

LTSS Provider Medicaid Enrollment

*Key Information for My Choice Wisconsin by
Molina Healthcare Providers*

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Overview of the Medicaid Enrollment Requirement

Background Information

- In September 2024, ForwardHealth began requiring all adult LTC waiver service providers to enroll with Wisconsin Medicaid.
- This process is for those who provide services listed in the Wisconsin Department of Health Services-managed care organization (MCO) contract or the IRIS Service Definition Manual to adults who are older, have a physical disability, or have an intellectual or developmental disability.
- Enrollment must be completed by **December 31, 2025**.
 - **Important Note**: enrollment can take up to 60 days, so we highly recommend that you begin the process sooner rather than later

Impacted Programs

- Family Care
- Family Care Partnership
- PACE
- IRIS



Impacted Providers and Entities



- Organizations and agencies
- Sole proprietors
- Individuals who are not self-directed service or participant-hired workers
- Self-directed support workers*
- Participant-hired workers*
- MCOs
- IRIS fiscal employer agents (FEAs)
- IRIS consultant agencies
- Self-directed personal care agency

**Note: Individual self-directed support and participant-hired workers will continue to work with the MCOs and FEAs to complete Medicaid enrollment.*

Additional Information from DHS FAQs

- **Multiple Medicaid Provider IDs:** Multiple Medicaid Provider IDs are rarely required except for providers operating multiple services on the same campus, like CBRFs and Adult Day Care.
- **Employees of an Agency and Individual Enrollment:** Employees of an agency will not be required to enroll individually, nor will they receive a separate Medicaid Provider ID.
- **Multiple Facilities with different physical locations:** Certain providers must complete enrollment and receive a unique Medicaid Provider ID for each physical service location. Some examples include Residential Providers and Non-Residential Day and Vocational Services.
- **County and Tribe Enrollment:** Providers enroll once and specify all counties and tribes they serve on the application, avoiding multiple enrollments.
- **Provider Type Enrollment:** Providers must enroll separately for each provider type and specialty to ensure accurate classification.
- **Federal Enrollment Mandate:** Enrollment is a mandatory federal requirement that cannot be waived for healthcare providers.
- **No Application Fee for Certain Providers:** Providers serving Family Care, Family Care Partnership, PACE, and IRIS members are exempt from application fees.
- **Mandatory Medicaid Revalidation:** Providers must revalidate Medicaid enrollment every three years to continue offering adult LTC waiver services.
- **Advance Revalidation Reminders:** DHS will plan to send 90-day, 45-day, and 15-day reminders to providers to ensure timely revalidation completion.



Benefits of the Enrollment

The provider enrollment process complies with federal requirements and improves provider enrollment:

- Your enrollment, demographic maintenance, and revalidation processes are automated and centralized, where possible.
- The enrollment system guides you through the enrollment process and automates data entry where possible, reducing the risk of errors.
- ForwardHealth performs screening processes. This reduces repetitive enrollment tasks when you contract and onboard with MCOs and IRIS FEAs.
- You submit information once per location or service type while enrolling.
- Enrollment processes align with those for state plan service (also known as fee-for-service) providers.
- ForwardHealth will develop a directory of Medicaid-certified providers for the use of the public, MCOs, and FEAs.



Recap and Action Steps

Enrollment Requirement



Provider MA Enrollment is mandatory for all adult LTC waiver service providers to comply with regulations.

Enrollment Deadline



Enrollment must be completed by December 31, 2025, to remain eligible for service provision ahead of effective date of January 1, 2026.

Processing Time



The enrollment process can take up to 60 days, so early application is highly recommended.

Impact of Non-Enrollment



Providers not enrolled will be ineligible for reimbursement for services provided.



DHS Enrollment Criteria and link: [Enrollment Criteria](#)



Inquiries/Questions

Send general inquiries/questions to the Central Teams inbox MHWIProviderNetworkManagement@MolinaHealthcare.com



QUESTIONS?

