

610 AHCCCS PROVIDER QUALIFICATIONS

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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. "Business Day" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
2. "Calendar Day" means every Day of the week including weekends and holidays.
3. "Day" means a Calendar Day unless otherwise specified.
4. "Disclosable Event" means any of the following:

- i. Currently has an uncollected debt to Medicare, Medicaid, or CHIP, regardless of:
 - a) The amount of the debt,
 - b) Whether the debt is currently being repaid (for example, as part of a repayment plan),
 - c) Whether the debt is currently being appealed, or
 - d) Uncollected debt applies to the following:
 - i) Medicare, Medicaid, or CHIP
overpayments for which the Centers for Medicare and Medicaid Services (CMS) or the State has sent notice of the debt to the affiliated Provider or supplier,
 - ii) Civil money penalties imposed under this title, and
 - iii) Assessments imposed under this title.
- ii. Has been or is subject to a payment suspension under a Federal health program (as defined in

- section 1128B(f) of the Social Security Act),
regardless of whether the payment suspension
occurred or was imposed,
- iii. Has been or is excluded by the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) from participation in Medicare, Medicaid, or CHIP, regardless of whether the exclusion is currently being appealed or when the exclusion occurred or was imposed,
 - iv. Has had its Medicare, Medicaid, or CHIP enrollment denied, revoked, suspended, or terminated, regardless of:
 - a) The reason for the denial, revocation, suspension, or termination,
 - b) Whether the denial, revocation, or termination is currently being appealed, or
 - c) When the denial, revocation, suspension, or termination occurred or was imposed, and

- d) Revoked, revocation, terminated, and termination include situations where the affiliated Provider or supplier voluntarily terminated its Medicare, Medicaid, or CHIP enrollment to avoid a potential revocation or termination.
5. “Member” means the same as “Client;” a person receiving developmental disabilities services from the Division, as defined in A.R.S. § 36-551.
6. “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:
 - a. Signing and submitting to AHCCCS a Participation Agreement, as applicable.
 - b. Completing enrollment revalidation no less than every four years and upon request by AHCCCS.
 - c. Submitting all enrollment applications through the AHCCCS Provider Enrollment Portal (APEP).
2. Complete the enrollment application online in APEP.
3. Comply with all federal, state, and local laws, rules, regulations, executive orders, and agency policies governing the performance of duties under the provider agreement.
4. Disclose all information required in the enrollment application as stated in the application and in this policy for all responsive entities, which include:
 - a. The applicant,
 - b. The entity the applicant represents,
 - c. All individuals and entities with an ownership or control interest,

- d. All agents and managing employees, and
 - e. Any entity in which the applicant and the entity represented by the applicant has a five percent or more ownership interest.
5. Disclose, as specified in 42 CFR 455 Subpart B, with submission of its enrollment application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request in APEP the following:
- a. The identity of any individual or entity who:
 - i. Has an ownership or control interest in the Provider, or is an agent or managing employee of the Provider; and
 - ii. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XXI services program, which is also known as the Children's

Health Insurance Program (CHIP) since the inception of those programs.

- b. Consistent with 42 CFR 455.104, for any AdSS Provider that is not an individual practitioner or a group of practitioners, disclose in APEP, with submission of its enrollment application, upon execution of the provider agreement, and upon request by AHCCCS, the following:
 - i. For any individual with an ownership or control interest, the AdSS Provider shall disclose:
 - a) The individual's name, home address, date of birth, social security number; and
 - b) Whether the individual is related to another person with ownership or control interest in the AdSS Provider as a spouse, parent, child, or sibling.
 - ii. For any entity with an ownership or control interest, the AdSS Provider shall disclose:
 - a) The entity's name,

- b) The entity's primary business address,
 - c) Every business location and mailing address for the entity, and
 - d) The entity's tax identification number.
- iii. Consistent with 42 CFR 455.104(b)(1)(iii), for any entities with an ownership or control interest in any subcontractor in which the AdSS Provider has a five percent or more interest, the AdSS Provider shall disclose the entity's tax identification number.
- iv. Consistent with 42 CFR 455.104(b)(2), for any individual with an ownership or control interest in any subcontractor in which the AdSS Provider has a five percent 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.

- v. The name of any other disclosing entity in which an owner of the AdSS Provider has an ownership or control interest.
 - vi. The name, home address, date of birth, and social security number of any managing employee of the AdSS Provider.
 - c. 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.
 - d. 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.
6. Disclose, as specified in 42 CFR 455.107(b)(2), within 24 hours of the Disclosable Event, and upon written request from AHCCCS, all affiliations that the Provider, or any of the Provider's owning or managing employees or organizations has, or had with

- a currently or formerly enrolled Medicare, Medicaid, or Children's Health Insurance Program (CHIP) provider or supplier in APEP:
- a. With submission of the enrollment application,
 - b. Upon execution of the provider agreement,
 - c. Upon request by AHCCCS during re-validation of enrollment,
 - d. On an ongoing basis, and
 - e. When such Disclosable Event occurs.
7. Disclose, within five Business Days of when a Provider's owner becomes an owner of another entity with five percent or more ownership interest, a managing employee, or an agent of that entity that is reimbursable by any Federal Health Care Programs, in APEP:
- a. The name of the entity,
 - b. The name of the individual involved with the entity,
 - c. The individual's role with the entity, and
 - d. The date the individual became involved with the entity.

8. Disclose, with submission of the provider enrollment application, upon execution of the provider agreement, upon request by AHCCCS during re-validation of enrollment, on an ongoing basis if and when such Disclosable Event occurs within 24 hours of the Disclosable Event, or otherwise upon written request, in APEP, the following:
 - a. The home address of all disclosed individuals;
 - b. If the Provider is a non-profit entity, the name, date of birth, home address, and social security number of any president, chief executive officer, and director on the board, including the chairman of the board;
 - c. A Federal or State felony conviction;
 - d. Any criminal conviction, under Federal or State law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 CFR 1001.101 or 1001.201;

- e. Any criminal conviction, under Federal or State law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;
 - f. Any criminal conviction related to public assistance or welfare fraud;
 - g. Any felony convictions for any owner, managing employee, director, chairman, or agent;
 - h. Any misdemeanor convictions related to fraud, theft, assault, for any owner, managing employee, director, chairman, agent, or any other individual disclosed on the enrollment application;
 - i. Any set aside convictions,
9. Upload documentation to the APEP for each conviction that consists of a brief explanation of the incident, what occurred, and any related court documentation or if court documentation is unavailable, provide a brief explanation that includes:
- i. Why court documentation cannot be provided;

- ii. The city, county, and state the conviction occurred in;
 - iii. The crime the individual was convicted of;
 - iv. The misdemeanor or felony class of the crime;
 - v. The date of conviction; and
 - vi. The sentence.
10. Sign any attestations during initial enrollment, reenrollment, revalidation, or recertification specified by provider type.
11. Comply with the AHCCCS requirements specific to the provider type applied for, including:
- a. Requirements relating to professional licensure,
 - b. Certification, or
 - c. Current Medicare certification as specified in the Provider Enrollment Screening Glossary available at AHCCCS website.
12. Disclose, in APEP, with submission of its enrollment application, upon executing the provider agreement, 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, certification, or clinical privileges that may in any way impact the provider's registration with, authorization by, enrollment in or billing:

- a. Of any Federal health care program,
 - b. To any Federal health care program,
 - c. For any Federal health care program,
 - d. On behalf of any Federal health care program.
13. Disclose, in APEP, with submission of its enrollment application to AHCCCS, or upon executing the Group Biller Participation Agreement (GBPA), within 24 hours if any owner, managing employee, director, agent, or any disclosed individual of the Provider experiences 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, certification, or clinical privilege(s) that may in any way impact

the provider's registration with, authorization by, enrollment in or billing:

- a. Of any Federal health care program,
 - b. To any Federal health care program,
 - c. For any Federal health care program, or
 - d. On behalf of any Federal health care program.
14. Disclose, when an owner, managing employee, director, or agent of the Provider has any involvement with any other Provider entity that has any of the adverse actions outlined in subsection (B)(13):
- a. Upon submission of its enrollment application in APEP,
 - b. Upon executing the participation agreement in APEP; and
 - c. On an ongoing basis to AHCCCS within 24 hours of the individual receiving notice of the adverse action.
15. Disclose, in APEP, whether the Provider, owner, managing employee, agent, or any disclosed individual entered into an agreement with the Department of Justice or any Federal or State entity for any actions arising out of the provision of

services, the billing of services, or any other actions taken pursuant to any Federal Health Care Program:

- a. With submission of its enrollment application,
 - b. Upon executing the participation agreement, and
 - c. On an ongoing basis within 24 hours.
16. Agree that if the enrollment application is submitted by anyone other than the individual Provider or Provider entity's owner, AHCCCS will assume that:
- a. The Provider has authorized the individual to submit the enrollment application and
 - b. That the individual has signed the participation agreement on the Provider's behalf.
17. Grant access to AHCCCS, or its designee, pursuant to 42 CFR 455.432, for specific provider types, to complete a site visit prior to enrollment or as part of the revalidation process as specified in the Provider Enrollment Screening Glossary, available at AHCCCS website.

18. Consent to complete Fingerprint-based Criminal Background Check (FCBC), which requires the submission of fingerprints to complete a criminal background check pursuant to 42 CFR 455.434, as applicable, and as a condition of enrollment, certain provider types based on risk category and individuals identified in the FCBC one Pager.
19. Register online within 30 Days of approval of the Provider enrollment application for the AHCCCS Quality Management (QM) Portal available at AHCCCS website.
20. Ensure all servicing locations have a National Provider Identifier (NPI) for APEP applications that require an NPI to be provided.
21. Submit one enrollment application for each location when the locations are issued different licenses for each location.
22. Not provide services requiring an active healthcare institution license at an unlicensed location.
23. Report any changes to the current population group sets the Provider serve in APEP within 10 Days of the change when the

enrollment application requires the submission of the data due to the provider type.

24. Independently register with AHCCCS, any individual providing billable services for a Provider when the individual holds a medical license type of an AHCCCS enrollable Provider as specified in the Provider Enrollment Screening Glossary, available at AHCCCS website.

- C.** The AdSS shall require all Integrated Clinics, Behavioral Health Residential Facilities (BHRFs), and Behavioral Health Outpatient Clinics that are contracted directly or through the AdSS to provide services to Members, to disclose the name, home address, date of birth, social security number, credentials, AHCCCS Provider ID, and start date of all Behavioral Health Professionals (BHPs) upon:
1. Submission of the enrollment application,
 2. Execution of the participation agreement, and
 3. Within 30 Days of any change in behavioral health professional personnel.

- D.** The AdSS shall require Providers to disclose to AHCCCS within five Business Days any actions taken by any licensing board pursuant to the Provider's license, even if there is no impact to the Provider's license.
- E.** The AdSS shall require Providers to disclose to AHCCCS within 24 hours any adverse actions to their license.
- F.** The AdSS shall require Providers to respond to requests for information from AHCCCS within 30 Days.
- G.** The AdSS shall require Providers to verify upon hire and every six-months each employee's health care license, when applicable, and ensure that the employee does not have any adverse actions taken against them by:
 - a. Any licensing board,
 - b. Any State Medicaid agency, or
 - c. Any Federal or State agency.
- H.** The AdSS shall require Providers to conduct monthly checks to ensure employees are not excluded, terminated, precluded, or revoked by any Federal or State agency.

- I.** The AdSS shall prohibit Providers to employ any individuals with an adverse action.
- J.** The AdSS shall require Providers seeking reimbursement for Multisystemic Therapy (MST) to maintain and provide to AHCCCS, upon request, proof of licensure by MST.
- K.** The AdSS shall require Providers to permit AHCCCS to conduct a site visit once AHCCCS staff arrives on site, or if the site visit is conducted virtually, Providers shall join the scheduled meeting and use a camera to allow AHCCCS to view the site.
- L.** The AdSS shall require the Provider to be in compliance with all applicable policies, the provider agreement, and Federal and State laws, rules and regulations during the AHCCCS site visits that may occur prior to enrollment or after enrollment.
- M.** The AdSS shall require the Provider to submit an accurate enrollment application with true information.
- N. AHCCCS PROVIDER MODIFICATIONS**

1. The AdSS shall require that a Provider verify all previously disclosed information for accuracy and truthfulness when submitting a modification to its enrollment application.
2. The AdSS shall require a Provider to submit a new enrollment application within 35 Days of any change in ownership pursuant to 42 CFR 455.104(c) unless the Provider is a covered Provider pursuant to 42 CFR Part 442.
3. The AdSS shall require a Provider to report in APEP any modification, including in ownership involving the removal or addition of an owner within 30 Days of the change unless stated otherwise in AHCCCS policy.
4. The AdSS shall require a Provider to report in APEP any change in hours of operation within 30 Days of the effective date of the change.
5. The AdSS shall require a Provider, in case of an emergency that results in a temporary facility closure:

- a. To provide AHCCCS written notice within five Business Days of the emergency to
apectrainingquestions@azahcccs.gov; and
 - b. To post the closure, the reason for closure, and contact information at the entrance of the facility.
6. The AdSS shall require a Provider to report in APEP a change in its servicing 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.
7. The AdSS shall require a Provider to report in APEP if the facility is closing at least 30 Days prior to the date of closure.

O. AHCCCS PROVIDER TYPES

1. The AdSS shall require all Providers contracted with the Division to enroll with AHCCCS under a provider type established by AHCCCS.
2. AdSS Providers shall refer to the Provider Enrollment Screening Glossary, available at AHCCCS website, for a list of AHCCCS

Provider Types enrollment requirements, and the regulatory organization(s) for each provider type.

P. GROUP BILLERS

The AdSS shall require Providers who choose to use a group biller provider type to:

- a. Not have any servicing addresses listed on the group biller provider profile, as group billers do not provide services.
- b. Disclose all of the servicing providers the Provider intends to bill for on the new enrollment application.
- c. After enrollment, verify that the identified servicing provider the Provider is billing for remains current and accurate.
- d. Not bill for services performed by a servicing provider who has not been disclosed and linked to the group biller within APEP.
- e. Independently register with AHCCCS, all servicing providers that the group biller bills for.
- f. Verify that each servicing provider is registered with AHCCCS as the correct provider type based on the servicing provider's license.

- g. Not bill for a servicing provider who is not registered with AHCCCS.

SUPPLEMENTAL INFORMATION

- A.** It is the AdSS Provider's responsibility to be aware of all contractual, policy, statutory, and regulatory obligations.
- B.** 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 - AHCCCS Provider Qualifications.
- C.** Federal Health Care Programs include Medicare, Medicaid, CHIP, any State Medicaid Agency (SMA), or AHCCCS.
- D.** AHCCCS is available to assist AdSS Providers to identify the most appropriate provider type, based on the AdSS Provider's license/certification and other documentation submitted by the AdSS Provider. To request assistance, the AdSS Provider shall email apectrainingquestions@azahcccs.gov.
- E.** Information including APEP access, provider enrollment links, Provider updates, APEP training including training tutorials on how to access

APEP and how to maneuver through the APEP are available on the AHCCCS website.

- F.** Pursuant to 42 CFR 455.460, for institutional and other designated provider types specified in the Provider Enrollment Screening Glossary, submit an enrollment fee. The Provider Enrollment Screening Glossary is available at AHCCCS website.
- G.** AHCCCS may request additional information from the Provider. Failure to respond may result in the denial of an enrollment application or termination of AHCCCS registration. If a Provider resubmits their enrollment application prior to the 30-Day window and the requested information is not provided, AHCCCS has the discretion to deny the enrollment application or terminate AHCCCS registration prior to the completion of the 30-Day window.
- H.** Failure to complete FCBC by the Service Provider shall result in enrollment application denial or enrollment termination as specified in 42 CFR 455.450(d). The FCBC Requirement document is available on the AHCCCS APEP webpage.

- I.** An adverse action includes an action that in any way impacts the Employee's registration with, authorization by, enrollment in, qualification for, or billing of, to, for, or on behalf of, any federal or state health care program, operated by, or financed in whole or in part, by any federal, state, or local government agency.
- J.** AHCCCS may conduct Provider site visits, which may or may not be scheduled in advance. Site visits may be conducted by AHCCCS in person or virtually.
- K.** The hours of operation a Provider is required to report in APEP are specific to the times the business is expected to regularly be open to Members and does not need to include details regarding closing for lunch periods or for Federally recognized holidays.
- L. AHCCCS DISCRETION**
 - 1. AHCCCS may, in its sole discretion, conduct criminal background checks and fingerprint checks of the Provider, an owner, board member, director, employee, agent, contractor, or subcontractor of the Provider.

2. AHCCCS has the discretion to deny an enrollment application or terminate a Provider's enrollment if a Provider fails to allow any AHCCCS division to complete a site visit, whether for enrollment purposes, audit purposes, or any other purpose deemed necessary by AHCCCS. AHCCCS reserves the right to conduct unannounced site visits, except for locations on tribal land.
3. AHCCCS has the discretion to deny an enrollment application or terminate the enrollment of a Provider based on criminal history or any adverse action relating to any licensure, permit, certification, or clinical privilege(s) including any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.
4. AHCCCS has the discretion to deny an 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 (FWA), and to ensure Members can receive quality services within Arizona.

5. Pursuant to 42 CFR 455.416(c), AHCCCS shall deny an enrollment application or terminate the enrollment of a Provider if that Provider is terminated on or after January 1, 2011, under Title XVIII of the Social Security Act or under the Medicaid program or CHIP of any other State, or if the Provider is included in the termination database under 42 CFR 455.417.
6. AHCCCS has the discretion to deny an enrollment application or terminate the enrollment of a Provider if the Provider, its owner, managing employee, director, or agent is excluded by the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG), Medicare, any SMA, CHIP, or AHCCCS, or any other Federal Health Care Program.
7. AHCCCS has the discretion to take action against any Provider, provider type, owner, managing employee, or any employee of the Provider in compliance with the Medicaid Provider Enrollment Compendium (MPEC) issued by CMS.
8. AHCCCS has the discretion to conduct announced and unannounced site visits on any Provider or prospective Provider.

9. AHCCCS has the discretion to terminate a Provider if the Provider has not submitted claims or encounters to AHCCCS or an AHCCCS managed care organization within the past 24 months.
10. AHCCCS has the discretion to deny or terminate a Provider for enrolling as the wrong provider type.

Vicki Copeland, MD

Signature of Chief Medical Officer

Vicki Copeland

Name

05/13/2025

Date