

610 AHCCCS PROVIDER QUALIFICATIONS

EFFECTIVE DATE: 5/1/2024

REFERENCES: AHCCCS Medical Policy Manual Exhibit 610-1; 42 CFR 455 Subpart B; 42 CFR 455.104; 42 CFR 455.104(b)(1)(iii); 42 CFR 455.104(b)(2); 42 CFR 455.450(d)

PURPOSE

The purpose of this policy is to specify the Arizona Health Care Cost Containment System (AHCCCS) provider enrollment, revalidation, and re-enrollment requirements.

DEFINITIONS

1. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
2. "Provider" means a person, institution, or group engaged in the delivery of services, or ordering and referring the services, who has an agreement with the Division to provide services to Members.

POLICY

- A.** All Administrative Services Subcontractors (AdSS) Providers shall register with AHCCCS for consideration of payment by the AdSS for services rendered.
- B.** All AdSS Providers of covered services shall:
1. Enroll with AHCCCS, which requires signing and submitting the Provider Participation Agreement (PPA) or Group Biller Participation Agreement (GBPA), as applicable.
 2. Comply with all federal, state, and local laws, rules, regulations, executive orders, and agency policies governing the performance of duties under the PPA or GBPA.
 3. Disclose with submission of the provider application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request the identity of any individual or entity who:
 - a. Has an ownership or control interest in the provider, or is an agent or managing employee of the provider, and
 - b. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare,

Medicaid, or the Title XX services program since the inception of those programs.

4. For any AdSS Provider that is not an individual practitioner or a group of practitioners, disclose the following:
 - a. For any individual with an ownership or control interest, the AdSS Provider shall disclose:
 - i. The individual's name, home address, date of birth (DOB), social security number; and
 - ii. Whether the individual is related to another person with ownership or control interest in the AdSS Provider as a spouse, parent, child, or sibling.
 - b. For any entity with an ownership or control interest, the AdSS Provider shall disclose:
 - i. The entity's name,
 - ii. The entity's primary business address,
 - iii. Every business location and P.O. Box address for the entity, and
 - iv. The entity's tax identification number.

- c. For any entities with an ownership or control interest in any subcontractor in which the AdSS Provider has a 5% or more interest, the AdSS Provider shall disclose the entity's tax identification number.
- d. For any individual with an ownership or control interest in any subcontractor in which the AdSS Provider has a 5% or more interest, the AdSS Provider shall disclose whether that individual is related to another person with an ownership or control interest in the AdSS Provider as a spouse, parent, child, or sibling.
- e. The name of any other disclosing entity in which an owner of the AdSS Provider has an ownership or control interest.
- f. The name, address, DOB, and social security number of any managing employee of the AdSS Provider.
- g. The ownership of any subcontractor with whom the AdSS Provider has had business transactions totaling more than \$25,000 during the prior 12-month period.

- h. Any significant business transactions between the AdSS Provider and any wholly owned supplier, or between the AdSS Provider and any subcontractor, during the prior five-year period.
5. Sign and return attestations during initial enrollment, re-enrollment, revalidation, or recertification specified by the provider type to AHCCCS.
6. Meet AHCCCS requirements specific to the provider type applied for including requirements relating to professional licensure, certification, or registration, including current Medicare certification.
7. Disclose with submission of its provider application, upon executing the provider agreement, and disclose to AHCCCS within 24 hours any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, or certification that has the potential, may reasonably be

determined to, or may in any way impact the AdSS Provider's registration with, authorization by, enrollment in or billing of, to, for, or on behalf of any Federal Health Care Program.

8. Complete the enrollment application online in the AHCCCS Provider Enrollment Portal (APEP) on the AHCCCS website.
9. Submit an enrollment fee for the designated provider type when specified in AMPM 610-Attachment A- AHCCCS Provider Types.
10. For specific provider types, grant access to AHCCCS/Division of Member and Provider Services (AHCCCS/DMPS), or its designee, to complete a site visit prior to enrollment as specified in AMPM 610-Attachment A. Providers are subject to unannounced post-enrollment site visits as well.
11. Report to AHCCCS in APEP any change in the hours of operation at least five days prior to the effective date of the change.
 - a. In case of an emergency that results in a facility closure, the AdSS Provider shall provide the Division and AHCCCS written notice 24 hours of the emergency.

b. The AdSS Provider shall post closure and the reason for closure at the entrance of the facility.

12. Report to AHCCCS in APEP a change in service address at least 30 days prior to the effective date of the change or, as soon as the provider is aware of the change, if less than 30 days.

C. AHCCCS PROVIDER TYPES

1. AdSS Providers are enrolled with AHCCCS under a provider type established by AHCCCS.
2. AdSS Providers shall refer to AMPM 610-Attachment A for a list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type.

D. CONFLICT OF INTEREST

AdSS shall ensure that AdSS Providers do not permit any individual who is currently receiving AHCCCS services from that AdSS Provider to serve in any capacity for that AdSS provider, including, working as an employee, independent contractor, or volunteer for that AdSS Provider.


SUPPLEMENTAL INFORMATION

- A.** AHCCCS is responsible for screening AdSS Providers based on categorical risk, completing the risk assessment, and establishing the criteria for risk adjustment as outlined in AMPM 610 - Provider Qualifications and Provider Requirements.
- B.** As applicable, and as a condition of enrollment, certain provider types based on risk category, and individuals identified in the FCBC One Pager available on the AHCCCS APEP webpage shall consent to a complete Fingerprint-based Criminal Background Check (FCBC), which requires the submission of the fingerprints to complete a criminal background check. Failure to do so shall result in application denial or enrollment termination as specified in 42 CFR 455.450-(d).
- C.** AHCCCS may, in its sole discretion, conduct criminal background checks or fingerprint checks of the AdSS Provider or any employees or contractors of the AdSS Provider.
- D.** AHCCCS has the discretion to deny a provider enrollment application or terminate a provider based on criminal history or any adverse action relating to any licensure, permit, or certification, including any change, termination, sanction, suspension, revocation, exclusion,

preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.

- E.** AHCCCS has the discretion to deny a provider enrollment application or terminate a provider in order to protect the health and safety of AHCCCS Members, protect AHCCCS from potential fraud, waste, and abuse, and to ensure Members can receive necessary services within Arizona.
- F.** AHCCCS Provider Enrollment is available to assist AdSS Providers in identifying the most appropriate provider type, based on the AdSS Provider's license/certification and other documentation submitted by the AdSS Provider. Refer to AMPM 610-Attachment A- AHCCCS Provider Types for a list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type.
- G. AHCCCS PROVIDER ENROLLMENT PORTAL (APEP)**
 - 1. AHCCCS/DMPS provider enrollment application is automated and shall be completed in the APEP.

2. Links and training tutorials to access the online application or learn how to maneuver through the online system are available on the AHCCCS website.
3. Click on the "Plans/Providers" tab, and select AHCCCS Provider Enrollment Portal (APEP) for a variety of provider enrollment links, including APEP access, Provider updates, APEP Training and other provider enrollment requirements.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Apr 29, 2024 13:20 PDT\)](#)
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