Provider Checklist
Child Care Coordination Enrollment

Are you interested in providing child care coordination (CCC) services to Medicaid members in Milwaukee County or the city of Racine? Learn how to enroll with Wisconsin Medicaid and get set up with Medicaid HMOs in the area.

1 **Enroll as a prenatal care coordination (PNCC) provider**
You must be enrolled with Medicaid as a PNCC provider first. Your agency certification must be complete and current before you can continue.

2 **Enroll as a CCC provider**
Your second step is to enroll with Medicaid as a CCC provider, which is a separate provider type. This will let you bill for Medicaid members with fee-for-service coverage.

3 **Contract with HMOs**
If you want to provide services to Medicaid HMO members, you must contract separately with each HMO. This requirement applies to dates of service on and after July 1, 2025.

! **To provide CCC services to both fee-for-service and Medicaid HMO members, you must compete all three steps in order.**

Start with Medicaid
Follow these steps to become a Medicaid PNCC provider (if you are not already):

- Go to forwardhealth.wi.gov.
- From the left menu, click **Become a Provider**.
- From the left side of the screen, click **Start or Continue Your Enrollment Application**.

Follow the on-screen prompts to fill in your details. Go to Resources for Prenatal Care Coordination Providers in the ForwardHealth Portal for more information. You can also refer to the step-by-step instructions for CCC providers on Pages 3-5. The process for PNCC enrollment is similar.

Once you are enrolled as a PNCC provider, return to forwardhealth.wi.gov and repeat the steps to become a Medicaid CCC provider. Due to system limitations, you'll need to re-enter all your information.

Get set up with HMOs

Here's how to contact the HMOs that operate in Milwaukee County and the city of Racine.

HMO Name	Contact Information
Anthem Blue Cross Blue Shield	anthem.com/provider/enrollment
Chorus Community Health Plans	chorushealthplans.org/for-providers/become-a-provider
Independent Care Health Plan (iCare)	icarehealthplan.org/Join-Us/App-Credentialing.htm
MHS Health Wisconsin	mhswi.com/providers/become-a-provider.html
Molina Healthcare	molinahealthcare.com/providers/wi/medicaid/forms/fuf.aspx
UnitedHealthcare of Wisconsin	uhcprovider.com/en/resource-library/Join-Our-Network.html

General resources

- ForwardHealth Provider Services can answer enrollment, policy, and billing questions. Call 800-947-9627, Monday–Friday 7 a.m.–6 p.m. Central Time (CT)

- ForwardHealth Portal Help Desk can answer technical questions on forwardhealth.wi.gov functions, including accounts, registrations, and passwords. Call 866-908-1363, Monday–Friday 8:30 a.m.–4:30 p.m. CT

- Professional Field Representatives can help providers with complex enrollment, policy, and billing questions. Download the Field Rep Guide at forwardhealth.wi.gov/WIPortal/content/provider/pdf/fieldrepguide.pdf.spage

- General information for providers enrolled or seeking to enroll with a BadgerCare Plus or Medicaid SSI HMO is available at forwardhealth.wi.gov/WIPortal/Subsystem/ManagedCare/HMOProviders.aspx

Medicaid Child Care Coordination Provider Enrollment

Step-by-Step Instructions

Gather Information

Having details and documents on hand will make it easier for you to enter the information.

- Child Care Coordination Personnel and Training Plan form, F-03362 (02/2025)
- Child Care Coordination Plan of Operation form, F-03361 (02/2025)
- CCC provider agency staff resumes
- Any ownership or controlling interest related to the CCC provider agency
- CCC provider agency's National Provider Identifier (NPI) and taxonomy code

- Criminal conviction and termination disclosure information for owners, managing employees, and staff
- Address information, including Practice Location, Audit Location, Mailing Location, Checks and Remittance Advice (Pay-To) Location, and 1099 Mailing Location
- All tax information, including Taxpayer Identification Number (TIN) and TIN effective dates

Complete Your Application

You have 10 calendar days to complete your enrollment application once you start it.

Preliminary Information

1. Go to forwardhealth.wi.gov.
2. Click the **Become a Provider** link in the Providers menu on the left side of the page to access the Medicaid criteria for enrolling, as well as the enrollment wizard.
3. Click the **Start or Continue Your Application** link. You can either start a new enrollment or continue a previous enrollment.
4. Under **To Start a New Medicaid Enrollment**, click the **Medicaid/Border Status Provider Enrollment Application** link.
5. Read through the **instructions**. Click **Next**.
6. Select the **Type of Applicant**. CCC applicants will enroll as **Organizations**. Click **Next**.
7. Select **Type of Enrollment** (choose **Initial Enrollment** for new applications). Click **Next**.
8. Select **Provider Type**, such as **Child Care Coordination Providers** or **Prenatal Care Coordination Providers**. Click **Next**.
9. Click the **Fingerprint Requirement Overview** link, read the fingerprint information, and close out of the page. Click **Next**.
10. Enter the organization name and language(s) if applicable for **identifying information**. Click **Next**.

Address and Other Details

1. Fill in **Address Information: Practice Location, Audit Address**, and **Mailing Address**. You can choose to use the practice location for any or all of these addresses.
2. Fill in **Financial Information: Tax Information, Checks and Remittance Advice Address**, and **1099 Mailing Address**. Click **Next**.
3. Fill in **Additional Information:** your **license** and **DEA number** when applicable. Click **Next**.
4. Enter **Medicare** and **Medicaid** information. Click **Next**.
5. Enter your **NPI**. Click **Next**.
6. Enter the **taxonomy information**. Click **Add** to add additional taxonomies and identify primary taxonomy. Click **Next**.
7. Select the **type of business**: Sole Proprietor, Corporation for Nonprofit, Corporation for Profit, Limited Liability, Partnership, and Government. Click **Next**.
8. Provide additional information about the sole proprietor and governmental types of business. Click **Next**.
9. Answer **Yes** or **No** to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.

10. Provide detailed information about criminal conviction disclosures and termination disclosures, if applicable. Click **Next**.

Child Care Coordination Agency Information

1. Indicate any **Owner/Controlling Interest in Applicant**. Click **Next**.
2. Add any **Owner/Controlling Interest Relationships**. Click **Next**.
3. Provide additional information in the **Owner/Controlling Interest in Applicant—Disclosing Organization(s) Detail** panel. Click **Next**.
4. Enter the information for the **Managing Employee**. Click **Next**.
5. Answer **Yes** or **No** to the **Subcontractor and Owner Relationships to Subcontractors** questions. Click **Next**.
6. Indicate under which agency organization categories you are applying. Click **Next**.

Qualified Professionals and Care Coordinators

1. Confirm you agree to all qualified professional experience requirements. Click **Next**.
2. Confirm you agree to all staff requirements. Click **Next**.
3. Enter all qualified professional staff and trained paraprofessional staff who are or may be seeing Wisconsin Medicaid patients. Also enter credential information for qualified professionals. Click **Next**.

Attestation Agreements

1. Confirm you agree to the sufficiency of your agency certification. Click **Next**.
2. Confirm you agree to comply with all administrative records and documentation requirements. Click **Next**.
3. Confirm you meet all member record requirements. Click **Next**.
4. Review the **Identification and Signature— Attestation** and confirm you agree to the statements in the Attestation. Click **Next**.
5. Next, review the **Provider Agreement** and confirm you agree to the statements listed in the Agreement. Click **Next**.

Documentation

1. **Upload Supporting Documents,** such as Plan of Operation, Training Plan, staff resumes, licenses, and certifications needed for enrollment. Acceptable file formats: JPG, JPEG, TXT, RTF, CSV, and PDF.
2. Carefully read the **Summary.** Click **Submit**.
3. **Print Enrollment Documents** to save them or print a hard copy. Click **Next**.
4. At the **Enrollment Application Submitted** screen, save the **Application Tracking Number (ATN)** for your records.
5. After submitting the application, Medicaid-enrolled PNCC providers do not need to pay an additional application fee to enroll as a CCC provider since they are already enrolled in Wisconsin Medicaid.

Await Your Enrollment Decision

We will usually notify you of your enrollment status within 10 business days after receiving your complete application but no longer than 60 days.

If your application is approved, you will be notified in writing to the mailing address on the application. Your next step is to create a ForwardHealth Account.

- Go to forwardhealth.wi.gov.

- Click **Logging in for the First Time?** and enter the Login ID and PIN provided in your approval letter.

If ForwardHealth does not have sufficient information or documentation to process the application, it will be returned to you. You'll get a notice in the mail about the additional information we need.

To track your application status or make updates, go to forwardhealth.wi.gov/WIPortal/Subsystem/Provider/EnrollmentTracking.aspx and enter your ATN.