

# Provider Checklist

## Long-Term Care Electronic Visit Verification

### Provider Revalidation

Ready to start the process of updating your enrollment with Wisconsin Medicaid?

Supportive home care agencies who have an electronic visit verification (EVV)-only provider Medicaid ID and provide services under service codes S5125, S5126, T1019, and T1020 have to update their enrollment with Wisconsin Medicaid.

When your agency was first enrolled in Wisconsin Medicaid for EVV, ForwardHealth collected basic information about your organization. Now, you'll need to log in to the ForwardHealth Portal (the Portal) at [forwardhealth.wi.gov](https://forwardhealth.wi.gov) to provide additional information. Providing this additional information allows you to fully enroll as a Medicaid provider.

#### Reminders:

1

**The deadline to update your file to full enrollment is January 1, 2026, in order to continue to provide services for members or participants in Wisconsin's adult long-term care (LTC) programs.** If you are unsure whether you have an EVV only provider Medicaid ID, please contact Wisconsin EVV Customer Care at 833-931-2035.

2

ForwardHealth is using the term "revalidation" for this process to convert your EVV-only enrollment to a full Medicaid enrollment. You will keep the same provider ID after revalidation.

You may use this checklist to help you revalidate on the Portal. We'll guide you every step of the way!

## Resources

- Refer to the EVV Provider Revalidation Training video on the Portal Trainings page at [forwardhealth.wi.gov/WIPortal/cms/page/trainings/home](http://forwardhealth.wi.gov/WIPortal/cms/page/trainings/home).
- Call ForwardHealth Provider Services at 800 947 9627, Monday–Friday, 7 a.m.–6 p.m. Central Time (CT) for enrollment or policy questions. For more information, visit the ForwardHealth Online Handbook at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx) and search for the Provider Services topic #23489 by entering the topic number in the Search field.
- Call the Portal Help Desk at 866 908-1363, Monday–Friday, 8:30 a.m.–4:30 p.m. CT for technical questions on [Portal](#) functions, including accounts, registrations, passwords, and submissions.

# Adult Long-Term Care Electronic Visit Verification Provider Revalidation

## Step-by-Step Instructions

### Gather Information

ForwardHealth recommends you have these details and documents on hand when entering the required information on the Portal. Once you start, you must complete the full revalidation application.

- Collect any owner or controlling interest information related to the provider agency. Refer to the Online Handbook at [forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx](http://forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx), and search for Terminology to Know for Provider Enrollment topic #14317 for definitions of ownership or controlling interest.
- Provide criminal conviction and termination disclosure information for owners and managing employees.

### Complete Your Revalidation Application

#### Beginning Revalidation Information

1. Go to [forwardhealth.wi.gov](http://forwardhealth.wi.gov).
2. Log in to your EVV secure Portal Provider account.
3. Select the **Revalidate Your Provider Enrollment** link.
4. Enter your **NPI or Provider ID, Zip Code**, and either your **Social Security Number** or **Tax ID** to log in to the revalidation application. Click **Search**.
5. Select the agency you are revalidating from the **Provider List**. Click **Next**.

6. Read through the **instructions**, and click **Next**.
7. Select **Supportive Home Care – EVV** and other applicable services. Click **Next**.
8. Select the **Waiver Program(s)** you provide services for. Click **Next**.
9. Select the **Type of Business** from the list of options: Sole Proprietor, Corporation for Nonprofit, Corporation for Profit, Limited Liability, Partnership, and Government. Click **Next**.
10. Provide additional information about the sole proprietor and governmental types of business. Click **Next**.

## Address and Other Details

1. Select **Practice Location Address needs to be updated** and add the **Telephone Number – Member Use**. Confirm the **Practice Location** and **Mailing Address** are accurate. Click **Next**.
2. Enter **Medicare** and **Medicaid** information. Click **Next**.
3. Confirm the **Financial Information: Tax Information** and **1099 Mailing Address** are accurate. Click **Next**.
4. Select the **County** and **Tribes** you serve. Click **Next**.
5. Enter your **Medicaid Service Provider** and **Medicaid Member Counts**. Click **Next**.

## Criminal Convictions/Background Information Disclosure

1. Answer Yes or No to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.

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

## Owner/Controlling Interest/Manager Information

1. Indicate whether you have any **Owner/Controlling Interest in Applicant**. Click **Next**.
2. Add any **Owner/Controlling Interest Relationships**. Click **Next**.
3. Provide additional information about the organization(s) in the **Owner/Controlling Interest in Applicant—Disclosing Organization(s) Detail** panel. Click **Next**.
4. Enter the information for the **Managing Employee**. The effective date should be the date the managing employee took on the role. Click **Next**.

## Attestation and Agreement

1. Review the **LTC Waiver Supportive Home Care and Respite Attestation**, check all boxes, sign, and date. Click **Next**.
2. **Upload Files**. This is an optional panel.
3. Next, review the **LTC Waiver Provider Agreement** and confirm you agree to the statements listed in the Agreement. Click **Submit**.

## Final Information

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

## Wait for Your Revalidation Decision

ForwardHealth will usually notify you of your revalidation status within 10 business days after receiving your completed application, but it may take up to 60 business days. Before January 1, 2026, you should continue to render services to participants and/or members while your application is being processed.

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

If your application is approved, you will receive a revalidation approval letter at the mailing address submitted on your application.

ForwardHealth may need additional documentation to process the application. If so, we will send you a letter informing you what is needed. You must provide the requested information by mail within 30 business days.

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