Provider Checklist

Long-Term Care Provider Revalidation

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

Adult long-term care (LTC) providers who deliver home and community-based services (HCBS) may use this checklist as a guide while revalidating with Wisconsin Medicaid on the ForwardHealth Portal (the Portal) (forwardhealth.wi.gov).

We'll guide you every step of the way!

Reminders:

1. ForwardHealth uses the term "revalidation" for the process of confirming your information is accurate and renewing your Wisconsin Medicaid enrollment. You'll keep the same provider ID after revalidation.

2. You are required to revalidate your enrollment every three years.

Resources

- Refer to the Adult LTC Waiver Provider Revalidation of Enrollment Training video on the Portal Trainings page (forwardhealth.wi.gov/WIPortal/cms/page/trainings/home). The training is also available as a downloadable PDF (https://www.forwardhealth.wi.gov/WIPortal/content/pdf/Adult_LTC_Revalidation_Training_Handout.pdf.spage).
- 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 (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 the Portal (forwardhealth.wi.gov) functions, including accounts, registrations, passwords, and submissions.

Adult Long-Term Care Provider Revalidation

Step-by-Step Instructions

Gather Information

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

- Any owner or control interest information related to the provider agency. Refer to the Online Handbook (forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx), and search for Terminology to Know for Provider Enrollment topic #14317 for definitions of ownership or control interest.
- Criminal conviction and termination disclosure information for owners and managing employees.

Complete Your Revalidation Application

Beginning Revalidation Information

1. Go to the Portal (forwardhealth.wi.gov).
2. Log in to your secure ForwardHealth Provider Portal account.
3. Select the **Revalidate Your Provider Enrollment** link.
4. Enter your **NPI**[1] **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 provider you are revalidating from the **Provider List**. Click **Next**.
6. Read through the **instructions**, and click **Next**.
7. Confirm your **LTC Waiver Service(s)** is correct. Click **Next**.
8. Confirm the **LTC Waiver Program(s)** you provide services for is correct. Click **Next**.

   Note: If you need to update either your LTC waiver services or LTC waiver programs, make changes through the **Update Adult LTC Waiver Service(s) or Program(s)** page of your secure Provider Portal account once your revalidation is complete.
9. Confirm your **Type of Business** is correct: Sole Proprietor, Corporation for Nonprofit, Corporation for Profit, Limited Liability, Partnership, and Government. Click **Next**.
10. If applicable, confirm the additional information about the sole proprietor and governmental types of business. Click **Next**.

Address and Other Details

1. Confirm the **Practice Location Mailing Address** is correct. Click **Next**.
2. Confirm the **Mailing Address** and **Email Address** are correct. Click **Next**.
3. Confirm if you are enrolled in **Medicare** or in **Medicaid or CHIP**[2] **in a state other than Wisconsin**. Click **Next**.
4. Confirm the **Financial Information: Tax Information** and **1099 Mailing Address** are correct. Click **Next**.
5. If applicable, confirm if you want to appear in the **Provider Directory**. Click **Next**.

6. Confirm your **Provider Directory Details**. Click **Next**.
7. Confirm the **County** and **Tribes** you serve are correct. Click **Next**.
8. Confirm the numbers for your **Medicaid Service Provider** and **Medicaid Member Counts** are correct. Click **Next**.
9. Confirm the **State License(s)** is correct. Click **Next**.
10. Confirm the **Other License Credential Certification(s)** is correct. You can update these documents using the **Upload Files** screen later in the application. Click **Next**.

Criminal Convictions/Background Information Disclosure

1. Individual or Sole Proprietor: Complete all fields in the **Background Information Disclosure** and the **Background Information Disclosure Addendum**, if applicable. Click **Next**.
2. Answer Yes or No to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.
3. Provide detailed information about criminal conviction disclosures and termination disclosures, if applicable. Click **Next**.

Owner/Control Interest/Manager Information

Note: If any information regarding your ownership has changed, submit a Change of Ownership (CHOW) application. Find more information on the Change in Ownership page of the Portal (www.forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx?topic=142). Do **not** complete your revalidation application.

1. Individual: Confirm whether you have any **Owner/Control Interest in Other Health Care Providers**. Click **Next**.
2. Individual: Provide additional information about the disclosing entities in the **Owner/Control Interest in Other Health Care Providers—Details** panel. Click **Next**.
3. Organization: Confirm whether you have any **Owner/Control Interest in Applicant**. Click **Next**.
4. Organization: Confirm any **Owner/Control Interest Relationships**. Click **Next**.
5. Organization: Provide additional information about the organization(s) in the **Owner/Control Interest in Applicant—Disclosing Organization(s) Detail** panel. Click **Next**.
6. Confirm the information for the **Managing Employee**. The effective date should be the date the managing employee started the role. Click **Next**.

Attestation and Agreement

1. Review the applicable attestation(s), check all boxes, sign, and date. Click **Next**.
2. **Upload Files**, if applicable.
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. ForwardHealth cannot retrieve the revalidation documents for you. 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.

You can track the status of your revalidation application through the Portal by entering your ATN in the Enrollment Tracking Search tool (www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/EnrollmentTracking.aspx). You'll 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'll receive a revalidation approval letter at the mailing address submitted on your application.

ForwardHealth may need additional documentation to process your 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 your application is denied, you'll receive a letter with the denial reason.

[1]National Provider Identifier
[2]Children's Health Insurance Program