

Adult Long-Term Care (LTC): EVV Provider Revalidation and Portal Resources

ForwardHealth Training Department



This training resource is specific to EVV providers only.

If you are a provider wanting to enroll in Adult Long-Term Care Waiver Services and Programs, there are recorded trainings on the ForwardHealth Provider Enrollment site to assist you.

Agenda

- What is EVV revalidation
- EVV revalidation timeline
- Accessing the ForwardHealth Portal
- Preparing for revalidation
- EVV revalidation demonstration
- Adult LTC resources
- Other resources

*Note: This does not apply to individual EVV workers, only applicable for organizations or sole proprietors.



Supportive home care agencies with an EVV-only provider Medicaid ID are required to revalidate their ForwardHealth enrollment and apply for enrollment in one or more Adult Long-Term Care waiver services and programs no later than January 1st, 2026. This can all be done on the ForwardHealth Portal. This requirement applies to EVV organizations and sole proprietors. Individual EVV workers do not have to complete this process.

This training applies to supportive home care agencies with an EVV-only provider Medicaid ID. Throughout this training, this group will be referred to as “EVV providers.”

This document will demonstrate EVV provider revalidation and will also include important revalidation information and resources. This training will begin with a brief explanation of revalidation. It will explain the revalidation timeline and give you some important dates to remember. It will demonstrate how to access your account on the ForwardHealth Portal, as you will need to be logged into the Portal in order to complete the revalidation application. It will provide you with a list of information you’ll need to complete your revalidation. Then, It will walk you

through an entire EVV Provider Revalidation Application from start to finish. Once the revalidation demonstration is over, this document will direct you to Adult LTC resources to help you complete the process.

What is EVV Revalidation?

- Converts your EVV-only enrollment to full Medicaid provider enrollment
- For supportive home care agencies with an EVV-only provider Medicaid ID (those who provide services under codes S5125, S5126, T1019, and T1020)



When you first enrolled and got your EVV-only provider Medicaid ID, ForwardHealth collected some basic information about your organization. Now, ForwardHealth needs additional information for you to be fully enrolled as a Medicaid provider. ForwardHealth is using the term “revalidation” for this process to convert your EVV-only enrollment to full Medicaid provider enrollment. Your provider ID will not change. Once you revalidate, you will be a fully certified Medicaid provider and will meet all state and federal requirements to be paid for the adult LTC waiver services you provide.

You’ll follow the revalidation process if you are an EVV provider who delivers services under the service codes above. If this applies to you, you must log in to the Portal and revalidate your Medicaid Provider enrollment.

Accessing the ForwardHealth Portal

- forwardhealth.wi.gov
 - Supports the following browsers: Chrome, Edge, Firefox, and Safari
 - Used to complete EVV revalidation
- You will need to log in to your secure Portal account
 - Find instructions on resetting your password in the ForwardHealth Account User Guide
 - If you do not already have a ForwardHealth Portal account, you will need to request a PIN



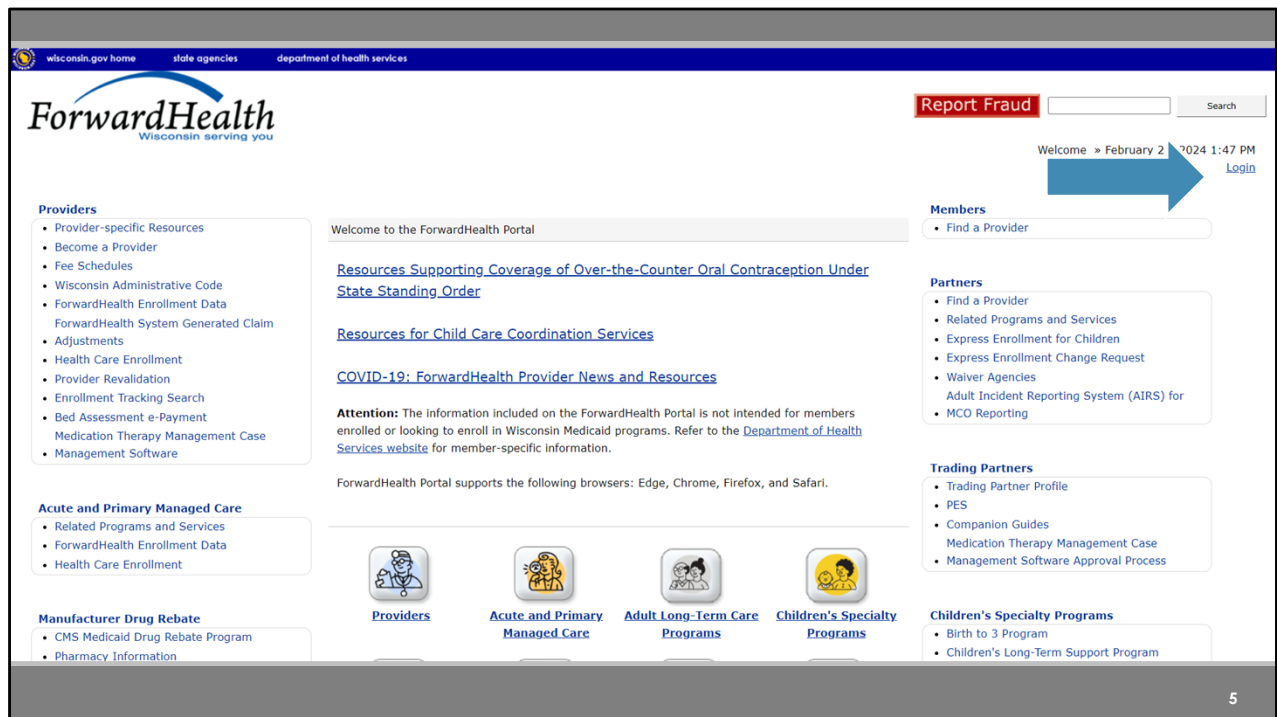
The ForwardHealth Portal is Wisconsin Medicaid's information hub for providers. You will use it to complete EVV provider revalidation. You can access the ForwardHealth Portal at forwardhealth.wi.gov. Make sure you are using one of the Portal's supported browsers: Chrome, Edge, Firefox, or Safari. To revalidate, you'll need to log into your secure Portal account. As an enrolled EVV provider, you likely already have an account. If you need to reset your password, you can click "Forgot password?" and follow the instructions on the Portal. If you forgot your username, then you can contact the Portal Helpdesk.

Portal Helpdesk: 866-908-1363


If you are EVV enrolled and do not have a ForwardHealth Portal account, then you will need to create one. You can do this by following the instructions in the PIN letter you were sent after you initially enrolled. If you do not have the letter anymore, you can request a new PIN by navigating to "Request Portal Access" on the quick links on the provider page.

ForwardHealth Account User Guide:


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



This is the ForwardHealth Portal homepage. To log in to your secure Portal account, click Login at the top right of the screen.

Connecting to 

Sign in with your account to access ForwardHealth



Sign In

Username

EVVProvider

☐ Keep me signed in

Next


[Unlock account?](#)

[Help](#)


[Logging in for the first time?](#)


6

Enter your username and click Next.

Connecting to 


Sign in with your account to access ForwardHealth





Verify with your password

Password



Verify


[Forgot password?](#)

[Back to sign in](#)

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Enter your password and click Verify. Complete multi-factor authentication to access your account.

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




interChange
 Provider

Welcome Michael Jones » May 30, 2025 2:53 PM
[Logout](#)


[Home](#)
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[Max Fee Home](#)
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[Message Center](#)

You are logged in with Provider ID: 100029024


[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](#)
- [Customize Home Page](#)
- [Update Adult LTC Walver Service\(s\) or Programs\(s\)](#)
- [Demographic Maintenance](#)
- [Check My Revalidation Date](#)
- [Revalidate Your Provider Enrollment](#)
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- [Provider Enrollment Upload File Check](#)
- [ForwardHealth E-payment](#)

[Messages](#)

[Quick Links](#)

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You will now be logged into your secure Portal account.

Preparing for Revalidation

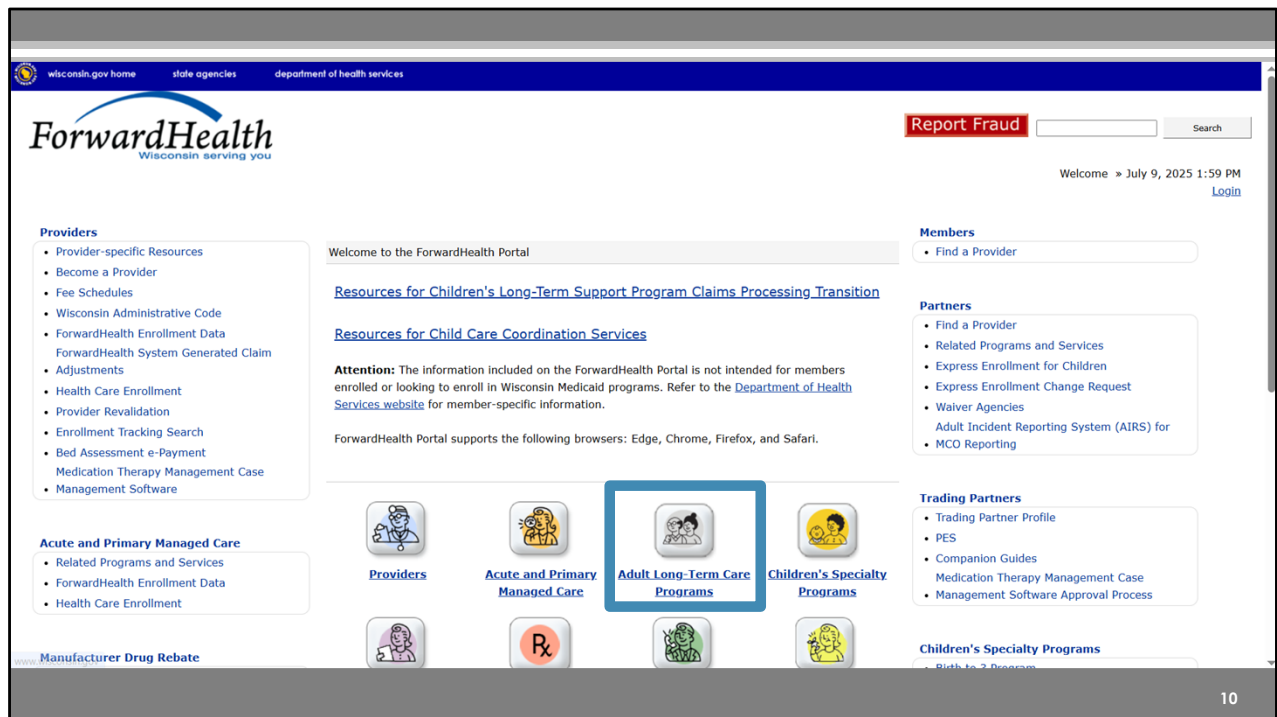
- Provider ID number
- Tax ID number
- All licenses and certifications
- Counties and Tribes served
- Medicaid member and provider count
- Background check information
- Ownership information
- Managing employee information

Resource to help you prepare:


EVV Provider Revalidation Checklist



This is information you should assemble prior to starting the revalidation process. For a better revalidation experience, be sure you have all these items on hand before you begin. This information is required. You will have a better understanding of the information in this list as you see a completed example EVV revalidation application later in this presentation. One valuable resource that will help you prepare for revalidation is the EVV Provider Revalidation Checklist. This can be found on the Provider Enrollment for Adult Long-Term Care Portal Page.



Starting from the Portal homepage, click the Adult Long-Term Care Programs icon in the middle of the screen.



interChange

Adult Long-Term Care

Welcome » July 24, 2025 3:35 PM

[Login](#)

Alerts

- The ForwardHealth Portal (Portal) will be unavailable for maintenance beginning on Saturday, July 26, 2025, at 10 p.m. Central Time (CT) through Sunday, July 27, 2025, at 8 a.m. CT. ForwardHealth does not expect any impacts to features or functionality because of this maintenance. Please contact the Portal Help Desk at 866-908-1363 if you have any issues.
- Children's Long-Term Support (CLTS) Program Providers and County Waiver Agencies: The CLTS Operations Team is available for your questions about submitting prior authorizations (PAs) or claims for CLTS services. Reach the CLTS Operations Team at 844-942-5870 or CLTSOperations@gainwelltechnologies.com.

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 waiver 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.

Medical Waiver Services

- Supportive home care
- Home modifications
- Home-delivered meals
- Lifeline
- Assisted living
- Employment

IRIS

✓

Family Care

✓

Partnership

✓

PACE

✓

Quick Links


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

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Next click the LTC Provider Enrollment link from the Quick Links box on the right.

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



Welcome » August 11, 2025 9:31 AM
[Login](#)

Provider Enrollment for Adult Long-Term Care

Enroll Today

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

Trainings

Recorded Trainings

There are several training videos you can watch anytime:

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

Training Presentation

Quick Links

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




- [Information for Specific Provider Types](#)

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

- [Informational Video](#)
- [Training Schedule](#)

Enrollment progress tracker

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

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

From here, you will see the Provider Enrollment for Adult Long-Term Care Portal page. Click the EVV Provider Revalidation Checklist link on the right to download this resource.

EVV Provider Revalidation Timeline

- EVV provider revalidation begins August 26, 2025.
- You must complete the revalidation application by January 1, 2026.
- Revalidation application processing usually takes 10 days but can take up to 60. Submit your revalidation application well in advance of the enrollment deadline to allow time for processing.
- If you don't revalidate by the deadline:
 - Your EVV enrollment will be terminated.
 - Claims for services provided on or after January 1, 2026, will be denied.
 - You cannot appeal claim denials.



The revalidation period for EVV providers begins on August 26, 2025. You must complete your revalidation application on the Portal before the January 1, 2026 deadline. Revalidation application processing usually occurs within 10 days but can take up to 60 days. Providers should submit their application well in advance of the deadline to allow time for processing. Failure to revalidate by the deadline will result in termination of your EVV enrollment. You will not be eligible for reimbursement for Medicaid services you deliver on or after January 1, 2026. If your EVV enrollment is terminated, you must complete a re-enrollment application as a supportive home care provider. Your new effective date will be the date you submit the re-enrollment application. You will keep your existing Medicaid ID number.

wisconsin.gov home state agencies department of health services

ForwardHealth
Wisconsin serving you

interChange
Provider

Welcome Michael Jones » May 30, 2025 3:11 PM [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: 100029024

Providers

What's New?

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

Home Page

- [Update User Account](#)
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- [Check Enrollment](#)
- [Provider Enrollment Upload File Check](#)
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Messages ? **Quick Links**


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This is the provider page. This is what you will see when you are logged into your Portal account.

To begin revalidation, click [Revalidate Your Provider Enrollment](#) from the Home Page links on the right.

Again, this requirement applies to EVV organizations and sole proprietors. Individual EVV workers do not have to complete this process.

You are logged in with Provider ID: 100029023

 [Revalidation](#)

[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
100029023	ABC AGENCY FOR TRAINING (2/15)	Waiver Supportive Home Care Agency	Supportive Home Care Agency		53702-0021	05/24/2025

Selected Provider

Provider Id

Provider Name

ZIP Code

Taxonomy

Provider Type

Provider Specialty

Revalidation Date

On the next screen, enter the NPI or provider ID that you are enrolled with ForwardHealth, enter either your Social Security Number or Tax ID, and enter your 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.

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: 100029025

[Revalidation](#)

[Log in](#) » [Instructions](#)

Instructions

Required fields are indicated with an asterisk (*).

Welcome to the revalidation process.

Please complete each of the steps in the revalidation process. When you have completed all of the steps click on the "Submit" button to submit your revalidation.

If you need additional assistance completing the steps of the revalidation 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. Personally identifiable information will only be used for the direct administration of the Wisconsin Medicaid program.

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

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

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)
Wisconsin Department of Health Services
Additional Test 1 ADT1_WIPortal2_M1017
Session expires in: 00:29:17

Now we will start the Revalidation process. The revalidation process is a series of screens that will prompt you to enter specific information to complete your provider file. I will submit an EVV provider revalidation application today and show you these screens. Each screen will have notes that will clarify what information is needed.

Some screens will show your existing information pre-populated for you to confirm, while most 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 is a demonstration to familiarize you with the revalidation screens, and not to be copied step-by-step. Each revalidation will be unique based on your specific circumstances. Please note that information you provide in your revalidation will look different from this example. If you need assistance as you proceed through the provider revalidation process, you may click the question mark in the top-right corner of the box.

Throughout the revalidation process, if you need to go back to previous screens,

use the Previous button that appears on the bottom, or use the blue links above the box. **Do not** use your 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 at 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. When you are ready to begin, click Next.

HomeSearchProvidersEnrollmentMax Fee HomeAccountContact InformationOnline HandbooksSite MapiC FunctionalityUser GuidesCertificationMessage Center

You are logged in with Provider ID: 100029024

Search

 [Revalidation](#)

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

LTC Waiver Provider Service

- Select all applicable LTC Waiver Services from the **Add LTC Waiver Service(s) To Provider File** section.

LTC Waiver Service(s) Currently On File

*** No rows found ***

Add LTC Waiver Service(s) To Provider File

☒ Chore Services

☐ Respite Care

☐ Supportive Home Care

☒ Supportive Home Care - EVV

PreviousNextExit


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Here you will be prompted to add LTC Waiver Services to your provider file. All EVV providers will select Supportive Home Care – EVV. You can also add any other waiver services that you provide. If you provide Supportive Home Care services that do not fall under the EVV codes S5125, S5126, T1019, and T1020, then you will want to add both supportive home care waiver services to your Provider file.

HomeSearchProvidersEnrollmentMax Fee HomeAccountContact InformationOnline HandbooksSite MapiC FunctionalityUser GuidesCertificationMessage Center

You are logged in with Provider ID: 100029024

Search

 [Revalidation](#)

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

LTC Waiver Provider Program

- Select all applicable LTC Waiver Programs from the **Add LTC Waiver Program(s) To Provider File** section.

LTC Waiver Program(s) Currently On File

*** No rows found ***

Add LTC Waiver Program(s) To Provider File

☒ Family Care

☐ Family Care Partnership

☒ IRIS:Include, Respect, I Self-Direct

☐ PACE:Program of All-Inclusive Care for the Elderly


PreviousNextExit

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Now you will be prompted to add any LTC Waiver Programs you intend to deliver services for. This example will use Family Care and IRIS. Select the Waiver Programs applicable to you, then click Next.

[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: 100029024

 [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

Enter the type of business. This example will use corporation for non-profit.


[Revalidation](#)

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

☐ 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)512-6371

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

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The next section includes practice location and contact information. **This will be different for each provider.** 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. The information in this section has been prepopulated from your initial enrollment. Confirm that the information in the fields is accurate.

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

Even if the information in the fields is accurate, you will need to select Practice Location Address needs to be updated and enter the telephone number for member use. This is the phone number that members should use to contact the provider. If this phone number is the same as the Medicaid contact person, then enter it again in this field. If it is a different number, then make sure to have the appropriate number for each field. This number and address will be made available to the public in the provider directory.

Also, 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. An example of shortening is to use the abbreviation “St.” rather than spelling out the word street. There is a 30-character limit in the address line fields.

[Log In](#) » [Instructions](#) » [LTC Waiver Provider Service](#) » [LTC Waiver Provider Program](#) » [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.
- 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

ABC AGENCY FOR TRAINING 3 OF 15

Attention Line

MICHAEL JONES

Address Line 1

123 FORWARDHEALTH DR.

Address Line 2

City

MADISON

State/ZIP Code

WI 53702 - 0021

Email Address*

mjones@wisconsin.gov

Previous

Next

Exit

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 from the previous screen. 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

Add

Cancel

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)

Previous

Next


Exit

The next section will ask what Medicare or Medicaid programs you are enrolled in. If you are enrolled to provide services to Medicare Part A or Part B recipients, you can add that information here. Select a Medicare indicator, enter the Medicare number, and click Add. You can repeat this step as needed.

This screen will also ask if you are enrolled in Medicaid or CHIP in a state other than Wisconsin. This example organization will select not enrolled or in the process of enrolling.

[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: 100029024

 [Revalidation](#)

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Financial Information?


Required fields are indicated with an asterisk (*).

[Tax Information](#)

Taxpayer Identification Number (TIN)*

Name*

TIN Type*☒ EIN ☐ SSN



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Now, confirm that the tax information you entered in your initial enrollment is accurate.

[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*	ABC AGENCY FOR TRAINING 3 OF 15
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 1099 tax forms from ForwardHealth; however, these fields are required to complete your provider profile and submit the revalidation, so please confirm the information is accurate.

If the mailing address that you receive payment checks or tax forms like the 1099 changes, then you must also provide this updated information to your MCO (Managed Care Organization) or IRIS FEA (Fiscal Employer Agent). The ForwardHealth Portal is not the same as reporting to the MCO or FEA.

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

Iron
Jackson
Juneau
Kenosha
Kewaunee
La Crosse
Lafayette

Selected Counties

Dane
Jefferson

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

Exit

Next, select the counties and Tribes where you will provide services.

This example organization will add Dane and Jefferson county and will not add any Tribes.

You are logged in with Provider ID: 100029024

 [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](#) » [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, you will enter the approximate number of staff members at your agency who serve 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.

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

Business Name and Address - Employer (Entity)

Business Name* Care Services

Street Address* 456 ForwardHealth Dr

City* Madison

State/ZIP* WI 53702

Instructions for Section A

An answer is required for each question. If the answer to any question is 'yes', list each charge/conviction, when it occurred or the date of the charge/conviction, and the city and state where the court is located. The applicant may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Answering "No" to all questions does not guarantee employment, a contract or service agreement.

Section A - Disclosures

1. Does the applicant have any criminal charges pending against the applicant, including in federal, state, local, military, and tribal courts?*

☐ Yes
☒ No

If you are a sole proprietor, you will be subject to criminal background checks. You will be prompted to complete this Background Information Disclosure form during EVV 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
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

Cancel

Add

Instructions for Section 2

Completion of section 2 is required only for applicants who have lived outside of the state of Wisconsin in the past three years.

Section 2 - Additional Applicant Information

Mother's Maiden Name

Mother's Current Last Name

Mother's Current First Name

Mother's Current MI

Father's Last Name

Father's First Name

Father's MI

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. Click Next to continue your EVV revalidation application.

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\(c\)](#)

[Previous](#)

[Next](#)

[Exit](#)

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Next, enter any criminal conviction or termination disclosures. An answer is required for each question. If the answer to any question is Yes, you must report details regarding the criminal conviction or termination on the following page.

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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
Type changes below.				

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

Owner/Controlling Interest Data

Legal Business Name* Help Services

Doing Business As Name

Tax Identification Number* 405051744

Percentage of Ownership* 50

Primary Business Address

Address Line 1* 456 ForwardHealth Dr.

Address Line 2

City* Madison

State/ZIP* WI 53702 0021

Add Cancel

Next, you will have to disclose any ownership or controlling interest of your organization.

This panel will change depending on the type of business selection.

Repeat this step for all owners with more than 5% controlling interest.

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[Criminal Conviction/Termination Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » **Owner/Controlling Interest in Applicant - Disclosing Organization(s) Detail**

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.
- 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.
- If provider disclosed ownership information for an organization or attested that an organization had no owners during enrollment, they will be unable to add any owners for that organization here; if they wish to add owners they must instead complete a Change of Ownership application.

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? ☒ 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.

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
966985718				

Type data below for new record.

Employee Detail

Social Security Number* 966985718

First Name* Tristan

Middle Initial

Last Name* Trainer

Date of Birth* 04/18/1990

Address Line 1* 428 ForwardHealth Dr.

Address Line 2

City* Madison

State/ZIP* WI 53702 - 0021

Effective Date* 10/02/2023

End Date

delete


Save

This next section includes managing employee information. Enter required information of a managing employee and click Save.

The effective date will be prepopulated to today's date. Change this to the date this person took on the role of managing employee.

Repeat this step, as necessary. Only add employees that fit the managing employee description. This is not the place where you should add your workers. You will continue to add workers using the current process. Once all managing employees are added, click Next.

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[Criminal Conviction/Termination Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » [Owner/Controlling Interest in Applicant - Disclosing Organization\(s\) Detail](#) » [Managing Employee](#) » **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*

Last Name*


Title*

Date Signed

Certain waiver services will require an attestation in this section of the revalidation application. This is the LTC Waiver Supportive Home Care and Respite Attestation. All EVV providers must sign this attestation.

Use the blue links in the attestation to open and review any documentation prior to signing it. Check the boxes to verify that information. Sign your name as the provider applicant at the bottom of the screen and click Next.

You are logged in with Provider ID: 100029024

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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 No file chosen

List of Files Uploaded


Next, you will be asked to upload supporting documentation.

In this example, there is no supporting documentation required. A DD 214 form, Certificate of Release or Discharge from Active Duty, is required as applicable. If you do not upload the required documentation, there may be a delay in your revalidation application's approval.

The Portal accepts JPG, JPEG, TXT, RTF, CSV, and PDF files. Once all files are uploaded successfully, click Next. There is a training video on how to upload documents available on the Portal trainings page which will be shown below.

Remember, this page will time out in 30 minutes, and you will lose all the information you have entered previously. Keep an eye on the timer if you are preparing documents. And again, you can click Previous, then Next to restart the timer.

You are logged in with Provider ID: 100029024

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[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*

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

This screen is the LTC Waiver Provider Agreement. You should open and review the Wisconsin Medicaid Provider Agreement and Acknowledgement before checking the box to confirm your agreement.

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


This is also the last opportunity to make changes to the revalidation application before submitting. If you need to make changes, use the previous button, or the blue links on top. Again, do not use your browser's navigation buttons (the back arrow) or you will lose all the information you have entered to this point.

When you are ready to submit, click Submit.

[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: 100029024

Search

 [Revalidation](#)

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[Criminal Conviction/Termination Disclosures](#) » [Owner/Controlling Interest in Applicant - Detail](#) » [Owner/Controlling Interest in Applicant - Disclosing Organization\(s\) Detail](#) » [Managing Employee](#) » [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


Next

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

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: 100029024 Search

 [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 » County and Tribe Served for LTC Waiver Services » Medicaid Service Provider and Medicaid Member Count
Criminal Conviction/Termination Disclosures » Owner/Controlling Interest in Applicant - Detail » Owner/Controlling Interest in Applicant - Disclosing Organization(s) Detail » Managing Employee » 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 23726

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.

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.

Click Exit.

A few reminders:

- Revalidation application processing usually occurs within 10 days, but it can take up to 60 days.
- Revalidation deadline is January 1, 2026.
- If you have not completed revalidation by the deadline, claims for services provided on or after that date will be denied.

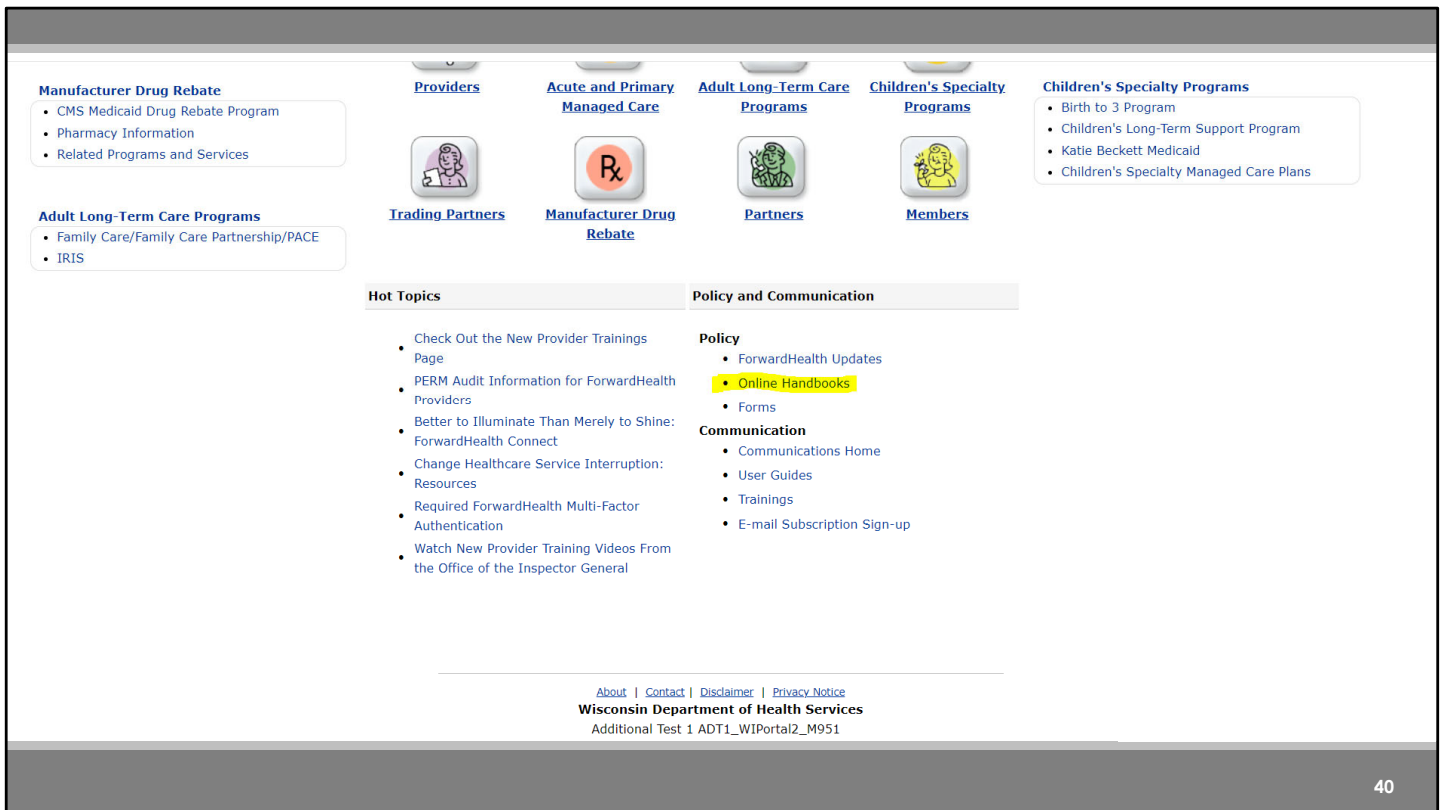
Resources

Adult LTC Waiver Information in the Online Handbook

Find Adult LTC Waiver information in the Online Handbook in the following program areas:

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





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 at the very bottom of the screen. You will then be able to access the Online Handbook.

Provider

[Hide Table of Contents](#)

Select an Online Handbook

Family Care

Save Preferences

Save Preferences Preferences Home

Search

Search Search Tips

☐ Search within the options selected above

☐ Search all handbooks, programs and service areas

☐ Search by topic number

View Sections and Chapters

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

[Read Policy Announcements](#)

Family Care

To begin using the Online Handbooks:

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

Legal framework for policy in the Online Handbook:

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

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You can select an online handbook by program using 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.

Here is an example of how to find a specific topic in the Family Care program area of the Online Handbook. First select Family Care from the program area drop-down menu.

Select an Online Handbook

Family Care

Save Preferences

Save Preferences Preferences Home

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
 ☒ Ongoing Responsibilities

- [All Topics](#)
- [Examples of Ongoing Responsibilities](#)
- [Record Retention](#)
- [Billing and Claims](#)
- [Keeping Information Current](#)
- [Updating Waiver Services or Programs](#)
- [Re-enrollment](#)
- [Revalidation](#)
- [Change in Ownership](#)

[Print](#)

Provider Enrollment and Ongoing Responsibilities : Ongoing Responsibilities

Topic #23482

Keeping Information Current

ForwardHealth requires providers to keep their demographic information up to date by entering any changes in the ForwardHealth Portal. This includes changes to:

- [Address\(es\)](#) of the practice location, mailing, financial, and/or related information
- Business name
- Contact name
- Federal Tax ID number ([IRS](#) number)
- Licensure
- [NPI](#)
- Professional certification
- [Provider specialty](#)
- Managing employee
- Taxonomy code
- Phone number with the area code

There is a [demographic maintenance tool](#) on the Portal that providers use to make any necessary changes.

ForwardHealth requires providers who are enrolled in multiple programs to update their demographic information for each program.

[Important Reminders About Demographic Maintenance](#)

If a provider fails to notify ForwardHealth of address changes, ForwardHealth may terminate their Medicaid enrollment.

Now, expand the Provider Enrollment and Ongoing Responsibilities section, then the Ongoing Responsibilities subsection to find the topic on Keeping Information Current (#23482).

[Hide Table of Contents](#)

Select an Online Handbook

Choose a program: ▼

▼

Save Preferences

Save Preferences

Preferences Home

Search

23482

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

[Keeping Information Current - Topic #23482](#)

ForwardHealth requires providers to keep their demographic information up to date by entering any changes in the ForwardHealth Portal.

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

• Provider » Family Care

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

• Provider » Family Care Partnership

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

• Provider » IRIS

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

• Provider » PACE

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

Pages: 1

Alternatively, you can search for specific information with any given keyword or topic number. If you search for topic #23482, it will appear in the search results. Click show links to see the different program areas from which this topic can be accessed.


EVV Portal Functionality User Guide


- User Guides provide Portal users with step-by-step instructions and screenshots to help navigate the Portal.
- The EVV Portal Functionality User Guide:
 - Demonstrates common Portal processes for EVV providers.
 - Is organized by chapter and contains a table of contents.





Acute and Primary Managed Care


- Related Programs and Services
- 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](#)


[Partners](#)


[Members](#)

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

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

- 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

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Wisconsin Department of Health Services
 Production PROD_WIPortal2_M1004B__8

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From the Portal homepage, scroll down to the bottom and click the User Guides link under the Communication heading.

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- [Other Coverage Discrepancy Report](#)
- [Prior Authorization](#)
- [Upload Audit Information Instruction Sheet](#)

Provider Portal Claims Functionality

Provider Claims Submission User Guides

- [Institutional](#)
- [Professional](#)
- [Dental](#)
- [Compound/Noncompound Drug](#)

Provider Claims Instruction Sheets (all claims)

- [Claim Search](#)
- [Claim Status Information](#)
- [Resubmitting a Denied Claim](#)
- [Adjusting a Claim](#)
- [Voiding a Claim](#)
- [Copying a Claim](#)
- [Uploading Claim Attachments](#)

Provider Remittance Advice

- [User Guide](#)
- [CSV File](#)

Partner Portal Functionality

- [Partner Portal](#)

Trading Partner Information

- [Provider Electronic Solutions Manual, v.3.10](#)
- [Provider Electronic Solutions Manual, previous versions](#)
- [HIPAA Version 5010 Companion Guides](#)
- [NCPDP Version D.0 Payer Sheet](#)

Manufacturer Drug Rebate User Guide

- [Manufacturer Drug Rebate User Guide](#)

Electronic Visit Verification Portal Functionality

- [EVV Portal Functionality User Guide](#)

BadgerCare Plus/Medicaid SSI HMO or Children's Specialty Managed Care Prepaid Inpatient Health Plan Provider Appeals

You should see the EVV Portal Functionality User Guide on the right. Click the blue link to open it. This user guide contains valuable information for EVV providers such as setting up an account, clerk maintenance, and worker association which allows you to add or manage workers for your organization.

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 and Electronic Visit Verification (EVV) drop-down boxes.



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)	▼	CHILDREN'S SPECIALTY PROGRAMS (CLTS)	▼
OTHER TRAININGS AND RESOURCES	▼	CALENDAR: UPCOMING LIVE VIRTUAL TRAININGS	▼
		Drug Rebate Portal Training	▼

Expand the Adult Long-Term Care Programs drop-down menu. From there, you can find Adult LTC Waiver Trainings. Also expand the Electronic Visit Verification drop down menu to find EVV trainings.

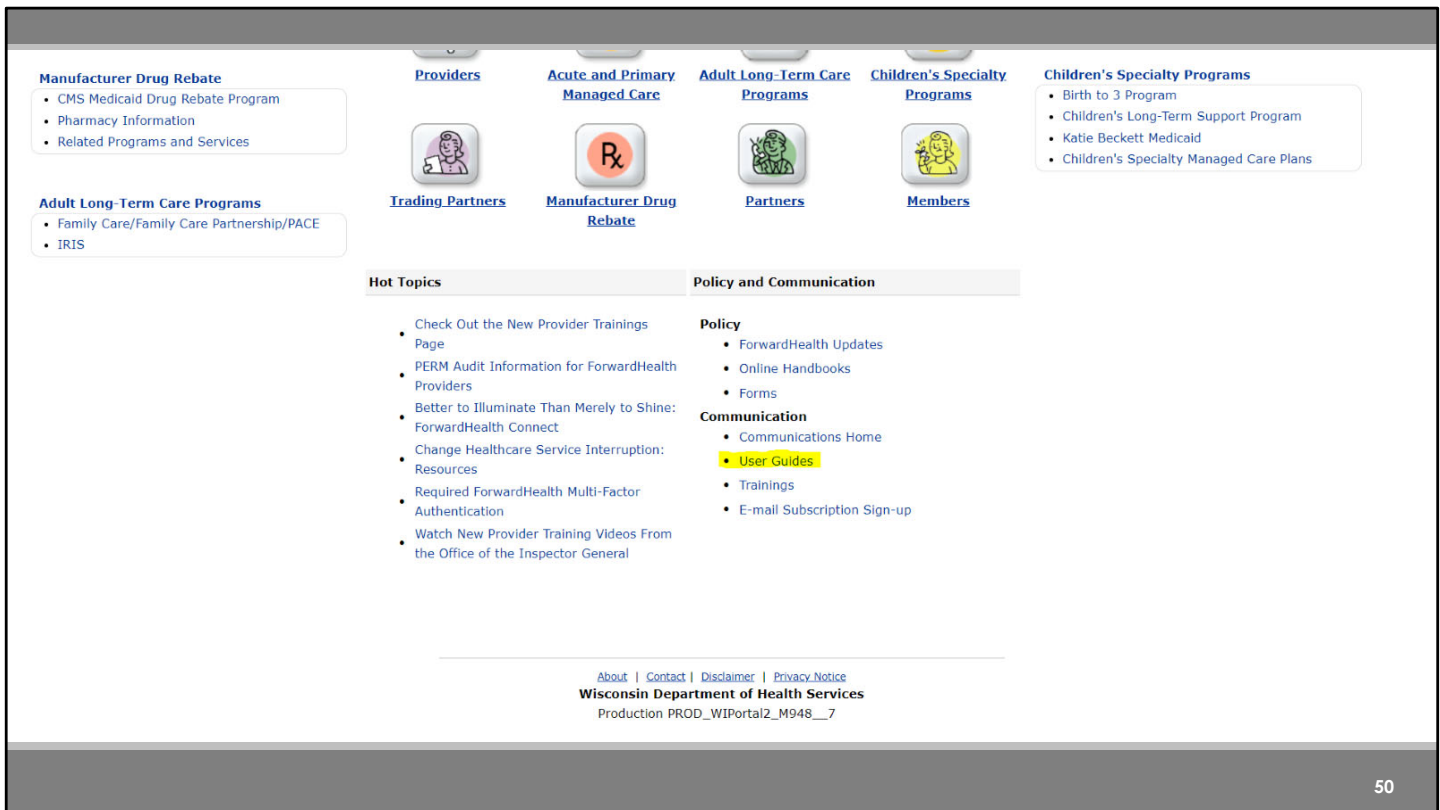
Other Resources

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



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

For help with Portal functionality, such as if you forget your username, you can contact the Portal Helpdesk at 866-908-1363. Provider Services is available to assist you if with questions about the revalidation process.



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

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

[Providers](#)

[Acute and Primary Managed Care](#)

[Adult Long-Term Care Programs](#)

[Children's Specialty Programs](#)

[Trading Partners](#)

[Manufacturer Drug Rebate](#)

[Partners](#)

[Members](#)

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

Children's Specialty Programs

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

Medication Therapy Management Case

- Management Software Approval Process

Hot Topics

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

Policy and Communication

Policy

- ForwardHealth Updates
- Online Handbooks
- Forms

Communication

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

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Wisconsin Department of Health Services
 Additional Test 1 ADT1_WIPortal2_M953

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.

[Subscriptions](#)

Subscriptions

[View the Email Subscription User Guide](#)

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

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

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E-Mail

patrick.richardson@wisconsin.gov

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patrick.richardson@wisconsin.gov

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Existing Subscribers

E-Mail

Load

Unsubscribe

E-Mail

Available Subscriptions

BadgerCare Plus and Medicaid

Family Care

Family Care Partnership

IRIS

PACE

WCDP-Adult Cystic Fibrosis

WCDP-Chronic Renal Disease

WCDP-Hemophilia Home Care

Wisconsin AIDS Drug Assistance Program

Wisconsin Well Woman Program

Trading Partners

Pharmacy PA Advisory Committee

Adult LTC Waiver Provider

Pharmacist

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Thank You