

# **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](http://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](http://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.


## 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
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- ForwardHealth Enrollment Data
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- 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.




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

[Manufacturer Drug Rebate](#)

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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.

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

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[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](#)

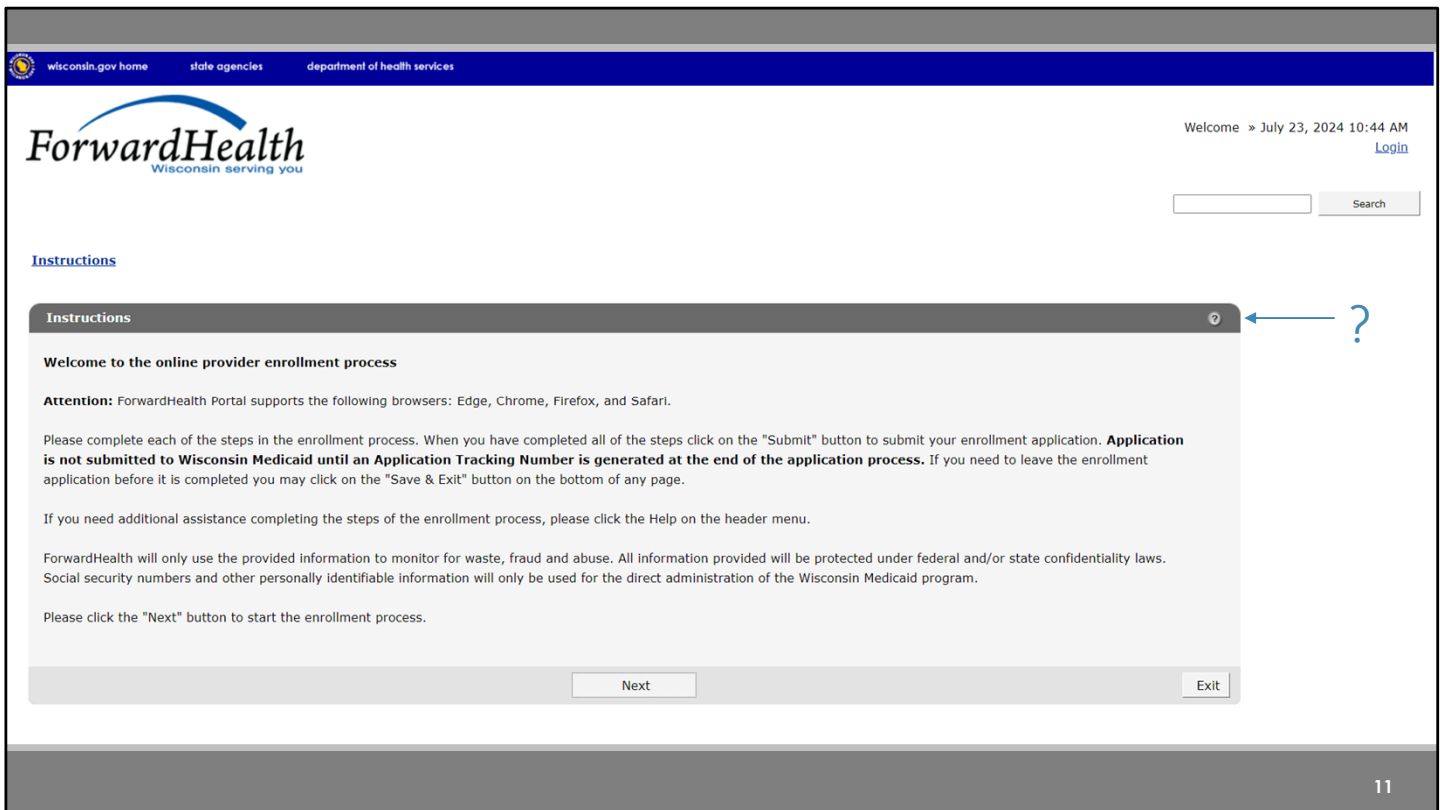
- Select the link below to start the enrollment process.
- Medicaid-enrolled providers must complete a separate application to be an ADAP provider.

[ADAP Provider Enrollment Application](#)

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

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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

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Additional Text 1: ADT1\_WIDportal7\_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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Save & ExitExit

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**Wisconsin Department of Health Services**


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.

- |   |   |
|---|---|
| <input type="radio"/> Home Health Agencies / Personal Care Agencies                   | <input type="radio"/> WIMCR Regionalization                                 |
| <input type="radio"/> Hospice Providers   | <input checked="" type="radio"/> Waiver Aging and Disability Support Agency |
| <input type="radio"/> Independent Labs  | <input type="radio"/> Waiver Community Services & Support                   |
| <input type="radio"/> Inpatient/Outpatient Hospital Providers                         | <input type="radio"/> Waiver Counseling & Therapeutic Services              |
| <input type="radio"/> Institute for Mental Disease                                    | <input type="radio"/> Waiver Equipment & Accessibility Related Services     |
| <input type="radio"/> Medical Equipment Vendors                                       | <input type="radio"/> Waiver Financial Management                           |
| <input type="radio"/> Medical Supply Providers  | <input type="radio"/> Waiver Interpreter                                    |
| <input type="radio"/> Mental Health/Substance Abuse Clinics (includes Crisis/CSP/CCS) | <input type="radio"/> Waiver Living Environment Adaptation                  |
| <input type="radio"/> Nurse Practitioners   | <input type="radio"/> Waiver Microboard                                     |
| <input type="radio"/> Nursing Homes   | <input type="radio"/> Waiver Non-Residential Day & Vocational Services      |
| <input type="radio"/> Occupational Therapists   | <input type="radio"/> Waiver Nurse Service                                  |
| <input type="radio"/> Opticians   | <input type="radio"/> Waiver Personal Emergency Response Systems            |
| <input type="radio"/> Optometrists  | <input type="radio"/> Waiver Residential Services                           |
| <input type="radio"/> Pharmacies  | <input type="radio"/> Waiver Retail Store                                   |
| <input type="radio"/> Physical Therapists   | <input type="radio"/> Waiver Supportive Home Care Agency                    |
| <input type="radio"/> Physicians  | <input type="radio"/> Waiver Transportation                                 |
| <input type="radio"/> Podiatrists   | <input type="radio"/> 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.

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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](#).

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Wisconsin Department of Health Services

Additional Test 1 ADT1\_WIPortal2\_M943

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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.

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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


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Save & Exit

Exit

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[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

Previous


Next

Save & Exit

Exit

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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[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 Certificate or License, then the organization name entered here must exactly match the Facility Name on the DQA Certificate or License. Enter the information, then click Next.

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[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Type Of Business](#)

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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[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Type Of Business](#) » **[Practice Location](#)**

#### 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."

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

#### 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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Save & Exit

Exit

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The next section is where you will enter your taxpayer information. 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

Previous

Next

Save & Exit

Exit

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

Search

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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\*

Previous

Next

Save & Exit

Exit

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**Wisconsin Department of Health Services**


Additional Test 1 ADT1\_WIPortal2\_M943

Session expires in: 00:29:49

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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.



Welcome » September 25, 2024 2:57 PM  
[Login](#)

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[Medicaid Service Provider and Medicaid Member Count](#) » **[Other License Credential Certification](#)**

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

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Next

Save & Exit

Exit

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**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.



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

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) 215487

Effective Date 01/01/2024

Are you Medicare Part B Enrolled?\*

☐ Enrolled

☒ In the process of enrolling

☐ Not enrolled or in the process of enrolling

Effective Date 02/01/2024

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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Next

Save & Exit

Exit

The next section will ask what Medicare/Medicaid programs you are enrolled in. Enter the CMS certification number and the effective date as applicable, then 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**

#### 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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[Next](#)

[Save & Exit](#)

[Exit](#)

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

Search

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[LTC Waiver Provider Service Enrollment](#) » [LTC Waiver Provider Program Enrollment](#) » [Individual Name](#) » [Practice Location](#) » [Mailing Address](#) » [Financial Information](#)  
[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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Save & ExitExit

**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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[LTC Waiver Provider Service Enrollment](#) » [LTC Waiver Provider Program Enrollment](#) » [Individual Name](#) » [Practice Location](#) » [Mailing Address](#) » [Financial Information](#)  
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#### 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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Save & Exit

Exit

**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 - 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.

Instructions » Type of Applicant » Type of Enrollment » Provider Type » Provider Specialty » LTC Waiver Provider Service Enrollment  
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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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Next

Save & Exit

Exit

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

Previous Next Save & Exit Exit

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, P-01602](#), 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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[Attestation](#) » **[LTC Waiver Provider Agreement](#)**

**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.

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[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  No file chosen

#### List of Files Uploaded

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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.

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#### 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.

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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**  
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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.

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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.

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Exit

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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.

Click Exit.

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

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## 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](#)

[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

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

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[LTC Waiver Provider Program Enrollment](#) » [Identifying Information](#) » [Save and Exit](#)

#### Save and Exit

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

**Enrollment Key:** EEZCR28FP

- 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. 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.

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)

**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](#)

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- Wisconsin Administrative Code
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**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**

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- Find a Provider

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- 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.



### 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

EEFZCR28FP

Password

\*\*\*\*\*

Login

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.

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.



<p>Tony Evers Governor</p> <p>Kirsten L. Johnson Secretary</p>	 <b>State of Wisconsin</b> Department of Health Services	<div style="text-align: right;"> <b>FORWARDHEALTH</b>          PROVIDER SERVICES          313 BLETTNER BLVD          MADISON WI 53784            Telephone: 800-947-9627          TTY: 711  <a href="http://www.forwardhealth.wi.gov">www.forwardhealth.wi.gov</a> </div> <p>April 15, 2024</p> <div style="display: flex; justify-content: space-between;"> <div>           TRAINING HEALTH            PATRICK RICHARDSON            123 FORWARDHEALTH DR            MADISON, WI 53702-0021         </div> <div style="text-align: right;">           Provider ID 100028322            TRAINING HEALTH            123 FORWARDHEALTH DR            MADISON, WI 53702-0021         </div> </div> <p>Dear TRAINING HEALTH,</p> <p>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.</p> <p>Your application has been approved for the following adult long-term care (LTC) waiver service type(s):</p> <p>Home Delivered Meals          Daily Living Skills          Consumer Education and Training Services</p> <p>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 <a href="http://www.forwardhealth.wi.gov">www.forwardhealth.wi.gov</a> 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.</p> <p>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.</p> <p>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).</p>
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[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

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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](#)

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[Login](#)

**Providers**

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- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
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- 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**

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**Adult Long-Term Care Programs**

**Children's Specialty Programs**

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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
- Children's Long-Term Support Program

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

FORWARDHEALTH  
PROVIDER SERVICES  
313 BLETTER BLVD  
MADISON WI 53784

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

Kirsten L. Johnson  
Secretary

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.



	<p>Tony Evers Governor</p>		<p><b>FORWARDHEALTH</b> PROVIDER SERVICES 313 BLETTNER BLVD MADISON WI 53784</p>	
	<p>Kirsten L. Johnson Secretary</p>	<p><b>State of Wisconsin</b> Department of Health Services</p>	<p>Telephone: 800-947-9627 TTY: 711 www.forwardhealth.wi.gov</p>	
<p>April 15, 2024</p>				
<p>JEFF MOORE Jennifer Waylan 77 RIDGE ROAD MADISON, WI 53719-6546</p>				
<p>Dear Medicaid Provider Applicant:</p>				
<p>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.</p>				
<p>Send a copy of American Camp Association Accreditation</p>				
<p>Please send the requested information to ForwardHealth at Provider Enrollment, 313 Blettner Boulevard, Madison, WI 53784.</p>				
<p>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.</p>				
<p>Please contact Provider Services at (800)947-9627 for information regarding this letter. Thank you for your interest in becoming a Wisconsin Medicaid Provider.</p>				
<p>Wisconsin Medicaid Provider Enrollment Department</p>				
<p>ATN: 21763</p>				
<p>F-11209 (07/12)</p>				

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, 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.

## 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](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**

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- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
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- Provider Revalidation
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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


  
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[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**

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**Trading Partners**

- Trading Partner Profile
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**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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[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
<b>Medicaid Waiver Services</b> Supportive home care Home modifications Home-delivered meals Udeline Assisted living Employment	✓	✓	✓	✓
<b>Medicaid Card Services</b> Home health Medical supplies Nursing home Personal care Mental health Alcohol or other drug treatment	Accessed through Medicare or Medicaid card	✓	✓	✓
<b>Acute and Primary Medicare or Medicaid</b>				

#### 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 » October 15, 2024 3:08 PM  
[Login](#)

## New Provider Enrollment System 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 can 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 new requirement? Scroll down to the [Background section](#) on this page.

**Note:** Supportive home care organizations should **not** enroll yet. Your provider type is not available in the application. ForwardHealth will let you know when you can enroll, likely in mid-2025. Make sure to [subscribe](#) to our mailing list for adult LTC waiver services providers to get notified when you can enroll.

### Trainings

ForwardHealth is offering virtual trainings to help you enroll.

#### Live Trainings

You can attend a live training on Zoom. Look at the [training schedule \(PDF\)](#) to find a time and topic that works for you. To get the Zoom information for the trainings, you must [subscribe](#) to our **Adult LTC Waiver Provider** email subscription list and those links will be sent to you.

#### Recorded Trainings

There are also 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](#) (17:53)
- [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)

#### Training Presentation

You can also refer to the [Adult LTC: Provider Enrollment and Portal Resources \(PDF\)](#) presentation from the live training.

### ForwardHealth Online Handbook

#### Quick Links

- [E-Mail Subscription Sign-up](#)
- [Adult LTC Provider Q&A](#)
- [Adult Long-term Care Updates](#)
- [Become a Provider](#)
- [Information for Specific Provider Types](#)

---

- [Watch the Adult Long-Term Care Waiver Service Provider Enrollment Project](#)
- [Informational Video](#)
- [Training Schedule](#)

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

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☐ 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.

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.



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Select an Online Handbook

Family Care

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Save Preferences

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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

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
<b>Adult Day Care Services</b>	<ul style="list-style-type: none"> <li>• Waiver Aging and Disability Support Agency/Aging and Disability Support Facility<sup>1</sup></li> <li>• Waiver Non-Residential Day &amp; Vocational Services/Non-Residential Day &amp; Vocational Facility<sup>1</sup></li> </ul>
<b>Assistive, Communication, or Adaptive Aids</b>	<ul style="list-style-type: none"> <li>• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency</li> <li>• Waiver Equipment &amp; Accessibility Related Services/Assistive, Communication, or Adaptive Aids</li> <li>• Waiver Equipment &amp; Accessibility Related Services/Medical Equipment &amp; Supplies</li> <li>• Waiver Microboard (IRS only)</li> <li>• Waiver Retail Store</li> </ul>
<b>Assistive, Communication, or Adaptive Aids—Assessment</b>	<ul style="list-style-type: none"> <li>• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency</li> <li>• Waiver Equipment &amp; Accessibility Related Services/Accessibility Assessment</li> <li>• Waiver Equipment &amp; Accessibility Related Services/Assistive, Communication, or Adaptive Aids</li> </ul>
<b>Assistive, Communication, or Adaptive Aids—Sign Language Interpreter</b>	<ul style="list-style-type: none"> <li>• Waiver Interpreter</li> </ul>
<b>Assistive, Communication, or Adaptive Aids—Service Dog Care Management</b>	<ul style="list-style-type: none"> <li>• Waiver Equipment &amp; Accessibility Related Services/Assistive, Communication, or Adaptive Aids</li> <li>• Waiver Community Services &amp; Support/Community Services &amp; Support</li> <li>• Waiver Tribal Provider</li> </ul>
<b>Chore Services</b>	<ul style="list-style-type: none"> <li>• Waiver Aging and Disability Support Agency/Aging and Disability Support Agency</li> <li>• Waiver Non-Residential Day &amp; Vocational Services/Non-Residential Day &amp; Vocational Services</li> <li>• Waiver Residential Services/1-2 Bed Adult Family Home<sup>1, 2</sup></li> </ul>

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](#)

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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

1. [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » Family Care Partnership

1. [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » IRIS

1. [Provider Enrollment and Ongoing Responsibilities » Provider Enrollment](#)
- Provider » PACE

1. [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.

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## 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

**Policy and Communication**

**Policy**

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

ForwardHealth Communications

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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
<a href="#">LTC 2024-12</a>	Adult Long-Term Care Provider Enrollment: Enrollment Is Open	09/19/2024
<a href="#">LTC 2024-11</a>	Adult Long-Term Care Provider Enrollment: Revalidation and Re-enrollment	08/08/2024
<a href="#">LTC 2024-10</a>	Adult Long-Term Care Provider Enrollment: Termination Policies	07/18/2024
<a href="#">LTC 2024-09</a>	Adult Long-Term Care Provider Enrollment: Obtaining Support for ForwardHealth Portal Tasks	07/11/2024
<a href="#">LTC 2024-08</a>	Adult Long-Term Care Provider Enrollment: Record Retention	06/27/2024
<a href="#">LTC 2024-07</a>	Adult Long-Term Care Provider Enrollment: Physical Service Location	06/20/2024
<a href="#">LTC 2024-06</a>	Adult Long-Term Care Provider Enrollment: Provider Agreement and Attestations	06/13/2024
<a href="#">LTC 2024-05</a>	Adult Long-Term Care Provider Enrollment: Effective Date of Enrollment, Criminal Background Checks, and Revalidation	06/06/2024
<a href="#">LTC 2024-04</a>	Adult Long-Term Care Provider Enrollment: Change in Ownership and Demographic Maintenance	05/23/2024
<a href="#">LTC 2024-03</a>	Adult Long-Term Care Provider Enrollment: Reporting Identifying Information, Provider Counts, and Member Counts	05/16/2024
<a href="#">LTC 2024-02</a>	Adult Long-Term Care Provider Enrollment: Risk Level, Federal and State Database Checks, and Licensure and Certification Checks	05/09/2024
<a href="#">LTC 2024-01</a>	Adult Long-Term Care Provider Enrollment: Overview	04/11/2024
<a href="#">2022-01</a>	Introducing the Adult Long-Term Care Update and ForwardHealth Portal Enhancements	05/09/2022

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
- 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
- Related Programs and Services

**Adult Long-Term Care Programs**

- Family Care/Family Care Partnership/PACE
- IRIS

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**

**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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**Partners**

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- 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

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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, DRUG REBATE, & 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)	▼	Navigation for Adult LTC Resources	
OTHER TRAININGS AND RESOURCES	▼	Adult LTC Waiver Provider Enrollment Training	
		Adult LTC Waiver Provider Demographic Maintenance Training	
		Adult LTC Waiver Add a Waiver Service Training	
		Adult LTC Add Waiver Programs Training	
		Adult LTC Disenroll from Waiver Service or Program Training	
		Adult LTC Waiver Provider Re-enrollment Training	
		How to Upload Documents	
		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

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- IRIS

**Children's Specialty Programs**

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- 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

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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". There is also a smaller input field labeled "Ext." next to the "Telephone Number" field. To the right of 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.

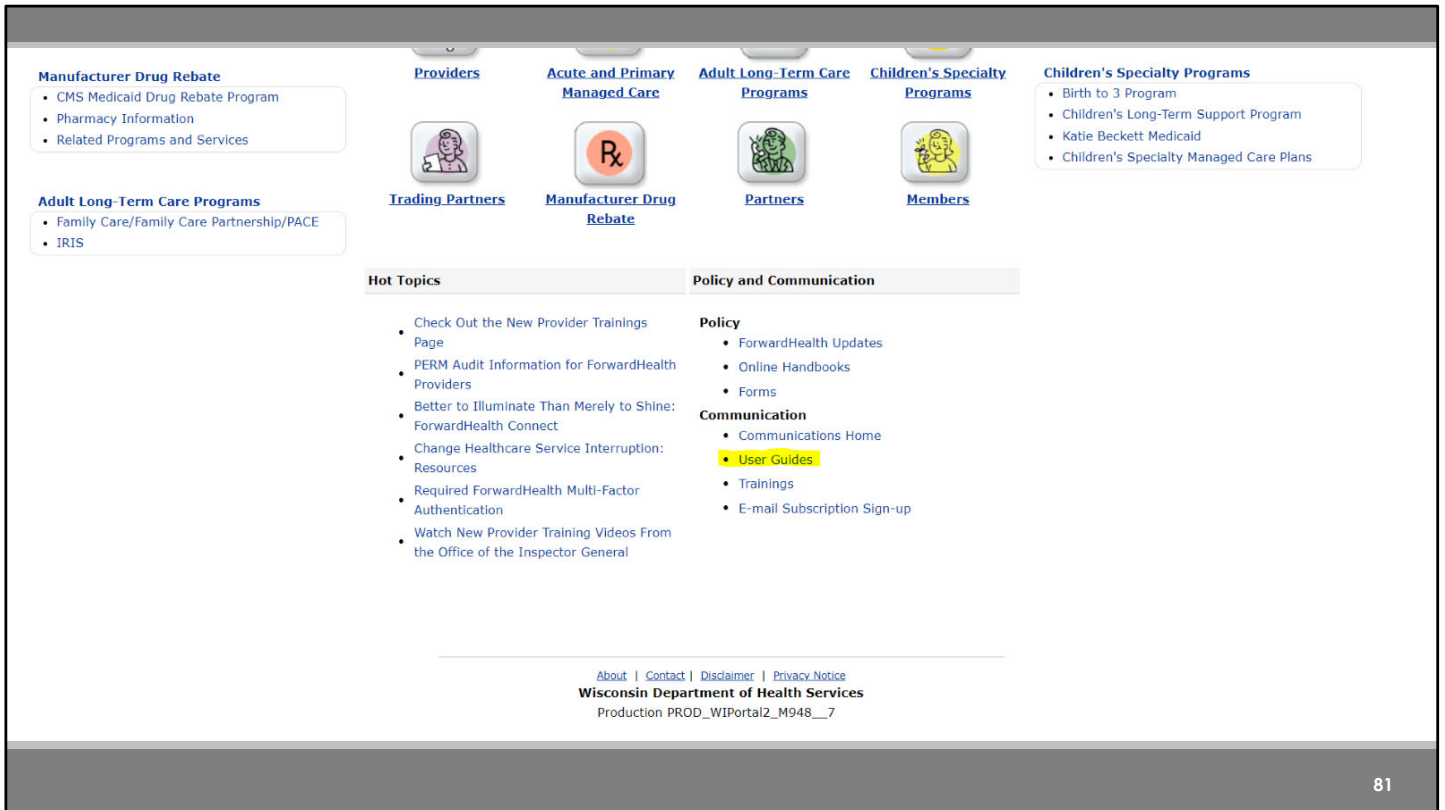
## Other Resources

- [ForwardHealth Multi-Factor Authentication Instruction Sheet](#)
- Email subscriptions:  
[www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx)
- Portal: [www.forwardhealth.wi.gov](http://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](http://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.



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

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## User Guides

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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](#)
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### 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](#)
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- [Managed Care Organization Pricing Administration](#)
- [Maternity Kick Payments](#)
- [Obstetric Medical Homes for High-Risk Medicaid Members](#)

### Partner Portal Functionality



# 1 Multi-Factor Authentication

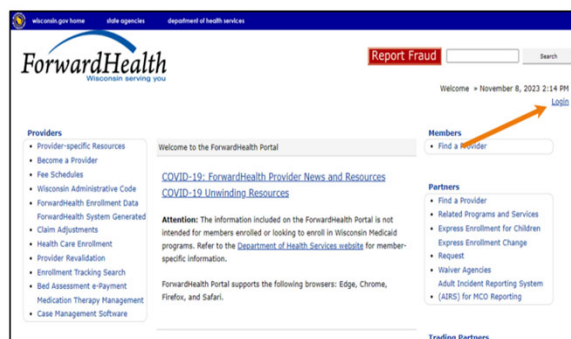
With multi-factor authentication (MFA), users are asked to provide two authentication methods to verify their identity when logging in to the ForwardHealth Portal. MFA will protect Portal accounts against unauthorized access in case user login credentials are compromised.

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

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**Medication Therapy Management Case**

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**Hot Topics**

- Better to Illuminate Than Merely to Shine: ForwardHealth Connect
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- Required ForwardHealth Multi-Factor Authentication
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Stay up to date on all the latest policy, benefit, and coverage news from ForwardHealth by signing up for email subscriptions. To receive information on Adult LTC Waiver Provider Enrollment, select the Adult LTC Waiver Provider subscription option to receive this information. The Email Subscription Sign-Up link is on the lower right side of the Portal homepage under the Communication section.

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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**