

Adult Long-Term Care (LTC): Revalidation

ForwardHealth Training Department
April 2026



Agenda

- Information to Have on Hand Before Starting Revalidation
- Provider Revalidation Timeline
- Revalidation Walk-Through
- Application Outcomes



This revalidation training applies to providers who are already enrolled with ForwardHealth. If you have not yet completed an initial enrollment, please refer to the Adult Long Term Care Waiver Provider Enrollment Training materials instead. A video and pdf handout can be found on the trainings page on the ForwardHealth Portal.

Adult LTC waiver services providers who have enrolled with Wisconsin Medicaid must revalidate their enrollment through the ForwardHealth Portal every 3 years following the initial application's approval. An approved revalidation will allow you to continue to provide waiver services to members and participants in Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct).

This training handout will walk through the provider revalidation process. It contains a list of information needed prior to revalidation and an explanation of the revalidation timeline. Then you will see a walkthrough of an entire provider revalidation application from start to finish. Lastly, you will see the different outcomes of the revalidation application.

STOP - DO YOU HAVE YOUR PORTAL ACCOUNT SET UP? This is required to access your portal account and be able to revalidate. The Account User Guide (Chapter 3.2) contains instruction on setting up your account and logging in for the first time.

Account User Guide: <https://www.dhs.wisconsin.gov/publications/p0/p00952.pdf>

Information to Have on Hand Before Revalidation

- 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



The revalidation application will ask you to confirm the information already in your ForwardHealth provider account and allow you to make changes as needed. You should have your tax ID number, all licenses and certifications, your mailing address, your practice location information, your Medicaid member and provider count, your background check information, your ownership information, and your managing employee information. In the walkthrough section of the revalidation process, you will see detailed explanations of the items on this list. The information you are required to provide depends on your provider type, specialty, and waiver services on file.

Provider Revalidation Timeline

- Revalidation is required every three years after the completion of your initial enrollment application.
- **You will receive notification letters to the mailing address on file with ForwardHealth 90, 45, and 15 days before your three-year revalidation requirement begins.**
- You will have a **30-day window** from the revalidation date on these letters to complete your revalidation.
- Revalidation application processing usually occurs within 10 days but can take up to 60 days.



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Providers should refer to their individual letters for their revalidation date. Mark your calendar with the date that your revalidation window opens. **Providers cannot begin revalidation until the date listed on the letter.**

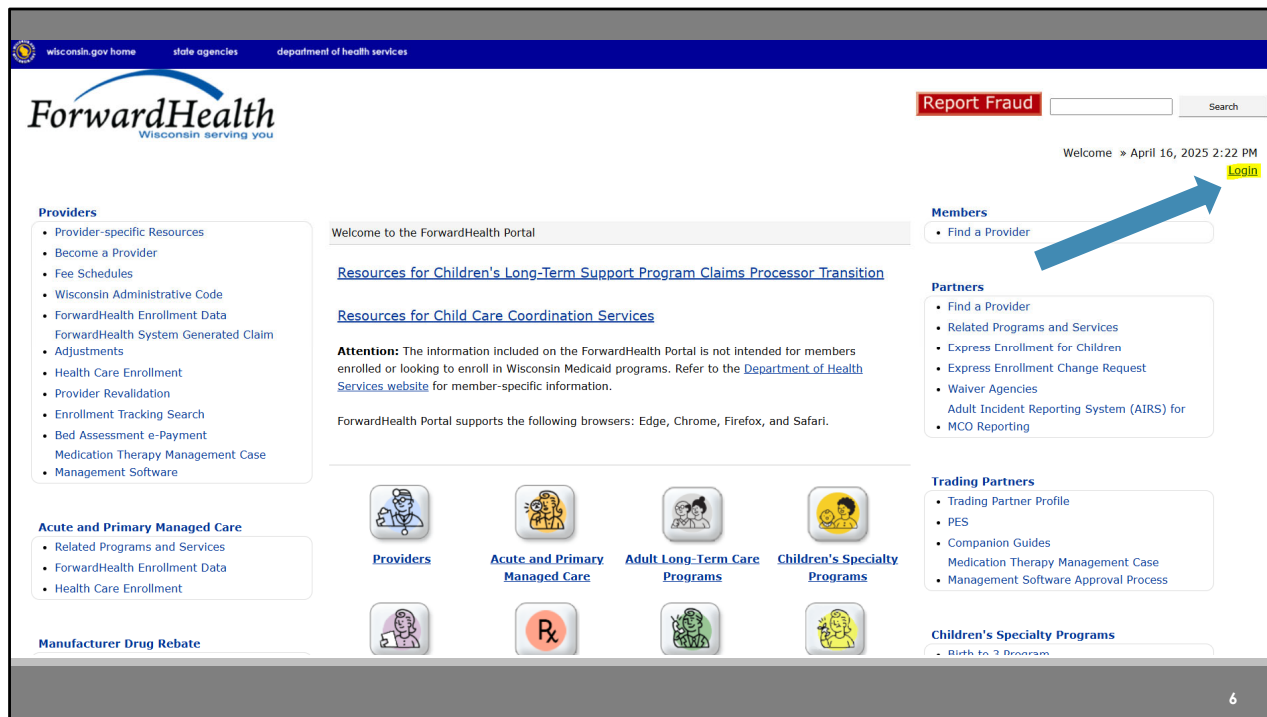
If you have multiple provider IDs, you will receive notification letters for each ID, and you are required to complete a separate revalidation application for each one.

Provider Revalidation Timeline

If you do not complete the revalidation process:

- Your provider enrollment will be terminated, and you will not be able to provide services.
- You will have to complete a re-enrollment application.
- Any claims you submit for services provided during a lapsed enrollment will be denied.





The ForwardHealth Portal can be found at:

<https://www.forwardhealth.wi.gov/WIPortal/>

Starting from the public Portal homepage, click Login in the top-right corner and sign in to your secure Portal account as the account administrator.

If you have forgotten your username, call the ForwardHealth Portal helpdesk at: **1-866-908-1363**

If you do not remember your password, then you can refer to the Account User Guide for instructions to reset your password.

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.

- 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

Providers

Acute and Primary Managed Care

Adult Long-Term Care Programs

Children's Specialty Programs

Trading Partners

Manufacturer Drug Rebate

Partners

Members

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

Trading Partners

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

Children's Specialty Programs

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

Hot Topics

- ForwardHealth Is Clarifying Codes for Orthodontic Retention Prior Authorization
- ForwardHealth Update 2025-08, 'Primary Care Provider Referrals for Orthodontic Services in the Case of Psychological Problems or Conditions'
- Attention Drug Manufacturers: New Drug Rebate Program Beginning April 1, 2025
- Prior Authorization Recommendations for Certain Anti-Obesity Drugs Due to Manufacturer Shortages

Policy and Communication

Policy

- ForwardHealth Updates
- Online Handbooks
- Forms

Communication

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

Account User Guide: The Account User Guide can be found by clicking the User Guides link under the Communication heading on the Portal homepage.

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Welcome » April 16, 2025 2:29 PM [Login](#)

ForwardHealth Communications

[Home](#)

Policy

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

Communication

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

User Guides


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

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

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

General Portal Functionality

- [Account](#)
- [Demographic Maintenance Tool](#)
- [Electronic Payment](#)
- [E-mail Subscription](#)
- [Enrollment Verification](#)
- [HealthCheck](#)
- [Max Fee](#)
- [Newborn Reporting](#)
- [Nursing Home Information](#)
- [Nursing Home Level of Care](#)

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](#)

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Account User Guide: The Account link will take you to the Account User Guide. Chapter 3 contains instructions on resetting your password.

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ForwardHealth Wisconsin serving you **interChange** Provider

Welcome Michael Jones » April 16, 2025 8:58 AM [Logout](#)

Home | Search | **Providers** | Enrollment | Max Fee Home | Account | Contact Information | Online Handbooks | Site Map | iC Functionality | User Guides | Certification | Message Center

You are logged in with Provider ID: 100029092

[Providers](#)

What's New?

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments. . . Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

Home Page

- Update User Account
- Update Adult LTC Waiver Service(s) or Programs(s)
- Demographic Maintenance
- Check My Revalidation Date
- **Revalidate Your Provider Enrollment**
- Check Enrollment
- Provider Enrollment Upload File Check
- ForwardHealth E-payment

Quick Links

- Register for E-mail Subscription
- Provider-specific Resources
- Request Portal Access
- Designate 835 Receiver

Messages ?

You have no messages.

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Once providers are logged into their secure Portal account, click **Revalidate Your Provider Enrollment** from the Home Page links on the right.

[Log in](#)

Log in ?

Required fields are indicated with an asterisk (*).

- If you are a rendering provider, enter all 9's in the Tax ID field.
- **Attention:** ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

NPI or Provider ID*

Social Security Number

Tax ID

ZIP Code*

Provider List

Provider Id	Provider Name	Provider Type	Provider Specialty	Taxonomy	ZIP Code	Revalidation Date
100029092	PATIENT CARE	Waiver Non-Residential Day & Vocational Services	Day & Vocational Services - Community Based		53702-0021	04/20/2026

Selected Provider

Provider Id

Provider Name

ZIP Code

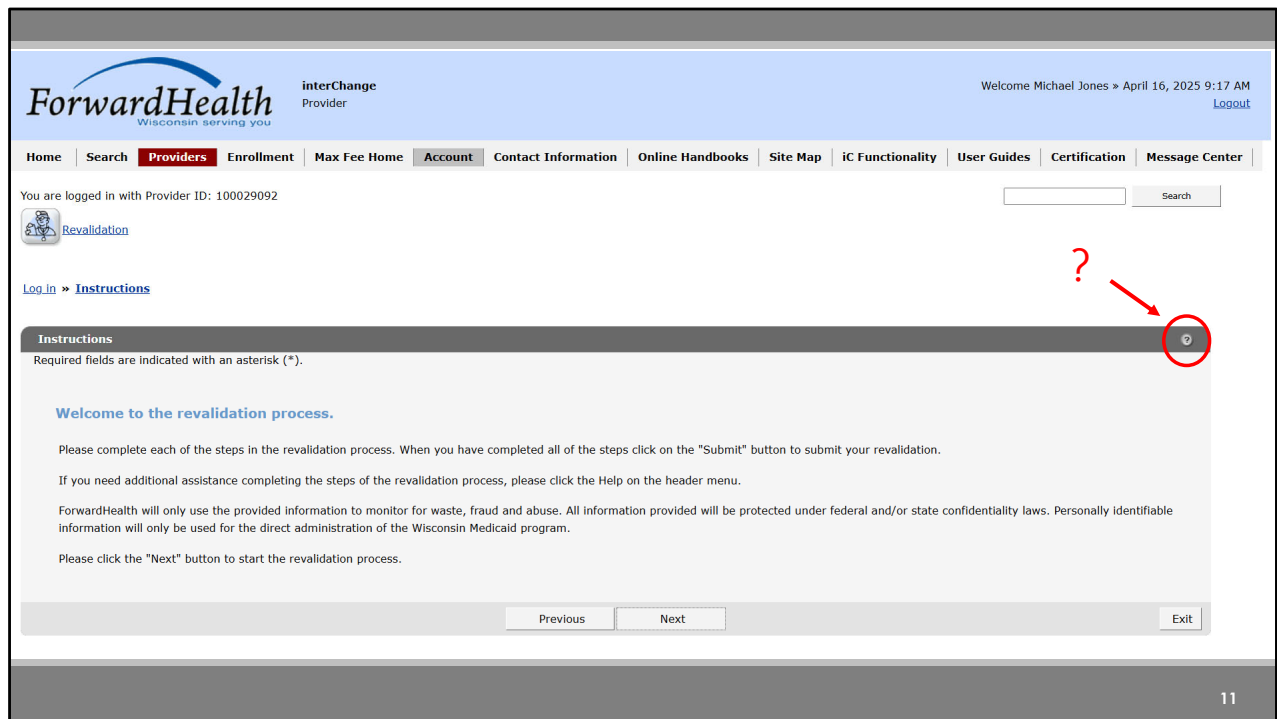
Taxonomy

Provider Type

Provider Specialty

Revalidation Date

On the next screen, enter your provider ID or NPI if applicable, either your Social Security Number or Tax ID, and ZIP code, and click Search. Your information should appear in the Provider List. If you do not see yourself in the provider list, then double check that the information you entered is correct. Confirm that it is your information on the list, then click Next.



The revalidation process is a series of screens that will prompt you to enter specific information. This is an example provider revalidation application that will show you these screens. Each screen will have notes that will clarify what information is needed. These notes may vary on the section, depending on the provider type, specialty, and waiver services on file.

Many screens will show your existing information pre-populated for you to confirm, while other screens will require you to enter information. If you need to make changes to the information on file, you can do so from this revalidation application. This example demonstrates some possible changes you could make to the information on file.

Please note that your revalidation will look different from this example. This is a demonstration to familiarize you with the revalidation screens, and not to be copied step-by-step for your revalidation. Each revalidation will be unique based on how you completed your initial enrollment application. Some of the updates in this example will not be needed in your revalidation. Also, there may be information that is not updated in this example that you may need to update based on your

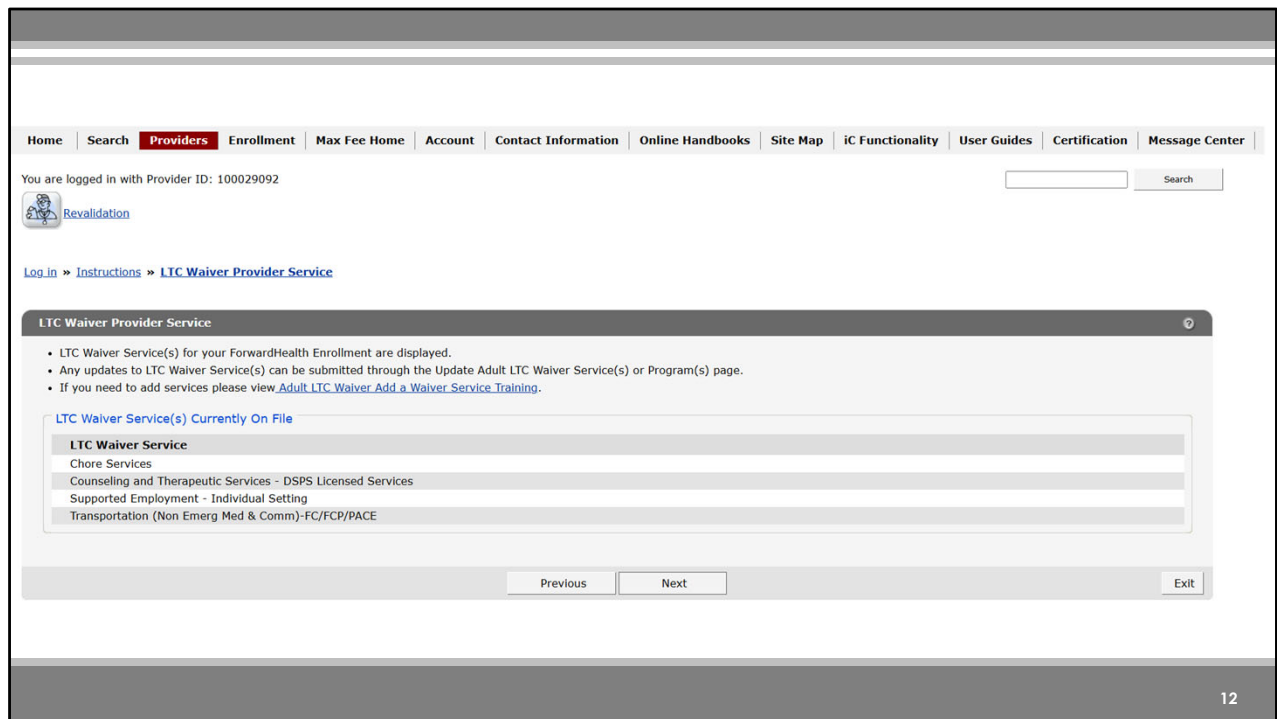
revalidation circumstances.

Throughout the revalidation application, you will also see some screenshots of the individual revalidation application to highlight key differences. If you need additional assistance completing the steps of the provider revalidation process, please click the question mark shown on the top-right of the box.

Throughout the revalidation process, 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.

Also, 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 revalidation process.

To restart the timer, simply click previous, then click next, and the timer will restart.



This screen displays the LTC Waiver Services currently on file from your ForwardHealth Enrollment that you should review and confirm. Any updates to LTC Waiver Services can be submitted through the Update Adult LTC Waiver Service(s) or Program(s) page. **This can only be done after you have completed your revalidation, and you have received an approved decision.** For assistance with adding waiver services, please view the *Adult LTC Add a Waiver Service Training*.

Adult LTC Add a Waiver Service: <https://vimeo.com/994051437?fl=pl&fe=sh>

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Home | Search | **Providers** | Enrollment | Max Fee Home | Account | Contact Information | Online Handbooks | Site Map | iC Functionality | User Guides | Certification | Message Center

You are logged in with Provider ID: 100029092

Revalidation

[Log in](#) » [Instructions](#) » [LTC Waiver Provider Service](#) » [LTC Waiver Provider Program](#)

LTC Waiver Provider Program

- LTC Waiver Program(s) for your ForwardHealth Enrollment are displayed.
- Any updates to LTC Waiver Program(s) can be submitted through the Update Adult LTC Waiver Service(s) or Program(s) page.
- If you need to add programs please view [Adult LTC Waiver Add Programs Training](#).

LTC Waiver Program(s) Currently On File

LTC Waiver Program
Family Care
IRIS: Include, Respect, I Self-Direct

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This screen will display the LTC Waiver programs currently on file for your ForwardHealth Enrollment that you should review and confirm. Any updates to LTC Waiver Programs can also be submitted through the Update Adult LTC Waiver Service(s) or Program(s) page. **This can only be done after you have completed your revalidation, and you have received an approved decision.** For assistance with adding waiver programs, please view the *Adult LTC Add a Waiver Program Training*.

Adult LTC Add a Waiver Program: <https://vimeo.com/995886578?fl=pl&fe=sh>

Revalidation

[Log in](#) » [Instructions](#) » [LTC Waiver Provider Service](#) » [LTC Waiver Provider Program](#) » **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? *

Sole Proprietor

Corporation for Nonprofit

Corporation for Profit

Limited Liability

Partnership

Government

State of Registration

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Wisconsin Department of Health Services
Additional Test 1 ADT1_WIPortal2_M1002
Session expires in: 00:29:54

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Next, confirm that the Type of Business is accurate. If changes are needed, then select the new type of business and state of registration, if applicable. In this example, we will keep the selection of Corporation for Nonprofit.

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Practice Location

Required fields are indicated with an asterisk (*).

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

No changes are needed
 Practice Location Address needs to be updated.

Street Address Line 1* 123 FORWARDHEALTH DR.
 Street Address Line 2
 City* MADISON
 State/ZIP Code* WI 53702 - 0021
 County Dane
 Medicaid Contact Person* MICHAEL JONES
 Telephone Number - Contact Person* (608)262-1763 Ext.
 Telephone Number - Member Use* (608)512-7307

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Next, confirm that the practice location is up to date. If the information is accurate, then select “no changes are needed” and click Next. If changes are needed, then select the *Practice Location Address needs to be updated* button and enter the necessary changes in the boxes below.

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.”

Confirm the name, phone number, and extension of the Medicaid contact person at your organization. This information is used for Medicaid administrative purposes only.

A P.O. Box is not allowed in the practice location fields, but it is allowed in the mailing address fields on the next screen. 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. An example of shortening the address is to use the abbreviation "St." rather than spelling out the word street. The character limit in the address line fields is 30.

Next, confirm 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, depending on your provider type and specialty.

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[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.
- Indicate an email address where Wisconsin Medicaid can send you communications about your provider file.

No changes are needed
 Mailing Address is same as Practice Location Address.
 Mailing Address needs to be updated.

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

Next, confirm the mailing address and email address. The mailing address is where Wisconsin Medicaid will send general information and correspondence. The email address is where Wisconsin Medicaid can send you communications about your provider file.

Here, there are three options. If no changes are needed, then you can click Next. Select the second option to change the mailing address on file to match the practice location on file. Select *Mailing Address needs to be updated* if you would like to change the address or email address, then click Next.

[Log In](#) » [Instructions](#) » [LTC Waiver Provider Service](#) » [LTC Waiver Provider Program](#) » [Type Of Business](#) » [Practice Location](#)
[Mailing Address](#) » [Medicare Information](#)

Medicare Information
 Required fields are indicated with an asterisk (*).

Medicare Indicator	Medicare Number	Effective Date	End Date
Type changes below.			

Medicare Indicator* Part A Part B
 Medicare Number*
 Effective Date Defaults to current date for new records.
 End Date

Is the provider enrolled in Medicaid or CHIP in a state other than Wisconsin?
 Enrolled
 In the process of enrolling
 Not enrolled or in the process of enrolling

State(s) and Effective Date(s)

The next section will ask you to confirm whether the provider is enrolled with a Medicare program as well as whether the provider is enrolled in a Medicaid or CHIP program in another state. This applies to individuals and organizations. **If you are not enrolled as a provider for a Medicare program, you do not need to complete the top section of this page.** If you are enrolled in a Medicare program, you should enter your CMS certification number, also known as a Medicare provider number, in the Medicare number section and the effective date as applicable. During initial enrollment, this example shows the provider indicated that they were not enrolled or in the process of enrolling for Medicare Part A and Part B, therefore no information is required on the top section. If the provider has Medicare enrollment information to add, then select either Part A or Part B, enter the Medicare Number, and click Add. Repeat this step, as necessary.

Next, you are required to indicate whether the provider is enrolled in Medicaid or CHIP in a state other than Wisconsin, or in the process of enrolling. In this example, we will select Not enrolled or in the process of enrolling. If you are enrolled in another state, include the state(s) and effective date(s) in the box at the bottom of the page. Then click Next.

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You are logged in with Provider ID: 100029092 Search

Revalidation

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#)

Financial Information

Required fields are indicated with an asterisk (*).

Tax Information

Taxpayer Identification Number (TIN)* 547847261
Name* PATIENT CARE
TIN Type* EIN SSN

Previous Next Exit

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Next, confirm that the tax information on screen is accurate. If changes need to be made, then you can update the fields shown here. Then click Next.

You are logged in with Provider ID: 100029092

Revalidation

Log In » Instructions » LTC Waiver Provider Service » LTC Waiver Provider Program » Type Of Business » Practice Location
 Mailing Address » Medicare Information » Financial Information » **Financial Addresses**

Financial Addresses

Required fields are indicated with an asterisk (*).

Checks and Remittance Advice Address

This is the name and address where Wisconsin Medicaid should send checks and remittance advice information. Checks are made payable to the Pay-To Name.

Pay-To Name* PATIENT CARE

Street Address Line 1* 123 FORWARDHEALTH DR.

Street Address Line 2

City* MADISON

State/ZIP Code* WI 53702 - 0021

Name - Financial Contact Person MICHAEL JONES

Telephone Number - Contact Person (608)262-1763

1099 Mailing Address

Wisconsin Medicaid generates and sends one IRS Form 1099 per TIN. It is recommended that you verify this address with the person in your organization who receives IRS Form 1099

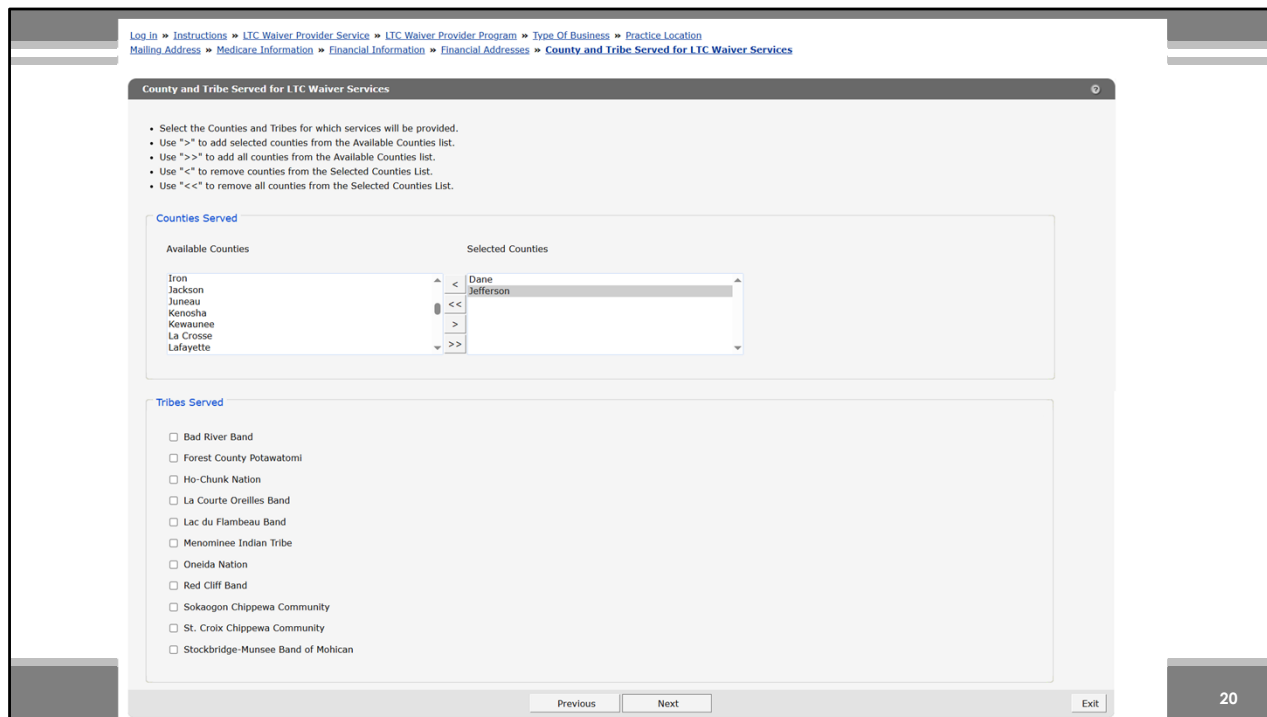
Address* 123 FORWARDHEALTH DR.

City* MADISON

State/ZIP* WI 53702 - 0021

Previous Next Exit

This next section includes the Check and Remittance Advice Address and 1099 Mailing Address. We recognize that Adult LTC waiver services-only providers do not get 1099s from ForwardHealth; however, these fields are required for a complete provider profile, so please confirm these are accurate. If a change is needed to the 1099 mailing address or checks and remittance address, then that change must also 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.



Next, confirm the counties and tribes for which services will be provided. Your existing counties and tribes served will be pre-populated on this screen and you can make changes as needed by following the instructions at the top of the screen. In this example, Dane County is pre-populated, and we will add Jefferson County.

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Revalidation

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#) » [Financial Addresses](#) » [County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#)

Medicaid Service Provider and Medicaid Member Count

Required fields are indicated with an asterisk (*).

- The Department of Health Services is collecting the number of Medicaid service providers and number of Medicaid members you can serve. This information will be used in analysis of the Medicaid provider network, to ensure an adequate number of providers are available in the state to serve Medicaid members and participants.

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*

Next, confirm the **approximate** number of staff members at your agency who service Medicaid members and the number of Medicaid members that your agency can typically serve. 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. We will keep the original number of five.

The Medicaid Member Count is the **approximate** number of Medicaid members, including those enrolled in an LTC program, that the organization can typically serve at any given time. For this approximate number, we will keep 18.

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You are logged in with Provider ID: 100029092 Search

Revalidation

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#) » [Financial Addresses](#) » [County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#)
[Other License Credential Certification](#)

Other License Credential Certification

- Other license, credentials, or certifications for your ForwardHealth Enrollment are displayed.
- Any updates to license, credentials, or certifications requires documentation which can be submitted through the Upload Files panel.

[License Credential Certification List](#)

License Credential Certification Type	License Credential Certification Number	Effective Date	End Date
Adult Day Care - DQA	123545	01/15/2022	12/31/2299

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This screen displays licenses, credentials, or certifications that you previously submitted for your enrollment, if applicable. If you need to submit any updates to these documents, you may do so later in the revalidation application using the Upload Files screen, which will be demonstrated later in the training.

Background Information Disclosure

Required fields are indicated with an asterisk (*).

- This data is required by the provisions of Wis. Stat. 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete may result in denial or termination of applicant's employment, or contract or service agreement.
- Knowingly providing false information or omitting information may be subject to forfeiture and sanctions, as provided in Wis. Stat. 50.065(6)(c) and Wis. Admin. Code DHS 12.05(4).
- If a field is required but not applicable enter 'NA'.

Individual Information

Legal First Name* Roy
Legal Middle Name* Ellis
Legal Last Name* Smith
Position Title* Support Worker
Date of Birth* 03/20/1988
Gender* Male
Other Names
(Including prior to marriage)* NA

Home Address

Street Address* 123 ForwardHealth Dr
City* Madison
State/ZIP* WI 53702

Background Information Disclosure (BID): If you are an individual or sole proprietor, you may be subject to criminal background checks specific to provider type, specialty, or service. If a background check is needed, you will be prompted to complete this Background Information Disclosure form during revalidation. Complete all sections of the background check form using the instructions at the top of the page. The background check asks for information including your name and date of birth, home address, business name and address, criminal and legal disclosures, and other required information.

Background Information Disclosure Addendum

Required fields are indicated with an asterisk (*).

- Completion of the panel is required under the provisions of Chapter 48.685 and 50.065 Wis. Stats. Failure to comply may result in a denial or termination of applicant enrollment.
- Personally Identifiable Information on this panel is collected to verify applicant identity.
- If a field is required but not applicable enter 'NA'.

Section 1 - Applicant Personal Information

First Name* Roy

MI E

Last Name* Smith

Date of Birth* 03/20/1988

Section 1 - Applicant Addresses in the past 3 years

Street Address Line 1	Street Address Line 2	City	State	ZIP Code	Years At Residence	Other Name
Type changes below.						

Street Address Line 1* 123 ForwardHealth Dr

Street Address Line 2

City* Madison

State* WI

ZIP Code* 53702

Years At Residence* 10

Any Other Name By Which You Have Been Known (Including Maiden Name)* NA

Background Information Disclosure (BID): The next section is the Background Information Disclosure Addendum. Section 2 is only required for applicants who have lived outside the State of Wisconsin within the past three years. Enter your name into the signature box at the bottom of the page to acknowledge that the information you provided is accurate to the best of your knowledge and consent to have a background check run and select Next to continue your revalidation application.

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#) » [Financial Addresses](#) » [County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#)
[Other License Credential Certification](#) » **Criminal Conviction/Termination Disclosures**

Criminal Conviction/Termination Disclosures

Required fields are indicated with an asterisk (*).

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

Yes No [42 CFR § 455.106](#)

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?*

Yes No [42 CFR § 455.106](#)

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?*

Yes No [42 CFR § 455.106](#)

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?*

Yes No [42 CFR § 455.106](#)

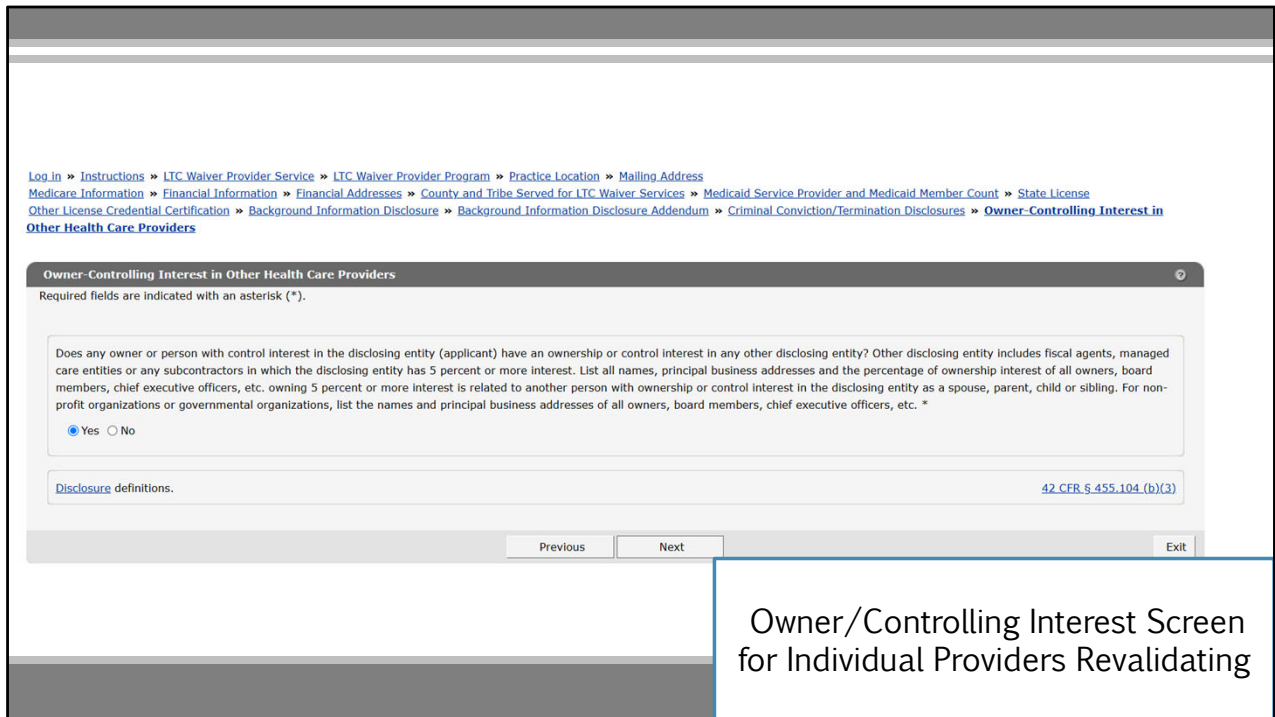
Has the applicant or any person or entity with a 5 percent or greater direct or indirect ownership interest in the applicant been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years?*

Yes No [42 CFR § 455.416\(b\)](#)

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?*

Yes No [42 CFR § 455.416\(c\)](#)

Next, answer a series of questions regarding criminal convictions or terminations related to a federal or state health care program. 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.



Owner/Controlling Interest Screen for Individual Providers Revalidating

Individual Revalidation Screen: Individual providers revalidating will have to confirm whether they have a controlling interest in any other disclosing entity. This is prepopulated with the information that ForwardHealth has on file for your account.

Owner-Controlling Interest in Other Health Care Providers-Details

Required fields are indicated with an asterisk (*).

- Indicate all individuals or entities with an ownership or controlling interest.
- Any information that needs to be updated but is not accessible for updating in this panel, please refer to the Change of Ownership guide on the Provider Enrollment homepage.

Owner/Controlling Interest List

Type Of Owner	Name	Address Line 1	City	State
Organization	VITAL CARE SOLUTIONS	789 FORWARDHEALTH DR	MADISON	WI

Type changes below.

What type of entity will disclose ownership information? Individual Organization

Owner/Controlling Interest Data

Legal Business Name* VITAL CARE SOLUTIONS

Doing Business As Name

Tax Identification Number* 330618922

Address Line 1* 789 FORWARDHEALTH DR

Address Line 2

City* MADISON

State/ZIP* WI 53702 - 0021

Save Cancel

Disclosure definitions.

Previous Next

Owner/Controlling Interest Screen for Individual Providers Revalidating

Individual Revalidation Screen: If you have ownership of a disclosing entity, then you will need to confirm the details of the organizations disclosed. If the answer is no, then click **Next** to continue if there is no owner information to report. If you answered yes, then at least one disclosure is required on this screen. For any information that needs to be updated but is not accessible for updating in this panel, please refer to the Change of Ownership Guide on the Provider Enrollment homepage.

Change in Ownership:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx?topic=142>

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#) » [Financial Addresses](#) » [County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#)
[Other License Credential Certification](#) » [Criminal Conviction/Termination Disclosures](#) » **Owner/Controlling Interest in Applicant - Detail**

Owner/Controlling Interest in Applicant - Detail

Required fields are indicated with an asterisk (*).

- Indicate all individuals or entities with an ownership or controlling interest.
- Any information that needs to be updated but is not accessible for updating in this panel, please refer to the Change of Ownership guide on the Provider Enrollment homepage.
- For non-profit organizations or governmental organizations, list the names and principal business addresses of all owners, board members, chief executive officers, etc.
- Provide information if owner or person with control interest in the disclosing entity (applicant) have an ownership or control interest in any other disclosing entity. Other disclosing entity includes fiscal agents, managed care entities or any subcontractors in which the disclosing entity has 5 percent or more interest
- List all names, principal business addresses and the percentage of ownership interest of all owners, board members, chief executive officers, etc. owning 5 percent or more interest in the disclosing entity. Owner relationship is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child or sibling.
- If your organization does not have an owner or person with control interest of 5 percent please enter "No individual Owners" to the Name Field as well as filler information in other necessary fields to bypass the panel. Add all individuals that are board members, managers, etc. to the Managing Employee panel.
- If provider disclosed ownership information or attested to having no owners during enrollment, they will be unable to add any owners here; if they wish to add owners they must instead complete a Change of Ownership application.
- Ownership information for providers requiring a Division of Quality Assurance (DQA) Certification must match the ownership information provided to DQA.

Owner/Controlling Interest List

Type Of Owner	Name	Address Line 1	City	State
Organization	PATIENT CARE	456 FORWARDHEALTH DR.	MADISON	WI

Type changes below.

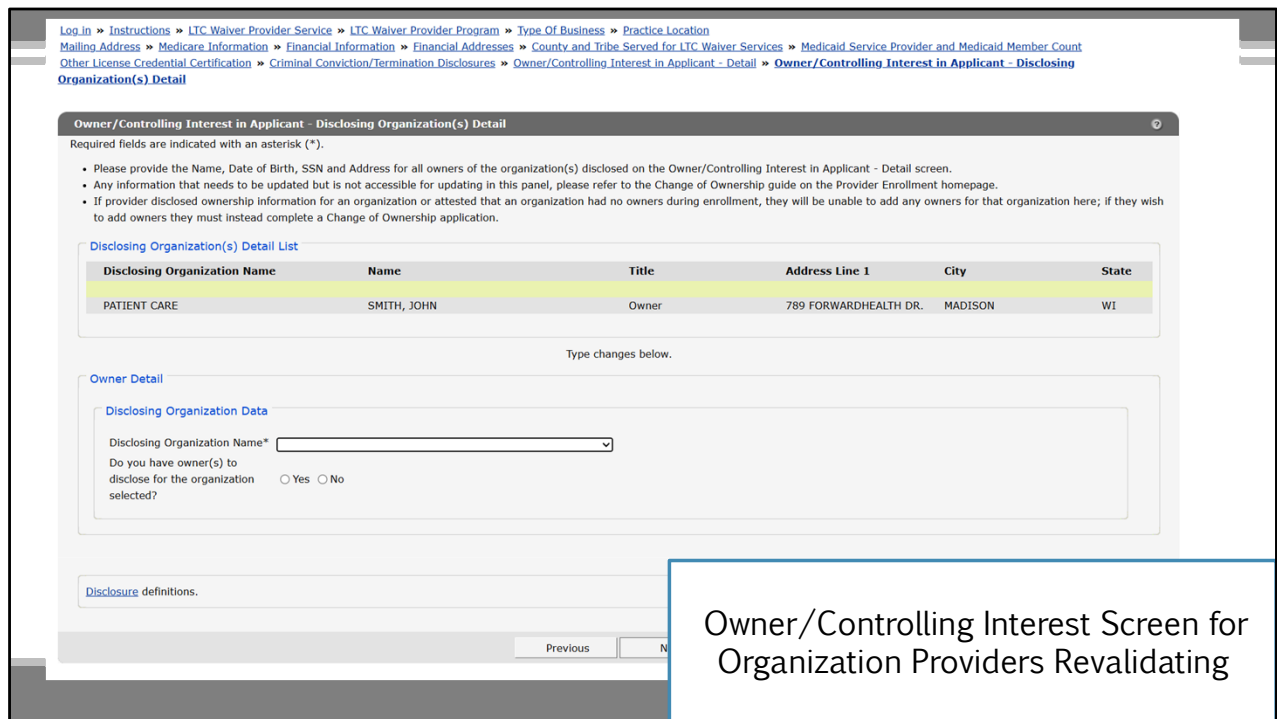
What type of entity will disclose ownership information? Individual Organization No ownership/controlling interest to disclose

[Disclosure](#) definitions.

Previous

Owner/Controlling Interest Screen for Organization Providers Revalidating

Confirm the Owner/Controlling Interest List is accurate. In this example, we will not be making any changes to owner or controlling interest.



Next, confirm the Name, Date of Birth, SSN and Address for all owners of the organization(s) disclosed on the previous screen. To make changes, click on the desired owner from the list, make any necessary changes, and click Save.

The federal government requires ForwardHealth to complete ownership and controlling interest screening 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.

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.

Managing Employee List

Social Security Number	Name	Address Line 1	City	State
155138207	On File	TRAINER, TRISTAN	428 FORWARDHEALTH DR.	MADISON
				WI

Type data below for new record.

Employee Detail

Social Security Number* 155138207

First Name* Tom

Middle Initial

Last Name* Green

Date of Birth* 02/10/1989

Address Line 1* 530 ForwardHealth Dr.

Address Line 2

City* Madison

State/ZIP* WI 53702 - 0021

Effective Date* 12/10/2024

End Date

delete Save

Disclosure definitions.

Previous Next Exit

This next section includes managing employee information. Confirm the information on the managing employee list contains all managing employees and is up to date. Be sure to end-date any managing employee that is no longer in that role. You can do this by clicking the name from the list and entering an end date. The end date refers to the last day that person held the role of managing employee. The effective date refers to the date the person took the role of managing employee.

You should be keeping this information up to date as changes occur during your enrollment via demographic maintenance. For help with this, please view the Adult LTC Demographic Maintenance training video. That video can be found on the trainings page on the ForwardHealth Portal.

Demographic Maintenance training video:
<https://vimeo.com/1007781740?fl=pl&fe=sh>

Once all managing employees are up to date, click Next.

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[Mailing Address](#) » [Medicare Information](#) » [Financial Information](#) » [Financial Addresses](#) » [County and Tribe Served for LTC Waiver Services](#) » [Medicaid Service Provider and Medicaid Member Count](#)
[Other License Credential Certification](#) » [Criminal Conviction/Termination Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » [Owner/Controlling Interest in Applicant - Disclosing Organization\(s\) Detail](#) » [Managing Employee](#) » [LTC Waiver Transportation Attestation](#)

LTC Waiver Transportation Attestation

Required fields are indicated with an asterisk (*).

I attest*

- Providers comply with Wisconsin Statutes, as follows: Wis. Stat. §§ 194 (common carrier), 85.20 (mass transit), 85.23 (mass transit), 85.21 (specialized transport), and 85.22 (specialized transport), and Wis. Admin. Code § DHS 61.45 (specialized transportation agency), as applicable.
- Each driver possesses a valid regular or commercial operator's license that is unrestricted, except as related to vision. The vision restrictions may be waived if the driver's vision is corrected to an acuity of 20/30 or better by the use of corrective lenses. In this event, the driver wears corrective lenses while transporting members/participants.
- Agencies that transport members/participants or receive funding for travel time ensure their staff complete the driver's record check. The agency validates and documents auto insurance before employment and at least annually for all staff and ensures insurance is maintained at all times when providing services to Medicaid members/participants.
- Provider has a policy to prevent any member/participant from being left in a vehicle.
- Providers who transport individuals must have a communication system, such as a cellular telephone or CB radio, in place on all transportation vehicles.
- Providers who transport individuals attest they have a mechanism in place to ensure all vehicles are maintained in accordance with manufacturer's recommendations and undergo regularly documented safety checks to ensure vehicles are safe, accessible, and equipped to meet the needs of those being transported (including staff's own vehicles if they are used for transport of individuals).
- Providers certify that the vehicle used is and will be mechanically sound, has properly functioning lighting, safety, ventilation, and braking systems, and has properly inflated tires without excessive wear.

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 04/16/2025

Certain waiver services will require an attestation in this section of the provider revalidation application. This revalidation example has three attestations that will need to be completed for this provider file. If a service you have on your provider file requires an attestation, it will appear in this section. To know which waiver services will require an attestation, please refer to the “Attestations” topic in the Online Handbook.

Because the LTC Waiver Service for Transportation Non-Emergency Medical and Community is on file in this example, an attestation is required. What appears on this page for you may be different, depending on the waiver services on your file.

Check the boxes to verify that the information for each statement is true and accurate. Sign your name as the provider applicant at the bottom of the screen and click Next.

LTC Waiver Supported Employment and Competitive Integrated Employment Attestation

Required fields are indicated with an asterisk (*).

I attest:

- If providing services through the Family Care, Family Care Partnership, or PACE Programs, the provider has the ability to provide this service, demonstrated in at least one of the following ways:
 - Holding the Certified Employment Support Professional accreditation.
 - Meeting the Association of People Supporting Employment First (APSE) Quality Indicators for Supported Employment Personnel.
 - Comparable experience for a qualified individual, including a minimum of two years of experience working with the target population providing supported employment.
 - Association of Community Rehabilitation Educators (ACRE) Basic Employment Certificate in Supported Employment, Community Employment or Customized Employment.
 - Accreditation by a nationally recognized accreditation agency.
 - Evidence of a current contract with the Wisconsin Department of Workforce Development Division of Vocational Rehabilitation (DVR) for provision of supported employment services.
 - Submission of written documentation as evidence the agency meets all DVR Technical Specifications related to supported employment.
 - Comparable experience for a qualified entity, including a minimum of two years of experience working with the target population providing integrated employment services in the community.
- If providing services through the IRIS Program:
 - Providers meet APSE Supported Employment Competencies relevant to particular aspect(s) of supported employment being provided. If self-employed, providers have knowledge of the unique needs/preferences of the participant and knowledge of self-employment best practices.
- 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 prevocational or supported employment services, the standards in [Managed Care Organization Training and Documentation Standards for Supportive Home Care, P-01602](#), and/or the [IBIS \(Include, Respect, I Self-Direct\) Support Services Provider Training Standards, P-03071](#), are met, as applicable.
- If transportation is provided incidental to the provision of prevocational or supported employment services, provider attests to the following:
 - Providers comply with applicable Wisconsin Statutes, as follows: Wis. Stat. §§ 194 (common carrier), 85.20 (mass transit), 85.23 (mass transit), 85.23 (specialized transport), and 85.22 (specialized transport), and Wis. Admin. Code § DHS 61.45 (specialized transportation agency), as applicable.
 - Each driver possesses a valid regular or commercial operator's license that is unrestricted, except as related to vision. The vision restrictions may be waived if the driver's vision is corrected to an acuity of 20/30 or better by the use of corrective lenses. In this event, the driver wears corrective lenses while transporting members/participants.
 - As applicable, agencies that transport members/individuals or receive funding for travel time ensure their staff complete the driver's record check. The agency validates and documents auto insurance before employment and at least annually for all staff and ensures insurance is maintained at all times when providing services to Medicaid members/participants.
 - Provider has a policy to prevent any member/participant from being left in a vehicle.
 - Providers who transport individuals must have a communication system, such as a cellular telephone or CB radio, in place on all transportation vehicles.
 - Providers who transport individuals attest they have a mechanism in place to ensure all vehicles are maintained in accordance with manufacturer's recommendations and undergo regularly documented safety checks to ensure vehicles are safe, accessible, and equipped to meet the needs of those being transported (including staff's own vehicles if they are used for transport of individuals).
 - Providers certify that the vehicle used is and will be mechanically sound, has properly functioning lighting, safety, ventilation, and braking systems, and has properly inflated tires without excessive wear.
- If providing group supported employment, all worksites are compliant with the Home and Community-Based Settings Rule.

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*

Last Name*

Title*

Date Signed

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This is the supported employment attestation. 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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[Other License Credential Certification](#) » [Criminal Conviction/Termination Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » [Owner/Controlling Interest in Applicant - Disclosing Organization\(s\) Detail](#) » [Managing Employee](#) » [LTC Waiver Transportation Attestation](#)
[LTC Waiver Supported Employment and Competitive Integrated Employment Attestation](#) » [LTC Waiver Supportive Home Care and Respite Attestation](#)

LTC Waiver Supportive Home Care and Respite Attestation

Required fields are indicated with an asterisk (*).

I attest*

Providers meet the standards in [Managed Care Organization Training and Documentation Standards for Supportive Home Care, P-01602](#) and/or the [IRIS \(Include, Respect, I Self-Direct\) Support Services Provider Training Standards, P-03071](#), 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 04/16/2025

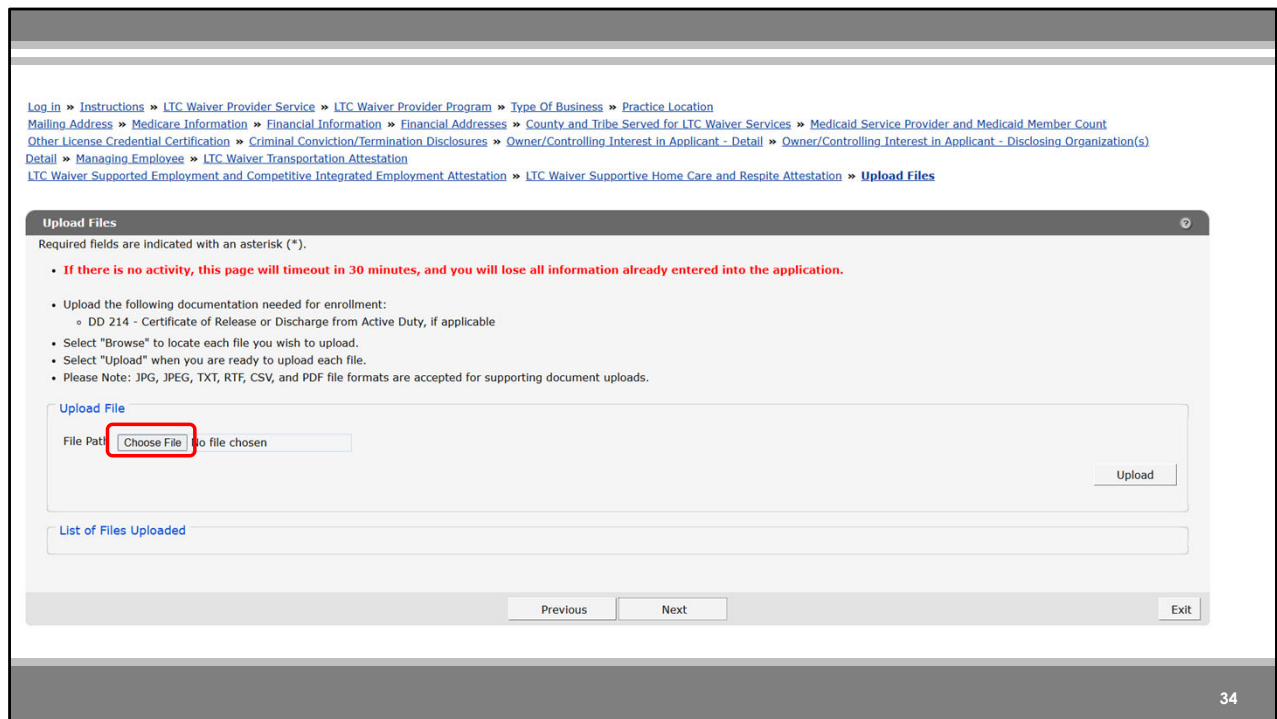
Previous

Next

Exit

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This is the Supportive Home Care and Respite Attestation for chore services.



Next you will be asked to upload supporting documentation if applicable.

Based on the provider type, specialty, and waiver services on file in this example, 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 revalidating. The revalidation 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 revalidation's approval.

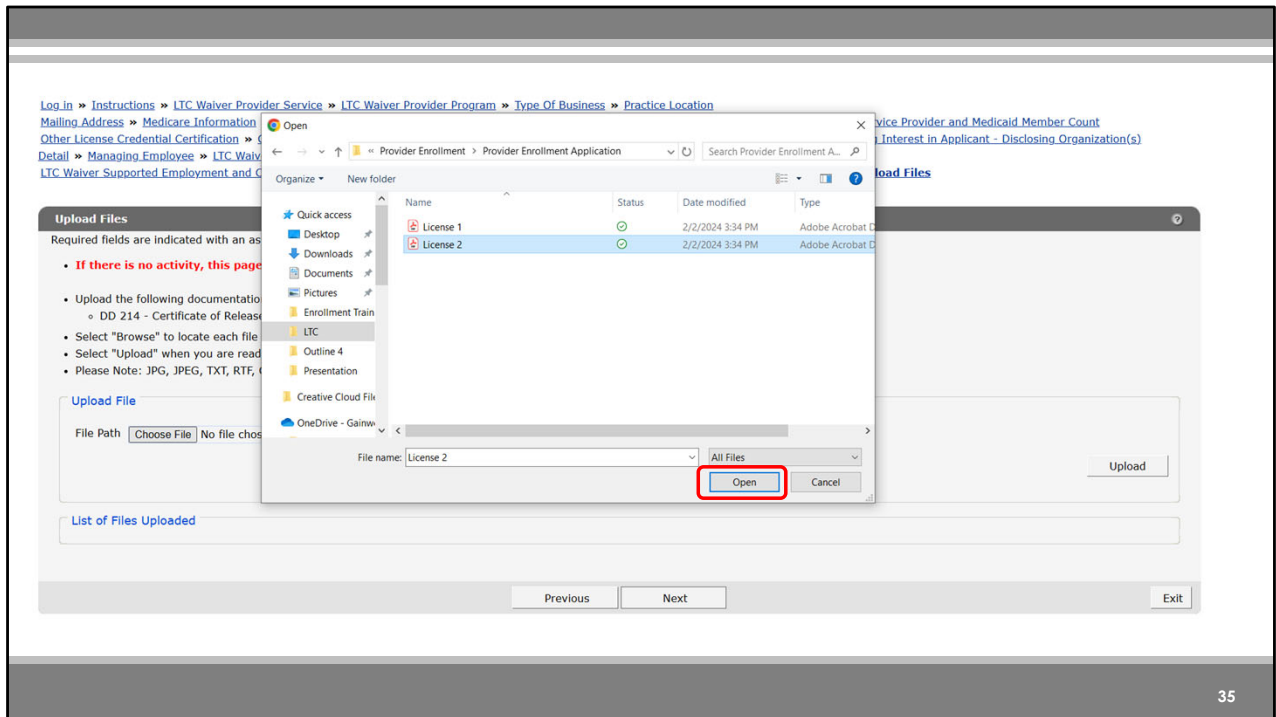
Additionally, a DD 214 form, Certificate of Release or Discharge from Active Duty, is required as applicable.

In this example, we will upload a copy of a license.

Remember, this page will time out in 30 minutes, and you will lose all the

information you have entered previously. Again, you can click previous and click next to reset the timer while you collect those documents.

Select “Choose File” to locate the file you want to upload. The Portal accepts JPG, JPEG, TXT, RTF, CSV, and PDF files.



Find the file and select “open.”

[Log In](#) » [Instructions](#) » [LTC Waiver Provider Service](#) » [LTC Waiver Provider Program](#) » [Type Of Business](#) » [Practice Location](#)
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[Detail](#) » [Managing Employee](#) » [LTC Waiver Transportation Attestation](#)
[LTC Waiver Supported Employment and Competitive Integrated Employment Attestation](#) » [LTC Waiver Supportive Home Care and Respite Attestation](#) » **Upload Files**

Upload Files

Required fields are indicated with an asterisk (*).

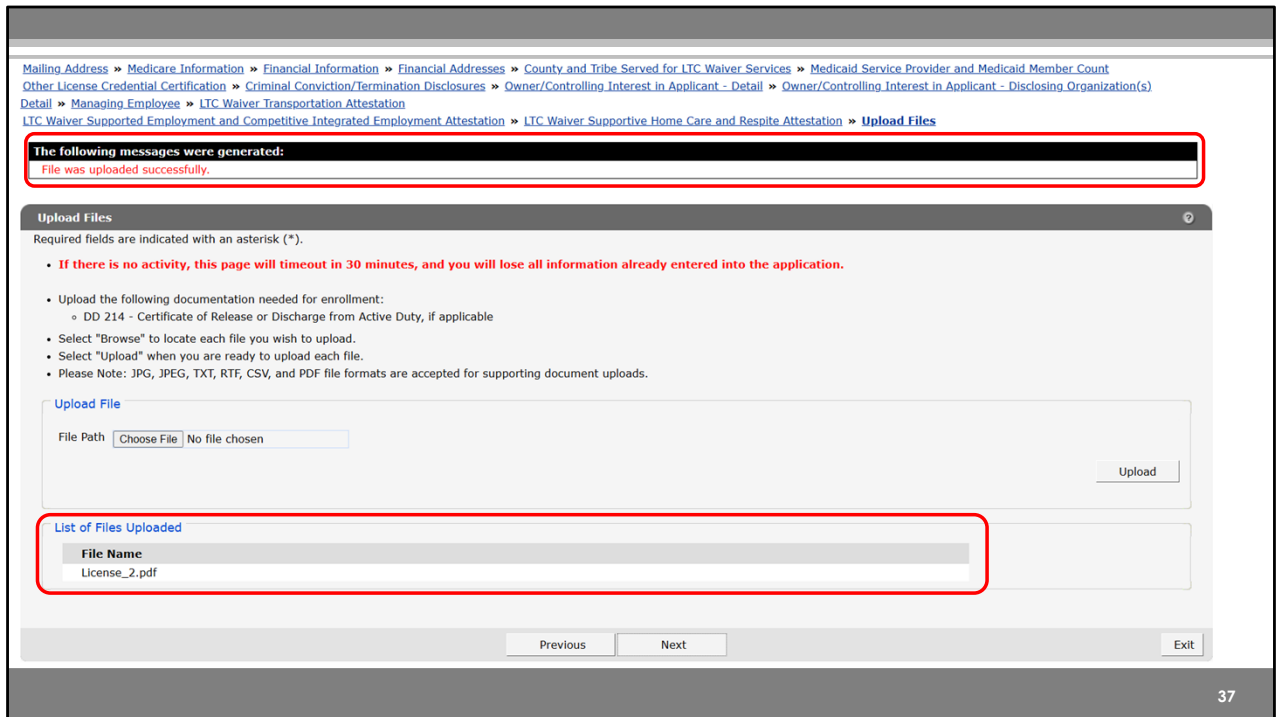
- **If there is no activity, this page will timeout in 30 minutes, and you will lose all information already entered into the application.**
- Upload the following documentation needed for enrollment:
 - DD 214 - Certificate of Release or Discharge from Active Duty, if applicable
- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- Please Note: JPG, JPEG, TXT, RTF, CSV, and PDF file formats are accepted for supporting document uploads.

Upload File

File Path


List of Files Uploaded

Use the Upload button to load the file to the application.



The file is attached to the revalidation application. You should see a message that says, "file was uploaded successfully." Repeat this process for all documents that you would like to upload and click Next.

You are logged in with Provider ID: 100029092 Search

 [Revalidation](#)

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[Detail](#) » [Managing Employee](#) » [LTC Waiver Transportation Attestation](#)
[LTC Waiver Supported Employment and Competitive Integrated Employment Attestation](#) » [LTC Waiver Supportive Home Care and Respite Attestation](#) » [Upload Files](#) » [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*


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Next, complete the LTC Waiver Provider Agreement. You should open and review the Wisconsin Medicaid Provider Agreement and Acknowledgement before checking the box. Check the box to confirm that you accept the terms of the Provider Agreement, or your revalidation application will not be accepted.

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

This is also the last chance to make changes to the revalidation application before submitting. If you would like to make any changes, be sure to use the previous button or the blue links above the box. **Do not** use the browser's navigation buttons, like the back arrow, or you will lose all information entered previously. Once you are ready to submit, click Submit.

You are logged in with Provider ID: 100029092 Search

 [Revalidation](#)

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Other License Credential Certification » Criminal Conviction/Termination Disclosures » Owner/Controlling Interest in Applicant - Detail » Owner/Controlling Interest in Applicant - Disclosing Organization(s)
Detail » Managing Employee » LTC Waiver Transportation Attestation
LTC Waiver Supported Employment and Competitive Integrated Employment Attestation » LTC Waiver Supportive Home Care and Respite Attestation » Upload Files » LTC Waiver Provider Agreement » [Print Revalidation Documents](#)

Print Revalidation Documents

Required fields are indicated with an asterisk (*).

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

Print or save the revalidation documents.

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

I have printed or saved all revalidation documents


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You **must print or save** all the revalidation documents from this screen. These will serve as a record of your revalidation data submitted to Wisconsin Medicaid. The documents include the Revalidation Request Report, Provider Agreement, and any other documents completed during the online revalidation process. Click the blue link that says Print, and it will open a pdf. From there, you can print or download the documents.

ForwardHealth can not retrieve the revalidation documents on your behalf, so be sure to print or save it now.

Once you have printed or saved these documents, check the box and click Next.

You are logged in with Provider ID: 100029092 Search

 [Revalidation](#)

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LTC Waiver Supported Employment and Competitive Integrated Employment Attestation » LTC Waiver Supportive Home Care and Respite Attestation » Upload Files » LTC Waiver Provider Agreement » Print
Revalidation Documents » [Revalidation Application Submitted](#)

Revalidation Application Submitted

Your Revalidation Application has been submitted.

Application Tracking Number (ATN)

- Your tracking number is 23222

What Needs to be Done Next?

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

Notification of Revalidation Decision

- Within 60 days after Wisconsin Medicaid receives your completed application, you will be notified of the status of your revalidation. 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're enrollment in Wisconsin Medicaid is revalidated, you will receive written notice of your approval.

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

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Once you have submitted the revalidation application, the Portal will generate an Application Tracking Number (ATN). **Keep this number** as it will allow you to check the status of the revalidation application later. This is also located on page one of the documents that you just downloaded or printed.

Click Exit.

As a reminder, application processing usually occurs within 10 days, but it can take up to 60 days.

Checking the Status of an Application

- Check the status of a revalidation application from the ForwardHealth Portal.
- You will need your ATN to check the status.



You can check the status of your revalidation application. You will need your ATN to check the status. The ATN is the five-digit number you received after submitting your application. Again, you can find this number in the documents you saved or printed at the end of the revalidation application.

Enrollment Tracking Search:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/EnrollmentTracking.aspx>

wisconsin.gov home state agencies department of health services

ForwardHealth
Wisconsin serving you

Report Fraud Search

Welcome » May 7, 2026 10:54 AM [Login](#)

Providers

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

Acute and Primary Managed Care

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

Welcome to the ForwardHealth Portal

[Resources for Child Care Coordination Services](#)

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

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

Members

- Find a Provider

Partners

- 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

Providers

Acute and Primary Managed Care

Adult Long-Term Care Programs

Children's Specialty Programs

Pharmacy

Behavioral Health

Maternal and Child Health

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This is how to find the Enrollment Tracking Search tool for your revalidation status. Start from the Portal homepage, click the providers icon in the center of the screen.

wisconsin.gov home state agencies department of health services

ForwardHealth Wisconsin serving you **interChange** Provider

Welcome » May 7, 2026 10:54 AM [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

- [Cervical Health Provider Resources](#)
- [Explanation of Benefits](#)
- [Federal Poverty Limits for Presumptive Eligibility \(PE\) Determinations](#)
- [ForwardHealth System Generated Claim Adjustments](#)
- [OIG Post-Payment Review](#)
- [Oploid Treatment Program Certification](#)
- [Other Insurance - Carrier Number](#)
- [Medicaid Recovery Audit Contractor \(RAC\) Information](#)
- [PERM Resources](#)
- [Prior Authorization Process Improvements](#)
- [Provider-specific Resources](#)
- [Related Programs and Services](#)
- [Sickle Cell Disease Cell and Gene Therapy Resources](#)
- [State of Wisconsin Value Added Networks](#)
- [Telehealth Expansion and Related Resources](#)
- [Tobacco Cessation Benefit](#)

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](#)
- [Request for Medicaid Coverage Consideration for Procedures and Devices](#)
- [Provider Revalidation](#)
- [Medication Therapy Management Case Management Software Approval Process](#)
- [Wisconsin Well Woman Program Policy and Procedure Manual](#)
- [Express Enrollment Change Request](#)

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This is the provider's page. In the quick links on the right, click the Enrollment Tracking Search link.

wisconsin.gov home state agencies department of health services

ForwardHealth
Wisconsin serving you

Welcome » May 7, 2026 10:50 AM
[Login](#)

Enrollment Tracking Search ?

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*

Provider Application Tracking

Name	<input type="text" value="PATIENT CARE"/>
Date Received	<input type="text" value="04/16/2025"/>
Status	<input type="text" value="Revalidated"/>

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Enter your application tracking number and click search. You should see the status of your application below. My application status says Revalidated. Other statuses you could see are In Process, Denied, or Awaiting Additional Information. If you check the status of your application and see “Awaiting Additional Information,” it means your application was returned to the provider, which we will cover soon.

Revalidation Outcomes

- Approved revalidation
- Denied revalidation
- Revalidation application returned to provider



Once you have submitted your revalidation application, there are three outcomes that can happen. You will be notified by mail no matter the outcome. You will receive a letter on the State of Wisconsin letterhead with a decision of an approved revalidation, a denied revalidation, or a revalidation application returned to provider. If your revalidation in Wisconsin Medicaid is approved, then you can continue providing services to members and participants for programs you are approved to provide services for, such as Family Care, Family Care Partnership, PACE, and IRIS.

Revalidation is denied if you did not meet eligibility criteria to remain a Wisconsin Medicaid-enrolled Adult Long-Term Care Waiver Service provider.

And finally, a revalidation application may be returned to you if more information is needed to process your revalidation. The information needed varies on a case-by-case basis. If this happens, you will receive a letter that details the reason for the returned revalidation. The letter will include directions on how to correct the returned revalidation, as well as additional resources if you have questions about the returned revalidation. It is important to note that you have 30 days from the

date on the letter to return the information to Wisconsin Medicaid.

Resources

- Email subscriptions:
www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx
- Portal: www.forwardhealth.wi.gov
- Portal Helpdesk: 866-908-1363
- Provider Services: 800-947-9627



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

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

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



Thank You

Now you know how to complete an Adult LTC Waiver Service Revalidation Application. Thank you and have a great day.