

1 **610 AHCCCS PROVIDER QUALIFICATIONS**

2 REVISION DATE: xx/xx/2024

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4 EFFECTIVE DATE: November 17, 2017

5 REFERENCES: AHCCCS Medical Policy Manual Exhibit 610-1; 42 CFR 455

6 Subpart B; 42 CFR 455.104; 42 CFR 455.104(b)(1)(iii); 42 CFR

7 455.104(b)(2); 42 CFR 455.450(d)

8 PURPOSE

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

12 DEFINITIONS

13 1. "Home and Community Based (HCBS) Certification" means the
14 same as in A.A.C. 6-6-1501(10).

15 2. "Member" means the same as "Client" as defined in A.R.S. § 36-
16 551.

17 3. "Provider" means an agency or individual operating under a
18 contract or service agreement with the Department to provide
19 services to Division Members.

20 POLICY

21 A. The Division shall ensure Aall providers shall register with AHCCCS
22 registration is mandatory for consideration of payment by the Division
23 for services rendered by providers.

24 B. The Division shall requires that Aall covered providers of covered
25 services_ that are covered by the Division of Developmental Disabilities
26 must:

27 A1. EnrollRegister with AHCCCS, which requires signing and
28 submitting the Provider Participation Agreement (PPA) or Group
29 Biller Participation Agreement (GBPA), that includes all federal
30 and state requirements as applicable.

31 B2. Comply with all federal, state, and local laws, rules, regulations,
32 executive orders, and agency policies governing the performance
33 of duties under the PPA or GBPAcontract.

34 C3. Disclose with submission of the provider application, upon
35 execution of the provider agreement, and upon request by
36 AHCCCS during re-validation of enrollment or otherwise upon
37 written request the following:

38 The identity of any individual or entity who:

- 39 a. Has an Ownership or Control Interest in the provider,
40 or is an agent or managing employee of the provider, and
41 b. Has been convicted of a criminal offense related to
42 that person's involvement in any program under Medicare,
43 Medicaid, or the Title XX services program since the
44 inception of those programs.
- 45 4. For any provider that is not an individual practitioner or a
46 group of practitioners, disclose the following disclosures shall be
47 made:
- 48 a. For any individual with an Ownership or Control
49 Interest, the provider shall disclose:
- 50 i. The individual's name, home address, date of birth,
51 social security number⁷; and
- 52 ii. Whether the individual is related to another person
53 with Ownership or Control interest in the provider as
54 a spouse, parent, child, or sibling.
- 55 b. For any entity with an Ownership or Control Interest,
56 the provider shall disclose:
- 57 i. The entity's name,

- 58 ii. The entity's primary business address,
- 59 iii. Every business location and P.O. Box address for the
- 60 entity, and
- 61 iv. The entity's tax identification number.
- 62 c. For any entities with an Ownership or Control
- 63 Interest in any subcontractor in which the provider has a
- 64 five percent or more interest, the provider shall disclose
- 65 the entity's tax identification number.
- 66 d. For any individual with an Ownership or Control
- 67 Interest in any subcontractor in which the provider has a
- 68 five percent or more interest, the provider shall disclose
- 69 whether that individual is related to another person with
- 70 an Ownership or Control Interest in the provider as a
- 71 spouse, parent, child, or sibling.
- 72 e. The name of any other disclosing entity in which an
- 73 owner of the provider has an Ownership or Control
- 74 Interest. ~~and~~
- 75 f. The name, address, date of birth, and social security
- 76 number of any managing employee of the provider.

- 77 g. The ownership of any subcontractor with whom the
78 provider has had business transactions totaling more than
79 \$25,000 during the prior 12-month period., and
- 80 h Any significant business transactions between the provider
81 and any wholly owned supplier, or between the provider
82 and any subcontractor, during the prior five-year period.
- 83 ~~€5.~~ Sign and return attestations during initial enrollment, re-
84 enrollment, revalidation, or recertification specified by the
85 provider type., found on the Provider Registration section of the
86 AHCCCS website, that apply to their individual practices or
87 facilities.
- 88 ~~D6.~~ Meet AHCCCS requirements specific to the provider type applied
89 for including professional licensure, certification, or registration,
90 including current HCBS certification and Medicare certification.
- 91 7. Disclose with submission of its provider application, upon
92 executing the provider agreement, and the provider has an
93 ongoing obligation to disclose to AHCCCS within 24 hours any
94 change, termination, sanction, suspension, revocation, exclusion,
95 preclusion, determination, conclusion, finding, administrative

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

- 113 a. In the case of an emergency that results in facility closure,
114 athe provider shall provide AHCCCS written notice within
115 24 hours of the emergency.
- 116 b. The provider shall post the closure and reason for closure
117 shall be posted at the entrance of the facility.
- 118 12. Report to AHCCCS in APEP a change in service address at least
119 30 days prior to the effective date of the change or, as soon as
120 the provider is aware of the change, if less than 30 days.
- 121 ~~**C.** The Division shall ensure that Aas applicable, and as a condition of~~
122 ~~enrollment, certain provider types based on risk category, and any~~
123 ~~person with a five percent or more direct or indirect ownership interest~~
124 ~~in the provider shall consent to a criminal background check including~~
125 ~~fingerprinting.~~
- 126 ~~**D.** The Divisions shall deny an application or terminate enrollment as~~
127 ~~specified in 42 CFR 455.450 (d) if a provider, or any person with five~~
128 ~~percent or greater direct or indirect ownership in the provider, who is~~
129 ~~required by AHCCCS to submit a set of fingerprints and fails to do so,~~
130 ~~the Divisions shall deny an application or terminate enrollment shall~~

131 ~~have its application denied or enrollment terminated as specified in 42~~
132 ~~CFR 455.450 (d).~~

133 ~~E. AHCCCS may, in its sole discretion, conduct criminal background~~
134 ~~checks and/or fingerprint checks of the provider or any employees or~~
135 ~~contractors of the provider.~~

136 E. Complete all applicable registration forms.

137 Institutional and other designated providers are required to submit an
138 enrollment fee (see AHCCCS Medical Policy Manual Exhibit 610-1).

139 Specific provider types require an AHCCCS Office of the Inspector General
140 (AHCCCS-OIG) site visit prior to enrollment, and they are subject to
141 unannounced post enrollment site visits (see AHCCCS Medical Policy Manual
142 Exhibit 610-1).

143 ~~F. AHCCCS PROVIDER ENROLLMENT PORTAL Registration~~
144 ~~Materials~~

145 ~~1. AHCCCS/DMPS provider enrollment application is~~
146 ~~automated and shall be completed in the APEP.~~

147 ~~2. Links and training tutorials to access the online~~
148 ~~application or learn how to maneuver through the online~~
149 ~~system are available on the AHCCCS website.~~

150 ~~**3. Click on the “Plans/Providers” tab, and select AHCCCS**~~
151 ~~**Provider Enrollment Portal (APEP) for a variety of**~~
152 ~~**provider enrollment links, including APEP access, Provider**~~
153 ~~**updates, APEP Training and other provider enrollment**~~
154 ~~**requirements.**~~

155 ~~AHCCCS–OIG Provider Registration materials are available on the AHCCCS~~
156 ~~web site. On the AHCCCS website, click on the “Plans/Providers” tab. In the~~
157 ~~resulting screen, click on the “New Providers” link and, in the resulting~~
158 ~~dropdown menu, click on the “Provider Reenrollment” link. The forms can be~~
159 ~~completed on the AHCCCS website, but they must be submitted by fax or~~
160 ~~mail.~~

161 **C. AHCCCS PROVIDER TYPES**

162 ~~**1. The Division shall require all PAHCCCS providers contracted**~~
163 ~~**with the Division are to enrolled with AHCCCS, registered under**~~
164 ~~**one or more provider types (e.g., hospital, nursing facility,**~~
165 ~~**physician) established by AHCCCS.:**~~

166 ~~**The designated provider type(s) for providers contracted with the Division**~~
167 ~~**will be one of more of the following:**~~

168 ~~**a. Provider Type 39 - Habilitation Provider**~~

- 169 Includes Attendant Care
- 170 b. Provider Type 01 - Group Payment ID
- 171 Therapies only
- 172 c. Provider Type 23 - Home Health Agency
- 173 Home Health Services - Medicare Certified
- 174 d. Provider Type 25 - Group Home
- 175 Providers may only apply for a Provider Type 25 after they
- 176 have been approved for Provider Type 39, have been
- 177 awarded a group home licensed by the Department of
- 178 Health Services, and the group home is HCBS certified by
- 179 OLCR.
- 180 2. The Division shall require the providers to refer to AMPM 610-
- 181 Attachment A for a list of AHCCCS Provider Types enrollment
- 182 requirements, and the regulatory organization(s) for each
- 183 provider type.
- 184 ~~**B.** AHCCCS Provider Enrollment is available to assist providers in~~
- 185 ~~identifying the most appropriate provider type, based on the provider's~~
- 186 ~~license/certification and other documentation submitted by the~~
- 187 ~~provider. Refer to AMPM 610 Attachment A AHCCCS Provider Types~~

188 ~~for a list of AHCCCS Provider Types enrollment requirements, and the~~
189 ~~regulatory organization(s) for each provider type. The AHCCCS-OIG~~
190 ~~“Provider Registration” section on the AHCCCS website will help~~
191 ~~providers to identify the most appropriate provider type, based on the~~
192 ~~provider's license/certification and other documentation.~~

193 ~~Refer to the AHCCCS website for additional information regarding provider~~
194 ~~registration requests.~~

195 ~~**H. SCREENING OF PROVIDERS BASED ON CATEGORICAL RISK**~~

196 ~~A. AHCCCS is responsible for screening providers based on~~
197 ~~Categorical risk, completing the risk assessment, and establishing the~~
198 ~~criteria for risk adjustment as outlined in AMPM 610 – Provider~~
199 ~~Qualifications and Provider Requirements.~~

200 ~~**ID. CONFLICT OF INTEREST**~~

201 ~~A. The Division shall ensure that providers shall do not permit any~~
202 ~~individual who is currently receiving AHCCCS services from that~~
203 ~~provider to serve in any capacity for that provider, including, but not~~
204 ~~limited to, working as an employee, independent contractor, or~~
205 ~~volunteer for that provider.~~

206 ~~**SUPPLEMENTAL INFORMATION**~~

207 A. AHCCCS is responsible for screening providers based on Categorical
208 risk, completing the risk assessment, and establishing the criteria for
209 risk adjustment as outlined in AMPM 610 - Provider Qualifications and
210 Provider Requirements.

211 B. As applicable, and as a condition of enrollment, certain provider
212 types based on risk category, and individuals identified in the FCBC
213 One Pager available on the AHCCCS APEP webpage shall consent to a
214 complete Fingerprint-based Criminal Background Check (FCBC), which
215 requires the submission of the fingerprints to complete a criminal
216 background check. Failure to do so shall result in application denial or
217 enrollment termination as specified in 42 CFR 455.450-(d).As
218 applicable, and as a condition of enrollment, certain provider types
219 based on risk category, and any person with a five percent or more
220 direct or indirect ownership interest in the provider shall consent to a
221 criminal background check including fingerprinting.

222 C. A provider, or any person with five percent or greater direct or
223 indirect ownership in the provider, who is required by AHCCCS to
224 submit a set of fingerprints and fails to do so, shall have its application
225 denied or enrollment terminated as specified in 42 CFR 455.450 (d).

226 C. AHCCCS may, in its sole discretion, conduct criminal background
227 checks and/or fingerprint checks of the provider or any employees or
228 contractors of the provider.

229 D. AHCCCS has the discretion to deny a provider enrollment
230 application or terminate a provider based on criminal history or any
231 adverse action relating to any licensure, permit, or certification,
232 including any change, termination, sanction, suspension, revocation,
233 exclusion, preclusion, determination, conclusion, finding,
234 administrative adjudication, or other adverse or potentially adverse
235 action.

236 E. AHCCCS has the discretion to deny a provider enrollment
237 application or terminate a provider in order to protect the health and
238 safety of AHCCCS Members, protect AHCCCS from potential fraud,
239 waste, and abuse, and to ensure Members can receive necessary
240 services within Arizona.

241 F. AHCCCS Provider Enrollment is available to assist providers in
242 identifying the most appropriate provider type, based on the provider's
243 license/certification and other documentation submitted by the
244 provider. Refer to AMPM 610-Attachment A- AHCCCS Provider Types

245 for a list of AHCCCS Provider Types enrollment requirements, and the
246 regulatory organization(s) for each provider type.

247 **G. AHCCCS PROVIDER ENROLLMENT PORTAL (APEP)**

248 **1. AHCCCS/DMPS provider enrollment application is automated and**
249 **shall be completed in the APEP.**

250 **2. Links and training tutorials to access the online application or**
251 **learn how to maneuver through the online system are available**
252 **on the AHCCCS website.**

253 **3. Click on the "Plans/Providers" tab, and select AHCCCS Provider**
254 **Enrollment Portal (APEP) for a variety of provider enrollment**
255 **links, including APEP access, Provider updates, APEP Training**
256 **and other provider enrollment requirements.**

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262 Signature of Chief Medical Officer:
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