

Adult Long-Term Care Provider Enrollment Forum

RaeAnn Fahey

Program Participation Oversight Manager

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Agenda

- Frequently Asked Questions
- Application Tips
- Process After Application is Submitted
- Provider Enrollment Assistance and Resources





Frequently Asked Questions



What is the ForwardHealth Medicaid Enrollment Requirement?

- All home and community-based services providers must use the ForwardHealth Portal to submit a Wisconsin Medicaid provider application.
- **Individual self-directed support (SDS) workers, IRIS participant-hired workers (PHWs), and EVV workers** will not self-enroll through ForwardHealth.





Why the change?

Opportunity



Centralization and automation



Standardization of provider vetting



Data management and reporting enhancement



Efficiency gains

Compliance



CMS Managed Care Rule



21st Century Cures Act



Affordable Care Act



I have an EVV ID, do I need to do anything else?

The screenshot shows the ForwardHealth Provider portal. At the top, there's a navigation bar with links for Home, Search, Providers, Enrollment, Max Fee Home, Account, Contact Information, Online Handbooks, Site Map, IC Functionality, User Guides, and Certification. Below this, a message says "Welcome Michael Jones - May 30, 2025 3:11 PM" with a Logout link. A search bar is present. The main content area is divided into sections: "What's New?" with a "New" icon and text about real-time applications, a list of updates (New Rate Reform Part 3 Ideas, Incentive Payments, ForwardHealth System Generated Claim Adjustments), and a "Home Page" section with links like Update User Account, Customize Home Page, Update Adult LTC Waiver Service(s), Program(s), Demographic Maintenance, Check My Revalidation Date, Revalidate Your Provider Enrollment (highlighted in yellow), Check Enrollment, Provider Enrollment Upload File Check, and ForwardHealth E-payment. There's also a "Quick Links" section at the bottom.

- Yes! You must convert your partial EVV enrollment to a full enrollment.
- DHS is using the term revalidation for this conversion.
- Log in to your ForwardHealth Portal account, select “Revalidate Your Provider Enrollment”.



What information should providers gather to complete the application?

All providers:

- Information about any owners or persons with controlling interest.
- Criminal conviction and termination disclosure information.
- Tax Identification information – must match exactly what is on file with IRS.
- Address information:
 - Practice location – must match what is on certificate, license, or notice of compliance.
 - Mailing location.
 - 1099 Mailing location.
- Qualifications – certificates or licenses.
- Provider count (direct support staff) and member count (total number you can serve)



What information should providers gather to complete the application, cont.?

Providers who are required to enroll each location:

- Address for each location (practice location) – must match 1-2 Bed Adult Family Home (AFH) certificate, DQA certificate/license or Notice of Compliance.
- 1-2 Bed AFH Certificate – must upload with each application.
- DQA certificate or license number – must add the number to each application, upload not required.
- Non-residential facility: Notice of HCBS Compliance – must upload with each application.



Where do I go to complete an application?

www.forwardhealth.wi.gov

Select this icon:



Adult Long-Term Care
Programs

On the right-hand side,
select this “quick link”

Quick Links

- What's New?
- Start Provider Enrollment
- Application
- Trainings
- LTC Provider Enrollment





Application Tips



What are pages of the application providers are often confused by or need assistance with?

- **Provider Type** – make sure it starts with the word “Waiver”
 - Ex: Waiver Residential = all 1-2 bed AFH, 3-4 bed AFH, CBRF, and RCAC.
 - Ex: Waiver Non- Residential Day & Vocational = all prevocational, supported employment, day services, etc.
- **Provider Specialty** – select what is applicable to you.
 - Ex: 1-2 Bed Adult Family Home
 - Ex: Non-Residential Day & Vocational Services = Community based



What are pages of the application providers are often confused by or need assistance with? Cont.

Identifying Information:

Name – Organization*

- must match name on 1-2 bed AFH certificate
- facility name on DQA certificate
- name on HCBS Notice of compliance.

Name - Organization*



What are pages of the application providers are often confused by or need assistance with? Cont.

Practice Location:

- must match name on 1-2 bed AFH certificate,
- facility name on DQA certificate, or
- name on HCBS Notice of compliance.

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* WI -

County



What are pages of the application providers are often confused by or need assistance with? Cont.

Financial Information:

Tax Information: must match exactly what is on file with IRS.

Tax Information

Taxpayer Identification Number (TIN)*

Name*

TIN Type*

☐ EIN ☐ SSN

TIN Effective Date

TIN End Date



Why do some applications require Social Security numbers?

- Information is required by CMS to verify owners, persons with controlling interest, and managing employees are not on any exclusion lists.
- ForwardHealth will only use the provided information for provider enrollment and revalidation.
- All information provided will be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.



What provider types or services require proof of provider qualifications?

- All residential:

- 1-2 bed must upload certificate
- DQA licensed must enter DQA certification number.

- Non-residential facility:

- Adult Day Care must enter DQA certification number
- Prevocational/day habilitation facility must upload notice of HCBS compliance letter.



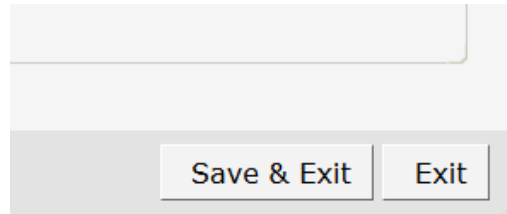
What provider types or services require proof of provider qualifications?

- Whenever these services are selected:
 - Counseling and Therapeutic Services – Other
 - Upload any licenses, certifications, training received, diplomas, or resume
 - Community Services and Support – Other
 - Upload any licenses, certifications, training received, diplomas, or resume
 - Health and Wellness
 - Upload DSPS license, other licenses or certifications, training received or resume
 - Home Modification-Environmental Accessibility Adaptations
 - Upload contractor license



How do I save my application to finish later?

- Select the “Save & Exit” button at the bottom of the page.
- Write down your enrollment key!
- Enter and confirm a password, write down your password!



Enrollment Key: ERA2KVGAHM

- Your enrollment application data will be saved. You may:
 - Make note of the Enrollment Key listed above. This is
 - Create a password below. Make note of your password
- Once your password has been created, you will be taken
- Your enrollment application data will be saved for 10 calendar

Password

- Password length must be between 8 and 20 characters.
- Password must contain at least 1 upper-case letter, 1 lower-case letter, 1 number, and 1 special character.

Password*

Confirm Password*



How do I submit my application?

- Finish completing all the required pages
- Upload all required documentation.
- Select “Submit”
- Print or save your application documents.
- The Portal will generate an Application Tracking Number (ATN) – write it down!

Summary » Print Enrollment Documents » [Enrollment Application Submitted](#)

Enrollment Application Submitted

Your Provider Application Request has been submitted.

Application Tracking Number (ATN)

- Your tracking number is 21822



Information After Application is Submitted



What is the timeline for processing applications?

Initial processing – up to 10 days.

Letter sent – approval, additional information needed, or denial.

If additional information needed, once you return – up to 10 days.

Letter sent – approval or denial.



How can I check the status of my application(s)?

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

Enrollment Tracking Search ?

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*



Enrollment Tracking Search

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*

Provider Application Tracking

Name	[redacted]
Date Received	10/31/2025
Status	In Process

Enrollment Tracking Search

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*

Provider Application Tracking

Name	[redacted]
Date Received	10/17/2025
Status	Awaiting Additional Info

Enrollment Tracking Search

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*

Provider Application Tracking

Name	[redacted]
Date Received	10/21/2025
Status	Enrolled

Enrollment Tracking Search

Required fields are indicated with an asterisk(*).

Application Tracking Number(ATN)*

Provider Application Tracking

Name	[redacted]
Date Received	10/16/2025
Status	Denied



What do I need to do if I get a letter requesting additional information?

Name – Provider Cross out and write Flowers AFH		Write ATN at top of this page!
Judy Jones		
NPI		Medicaid-Assigned Provider ID
Address (This is the provider's practice location address.)		
Street Address Line 1 <u>123 Tulip St.</u>		
Street Address Line 2		
City <u>Madison</u>	State <u>WI</u>	ZIP+4 Code <u>53713-0000</u>
SIGNATURE – Provider or Authorized Representative		Date Signed
Judy Jones Cross out and resign.		10/24/2025 Cross out and re-date.



What do I need to do if I get a letter requesting additional information?

Fax or mail the required documentation to **Provider Enrollment** at:

Fax: 1-608-221-0885

Or mail:

ForwardHealth
Provider Enrollment
313 Blettner Blvd
Madison, WI 53784

Include your ATN with the document to ensure it is associated with the correct file.



My application was approved, what's next?

- Welcome letter mailed.
- Request Portal access
- <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Account/PortalAccessRequest.aspx>

Provider Number Information *

Provider ID	
Financial Payer	v
SSN or TIN	



How do I add additional services to my provider file?

- You may need to complete a separate application as a different provider type.
- You may have the ability to add a service to your current ID.

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](#) (26:21)
- [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)
- [Adult LTC: EVV Provider Revalidation Training](#) (22:35)



Provider Assistance

Resources and materials to help providers enroll



What assistance is being offered for providers?

- DHS and ForwardHealth are making phone calls to providers.
- Drop-in assistance times over Zoom – [click to join](#).

Location:	Join the meeting now
Date:	Every Wednesday through December 17th, 2025
Time:	Two sessions available: 8-10:30am or 3:30-5pm

- Upcoming in person assistance opportunities – December.



Portal Information Page



[www.forwardhealth.wi.gov/
WIPortal/cms/public/ltc/
provider_enrollment.htm](http://www.forwardhealth.wi.gov/WIPortal/cms/public/ltc/provider_enrollment.htm)



Provider Enrollment Checklist



Provider Checklist

Adult Long-Term Care Enrollment

Ready to start the process of becoming a Medicaid-enrolled adult long-term care (LTC) provider?

Adult LTC providers who deliver home and community-based services (HCBS) may use this checklist to enroll with Wisconsin Medicaid on the ForwardHealth Portal (the Portal) at forwardhealth.wi.gov. We'll guide you every step of the way.

Enrollment Checklist



Provider Services Call Center

- Call Provider Services at 800-947-9627 if you have more questions or need help. Representatives are available Monday–Friday, 7 a.m.–6 p.m. Central time.
- When you call, say, “LTC Waiver” at the menu prompt to speak with a representative about LTC provider enrollment.





Provider Enrollment Email

- Team at DHS available to answer enrollment related questions and assist providers through the application.
- ltcproviderenrollment@dhs.wisconsin.gov





Thank you!

Protecting and promoting
the health and safety of
the people of Wisconsin



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