

610 AHCCCS PROVIDER QUALIFICATIONS

REVISION DATE: 5/1/2024

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EFFECTIVE DATE: November 17, 2017

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. "Home and Community Based (HCBS) Certification" means the same as in A.A.C. 6-6-1501(10).
2. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
3. "Provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division Members.

POLICY

- A.** The Division shall ensure all providers register with AHCCCS for consideration of payment by the Division for services rendered.
- B.** The Division shall require that all providers of covered services:
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 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 provider shall disclose:
 - i. The individual's name, home address, date of birth, social security number; and
 - ii. Whether the individual is related to another person with Ownership or Control interest in the provider as a spouse, parent, child, or sibling.
 - b. For any entity with an Ownership or Control Interest, the 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 provider has a five percent or more interest, the 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 provider has a five percent or more interest, the provider shall disclose whether that individual is related to another person with an Ownership or Control Interest in the provider as a spouse, parent, child, or sibling.
- e. The name of any other disclosing entity in which an owner of the provider has an Ownership or Control Interest.
- f. The name, address, date of birth, and social security number of any managing employee of the provider.
- g. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the prior 12-month period.

- h Any significant business transactions between the provider and any wholly owned supplier, or between the 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.
- 6. Meet AHCCCS requirements specific to the provider type applied for including professional licensure, certification, or registration, including current HCBS certification and Medicare certification, as applicable.
- 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, and/or certification that has the potential, may reasonably be determined to, or may in any way impact the provider's

- registration with, authorization by, enrollment in and/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 Attachment A. Providers are subject to unannounced post-enrollment site visits as well.
 11. Report in APEP any change in hours of operation at least five days prior to the effective date of the change.
 - a. In the case of an emergency that results in facility closure, the provider shall provide AHCCCS written notice within 24 hours of the emergency.
 - b. The provider shall post the closure and 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. The Division shall require all providers contracted with the Division to enroll with AHCCCS under one or more provider types established by AHCCCS:
 - a. Provider Type 39 - Habilitation Provider
Includes Attendant Care
 - b. Provider Type 01 - Group Payment ID
Therapies only
 - c. Provider Type 23 - Home Health Agency
Home Health Services - Medicare Certified
 - d. Provider Type 25 - Group Home
Providers may only apply for a Provider Type 25 after they have been approved for Provider Type 39, have been awarded a group home licensed by the Department of Health Services, and the group home is HCBS certified by OLCR.

2. The Division shall require the providers to 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

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

SUPPLEMENTAL INFORMATION

- A.** AHCCCS is responsible for screening 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 and/or fingerprint checks of the provider or any employees or contractors of the 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 providers in identifying the most appropriate provider type, based on the provider's license/certification and other documentation submitted by the

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 \(Apr 29, 2024 13:24 PDT\)](#)
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