

### APEP Changes Effective 04/27/2025

AHCCCS is committed to improving service to providers by keeping you informed of upcoming changes. Changes are being made to the AHCCCS Provider Enrollment Portal (APEP) effective 04/27/2025.

#### Who Is Impacted?

- All providers

#### What Is Changing?

Effective 04/27/2025, the following changes are being made to APEP:

- For the upcoming Online Provider Directory, the Handicapped Accessible field will be required. A Disability Accommodations field will be added below the Handicapped Accessible field. When Handicapped Accessible is answered with Yes, the Disability Accommodations field must be completed by toggling at least one value from the left to the right to meet conditions of this section. The Disability Accommodations list will be inactive when the Handicapped Accessible field is answered with No. When answered with Yes, the following values are available:
  - Accessible Offices
  - Patient Lifts
  - Accessible Examination Tables
  - Accessible Imaging Machines
  - Accessible Scales
  - Communication Aids (Braille)

**Handicap Accessible:** Yes ▾ \*

**Choose Disability Accommodations**

- Accessible Scales
- Patient Lifts
- Accessible Examination Tables
- Accessible Imaging Machines

**Selected Disability Accommodations \***

- Accessible Offices
- Communication Aids(Braille)

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**Handicap Accessible:** No ▾ \*

**Choose Disability Accommodations**

- Accessible Offices
- Accessible Scales
- Communication Aids(Braille)
- Patient Lifts
- Accessible Examination Tables
- Accessible Imaging Machines

**Selected Disability Accommodations**



- The Provider Participation Agreement and the Group Billing Participation Agreement have been updated to reflect the change to the Electronic Funds Transfer (EFT) requirement. A provider must enroll in EFT prior to the effective date of the participation agreement.
  - This change does not impact the ROPA Provider Participation Agreement.

The following change applies to the Counseling Only Facility provider type:

- The Behavioral Health Professional (BHP) section of the Additional Information step will be required for the Counseling Only Facility provider type. At least one

BHP is required. The text on that step will read, “Provider Types: BH Outpatient Clinic, Behavioral Health Residential Facility, Counseling Only Facility and Integrated Clinics must complete the Behavioral Health Professional List by adding information for all behavioral health professionals working at the facility.”

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/31/2025	03/31/2025	Complete	
Step 2: Add Locations	Required	03/31/2025	03/31/2025	Complete	
Step 3: Add Correspondence Address	Required	03/31/2025	03/31/2025	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	03/31/2025	03/31/2025	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	03/31/2025	03/31/2025	Complete	
Step 6: Add License/Certification/Other	Required	03/31/2025	03/31/2025	Complete	
Step 7: Add Additional Information	Required	03/31/2025		Incomplete	Please add the First/Last Name of all Behavioral Health Professionals working at the facility.
Step 8: Add Provider Controlling Interest/Ownership Details	Required	03/31/2025	03/31/2025	Complete	
Step 9: Add Taxonomy Details	Required	03/31/2025	03/31/2025	Complete	
Step 10: Fee Payment	Required	03/31/2025	03/31/2025	Complete	
Step 11: Add Populations Served	Optional	03/31/2025	03/31/2025	Complete	
Step 12: Upload Documents	Required	03/31/2025	03/31/2025	Complete	
Step 13: Complete Enrollment Checklist	Required	03/31/2025	03/31/2025	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Application ID:	Name:
<div> <div></div> Add Behavioral Health Professional Working at Facility </div>	
Provider Types: BH Outpatient Clinic, Behavioral Health Residential Facility, <b>Counseling Only Facility</b> and Integrated Clinics must add information for all behavioral health professionals working at the facility.	

## Action Required

No immediate action is required.

- Existing AHCCCS providers will update their information on the next modification or revalidation application. However, continue to report any other changes to AHCCCS in a timely manner.
- Providers do not need to sign a new Provider Participation Agreement at this time. However, a new agreement is required with any modification or revalidation application as well as new applications. Providers are subject to the new terms of the agreement posted to the website 30 days after the agreement is published.

## Questions?

For more information about the EFT requirement, please refer to the [Provider Participation Agreement](#) or [Group Biller Participation Agreement](#).

For any other questions, you can contact us the following ways:

- Chat with us at, <https://chat.azahcccs.gov/?id=2>
  - Live chat is available Monday through Friday from 8 AM to 5 PM

- Call us at, (602) 417-7670.
  - The call center is available Monday through Friday from 8 AM to 5 PM
- Email us at, [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov)