



Q&A: New Enrollment System for Adult Long-term Care Waiver Providers

The Wisconsin Department of Health Services (DHS) is creating a centralized enrollment system for providers who serve members and participants in the adult long-term care waiver programs including [Family Care](#), [Family Care Partnership](#), [Program of All Inclusive Care for the Elderly \(PACE\)](#), and [IRIS \(Include, Respect, I Self-Direct\)](#). The new provider enrollment system will comply with federal requirements. DHS is also using this opportunity to standardize, streamline, and automate the Wisconsin Medicaid enrollment process for adult long-term care waiver service providers.

Please note that this Q&A for stakeholders represents information available at the time questions were asked. Answers will be updated based on the system design and stakeholder input. Policy and guidance can be found in the [ForwardHealth Online Handbook](#) and [Adult Long-term Care Updates](#), which are available on the ForwardHealth Portal.

Topic Category Guide

[Enrollment](#)

[Background Checks](#)

[Provider Qualifications: Credentials, Licensing, and Other Screenings](#)

[Provider Type-Specific Questions](#)

[Services and Billing](#)

[Contracts and Rates](#)

[Electronic Visit Verification](#)

[System Features](#)

[Outreach](#)

[Assistance for Providers](#)

[Revalidation and Re-Enrollment](#)

Enrollment

No.	Question	Answer
1.	What are adult long-term care waiver services?	<p>Adult long-term care waiver services are services offered in addition to state plan services that allow certain members to receive services in their homes and in their communities. Adult long-term care waiver services are also referred to as HCBS.</p> <p>Wisconsin offers adult long-term care waiver services through the Family Care, Family Care Partnership, PACE, and IRIS programs.</p> <p>For service definitions, refer to the Family Care, Family Care Partnership, and PACE: MCO Contracts or IRIS Service Definition Manual.</p>
2.	What are state plan services?	<p>State plan services are services that all Medicaid and BadgerCare Plus members are entitled to when they are determined eligible for Wisconsin Medicaid. State plan services include acute and primary medical services such as physician and hospital services, drugs, mental health and substance use treatment, and physical therapy. Other types of services covered under state plan services include nursing home services, personal care, non-emergency medical transportation, and other services.</p>
3.	What is a Wisconsin Medicaid Provider ID and why is it necessary?	<p>A Medicaid Provider ID is a unique number that is assigned to identify a provider who has been approved and certified to provide services for members and participants in Wisconsin's Medicaid programs. In the future, Wisconsin adult long-term care waiver service providers must have a Medicaid Provider ID to provide services and to contract with a managed care organization (MCO) or onboard with an IRIS fiscal employer agent (FEA).</p>
4.	Are all current adult long-term care waiver service providers already in the ForwardHealth provider enrollment system?	<p>No. Providers who only render adult long-term care waiver program services are not yet required to enroll in Wisconsin Medicaid using the ForwardHealth Portal.</p>

No.	Question	Answer
5.	How will current adult long-term care waiver service providers be entered into the ForwardHealth provider enrollment system?	Individual providers, provider agencies, and organizations will be required to complete the application process through the ForwardHealth Portal. DHS will be coordinating outreach to providers, training, and technical assistance once adult long-term care waiver service providers are required to enroll in Wisconsin Medicaid through the Portal.
6.	Will providers need multiple Medicaid Provider IDs if they are providing different types of services?	It will depend on the provider, the types of services they offer, and whether those services are tied to a physical location. In most cases, multiple Medicaid Provider IDs will not be required, but there may be some providers who offer services in certain settings that require multiple Medicaid Provider IDs (for example, a community-based residential facility [CBRF] on the same campus as an adult day care).
7.	Will employees of an agency (for example, a personal care agency) be required to enroll individually?	No. Employees of an agency will not be required to enroll individually, nor will they receive a separate Medicaid Provider ID.
8.	Where can providers find a list of the information and documents needed to enroll?	DHS will provide trainings, an enrollment handbook, and other online materials for providers before implementation. Information will also be available on the ForwardHealth Portal .

No.	Question	Answer
9.	If a provider operates multiple facilities with different physical locations, does each one need to be enrolled separately?	<p>Certain adult long-term care waiver service providers must complete enrollment and receive a unique Medicaid Provider ID for each physical service location. Providers who must enroll by each physical location include:</p> <ul style="list-style-type: none"> • Residential providers: <ul style="list-style-type: none"> ○ 1–2 bed adult family home ○ 3–4 bed adult family home ○ CBRF ○ Residential care apartment complex • Aging and disability resource agency (when any of the following services are provided): <ul style="list-style-type: none"> ○ Adult day care services ○ Day services—facility based • Non-residential day and vocational services (when any of the following services are provided): <ul style="list-style-type: none"> ○ Adult day care services ○ Day Services—facility based ○ Prevocational services—facility based
8.	Does the provider need to enroll separately for each county or tribe they serve?	No. Most provider types and specialties will only need to enroll once and indicate which counties and tribes they serve on the provider application (for example, supportive home care).
9.	When enrolling, can a provider choose more than one provider type or do they need to enroll for each provider type separately?	The provider will need to enroll in each provider type and provider specialty separately. The ForwardHealth enrollment system has grouped waiver services under provider types and specialties to minimize multiple enrollments as much as possible.
10.	How will the different addresses (physical and mailing) be clarified for providers when enrolling using the ForwardHealth Portal?	Specific instructions regarding address types for waiver providers will be provided in training manuals and user guides. The enrollment application will include a separate field for different types of addresses.
11.	Will DHS collect the provider’s email address and contact information as part of the required identification information?	Yes. DHS will collect an email address and other contact information as part of the enrollment application.

No.	Question	Answer
12.	Can someone else enroll the provider on their behalf if the provider cannot enroll using the ForwardHealth Portal?	MCOs and IRIS FEAs may agree to complete enrollment, re-enrollment, revalidation, or submit demographic updates on behalf of a provider as a third-party delegate. MCOs and FEAs are the only agencies authorized to serve as third-party delegates.
13.	How will providers submit attestations if they enroll with assistance from a third-party delegate?	Providers will need to provide all relevant attestations to the third-party delegate (the MCO or the IRIS FEA) enrolling on their behalf.
14.	Will self-directed support (SDS) workers and participant-hired workers (PHWs) enroll through this provider enrollment system in ForwardHealth?	No. Individual SDS workers and PHWs will continue to enroll through MCOs and IRIS FEAs. These worker types will not enroll through ForwardHealth, but in the future, they will be assigned Medicaid Provider IDs. Agencies who employ SDS workers will need to enroll at the agency level as a Medicaid provider through the ForwardHealth Portal.
15.	What if a provider needs to be enrolled quickly (for example, for a member/participant who is being discharged from the hospital)?	In urgent situations, providers must contact the contracted MCO or the participant's IRIS FEA for assistance.

Background Checks

No.	Question	Answer
16.	Will DHS conduct background checks on all staff and employees at agencies or organizations?	DHS will perform background checks and ongoing screening on owners, persons with a controlling interest, agents, and managing employees. Organizations and agencies must perform and attest that they are performing necessary background checks and ongoing screening on their staff to ensure compliance with DHS requirements for participation in the Medicaid program.

No.	Question	Answer
17.	Does the new provider enrollment system account for different background check criteria among programs?	Yes. During enrollment, agencies or organizations will select the program(s) they want to serve and must complete that program's background check process. If a provider wants to serve multiple programs and there is a discrepancy between background check processes for the programs (for example, IRIS and Family Care), the more stringent background check criteria will apply.
18.	Will additional background checks be required for facilities already certified or licensed by the Division of Quality Assurance (DQA), the MCO, or DHS?	Licensed or certified facilities (adult family homes, CBRFs, residential care apartment complexes, adult day cares) will not need additional background checks during Medicaid enrollment or revalidation. The background checks performed during MCO or DHS home and community-based services (HCBS) certification and DQA licensure of the facility will be considered sufficient for credentialing purposes.

Provider Qualifications: Credentials, Licensing, and Other Screenings

No.	Question	Answer
19.	Will there be any changes in the requirements to be a provider for adult long-term care waiver programs?	The enrollment process is changing, but all the standards and requirements outlined in the 1915c waivers will continue to apply.
20.	Will the provider enrollment system ensure that licenses, certifications, and/or other required credentials are valid and current?	Yes. Providers will not be able to enroll or re-enroll and will be terminated as active providers if their credentials, licenses, and other required credentials are invalid or expired.
21.	Residential providers have license numbers for each location; can they use the license number instead of assigning individual Medicaid Provider IDs?	No. A Medicaid Provider ID is specific to Wisconsin's ForwardHealth system. It is assigned as a part of provider enrollment. The system cannot use other license numbers as a Medicaid Provider ID.
22.	Will procedures for screening, certification, and enrollment for PHWs and SDS workers change?	No. PHWs and SDS workers will continue to be screened, certified, and enrolled by MCOs and IRIS FEAs. These worker types will not enroll through ForwardHealth.

No.	Question	Answer
23.	Will providers be checked against the Social Security Death Master File and other federal exclusion databases?	Yes. ForwardHealth will check the Social Security Death Master File and other federal exclusion databases on a regular basis.
24.	MCOs verify certain information annually. Will the provider enrollment system verify this information annually?	The provider enrollment system continuously verifies information from various sources on a regular basis. Additionally, some provider types will be required to submit updated credentials such as licenses annually.
25.	Will the provider enrollment system automatically check for insurance information on an annual basis? If providers submit insurance documents to the system, will the enrollment system serve as a repository for insurance information that MCOs or IRIS FEAs could access?	The provider enrollment system will not collect insurance information or be a repository for insurance documents. The MCO or IRIS FEA will still need to collect insurance documents from providers.
26.	What must the provider do to maintain their Medicaid enrollment?	The provider must revalidate enrollment every three years, update their demographic information when changes occur, and ensure all licenses and DQA, MCO, DHS, or other credentials remain current.

Provider Type-Specific Questions

No.	Question	Answer
27.	How would a personal care agency that provides state plan services enroll to provide supportive home care services to members and participants?	The state plan provider would add supportive home care services to its existing Medicaid Provider ID.
28.	How will 1–2 bed adult family homes (AFHs) be certified?	1–2 bed AFHs will continue to be certified as compliant with the HCBS Settings Rule by an MCO in Family Care, Family Care Partnership, or PACE or DHS for IRIS. These providers will need to enroll in ForwardHealth after the 1–2 bed AFH has been certified.

Services and Billing

No.	Question	Answer
31.	Are there any impacts on the service definitions and service codes currently in place for waiver programs?	No. Service definitions and service codes for billing purposes will not change because of centralized provider enrollment.
32.	If the provider bills through an MCO or IRIS FEA, do they still have to enroll as a Medicaid provider using the ForwardHealth Portal?	Yes. All adult long-term care waiver service providers will need to enroll in Wisconsin Medicaid through the ForwardHealth Portal except for individual SDS workers and PHWs. Once the provider is enrolled, the MCO will contract with the provider and the provider may complete onboarding with IRIS FEAs.

Contracts and Rates

No.	Question	Answer
33.	Will rates be shared across MCOs and IRIS FEAs?	No. Contract-specific information, including rates, will remain between the provider and the MCO or the IRIS FEA because of centralized provider enrollment.
34.	If an MCO or IRIS FEA terminates a contract with a provider, will that information be made available to other MCOs or IRIS FEAs through the new system?	No. Contract-specific information between the providers and the MCOs and IRIS FEAs is not part of a provider's enrollment file and will not be visible to other MCOs or IRIS FEAs.

Electronic Visit Verification

No.	Question	Answer
35.	If a provider has already been enumerated in electronic visit verification (EVV), do they still have to enroll in Wisconsin Medicaid through the ForwardHealth Portal?	Yes. Medicaid provider enrollment will require a separate enrollment even if the provider is enumerated in EVV.

System Features

No.	Question	Answer
36.	Will the system collect a provider's financial information to eliminate the need for providers to give that information to each MCO or IRIS FEA?	No. This system will verify a provider's credentials and, if qualified, enroll the provider in Wisconsin Medicaid. MCOs or IRIS FEAs will remain responsible for collecting any required financial information from the provider.
37.	Will Children's Long-Term Support be part of this provider enrollment system?	No. The new provider enrollment system is specific for adult long-term care waiver service providers.
38.	Will the provider enrollment system indicate when a provider has a contract with an MCO or IRIS FEA?	No. The provider enrollment system will not list the MCOs or IRIS FEAs that a provider is contracted with. However, most providers will be listed on the MCOs' or IRIS FEAs' provider directory.
39.	Which providers will be included in the ForwardHealth provider directory?	All enrolled adult long-term care waiver service providers, except for tribal adult long-term care waiver service providers, will be included in the ForwardHealth provider directory.
40.	Would MCOs and IRIS FEAs be able to search the system for all the services connected to a single Medicaid Provider ID?	MCOs and IRIS FEAs will be provided files that list all the services each provider is certified for.

Outreach

No.	Question	Answer
41.	Has outreach to the providers started yet?	DHS has convened a provider enrollment advisory group with a group of providers and provider organizations currently providing adult long-term care waiver services to get feedback on policy and process changes. DHS will reach out to providers about enrolling through the ForwardHealth Portal in 2024.

Assistance for Providers

No.	Question	Answer
42.	What resources will be available to providers during enrollment?	DHS is planning a communications, training, and education campaign that will include phone and online support for providers, MCOs, FEAs, and other impacted stakeholders.

No.	Question	Answer
43.	Who do providers contact if they are having issues completing an application?	Providers should contact ForwardHealth Provider Services at 800-947-9627.

Revalidation and Re-Enrollment

No.	Question	Answer
44.	What is the timeframe for revalidation of provider enrollment?	All providers must revalidate their Medicaid enrollment every three years. If they do not complete revalidation, the provider's enrollment will terminate, and they will no longer be able to provide Medicaid adult long-term care waiver services.
45.	Will all provider enrollments have the same revalidation date?	No. Each provider will have a revalidation date three years from the initial enrollment or last revalidation date.
46.	What happens to providers whose credentials end within the three-year enrollment period?	All licenses and credentials need to remain current and valid through the three-year enrollment period; otherwise, the provider's enrollment will be terminated from Wisconsin Medicaid for not complying with enrollment requirements.
47.	Will providers be reminded when their revalidation date is approaching?	Yes. DHS will communicate multiple times to remind providers when they need to revalidate enrollment. DHS is planning on 90-day, 45-day, and 15-day advance reminders.
48.	If a provider needs to re-enroll, can their enrollment be backdated?	No. If a provider fails to complete their revalidation, their Medicaid enrollment will end. If they want to become a Medicaid adult long-term care waiver service provider again, they must submit a re-enrollment application. Depending on when their new application is approved, there may be a lapse in enrollment.