contact Person* (608)424-9385 Ext.

Telephone Number - Member Use* (608)424-9385

Previous

Next

Save & Exit

Exit

The next section includes practice location and contact information. The practice location is the street address where the provider's office is physically located, even if the services are delivered in a home or community setting. Some providers will receive a different panel note for practice location. These providers are called "location-based providers." The alternative panel note will say "Practice location is the street address where your facility is physically located and/or where you render services."

If you have a DQA License, then the organization address entered here must exactly match the Facility Address on the DQA License. If you are an Adult Family Home and have a certification from an MCO or DHS, then the address entered here must exactly match the address on the certification.

Enter the name, phone number, and extension of the Medicaid contact person. This information will be used for Medicaid administrative purposes only.

Enter the telephone number for member use. This is the phone number that members should use to contact the provider. If applicable, this number and address

will be made available to the public in a provider directory search.

If you have more than one practice location, then you must complete a separate provider enrollment application for each location. This is a requirement for location-based providers with multiple practice location addresses. Additional information on Enrollment by Physical Location is available in the Online Handbook.

A P.O. Box is not allowed in the practice location fields, but it is allowed in the mailing address fields. Some fields have a character limit. If the information you are trying to enter exceeds the character limit, then you will need to shorten it to fit in the field. The character limit in the address line fields is 30.

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Mailing Address

Required fields are indicated with an asterisk (*).

- Indicate the address where Wisconsin Medicaid should send general information and correspondence. Audit correspondence may be sent certified mail. Failure to sign for certified mail could result in disenrollment.

- ☐ Mailing Address needs to be updated.
☒ Mailing Address is same as Practice Location Address.

Attention Line
Address Line 1
Address Line 2
City
State/ZIP -
Email Address*

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[Save & Exit](#)

[Exit](#)

If the mailing address is different from the practice location, you can enter it here. If not, select the Mailing Address is same as Practice Location Address option. This address is where Wisconsin Medicaid will send general information and correspondence. You are required to enter your email address on the bottom of this screen.

Financial Information

Required fields are indicated with an asterisk (*).

Taxpayer Information

Wisconsin Medicaid will generate payments to you and report income to the Internal Revenue Service (IRS) using this information. This information must be the current taxpayer information on file with the IRS.

Tax Information

Taxpayer Identification Number (TIN)* 841557263

Name* Patient Care

TIN Type* ☒ EIN ☐ SSN

TIN Effective Date

TIN End Date

Checks and Remittance Advice Address

Indicate the address where checks and remittance advice information should be sent.

Address Line 1* 123 ForwardHealth Dr.

Address Line 2

City* Madison

State/ZIP* WI 53702 0021

Name - Financial Contact Person Tom Trainer

Telephone Number - Contact Person (608)517-7003 Ext.

1099 Mailing Address

Do not complete this section if the above taxpayer information has been previously reported to Wisconsin Medicaid. This is the address where the IRS Form 1099 will be sent.

Address 321 ForwardHealth Dr.

City Madison

State/ZIP WI 53702 0021

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The next section is where you will enter your taxpayer information. **If you are using your Social Security Number, then the name on the application must match what is on your Social Security Card. If you are using your EIN, the name must match what is on your IRS 147C letter.**

The 1099 Mailing Address section at the bottom of the screen can be left blank if the above taxpayer information has been previously reported to Wisconsin Medicaid. We recognize that LTC waiver-only providers won't be getting 1099s from ForwardHealth; however, these fields are required for a complete provider profile. A 1099 Mailing address still must be given to an MCO (Managed Care Organization) or IRIS FEA (Fiscal Employer Agent), as this is not the same as reporting to Wisconsin Medicaid.

County and Tribe Served for LTC Waiver Services

- Select the Counties and Tribes for which services will be provided.
- Use ">" to add selected counties from the Available Counties list.
- Use ">>" to add all counties from the Available Counties list.
- Use "<" to remove counties from the Selected Counties List.
- Use "<<" to remove all counties from the Selected Counties List.

Counties Served

Available Counties

Selected Counties

< Adams
< Ashland
<< Barron
< Bayfield
> Brown
>> Buffalo
>> Burnett

Tribes Served

- ☐ Bad River Band
☐ Forest County Potawatomi
☐ Ho-Chunk Nation
☐ La Courte Oreilles Band
☐ Lac du Flambeau Band
☐ Menominee Indian Tribe
☐ Oneida Nation
☐ Red Cliff Band
☐ Sokaogon Chippewa Community
☐ St. Croix Chippewa Community
☐ Stockbridge-Munsee Band of Mohican

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Exit

Next, select the Counties and Tribes for which services will be provided, then click Next.

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Medicaid Service Provider and Medicaid Member Count

- Required fields are indicated with an asterisk (*).

Medicaid Service Provider Count

Please enter the approximate number of providers who serve Medicaid members, including members enrolled in a long-term care program. Do not include administrative or other staff who do not directly provide services to Medicaid members, including members enrolled in a long-term care program.

Number of Providers*

Medicaid Member Count

Please enter the approximate number of Medicaid members, including members enrolled in a long-term care program, your organization can typically serve at any given point in time.

Number of Medicaid Members*

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Wisconsin Department of Health Services

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Next, you will enter the approximate number of staff members at your agency who service Medicaid members. The Medicaid Service Provider Count encompasses providers who serve Medicaid members, including those enrolled in an LTC program. Do not include administrative or other staff who do not provide services to Medicaid members.

The Medicaid Member Count is the approximate number of Medicaid members, including members enrolled in an LTC program, that the organization can typically serve at any given time.



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Other License Credential Certification

Required fields are indicated with an asterisk (*).

- Only add licenses which are applicable to your ForwardHealth Enrollment.

License Credential Certification List

License Credential Certification Type	License Credential Certification Number
---------------------------------------	---

License Credential Certification Information

License Credential Certification Type*

License Credential Certification Number

Cancel

Add

Previous

Next

Save & Exit

Exit

Regarding DQA and DSPS License numbers: This screen is where you can enter other license credential certification information that is applicable to your ForwardHealth enrollment. The DQA and DSPS license number should only include the numbers. The letters or dash before or after the numbers should not be entered.

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Medicare/Medicaid Information

Required fields are indicated with an asterisk (*).

Are you Medicare Part A Enrolled?*

☐ Enrolled
☐ In the process of enrolling
☒ Not enrolled or in the process of enrolling

CMS Certification Number (CCN)
Effective Date

Are you Medicare Part B Enrolled?*

☐ Enrolled
☐ In the process of enrolling
☒ Not enrolled or in the process of enrolling

Effective Date

Is the provider enrolled in Medicaid or CHIP in a state other than Wisconsin?*

☐ Enrolled
☐ In the process of enrolling
☒ Not enrolled or in the process of enrolling

State(s) and Effective Date(s)

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The next section will ask what Medicare/Medicaid programs you (the provider) or your organization are enrolled in to provide services. Enter the CMS certification number and the effective date as applicable, then click Next.

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[LTC Waiver/Provider Program Enrollment](#) » [Identifying Information](#) » [Type Of Business](#) » [Practice Location](#) » [Mailing Address](#) » [Financial Information](#)
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Disclosures

Criminal Conviction/Termination Disclosures

Required fields are indicated with an asterisk (*).

- An answer is required for each question. If the answer to any question is "Yes", details regarding the criminal conviction or termination must be reported on the following page.

Has the applicant ever been convicted of a criminal offense related to their involvement in any Federal health care program?*

[42 CFR § 455.106](#)

☐ Yes ☒ No

Has any person or entity having an ownership or control interest in the applicant ever been convicted of a criminal offense related to that person's or entity's involvement in any Federal health care program?*

[42 CFR § 455.106](#)

☐ Yes ☒ No

Has any agent of the applicant ever been convicted of a criminal offense related to that person's involvement in any Federal health care program?*

[42 CFR § 455.106](#)

☐ Yes ☒ No

Has any managing employee of the applicant ever been convicted of a criminal offense related to that person's involvement in any Federal health care program?*

[42 CFR § 455.106](#)

☐ Yes ☒ No

Has the applicant or any person or entity with a 5 percent or greater direct or indirect ownership interest in the applicant been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years?*

[42 CFR § 455.416\(b\)](#)

☐ Yes ☒ No

Has the applicant been terminated on or after January 1, 2011, under title XVIII of the Social Security Act (Medicare) or under the Medicaid program or CHIP of any other State?*

[42 CFR § 455.416\(c\)](#)

☐ Yes ☒ No

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Save & Exit

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Next, enter any criminal conviction/termination disclosures, then click Next.

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[Medicaid Service Provider and Medicaid Member Count](#) » [Other License Credential Certification](#) » [Medicare/Medicaid Information](#) » [Criminal Conviction/Termination Disclosures](#) » **[Owner-](#)**
[Controlling Interest in Other Health Care Providers](#)

Owner-Controlling Interest in Other Health Care Providers

Required fields are indicated with an asterisk (*).

Does any owner or person with control interest in the disclosing entity (applicant) have an ownership or control interest in any other disclosing entity? Other disclosing entity includes fiscal agents, managed care entities or any subcontractors in which the disclosing entity has 5 percent or more interest. List all names, principal business addresses and the percentage of ownership interest of all owners, board members, chief executive officers, etc. owning 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child or sibling. For non-profit organizations or governmental organizations, list the names and principal business addresses of all owners, board members, chief executive officers, etc. *

☐ Yes ☒ No

[Disclosure](#) definitions.

[42 CFR § 455.104.\(b\)\(3\)](#)

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Individual Applicant Screen: Provider applicants enrolling as an individual will have to indicate whether they have a controlling interest in any other disclosing entity, then click Next.

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[Medicaid Service Provider and Medicaid Member Count](#) » [Other License Credential Certification](#) » [Medicare/Medicaid Information](#) » [Criminal Conviction/Termination Disclosures](#) » [Owner-Controlling Interest in Other Health Care Providers](#) » **[Owner/Controlling Interest in Applicant - Detail](#)**

Owner/Controlling Interest in Applicant - Detail

Required fields are indicated with an asterisk (*).

- Click "Next" to continue if there is no owner information to report.
- Indicate all individuals or entities with an ownership or controlling interest.

Owner/Controlling Interest List

Type Of Owner	Name	Address Line 1	City	State

Type changes below.

What type of entity will disclose ownership information? ☐ Individual ☐ Organization

[Disclosure](#) definitions.

[42 CFR § 455.104 \(b\)\(3\)](#)

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Individual Applicant Screen: If the answer is yes, then provider applicant will enter details of the organization needed to disclose. if there is no owner information to report, then click Next to continue. If you answered yes, then at least one disclosure is required on this screen.

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[Owner/Controlling Interest in Applicant - Detail](#)

Owner/Controlling Interest in Applicant - Detail

Required fields are indicated with an asterisk (*).

- Indicate all individuals or entities with an ownership or controlling interest.
- For non-profit organizations or governmental organizations, list the names and principal business addresses of all owners, board members, chief executive officers, etc.
- Provide information if owner or person with control interest in the disclosing entity (applicant) have an ownership or control interest in any other disclosing entity. Other disclosing entity includes fiscal agents, managed care entities or any subcontractors in which the disclosing entity has 5 percent or more interest.
- List all names, principal business addresses and the percentage of ownership interest of all owners, board members, chief executive officers, etc. owning 5 percent or more interest in the disclosing entity. Owner relationship is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child or sibling.
- If your organization does not have an owner or person with control interest of 5 percent please enter "No individual Owners" to the Name Field as well as filler information in other necessary fields to bypass the panel. Add all individuals that are board members, managers, etc. to the Managing Employee panel.

Owner/Controlling Interest List

Type of Owner	Name	Address Line 1	City	State
Type changes below.				

What type of entity will disclose ownership information?
 ☐ Individual
 ☒ Organization
 ☐ No ownership/controlling interest to disclose

Owner/Controlling Interest Data

Legal Business Name*

Doing Business As Name

Tax Identification Number*

Percentage of Ownership*

Primary Business Address

Address Line 1*

Address Line 2

City*

State/ZIP*

Add

Cancel

Disclosure definitions.

42 CFR § 455.104 (b)(3)

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Next, you will have to disclose any ownership/controlling interest of your organization. Repeat this step for all owners with more than 5% controlling interest, then click Next.

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Owner/Controlling Interest in Applicant - Disclosing Organization(s) Detail

Required fields are indicated with an asterisk (*).

- Please provide the Name, Date of Birth, SSN and Address for all owners of the organization(s) disclosed on the Owner/Controlling Interest in Applicant - Detail screen.

[Disclosing Organization\(s\) Detail List](#)

Disclosing Organization Name	Name	Title	Address Line 1	City	State
HELP SERVICES					

Type changes below.

Owner Detail

[Disclosing Organization Data](#)

Disclosing Organization Name*

Do you have owner(s) to disclose for the organization selected? ☒ Yes ☐ No

[Owner/Controlling Interest Data](#)

First Name*

Middle Initial

Last Name*

Title*

Title Other

Date of Birth*

Social Security Number*

Address Line 1*

Address Line 2

City*

State/ZIP* -

Ownership structure screening is required by the federal government to be reported for organizations to ensure the applicant (or its parent organization) is not owned or controlled by somebody who is banned/excluded from working on government contracts (including Medicaid/with CMS as a whole).

ForwardHealth passes this information through exclusion databases. This check is done to make sure the owners and other controlling interests listed are alive and real, not using somebody else's Social Security number, and most importantly, not showing up on lists of people who cannot work with the government.

Enter the required information and click Next.

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County and Tribe Served for LTC Waiver Services » Medicaid Service Provider and Medicaid Member Count » Medicare/Medicaid Information » Criminal Conviction/Termination
Disclosures » Owner/Controlling Interest in Applicant - Detail » Owner/Controlling Interest in Applicant - Disclosing Organization(s) Detail

Managing Employee

Managing Employee

Required fields are indicated with an asterisk (*).

A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

If you are a Sole Proprietor and do not have a managing employee, enter your own information.

Managing Employee List

Social Security Number	Name	Effective Date	End Date	Address Line 1	City	State
------------------------	------	----------------	----------	----------------	------	-------

Type changes below.

Employee Detail

First Name*Tom

Middle Initial

Last Name*Trainer

Date of Birth*04/18/1992

Social Security Number*405-05-4879

Effective Date*08/31/2015

End Date

Address Line 1*428 ForwardHealth Dr.

Address Line 2

City*Madison

State/ZIP*WI 53702 - 0021

Add

Cancel

Disclosure definitions.

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Save & Exit

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This next section includes managing employee information. Enter required information of a managing employee and click Add. Repeat this step, as necessary. Once all managing employees are added, click Next.

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Subcontractors and Owner Relationships to Subcontractors

Required fields are indicated with an asterisk (*).

Does the applicant have an ownership or control interest in any subcontractors to which the applicant has contracted or delegated some of its management functions or responsibilities of providing care to its patients?*

☐ Yes ☒ No

Name of Subcontractor(s)

Are any persons with an ownership or control interest in the applicant related as a spouse, parent, child or sibling to any persons with ownership or controlling interest in the subcontractor(s)?

☐ Yes ☒ No

Provide names and type of relationship (spouse, parent, child, or sibling) for all relationships

[Disclosure definitions.](#)

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The next section asks to disclose any subcontractors and owner relationships to subcontractors. Answer the questions on screen and click next.

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[Managing Employee](#) » [Subcontractors and Owner Relationships to Subcontractors](#) » [LTC Waiver Consumer Education and Training Attestation](#)

LTC Waiver Consumer Education and Training Attestation

Required fields are indicated with an asterisk (*).

I attest*

☒ Providers are competent and qualified providers of consumer education and training.

☒ Providers have expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.

I agree and attest to the above by providing an electronic signature (below). The individual electronically signing must be the applicant or legal representative of your organization.

Name of Individual Providing the Electronic Signature:

First Name* Michael

Last Name* Jones

Title* Administrator

Date Signed 08/01/2024

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Certain waiver services will require an attestation in this section of the provider enrollment application. To know which waiver services will require an attestation, please refer to the “Attestations” topic in the Online Handbook.

Because we selected the LTC Waiver Service for Consumer Education and Training in this example, an attestation is required.

Check the boxes to verify the information in the attestation. Sign your name as the provider applicant at the bottom of the screen and click Next.

LTC Waiver Daily Living Skills Attestation

I attest*

☒ I, or the organization/agency I represent, has the ability to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Comparable experience for a qualified entity, including a minimum of two years of experience working with the applicable target population providing daily living skills training, day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.

☒ Providers comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA).

☒ If paying subminimum wage, I attest the appropriate subminimum wage certificate and other records for each member/participant are maintained, as required by the Fair Labor Standards Act.

☒ If any personal care services are provided incidental to the provision of daily living skills, the standards in [Managed Care Organization Training and Documentation Standards for Supportive Home Care, P01602](#), and/or [IRIS \(Include, Respect, I Self-Direct\) Services Training Standards, P-03071](#), are met, as applicable.

I agree and attest to the above by providing an electronic signature (below). The individual electronically signing must be the applicant or legal representative of your organization.

Name of Individual Providing the Electronic Signature:

First Name*

Michael

Last Name*

Jones

Title*

Administrator

Date Signed

08/01/2024

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Save & Exit

Exit

The next attestation is Daily Living Skills since we selected that waiver service. Check the boxes to verify that information. Use the blue links on the screen to open and review any documentation prior to signing the attestation. Sign your name as the provider applicant at the bottom of the screen and click Next.

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LTC Waiver Provider Agreement

• Required fields are indicated with an asterisk (*).

In order to enroll as a provider in the Wisconsin Medicaid Home and Community Based Waiver Programs, you must accept the terms of the provider agreement. To signify that you accept the terms of the provider agreement, you must check the box next to the 'I agree' statement. If you do not signify that you accept the terms of the provider agreement, your enrollment will not be accepted.

Review the [Wisconsin Medicaid Provider Agreement and Acknowledgement](#) ←

☒ I agree to the statements listed in the above agreement*

Provider or Authorized Representative*

Title*

This screen is the LTC Waiver Provider Agreement. You should open and review the Wisconsin Medicaid Provider Agreement and Acknowledgement before checking the box. If you do not signify that you accept the terms of the provider agreement, the application will not be accepted.

As the provider applicant, check the box and sign your name at the bottom of the screen, and click Next.

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Type Of Business](#) » [Practice Location](#) » [Mailing Address](#) » [Financial Information](#)
[County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#) » [Medicare/Medicaid Information](#) » [Criminal Conviction/Termination](#)
[Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » [Owner/Controlling Interest in Applicant - Disclosing Organization\(s\) Detail](#)
[Managing Employee](#) » [Subcontractors and Owner Relationships to Subcontractors](#) » [LTC Waiver Consumer Education and Training Attestation](#) » [LTC Waiver Daily Living Skills](#)
[Attestation](#) » [LTC Waiver Provider Agreement](#) » [Upload Supporting Documents](#)

Upload Supporting Documents

Required fields are indicated with an asterisk (*).

- If there is no activity, this page will timeout in 30 minutes, and you will lose all information already entered into the application. If you do not have the documents needed for upload immediately available, please click the "Save & Exit" button on the lower right side of the screen. This will save your application so you can return later when you have the document(s) readily available for upload.**
- Upload the following documentation needed for enrollment:
 - DD 214 - Certificate of Release or Discharge from Active Duty, if applicable
- To upload, select "Choose File" to locate the file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- The following file types are accepted: JPG, JPEG, TXT, RTF, CSV, and PDF.

Upload File

File Path

Choose File

No file chosen

Upload

List of Files Uploaded

Previous

Next

Save & Exit

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Next you will be asked to upload supporting documentation.

In this example, based on the provider type, specialty, and waiver services selected, there is no supporting documentation required. A list of required documents will appear in the notes if you are required to submit any supporting documentation based on your provider type, specialty, and waiver services. For licenses other than DQA and DSPS, you will need to upload the license or credentials that corresponds with the service or services you are applying for. The application will not always prompt the uploading of documents. If you do not upload the license or certification documentation, then there may be a delay in your application's approval. Additionally, a DD 214 form, Certificate of Release or Discharge from Active Duty, is required as applicable.

Click Choose File to locate the file you want to upload, then click Upload when you are ready to upload each file. The Portal accepts JPG, JPEG, TXT, RTF, CSV, and PDF files. Once all files are uploaded successfully, click Next.

Remember, this page will time out in 30 minutes, and you will lose all the information you have entered previously. If you do not have the documentation ready for upload, you can save and exit this application and return to it once you have prepared those documents.

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Type Of Business](#) » [Practice Location](#) » [Mailing Address](#) » [Financial Information](#)
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[Managing Employee](#) » [Subcontractors and Owner Relationships to Subcontractors](#) » [LTC Waiver Consumer Education and Training Attestation](#) » [LTC Waiver Daily Living Skills](#)
[Attestation](#) » [LTC Waiver Provider Agreement](#) » [Upload Supporting Documents](#)

Summary

Summary

- The enrollment request has been completed and is ready to submit. If any changes need to be made, please make them now by using this web site's navigation links and command buttons (not the browser's navigation buttons).
- **IMPORTANT NOTICE:** In receiving this enrollment from and granting Medicaid enrollment to the individual or other entity named as "Provider Applicant," Wisconsin Medicaid relies on the truth of all the following statements:
 1. "Provider Applicant" submitted this application or authorized or otherwise caused it to be submitted.
 2. All information entered on this application is accurate and complete, and that if any of that information changes after this application is submitted the "Provider Applicant" will timely notify Wisconsin Medicaid of any such changes.
 3. By submitting this application or causing or authorizing it to be submitted, the "Provider Applicant" agrees to abide by all statutes, rules, and policies governing Wisconsin Medicaid.
 4. "Provider Applicant" knows and understands the enrollment requirements included in the application materials for the applicable provider types.

If any of the foregoing statements are not true, Wisconsin Medicaid may terminate Provider Applicant's enrollment or take other action authorized under ch.HFS106. Wis. Admin. Code or other legal authority governing Wisconsin Medicaid.
- Once you submit the enrollment request, you will be given a tracking number.
- After you submit the enrollment request, you must print and/or save the enrollment record.
- Select "Submit" to submit the enrollment request.

Previous

Submit

Now, the application is complete and ready to submit. This is the last opportunity to make changes to the application before submitting. If you need to make changes at this step, use the Previous button or click the blue path links above the panel. **Do not** use the browser's navigation buttons (the back arrow), or you may lose all the information you have entered to this point.

Search

Instructions » Type of Applicant » Type of Enrollment » Provider Type » Provider Specialty » LTC Waiver Provider Service Enrollment
LTC Waiver Provider Program Enrollment » Identifying Information » Type Of Business » Practice Location » Mailing Address » Financial Information
County and Tribe Served for LTC Waiver Services » Medicaid Service Provider and Medicaid Member Count » Medicare/Medicaid Information » Criminal Conviction/Termination
Disclosures » Owner/Controlling Interest in Applicant - Detail » Owner/Controlling Interest in Applicant - Disclosing Organization(s) Detail
Managing Employee » Subcontractors and Owner Relationships to Subcontractors » LTC Waiver Consumer Education and Training Attestation » LTC Waiver Daily Living Skills
Attestation » LTC Waiver Provider Agreement » Upload Supporting Documents
Summary » [Print Enrollment Documents](#)

Print Enrollment Documents

Required fields are indicated with an asterisk (*).

Before receiving your tracking number you must print or save the enrollment documents. The enrollment documents include the Enrollment Request Report, Provider Agreement and any other documents completed during the online enrollment process. These documents should be retained as record of the applicant's enrollment data submitted to Wisconsin Medicaid. Do not send these documents to Wisconsin Medicaid.

[Print](#) or save the enrollment documents.

After confirming you have printed or saved your document, select Next to complete the enrollment process.

☒ I have printed or saved all enrollment documents

Next

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Wisconsin Department of Health Services
Additional Test 1 ADT1_W|Portal2_M949
Session expires in: 00:29:54

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Providers must print or save all the enrollment documents from this screen. These will serve as a record of the provider applicant's enrollment data submitted to Wisconsin Medicaid. The documents include the Enrollment Request Report, Provider Agreement, and any other documents completed during the online provider enrollment process. Once you have printed or saved these documents, check the box and click next.

Instructions » Type of Applicant » Type of Enrollment » Provider Type » Provider Specialty » LTC Waiver Provider Service Enrollment
LTC Waiver Provider Program Enrollment » Identifying Information » Type Of Business » Practice Location » Mailing Address » Financial Information
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Attestation » LTC Waiver Provider Agreement » Upload Supporting Documents
Summary » Print Enrollment Documents » [Enrollment Application Submitted](#)

Enrollment Application Submitted

Your Provider Application Request has been submitted.

Application Tracking Number (ATN)

- Your tracking number is 21822

What Needs to be Done Next?

- [Save](#) a copy of the application for your records only.
Do not send this application to Wisconsin Medicaid.

Notification of Enrollment Decision

- Within 60 days after Wisconsin Medicaid receives your completed application, you will be notified of the status of your enrollment. If Wisconsin Medicaid needs to verify your licensure or credentials, it may take longer. You will be notified as soon as Wisconsin Medicaid completes the verification process. If you are enrolled to provide Medicaid services, you will receive written notice of your approval.

[Previous](#) [Exit](#)

Once you have submitted the application, the Portal will generate an **Application Tracking Number (ATN)**. **Keep this number** as it will allow you to check the status of the application later. **There is no application fee for LTC Waiver providers. If you are prompted to pay an application fee on this screen, then you have submitted your application with the wrong provider type and will need to complete an application for a waiver provider type.**

Click Exit.

Reminder: Application processing usually occurs within 10 days but can take up to 60 days.

Saving and Exiting a Provider Enrollment Application

- You can save and exit a provider enrollment application at any time.
- Click the **Save & Exit** button at the bottom right of the screen.
- The system will then generate an enrollment key and have you set a password for return.
- You will have 10 days to re-access the application after saving and exiting or your application will be deleted.



Now you will see screenshots of the Save and Exit process.



Welcome » April 12, 2024 11:36 AM
[Login](#)

Search

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#) » **Identifying Information**

Identifying Information

Required fields are indicated with an asterisk (*).

- If your organization uses a "doing business as" (DBA), then enter your DBA name. The name entered on this line must exactly match the provider name used on all other information supplied to Wisconsin Medicaid.
- Indicate the language(s) spoken by organization staff who are available to interpret for members.

Name - Organization*

Languages

☐ English

☐ Hmong

☐ Russian

☐ Spanish

☐ Other

PreviousNext

Save & ExitExit

This is a screenshot of a provider enrollment screen. Click Save & Exit at the bottom.

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#)
[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Save and Exit](#)

Save and Exit

Required fields are indicated with an asterisk (*).

Enrollment Key: EEFZCR28FP

- Your enrollment application data will be saved. You may return at a later time to complete the process. In order to finalize the save, please do the following:
 - Make note of the Enrollment Key listed above. This is the only page on which it will be displayed. ForwardHealth cannot retrieve it on your behalf.
 - Create a password below. Make note of your password. ForwardHealth cannot retrieve it on your behalf.
- Once your password has been created, you will be taken to the Enrollment Homepage.
- Your enrollment application data will be saved for 10 calendar days. If you do not return within 10 calendar days, you will have to start the enrollment application process over.

Password

- Password length must be between 8 and 20 characters.
- Password must contain at least 1 upper-case letter, 1 lower-case letter, and 1 number and/or special character [!#\$%^&.-].

Password* 

Confirm Password*

This is where you will find your enrollment key and where you will set your password to use when you return. Both the enrollment key and password will be required to re-access the application. **This is the only time the Enrollment Key will be displayed and ForwardHealth cannot retrieve it on your behalf. Be sure to write this down.** Create and confirm your password, then click Save Password.

[wisconsin.gov home](#) [state agencies](#) [department of health services](#)



Welcome » April 12, 2024 11:37 AM
[Login](#)

[Instructions](#) » [Type of Applicant](#) » [Type of Enrollment](#) » [Provider Type](#) » [Provider Specialty](#) » [LTC Waiver Provider Service Enrollment](#) » [LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Save and Exit](#) » **Application Data Saved**

Application Data Saved

Enrollment Key: EEFZCR28FP

- The enrollment application has been saved with the Enrollment Key above and the established password.
- Your enrollment application will be saved for 10 calendar days. If not accessed within 10 calendar days, the enrollment application process will need to be started over.

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Wisconsin Department of Health Services
Additional Test 1 ADT1_WIPortal2_M950
Session expires in: 00:29:54

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This message confirms that your application has been saved with the Enrollment Key above and the established password. Click exit.

Continuing a Provider Enrollment Application

- Continue a provider enrollment application from the Portal homepage.
- Click **Become a Provider** from the Providers quick links on the left.
- Click **Start or Continue Your Enrollment Application**.
- Enter the enrollment key and password.



Now you will see screenshots of continuing a provider enrollment application.

[wisconsin.gov home](#) [state agencies](#) [department of health services](#)



[Report Fraud](#)

Welcome » July 23, 2024 1:58 PM
[Login](#)

Providers

- Provider-specific Resources
- Become a Provider**
- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim
- Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Orders](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.


[Providers](#)


[Acute and Primary Managed Care](#)


[Adult Long-Term Care Programs](#)


[Children's Specialty Programs](#)

Members

- [Find a Provider](#)

Partners

- [Find a Provider](#)
- [Related Programs and Services](#)
- [Express Enrollment for Children](#)
- [Express Enrollment Change Request](#)
- [Waiver Agencies](#)
- [Adult Incident Reporting System \(AIRS\) for MCO Reporting](#)

Trading Partners

- [Trading Partner Profile](#)
- [PES](#)
- [Companion Guides](#)
- [Medication Therapy Management Case](#)
- [Management Software Approval Process](#)

Children's Specialty Programs

- [Birth to 2 Program](#)

This is a screenshot of the Portal homepage. You will want to click **Become a Provider** on the left.

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Provider Enrollment Information

[Start or Continue Your Enrollment Application](#)

Medicaid Criteria

- [Home](#)
- [Affordable Care Act](#)
- [Border-Status Providers](#)
- [Categories of Enrollment](#)
- [Change in Ownership](#)
- [Effective Date of Medicaid Enrollment](#)
- [Enrollment Application and Tracking Process](#)
- [Express Enrollment](#)
- [Fingerprint Requirement Overview](#)
- [Information for Specific Provider Types](#)
- [In-State Emergency Providers](#)
- [Multiple Locations and Services](#)
- [Notice of Enrollment Decision](#)
- [Out-of-State Providers](#)
- [Out-of-State Youth Program](#)
- [Prescribing/Referring/Ordering Providers](#)
- [Provider Addresses](#)

[Home](#)

Provider Enrollment Requirements

Providers are required to enroll as Wisconsin Medicaid providers (as described in Wis. Admin. Code ch. [DHS 105](#)) in order to be reimbursed for services provided to members or participants in the following programs:

- Wisconsin Medicaid
- BadgerCare Plus
- SeniorCare
- Family Care
- Family Care Partnership
- Program of All-Inclusive Care for the Elderly (PACE)
- IRIS (Include, Respect, I Self-Direct)

How to Enroll as a Provider

Providers are required to complete an application process. Failure to complete this process will delay completion of enrollment and could result in denial. Providers have [10 calendar days to complete an application](#) on the ForwardHealth Portal once they begin. As part of the enrollment application, providers are required to sign an agreement with the Wisconsin Department of Health Services (DHS).

Providers sign the provider agreement electronically by selecting the box acknowledging and agreeing to the terms of the agreement. By electronically signing the provider agreement, the provider attests that the provider and each person employed by the provider holds all licenses or similar entitlements and meets other requirements specified in Wis. Admin. code chs. [DHS 101-109](#); the [IRIS Waiver](#); the [Family Care Waiver](#); and any federal or state statute, regulation, or rule for the provision of the service.

Here, click **Start or Continue Your Enrollment Application.**

[wisconsin.gov home](#) [state agencies](#) [department of health services](#)



Welcome > April 12, 2024 11:38 AM
[Login](#)

To Start a New Medicaid Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid/Border Status Provider Enrollment Application](#)

To Start a New In-State Emergency/Out-of-State Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid In-State Emergency/Out-of-State Enrollment Application](#)

To Start a New Prescribing/Referring/Ordering Enrollment

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.
- Physicians and other professionals who only prescribe, refer, or order services and who are not interested in full Medicaid enrollment may apply for limited Medicaid enrollment as a prescribing/referring/ordering provider. **This type of enrollment does not allow Wisconsin Medicaid to reimburse you for your services.**

[Medicaid Prescribing/Referring/Ordering Provider Enrollment Application](#)

To Continue a Previous Medicaid Enrollment

- Enter your Enrollment Key and Password and select Login.
- Enrollment process will start from the beginning; however, previously entered data will be displayed for review.
- ADAP enrollment cannot be completed in this section. Please start a new ADAP Provider Certification Application to enroll as an ADAP provider.

Enrollment Key

Password

To Start a New ADAP Enrollment

- Select the link below to start the enrollment process.
- Medicaid-enrolled providers must complete a separate application to be an ADAP provider.

[ADAP Provider Enrollment Application](#)

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Enter the enrollment key from when you saved and exited the application and the password you set. Keep in mind, this is not the password that you use to log in to your Portal account, this is the password you set when saving and exiting the application.

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You are logged in with MCO ID: 69009020

Search

 [Provider Certification](#)

[Instructions](#)

Instructions

Welcome to the online provider enrollment process

Attention: ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

Please complete each of the steps in the enrollment process. When you have completed all of the steps click on the "Submit" button to submit your enrollment application. **Application is not submitted to Wisconsin Medicaid until an Application Tracking Number is generated at the end of the application process.** If you need to leave the enrollment application before it is completed you may click on the "Save & Exit" button on the bottom of any page.

If you need additional assistance completing the steps of the enrollment process, please click the Help on the header menu.

ForwardHealth will only use the provided information to monitor for waste, fraud and abuse. All information provided will be protected under federal and/or state confidentiality laws. Social security numbers and other personally identifiable information will only be used for the direct administration of the Wisconsin Medicaid program.

Please click the "Next" button to start the enrollment process.

Next

Exit

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You will then be able to click Next on each screen and all the information you filled out prior will be there.

Application Outcomes

- Approved
- Denied
- Returned to provider



After you have submitted your provider enrollment application, there are three outcomes that can happen. You will be notified by mail for each outcome. You will receive a letter on State of Wisconsin letterhead containing a decision of an approved application, a denied application, or an application returned to provider. We will discuss what each of these means.

Approved Application

- You will receive a letter confirming your enrollment with information about getting started.
- Find your provider ID from the enrollment process in the approval letter.
- From the Portal homepage, click the Provider Icon, then click the Request Portal Access link.
- Gain access to your secure Provider Portal account.



Tony Evers Governor	 State of Wisconsin Department of Health Services	FORWARDHEALTH PROVIDER SERVICES 313 BLETTNER BLVD MADISON WI 53784 Telephone: 800-947-9627 TTY: 711 www.forwardhealth.wi.gov
Kirsten L. Johnson Secretary		
April 15, 2024 TRAINING HEALTH PATRICK RICHARDSON 123 FORWARDHEALTH DR MADISON, WI 53702-0021 Provider ID 100028322 TRAINING HEALTH 123 FORWARDHEALTH DR MADISON, WI 53702-0021		
Dear TRAINING HEALTH, Wisconsin Medicaid has approved the application for TRAINING HEALTH, provider ID 100028322, to become a provider in Wisconsin Medicaid. Enclosed is a copy of the completed Acknowledgement of Terms of Participation for Home and Community Based Waiver Service (Adult Long-Term Care) Providers. The following page lists important information pertaining to the provider's certification. Please review this information carefully. Your application has been approved for the following adult long-term care (LTC) waiver service type(s): Home Delivered Meals Daily Living Skills Consumer Education and Training Services Wisconsin Medicaid wants to help ensure your success within the program. There are many resources available to you as a Medicaid provider. Visit the ForwardHealth Portal at www.forwardhealth.wi.gov to find important information, resources, and documents as you begin providing services for Wisconsin Medicaid. The Portal includes links to important resources including the ForwardHealth Online Handbook. To stay informed about policy changes and announcements related to your service area(s), sign up for email subscription using the Email Subscription Sign-up link on the Portal home page. Access to the secure Provider area of the Portal is required for such things as revalidating enrollment, adjusting the adult LTC waiver services you provide, adult LTC programs you serve, and updating your demographic information. Providers may request access to the secure Provider area of the Portal by choosing the "Request Portal Access" link from the Quick Links box on the right side of the Provider page. This completes your enrollment as an adult LTC waiver services provider. You or your organization will need to contract with a managed care organization (MCO) for Family Care, PACE (Program of All-Inclusive Care for the Elderly), and Family Care Partnership and/or complete the provider onboarding process with a fiscal employer agent (FEA) for IRIS (Include, Respect, I Self-Direct) to receive reimbursement for services. You will need to provide your provider ID number to the MCO(s) and/or FEA(s).		
www.dhs.wisconsin.gov		

Once the application process is complete, you will receive written notice in the mail. If the application is approved, then you are enrolled as a Medicaid provider. The letter that you received includes essential information to help get you started. This includes a system-generated provider ID from the enrollment process. This will be your unique provider ID. If you need to call Provider Services or the Portal help desk, they will need to know your provider ID number once enrolled.

[wisconsin.gov home](#)
[state agencies](#)
[department of health services](#)

[Report Fraud](#)

Welcome » April 25, 2024 3:28 PM
[Login](#)

Providers

- Provider-specific Resources
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- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim
- Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Orders](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

Providers

Acute and Primary Managed Care

Adult Long-Term Care Programs

Children's Specialty Programs

Members

- Find a Provider

Partners

- Find a Provider
- Related Programs and Services
- Express Enrollment for Children
- Express Enrollment Change Request
- Waiver Agencies
- Adult Incident Reporting System (AIRS) for
- MCO Reporting

Trading Partners

- Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case
- Management Software Approval Process

Children's Specialty Programs

- Birth to 3 Program
- Children's Long-Term Support Program

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The next thing providers will need to do after they receive their approval letter is to set up their secure ForwardHealth Provider Portal account. On the secure Portal, you can perform functions such as receiving your secured messaging from ForwardHealth, adding or removing a waiver service or program, or performing demographic maintenance on your account. Creating your account begins by clicking the *Request Portal Access* link on the Provider page. To access the Provider page, click the Provider icon in the center of the Portal homepage.

[wisconsin.gov home](#)
[state agencies](#)
[department of health services](#)



interChange
 Provider

Welcome » April 25, 2024 3:29 PM
[Login](#)

Providers can use this page to access up-to-date information about programs covered under ForwardHealth. The links below and to the right offer easy access to key information and tools used most often. Providers should log in to the secure Provider Portal to submit or retrieve information about their account or member data which may be sensitive and/or fall under the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Provider Links

- [COVID-19 Unwinding Resources](#)
- [Explanation of Benefits](#)
- [Federal Poverty Limits for Presumptive Eligibility \(PE\) Determinations](#)
- [ForwardHealth System Generated Claim Adjustments](#)
- [OIG Post-Payment Review](#)
- [Opioioid Treatment Program Certification](#)
- [Other Insurance - Carrier Number](#)
- [Medicalid Recovery Audit Contractor \(RAC\) Information](#)
- [PERM Resources](#)
- [Provider-specific Resources](#)
- [Related Programs and Services](#)
- [State of Wisconsin Value Added Networks](#)
- [Telehealth Expansion and Related Resources](#)
- [Tobacco Cessation Benefit](#)

What's New?

A summary of what is new for providers:

Policy and Communication

Policy

- [ForwardHealth Updates](#)

Login to Secure Site

Username

Password

- Logging in for the first time?
- Forgot your password?

Quick Links

- [Request Portal Access](#)**
- [Find/Contact your Professional Field Representative](#)
- [Physician Administered Drug Resources](#)
- [Provider Resources Reference Guide](#)
- [Provider-specific Resources](#)
- [Fee Schedules](#)
- [Become a Provider](#)
- [Enrollment Tracking Search](#)

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Then click Request Portal Access in the Quick Links box. Enter the information in the boxes on the next page, and you will soon receive a pin letter in the mail, with instructions to access the secure side of the Portal and set up your account. When providers log in for the first time after creating their account, they will be prompted to set up Multi-Factor Authentication, or MFA. Detailed instructions on setting up MFA can be found in the MFA User Guide, which will be shown later in this training.

Denied Application

You will receive a letter with information about why your application was denied.



Tony Evers
Governor



State of Wisconsin
Department of Health Services

Kirsten L. Johnson
Secretary

FORWARDHEALTH
PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

April 15, 2024

5085613
WAIVER RETAIL STORE #4
JESSICA THAMES
451 MAIN STREET
STE 54
MADISON, WI 53715-4561

Dear Medicaid Provider Applicant:

Thank you for submitting a LTC Other application for WAIVER RETAIL STORE #4. Your application for enrollment in Medicaid is being denied for the reason(s) indicated below:

Wisconsin Medicaid requires proof of appropriate credentials to become a Medicaid provider. Wisconsin Medicaid was unable to verify the credential requirements were met.

Please contact Provider Services at (800) 947-9627 with questions regarding this letter. Thank you for your interest in becoming a Medicaid Provider.

Sincerely,

Medicaid
Provider Enrollment Department

ATN: 21837

F-11218 (10/08)

An application is denied if the applicant did not meet eligibility criteria to become a Wisconsin Medicaid-enrolled Adult Long-Term Care Waiver Service provider. The letter will detail the reasons for the provider applicant's denial.

Application Returned to Provider

- Providers will receive written notice if their application was returned.
- Information can be returned to ForwardHealth via mail.
- Providers should return their application within 30 days to receive the earliest enrollment effective date possible.



When an application is returned to the provider, it is done through the mail. This means ForwardHealth needs more information to process your application. The information needed varies on a case-by-case basis.

	Tony Evers Governor		FORWARDHEALTH PROVIDER SERVICES 313 BLETTNER BLVD MADISON WI 53784	
	Kirsten L. Johnson Secretary	State of Wisconsin Department of Health Services	Telephone: 800-947-9627 TTY: 711 www.forwardhealth.wi.gov	
	April 15, 2024 JEFF MOORE Jennifer Waylan 77 RIDGE ROAD MADISON, WI 53719-6546 Dear Medicaid Provider Applicant: Thank you for submitting a Wisconsin Medicaid LTC Community 2 provider application for JEFF MOORE. The application cannot be processed for the reason(s) indicated below. Send a copy of American Camp Association Accreditation Please send the requested information to ForwardHealth at Provider Enrollment, 313 Blettner Boulevard, Madison, WI 53784. Processing of this application will be suspended until the requested information is received. Wisconsin Medicaid must receive the requested information within 30 calendar days from the date of this letter to assign the earliest possible certification effective date. Include application tracking number (ATN) 21763 on all correspondence relating to this application. Please contact Provider Services at (800)947-9627 for information regarding this letter. Thank you for your interest in becoming a Wisconsin Medicaid Provider. Wisconsin Medicaid Provider Enrollment Department ATN: 21763 F-11209 (07/12)			
				60

Providers will receive a letter on State of Wisconsin letterhead that details the reason for the returned application. It also includes directions on how to send back required documents via mail or fax, as well as additional resources if the provider has further questions regarding the returned application. It is important to note that providers have 30 days from the date on the letter to return the information to Wisconsin Medicaid. If Wisconsin Medicaid receives the information within 30 days and can complete the application without returning it for a second time, the effective date of the provider's enrollment will be the date Wisconsin Medicaid initially received your application. If the information is not received within 30 days, the effective date may be the date ForwardHealth receives the information needed to process the application.

Documentation can be faxed:

- **On your cover sheet:**
 - **Address your documentation to Provider Enrollment.**
 - **Include your ATN to ensure your documentation is associated with the correct file.**
- **If you are submitting documentation for more than one application, submit a separate fax for each ATN.**

Fax: 608-221-0885

Accessing the New Provider Enrollment System for Adult Long-Term Care Page

This Portal page:

- Describes the enrollment project.
- Lists all impacted programs, providers, and entities.
- Has a Q&A document.
- Can be found at:
https://www.forwardhealth.wi.gov/WIPortal/cms/public/ltc/provider_enrollment.htm



Now that we have finished a provider enrollment application and shown the different outcomes of that application, we will direct you to resources. The first resource is the New Provider Enrollment System for Adult LTC Portal Page.

[wisconsin.gov home](#) [state agencies](#) [department of health services](#)



[Report Fraud](#)

Welcome » July 23, 2024 1:58 PM
[Login](#)

Providers

- Provider-specific Resources
- Become a Provider
- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Orders](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services

Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
- IRIS


[Providers](#)


[Acute and Primary Managed Care](#)


[Adult Long-Term Care Programs](#)


[Children's Specialty Programs](#)


[Trading Partners](#)


[Manufacturer Drug Rebate](#)


[Partners](#)


[Members](#)

Members

- Find a Provider

Partners

- Find a Provider
- Related Programs and Services
- Express Enrollment for Children
- Express Enrollment Change Request
- Waiver Agencies
- Adult Incident Reporting System (AIRS) for MCO Reporting

Trading Partners

- Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case
- Management Software Approval Process

Children's Specialty Programs

- birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
- Children's Specialty Managed Care Plans

Hot Topics

Policy and Communication

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Select Adult Long-Term Care Programs from the icons in the middle.

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[wisconsin.gov home](#)
[state agencies](#)
[department of health services](#)

interChange
Adult Long-Term Care

Welcome » April 25, 2024 3:31 PM
[Login](#)

Adult Long-Term Care Waiver Programs

Adult long-term care (LTC) waiver programs refers to Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct). Adult LTC waiver programs provide any service or support that people may need because of a disability, getting older, or a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills. [Click here to see what's new!](#)

This area is intended for administrators and providers of adult LTC programs. For information specific to members and participants, visit the [Wisconsin Department of Health Services \(DHS\)](#) site.

Examples of Services in Adult Long-Term Care Waiver Programs

Note: The groups shown are a representative list of services only and not fully inclusive.

	IRIS	Family Care	Partnership	PACE
Medicaid Waiver Services Supportive home care Home modifications Home-delivered meals Udeline Assisted living Employment	✓	✓	✓	✓
Medicaid Card Services Home health Medical supplies Nursing home Personal care Mental health Alcohol or other drug treatment	Accessed through Medicare or Medicaid card	✓	✓	✓
Acute and Primary Medicare or Medicaid				

Login to Secure Site

Username

Password

- Logging in for the first time?
- Forgot your password?

Quick Links

- What's New?
- Trainings
- LTC Provider Enrollment**
- Long-Term Care and Support
- DHS Forms Library
- DHS Publications Library
- Fee Schedules

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Click the LTC Provider Enrollment link in the Quick Links box.


[wisconsin.gov home](#)
[state agencies](#)
[department of health services](#)



Welcome » August 20, 2025 4:28 PM
[Login](#)

Provider Enrollment for Adult Long-Term Care

Enroll Today

Are you a provider of home and community-based services under an adult long-term care (LTC) waiver program? You should now enroll with Wisconsin Medicaid through the ForwardHealth Portal. There are many resources on this page to help you with the enrollment process. Looking for more specifics about this requirement? Scroll down to the [Background section](#) on this page.

Trainings

Recorded Trainings

There are several training videos you can watch anytime:

- [Adult LTC: Basic Portal Navigation](#) (7:56)
- [Adult LTC: Portal Navigation for Adult LTC Resources](#) (7:06)
- [Adult LTC: Waiver Provider Enrollment](#) (22:55)
- [Adult LTC: Waiver Provider Demographic Maintenance](#) (4:08)
- [Adult LTC: Add a Waiver Service](#) (4:18)
- [Adult LTC: Add a Waiver Program](#) (1:42)
- [Adult LTC: Disenroll From a Waiver Service or Program](#) (2:38)
- [Adult LTC: Waiver Provider Re-enrollment](#) (15:25)
- [Adult LTC: How to Upload Documents](#) (1:58)
- [Adult LTC: Waiver Provider Enrollment Guide Training](#) (4:18)
- [Adult LTC: EVV Provider Revalidation Training](#) (22:35)

Quick Links

- Start Provider Enrollment Application
- E-Mail Subscription Sign-up
- Enrollment Checklist
- EVV Provider Revalidation Checklist
- Adult LTC Provider Q&A
- Adult Long-term Care Updates

- Information for Specific Provider Types

Watch the Adult Long-Term Care Waiver Service Provider Enrollment Project

- Informational Video
- Training Schedule

Enrollment progress tracker

Partners across Wisconsin are working together to enroll all adult LTC waiver services providers by the January 1, 2026, deadline. DHS is sharing enrollment progress so everyone knows how close to 100% enrollment the state is. Numbers are updated monthly.

-  Providers already enrolled: 2,400
-  Providers not yet enrolled: 5,600 (estimated)
-  **Total providers expected to enroll: 8,000 (estimated)**

Now you will see the New Provider Enrollment System for Adult Long-term Care page.

Adult LTC Waiver Information in the Online Handbook

Adult LTC Waiver information can be found in the Online Handbook in these program areas:

- Family Care
- Family Care Partnership
- Program of All-Inclusive Care for the Elderly (PACE)
- IRIS (Include, Respect, I Self-Direct)



- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services



[Trading Partners](#)



[Manufacturer Drug Rebate](#)



[Partners](#)



[Members](#)

- Birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
- Children's Specialty Managed Care Plans

Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
- IRIS

Hot Topics

- New Video: Introducing the Adult Long-Term Care Waiver Service Provider Enrollment Project
- Adult Long-Term Care Provider Enrollment Townhalls
- Prior Authorization Recommendations for Certain Anti-Obesity Drugs Due to Manufacturer Shortages
- Hard Launch of EVV for home health care services and 99509 begins on October 1, 2024
- Better to Illuminate Than Merely to Shine: ForwardHealth Connect
- Change Healthcare Service Interruption: Resources
- Required ForwardHealth Multi-Factor Authentication
- Watch New Provider Training Videos From the Office of the Inspector General

Policy and Communication

Policy

- ForwardHealth Updates
- [Online Handbooks](#)
- Forms

Communication

- Communications Home
- User Guides
- Trainings
- E-mail Subscription Sign-up

From the Portal homepage, scroll to the bottom, and click the Online Handbooks link under the Policy heading. On the next page, accept the terms to the agreement by selecting I Accept. You will then be able to access the Online Handbook.

Provider

[Hide Table of Contents](#)

Select an Online Handbook

Family Care

Save Preferences

Save Preferences Preferences Home

Search

Search Search Tips

☐ Search within the options selected above

☐ Search all handbooks, programs and service areas

☐ Search by topic number

View Sections and Chapters

- ▣ Provider Enrollment and Ongoing Responsibilities
- ▣ Covered and Noncovered Services
- ▣ Prior Authorization
- ▣ Claims
- ▣ Reimbursement
- ▣ Member Information
- ▣ Resources
- ▣ Provider Enrollment and Ongoing Responsibilities
- ▣ Electronic Visit Verification

[Read Policy Announcements](#)

Family Care

To begin using the Online Handbooks:

- Select a value from the user type drop-down list located on the upper left side of the page.
- Once you select the minimum information required, a list of sections and chapters will appear.
- Within each chapter, you can select a specific topic to view.
- Once you select a topic, that data will replace this content. Each topic is assigned a topic number, which is displayed above the topic title for reference. A topic number may be entered into the Search and the Advanced Search tools to locate the corresponding topic. Topic numbers are for reference only and are not pertinent to the information contained within a topic or to the information in other topics with topic numbers assigned in close sequence.

Legal framework for policy in the Online Handbook:

The information provided in the Online Handbook is published in accordance with Wis. Stat. §§ 46.2805-46.2895 and Wis. Admin. Code § DHS 10.

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You can select a program area from the drop-down menu in the top left. You can also search for specific topics within each program or service area of the Online Handbook.

- View Sections and Chapters
 - Provider Enrollment and Ongoing Responsibilities
 - Provider Enrollment
 - All Topics
 - Home and Community-Based Services and Programs Enrollment
 - Terminology to Know for Provider Enrollment
 - Materials for New Providers
 - Provider Enrollment Information Home Page
 - Enrollment Requirements Due to the Affordable Care Act
 - Risk Level
 - Categories of Enrollment
 - Identifying Information
 - Provider Addresses
 - Enrollment by Physical Service Location
 - Adult Long-Term Care Waiver Provider Enrollment Guide

[Print](#)

Provider Enrollment and Ongoing Responsibilities : Provider Enrollment

Topic #23491

Adult Long-Term Care Waiver Provider Enrollment Guide

ForwardHealth created this guide to assist HCBS providers to choose the applicable provider type and specialty as they enroll with Wisconsin Medicaid through the ForwardHealth Portal.

Waiver Service	Provider Type/Provider Specialty
Adult Day Care Services	• Waiver Aging and Disability Support Agency/Aging and Disability Support Facility¹ • Waiver Non-Residential Day & Vocational Services/Non-Residential Day & Vocational Facility¹
Assistive, Communication, or Adaptive Aids	• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency • Waiver Equipment & Accessibility Related Services/Assistive, Communication, or Adaptive Aids • Waiver Equipment & Accessibility Related Services/Medical Equipment & Supplies • Waiver Microboard (IRS only) • Waiver Retail Store
Assistive, Communication, or Adaptive Aids—Assessment	• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency • Waiver Equipment & Accessibility Related Services/Accessibility Assessment • Waiver Equipment & Accessibility Related Services/Assistive, Communication, or Adaptive Aids
Assistive, Communication, or Adaptive Aids—Sign Language Interpreter	• Waiver Interpreter
Assistive, Communication, or Adaptive Aids—Service Dog Care Management	• Waiver Equipment & Accessibility Related Services/Assistive, Communication, or Adaptive Aids • Waiver Community Services & Support/Community Services & Support • Waiver Tribal Provider
Chore Services	• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency • Waiver Non-Residential Day & Vocational Services/Non-Residential Day & Vocational Services • Waiver Residential Services/1-2 Bed Adult Family Home^{1, 2}

This is the Adult Long-Term Care Waiver Provider Enrollment Guide, found in the Online Handbook. This resource will assist home and community-based service (HCBS) providers to choose the applicable provider type and specialty as they enroll with Wisconsin Medicaid through the Portal. The table shows a list of waiver services, and which provider types and specialties are applicable to them.

[wisconsin.gov home](#)
[state agencies](#)
[department of health services](#)



Welcome » October 15, 2024 3:11 PM
[Login](#)

[Hide Table of Contents](#)

Select an Online Handbook

Choose a program:

Save Preferences

Search

[Search Tips](#)

☐ Search within the options selected above
☐ Search all handbooks, programs and service areas
☒ Search by topic number

View Sections and Chapters

A list of sections and chapters will appear once you select a user type, program, and/or service area.

[Read Policy Announcements](#)
[Communication Home](#)

Records matching search criteria: 1

Pages: 1

[Adult Long-Term Care Waiver Provider Enrollment Guide - Topic #23491](#)

ForwardHealth created this guide to assist HCBS providers to choose the applicable provider type and specialty as they enroll with Wisconsin Medicaid through the ForwardHealth Portal.

This information appears in the following 4 link(s)...[[hide links](#)]

- Provider » Family Care**
 - [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » Family Care Partnership**
 - [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » IRIS**
 - [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » PACE**
 - [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)

Pages: 1

Alternatively, you can search for specific information with any given topic number. If you search for topic #23491, it will appear in the search results.

There are new, relevant LTC enrollment topics in the Online Handbook to help you in your enrollment journey.

Adult LTC Updates

- ForwardHealth publishes updates to policy.
- You can find them by:
 - Clicking the **ForwardHealth Updates** link under the Policy heading on the Portal homepage.
 - Clicking the **Adult Long-Term Care Updates** link in the Policy section.
 - Searching for Updates by year, program, and/or keyword.



Adult Long-Term Care Updates announce changes in policy, contract amendments, waiver updates, and other program information. They communicate new initiatives from the Wisconsin Department of Health Services and new requirements from the federal Centers for Medicare & Medicaid Services and the Wisconsin state legislature.

- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services



[Trading Partners](#)



[Manufacturer Drug Rebate](#)



[Partners](#)



[Members](#)

- Birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
- Children's Specialty Managed Care Plans

Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
- IRIS

Hot Topics

- New Video: Introducing the Adult Long-Term Care Waiver Service Provider Enrollment Project
- Adult Long-Term Care Provider Enrollment Townhalls
- Prior Authorization Recommendations for Certain Anti-Obesity Drugs Due to Manufacturer Shortages
- Hard Launch of EVV for home health care services and 99509 begins on October 1, 2024
- Better to Illuminate Than Merely to Shine: ForwardHealth Connect
- Change Healthcare Service Interruption: Resources
- Required ForwardHealth Multi-Factor Authentication
- Watch New Provider Training Videos From the Office of the Inspector General

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Click the **ForwardHealth Updates** link under the Policy heading on the Portal homepage.

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Adult Long-Term Care Updates

Adult Long-Term Care Updates announce changes in policy, contract amendments, waiver updates, and other program information. They communicate new initiatives from the Wisconsin Department of Health Services and new requirements from the federal Centers for Medicare & Medicaid Services and the Wisconsin state legislature.

Updates reflect current policy at the time of publication; this information may change over time and be revised by a subsequent Update. After information is published in an Update, the Online Handbook is revised when appropriate.

Search Criteria

Enter or select information from one of the following fields and click **Search** to display a list of *Updates* matching the search parameters. Or click **Search** to display all *Updates*.

Update Year

Program

Keyword

Search

Clear

Update Number	ForwardHealth Update Topic	Release Date
LTC 2025-02	Adult Long-Term Care Provider Enrollment: Supportive Home Care Agencies Can Enroll or Revalidate	08/12/2025
LTC 2025-01	Adult Long-Term Care Provider Enrollment: Deadline to Enroll	01/07/2025
LTC 2024-12	Adult Long-Term Care Provider Enrollment: Enrollment Is Open	09/19/2024
LTC 2024-11	Adult Long-Term Care Provider Enrollment: Revalidation and Re-enrollment	08/08/2024
LTC 2024-10	Adult Long-Term Care Provider Enrollment: Termination Policies	07/18/2024
LTC 2024-09	Adult Long-Term Care Provider Enrollment: Obtaining Support for ForwardHealth Portal Tasks	07/11/2024
LTC 2024-08	Adult Long-Term Care Provider Enrollment: Record Retention	06/27/2024
LTC 2024-07	Adult Long-Term Care Provider Enrollment: Physical Service Location	06/20/2024
LTC 2024-06	Adult Long-Term Care Provider Enrollment: Provider Agreement and Attestations	06/13/2024
LTC 2024-05	Adult Long-Term Care Provider Enrollment: Effective Date of Enrollment, Criminal Background Checks, and Revalidation	06/06/2024

Click the Adult Long-Term Care Updates link on the left side of the screen, underneath the Policy heading. You can filter your search by adding the year and/or program, search for specific Updates by entering a keyword, or leave the fields blank and click Search.

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Adult LTC Waiver Training

- ForwardHealth trainings are on-demand videos for Portal tutorials.
- You can find them by:
 - Clicking **Trainings** under the Communications heading on the Portal homepage.
 - Expanding the Adult Long-Term Care Programs drop-down box.



Providers

- Provider-specific Resources
- Become a Provider
- Fee Schedules
- Wisconsin Administrative Code
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- ForwardHealth System Generated Claim Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case Management
- Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services

Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
- IRIS

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[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Orders](#)
[Resources for Child Care Coordination Services](#)
[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.
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Providers

Acute and Primary Managed Care

Adult Long-Term Care Programs

Children's Specialty Programs

Trading Partners

Manufacturer Drug Rebate

Partners

Members

Hot Topics

- NEW** ForwardHealth Act 98 Pharmacist as a Provider Project Portal Page Revised
- NEW** Medicaid-Enrolled Pharmacists May Begin to Provide Services
 - Change in Ownership Procedures Reminder
 - Adult Long-Term Care Provider Enrollment
 - Townhalls
 - Prior Authorization Recommendations for Certain Anti-Obesity Drugs Due to Manufacturer Shortages
 - Hard Launch of EVV for home health care services

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- Express Enrollment Change Request
- Waiver Agencies
- Adult Incident Reporting System (AIRS) for MCO Reporting

Trading Partners

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- Medication Therapy Management Case Management Software
- Approval Process

Children's Specialty Programs

- Birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
- Children's Specialty Managed Care Plans

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Click the **Trainings** link under the Communication heading on the Portal homepage.

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Catalog of Trainings and Educational Resources for Providers and Other Stakeholders

A number of trainings and other educational resources are available to providers and other stakeholders to offer support in the administration of ForwardHealth's programs. Some of the offered trainings serve as an introduction to program policy and operations, while others go into more depth on a particular topic. In addition, continuing education credit is available for some courses offered through the Centers for Medicare and Medicaid Services (CMS).

FORWARDHEALTH PORTAL BASICS/NAVIGATION	PROVIDER/SERVICE AREA SPECIFIC
BILLING, CLAIMS, & PAYMENTS	OFFICE OF THE INSPECTOR GENERAL (OIG)
COORDINATION OF BENEFITS	ACUTE AND PRIMARY MANAGED CARE
PRIOR AUTHORIZATION	ADULT LONG-TERM CARE PROGRAMS
ELECTRONIC VISIT VERIFICATION (EVV)	Adult LTC Add Waiver Programs Training
OTHER TRAININGS AND RESOURCES	Adult LTC Disenroll from Waiver Service or Program Training
	Adult LTC Waiver Add a Waiver Service Training
	Adult LTC Waiver Provider Demographic Maintenance Training
	Adult LTC Waiver Provider Enrollment Training
	Adult LTC Waiver Provider Guide Training
	Adult LTC Waiver Provider Live Training Presentation (PDF)
	Adult LTC Waiver Provider Re-enrollment Training
	How to Upload Documents
	Navigation for Adult LTC Resources
	CHILDREN'S SPECIALTY PROGRAMS (CLTS)
	CALENDAR: UPCOMING LIVE VIRTUAL TRAININGS

Expand the Adult Long-Term Care Programs drop-down menu. From there, you can find the Adult LTC Waiver Trainings.

Clerk Roles

- Providers can establish clerk roles.
- Clerks can be assigned specific roles on the Portal.
- More information can be found in the ForwardHealth Portal Provider Account User Guide.



If more than one person will be working on the account, clerk accounts must be established, and roles assigned for the various functions the clerks will be performing. This can all be done on the Portal. Instructions for how to establish Clerk Roles can be found in the ForwardHealth Portal Provider Account User Guide.

- ForwardHealth Enrollment Data
- Health Care Enrollment

[Providers](#)

[Acute and Primary Managed Care](#)

[Adult Long-Term Care Programs](#)

[Children's Specialty Programs](#)

[Trading Partners](#)

[Manufacturer Drug Rebate](#)

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- Medication Therapy Management Case
- Management Software Approval Process

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services

Children's Specialty Programs

- Birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
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Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
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Hot Topics

- Better to Illuminate Than Merely to Shine: ForwardHealth Connect
- Change Healthcare Service Interruption: Resources
- Required ForwardHealth Multi-Factor Authentication
- Watch New Provider Training Videos From the Office of the Inspector General

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Wisconsin Department of Health Services
 Production PROD_WIPortal2_M948__1

To find the user guide, click the **User Guides** link under the **Communication** section of the Portal homepage.

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User Guides

ForwardHealth user guides and instruction sheets provide Portal users with step-by-step instructions and screen shots to help navigate Portal functionality. They do not contain policy information.

User guides have multiple sections that contain instructions for completing tasks on the Portal, such as submitting claims and prior authorization requests, accessing Remittance Advices, and enrolling in electronic funds transfer.

Instruction sheets are short, typically single-section documents that contain instructions for procedures such as searching for a claim, copying a claim, and uploading claim attachments.

General Portal Functionality

- Account
- [Demographic Maintenance Tool](#)
- [Electronic Payment](#)
- [E-mail Subscription](#)
- [Enrollment Verification](#)
- [HealthCheck](#)
- [Max Fee](#)
- [Newborn Reporting](#)
- [Nursing Home Information](#)
- [Nursing Home Level of Care](#)
- [Preadmission Screening and Resident Review \(PASRR\)](#)
- [Provider-Based Billing](#)
- [Other Coverage Discrepancy Report](#)
- [Prior Authorization](#)
- [Upload Audit Information Instruction Sheet](#)

Provider Portal Claims Functionality

Managed Care Information

- [2018 Quality](#)
- [Annual HMO Financial Audit](#)
- [Birth Outcome Registry Network \(BORN\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
- [Encounter Based Payment](#)
- [Health Insurance Fee Reimbursement Methodology](#)
- [HMO Encounter](#)
- [Managed Care Organization Pricing Administration](#)
- [Maternity Kick Payments](#)
- [Obstetric Medical Homes for High-Risk Medicaid Members](#)

Partner Portal Functionality

- [Partner Portal](#)

Then click the **Account** link under the **General Portal Functionality** section.

6 Clerk Maintenance

If more than one person will be working on the account, clerk accounts must be established and roles assigned for the various functions the clerks will be performing.

Note: Clerk users with established accounts that have been inactive for at least 60 days will be notified as follows:

- Inactive for 60 days—Notification will be sent indicating clerk inactivity.
- Inactive for 80 days—Notification will be sent pending automatic removal.

Accounts will automatically be removed after 90 days of inactivity.

On the Account page, click **Clerk Maintenance**. The Clerk Maintenance Search panel will be displayed.

The screenshot shows a web application window titled "Clerk Maintenance Search". It is divided into three main sections. The top section, "Search Criteria", contains four text input fields: "Username", "First Name", "Last Name", and "Email Address". To the right of these fields are two buttons: "Search" and "Clear". The middle section, "Search Results", displays the message "*** No rows found ***". The bottom section, "Selected Clerk", contains five text input fields: "Username", "Contact First Name", "Contact Last Name", "Telephone Number", and "E-Mail". To the right of the "Telephone Number" field is a small "Ext." label and another input field. Below these fields are two buttons: "Remove Clerk" and "Reset Password". At the very bottom of the panel are two buttons: "Add Clerk" and "Cancel".

Figure 54 Clerk Maintenance Search Panel

Through the Clerk Maintenance panels, users with administrative and clerk administrative accounts can search for, add, or remove clerks; assign clerk roles; and reset a clerk's password.

A table of contents can be found at the beginning of the user guide. Chapter 6 will show you how to set up Clerk Roles. Make sure to find other chapters of the Account User Guide to see detailed instructions on how to request Portal access and set up your secure Portal account.

Other Resources

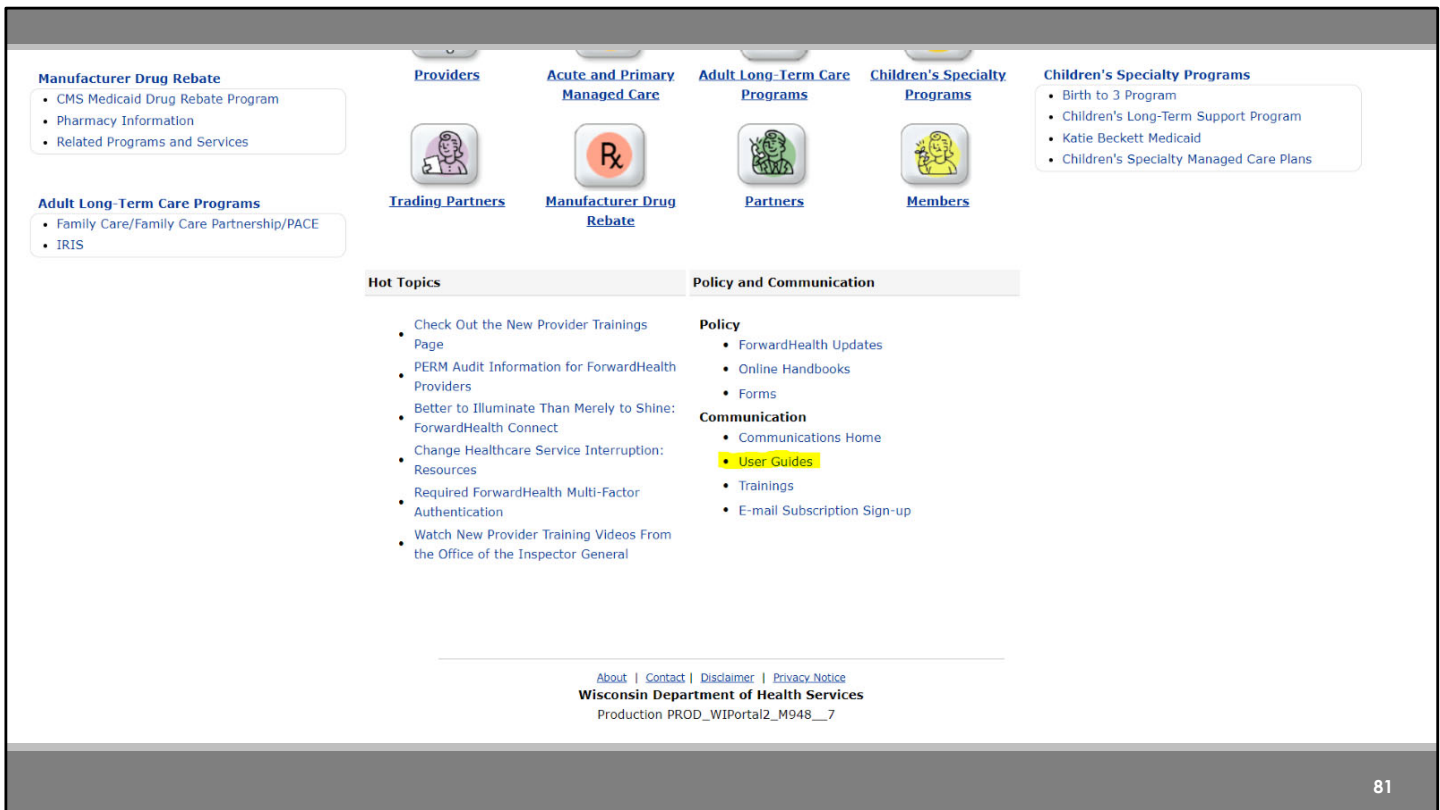
- [ForwardHealth Multi-Factor Authentication Instruction Sheet](#)
- Email subscriptions:
www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx
- Portal: www.forwardhealth.wi.gov
- Portal Helpdesk: 866-908-1363
- Provider Services: 800-947-9627



As a reminder, ForwardHealth Updates, the Online Handbook, user guides, trainings, and email subscriptions can be found on the ForwardHealth Portal at www.forwardhealth.wi.gov.

For help with Portal functionality, you can contact the Portal Helpdesk at 866-908-1363.

Provider Services is available to assist providers with questions concerning ForwardHealth programs at 800-947-9627. Representatives are available Monday-Friday, 7 a.m.-6 p.m. Central Time. **When you call, say, “LTC Waiver” at the menu prompt to speak with a representative about your LTC provider enrollment.**



The Multi-Factor Authentication (MFA) Instruction Sheet can be found on the User Guides page under the Communications heading of the Portal homepage.

ForwardHealth Communications

[Home](#)

Policy

- [ForwardHealth Updates](#)
- [Adult Long-Term Care Updates](#)
- [Online Handbooks](#)
- [Forms](#)

Communication

- [User Guides](#)
- [Training](#)
- [ForwardHealth Connect Newsletter](#)
- [Email Subscription Sign-up](#)

User Guides

ForwardHealth user guides and instruction sheets provide Portal users with step-by-step instructions and screen shots to help navigate Portal functionality. They do not contain policy information.

User guides have multiple sections that contain instructions for completing tasks on the Portal, such as submitting claims and prior authorization requests, accessing Remittance Advices, and enrolling in electronic funds transfer.

Instruction sheets are short, typically single-section documents that contain instructions for procedures such as searching for a claim, copying a claim, and uploading claim attachments.

General Portal Functionality

- [Account](#)
- [Demographic Maintenance Tool](#)
- [Electronic Payment](#)
- [E-mail Subscription](#)
- [Enrollment Verification](#)
- [HealthCheck](#)
- [Max Fee](#)
- [Multi-Factor Authentication](#)
- [Newborn Reporting](#)
- [Nursing Home Information](#)
- [Nursing Home Level of Care](#)
- [Preadmission Screening and Resident Review \(PASRR\)](#)
- [Provider-Based Billing](#)
- [Other Coverage Discrepancy Report](#)
- [Prior Authorization](#)
- [Upload Audit Information Instruction Sheet](#)

Managed Care Information



- [2018 Quality](#)
- [Annual HMO Financial Audit](#)
- [Birth Outcome Registry Network \(BORN\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
- [Encounter Based Payment](#)
- [Health Insurance Fee Reimbursement Methodology](#)
- [HMO Encounter](#)
- [Managed Care Organization Pricing Administration](#)
- [Maternity Kick Payments](#)
- [Obstetric Medical Homes for High-Risk Medicaid Members](#)

Partner Portal Functionality



1 Multi-Factor Authentication

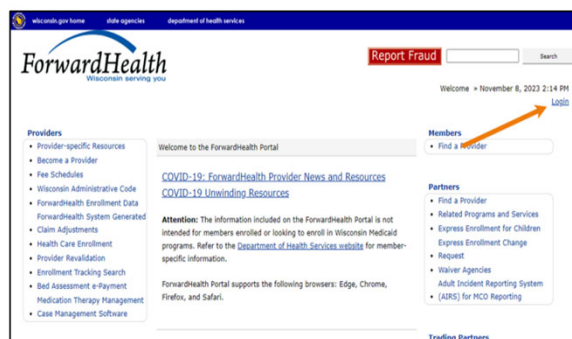
With multi-factor authentication (MFA), users are asked to provide two authentication methods to verify their identity when logging in to the ForwardHealth Portal. MFA will protect Portal accounts against unauthorized access in case user login credentials are compromised.

MFA will be required to log in when a user changes any of the following account information:

- Account password
- Email address

When using MFA, a user will be sent a one-time code through their choice of email, text message (SMS), or phone call.

1. Access the Portal at <https://www.forwardhealth.wi.gov/>.



ForwardHealth
Wisconsin serving you

This instruction sheet provides step-by-step instructions on how to log in using MFA.

- ForwardHealth Enrollment Data
- Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- Pharmacy Information
- Related Programs and Services

Adult Long-Term Care Programs

- Family Care/Family Care Partnership/PACE
- IRIS

[Providers](#)

[Acute and Primary Managed Care](#)

[Adult Long-Term Care Programs](#)

[Children's Specialty Programs](#)

[Trading Partners](#)

[Manufacturer Drug Rebate](#)

[Partners](#)

[Members](#)

Medication Therapy Management Case

- Management Software Approval Process

Children's Specialty Programs

- Birth to 3 Program
- Children's Long-Term Support Program
- Katie Beckett Medicaid
- Children's Specialty Managed Care Plans

Hot Topics

- Better to Illuminate Than Merely to Shine: ForwardHealth Connect
- Change Healthcare Service Interruption: Resources
- Required ForwardHealth Multi-Factor Authentication
- Watch New Provider Training Videos From the Office of the Inspector General

Policy and Communication

Policy

- ForwardHealth Updates
- Online Handbooks
- Forms

Communication

- Communications Home
- User Guides
- Trainings
- [E-mail Subscription Sign-up](#)

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Wisconsin Department of Health Services
 Additional Test 1 ADT1_WIPortal2_M953

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[Subscriptions](#)

Subscriptions

[View the Email Subscription User Guide](#)

Want to get the latest information from ForwardHealth? You can register now by entering your e-mail address below.

Once you register, you will be able to subscribe to one or more of the Available Subscription options listed on the right.

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patrick.richardson@wisconsin.gov

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Available Subscriptions

BadgerCare Plus and Medicaid

Family Care

Family Care Partnership

IRIS

PACE

WCDP-Adult Cystic Fibrosis

WCDP-Chronic Renal Disease

WCDP-Hemophilia Home Care

Wisconsin AIDS Drug Assistance Program

Wisconsin Well Woman Program

Trading Partners

Pharmacy PA Advisory Committee

Adult LTC Waiver Provider

Pharmacist

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Thank You