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2 **610 AHCCCS PROVIDER QUALIFICATIONS**

3 EFFECTIVE DATE: xx/xx/2024

4 REFERENCES: AHCCCS Medical Policy Manual Exhibit 610-1; 42 CFR 455
5 Subpart B; 42 CFR 455.104; 42 CFR 455.104(b)(1)(iii); 42 CFR
6 455.104(b)(2); 42 CFR 455.450(d)

7 **PURPOSE**

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

11 **DEFINITIONS**

- 12 1. "Member" means the same as "Client" as defined in A.R.S. §
13 36-551.
- 14 2. "Provider" means a person, institution, or group engaged in the
15 delivery of services, or ordering and referring the services, who
16 has an agreement with the Division to provide services to
17 Members.

18 **POLICY**

- 19
20 **A.** All Administrative Services Subcontractors (AdSS) Providers shall
21 register with AHCCCS for consideration of payment by the AdSS for
22 services rendered.
- 23 **B.** All AdSS Providers of covered services shall:
- 24 1. Enroll with AHCCCS, which requires signing and submitting the
25 Provider Participation Agreement (PPA) or Group Biller
26 Participation Agreement (GBPA), as applicable.
 - 27 2. Comply with all federal, state, and local laws, rules, regulations,
28 executive orders, and agency policies governing the performance
29 of duties under the PPA or GBPA.
 - 30 3. Disclose with submission of the provider application, upon
31 execution of the provider agreement, and upon request by
32 AHCCCS during re-validation of enrollment or otherwise upon
33 written request the identity of any individual or entity who:
 - 34 a. Has an ownership or control interest in the provider, or is
35 an agent or managing employee of the provider, and
 - 36 b. Has been convicted of a criminal offense related to that
37 person's involvement in any program under Medicare,

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39 Medicaid, or the Title XX services program since the
40 inception of those programs.
- 41 4. For any AdSS Provider that is not an individual practitioner or a
42 group of practitioners, disclose the following:
- 43 a. For any individual with an ownership or control interest,
44 the AdSS Provider shall disclose:
- 45 i. The individual's name, home address, date of birth
46 (DOB), social security number; and
- 47 ii. Whether the individual is related to another person
48 with ownership or control interest in the AdSS
49 Provider as a spouse, parent, child, or sibling.
- 50 b. For any entity with an ownership or control interest, the
51 AdSS Provider shall disclose:
- 52 i. The entity's name,
53 ii. The entity's primary business address,
54 iii. Every business location and P.O. Box address for the
55 entity, and
56 iv. The entity's tax identification number.

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58 c. For any entities with an ownership or control interest in
59 any subcontractor in which the AdSS Provider has a 5% or
60 more interest, the AdSS Provider shall disclose the entity's
61 tax identification number.
- 62 d. For any individual with an ownership or control interest in
63 any subcontractor in which the AdSS Provider has a 5% or
64 more interest, the AdSS Provider shall disclose whether
65 that individual is related to another person with an
66 ownership or control interest in the AdSS Provider as a
67 spouse, parent, child, or sibling.
- 68 e. The name of any other disclosing entity in which an owner
69 of the AdSS Provider has an ownership or control interest.
- 70 f. The name, address, DOB, and social security number of
71 any managing employee of the AdSS Provider.
- 72 g. The ownership of any subcontractor with whom the AdSS
73 Provider has had business transactions totaling more than
74 \$25,000 during the prior 12-month period.

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

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95 determined to, or may in any way impact the AdSS Provider's
96 registration with, authorization by, enrollment in or billing of, to,
97 for, or on behalf of any Federal Health Care Program.
- 98 8. Complete the enrollment application online in the AHCCCS
99 Provider Enrollment Portal (APEP) on the AHCCCS website.
- 100 9. Submit an enrollment fee for the designated provider type when
101 specified in AMPM 610-Attachment A- AHCCCS Provider Types.
- 102 10. For specific provider types, grant access to AHCCCS/Division of
103 Member and Provider Services (AHCCCS/DMPS), or its designee,
104 to complete a site visit prior to enrollment as specified in AMPM
105 610-Attachment A. Providers are subject to unannounced
106 post-enrollment site visits as well.
- 107 11. Report to AHCCCS in APEP any change in the hours of operation
108 at least five days prior to the effective date of the change.
- 109 a. In case of an emergency that results in a facility closure,
110 the AdSS Provider shall provide the Division and AHCCCS
111 written notice 24 hours of the emergency.

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113 b. The AdSS Provider shall post closure and the reason for
114 closure at the entrance of the facility.
- 115 12. Report to AHCCCS in APEP a change in service address at least
116 30 days prior to the effective date of the change or, as soon as
117 the provider is aware of the change, if less than 30 days.

118 **C. AHCCCS PROVIDER TYPES**

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

124 **D. CONFLICT OF INTEREST**

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

129 **SUPPLEMENTAL INFORMATION**

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

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150 preclusion, determination, conclusion, finding, administrative
151 adjudication, or other adverse or potentially adverse action.
- 152 **E.** AHCCCS has the discretion to deny a provider enrollment application
153 or terminate a provider in order to protect the health and safety of
154 AHCCCS Members, protect AHCCCS from potential fraud, waste, and
155 abuse, and to ensure Members can receive necessary services within
156 Arizona.
- 157 **F.** AHCCCS Provider Enrollment is available to assist AdSS Providers in
158 identifying the most appropriate provider type, based on the AdSS
159 Provider's license/certification and other documentation submitted by
160 the AdSS Provider. Refer to AMPM 610-Attachment A- AHCCCS
161 Provider Types for a list of AHCCCS Provider Types enrollment
162 requirements, and the regulatory organization(s) for each provider
163 type.
- 164 **G. AHCCCS PROVIDER ENROLLMENT PORTAL (APEP)**
- 165 1. AHCCCS/DMPS provider enrollment application is automated and
166 shall be completed in the APEP.

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

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179 Signature of Chief Medical Officer:
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