



Atypical Individual Enrollment



Atypical Individual Enrollment

This guide explains how to complete the enrollment process for providers when the provider being enrolled:

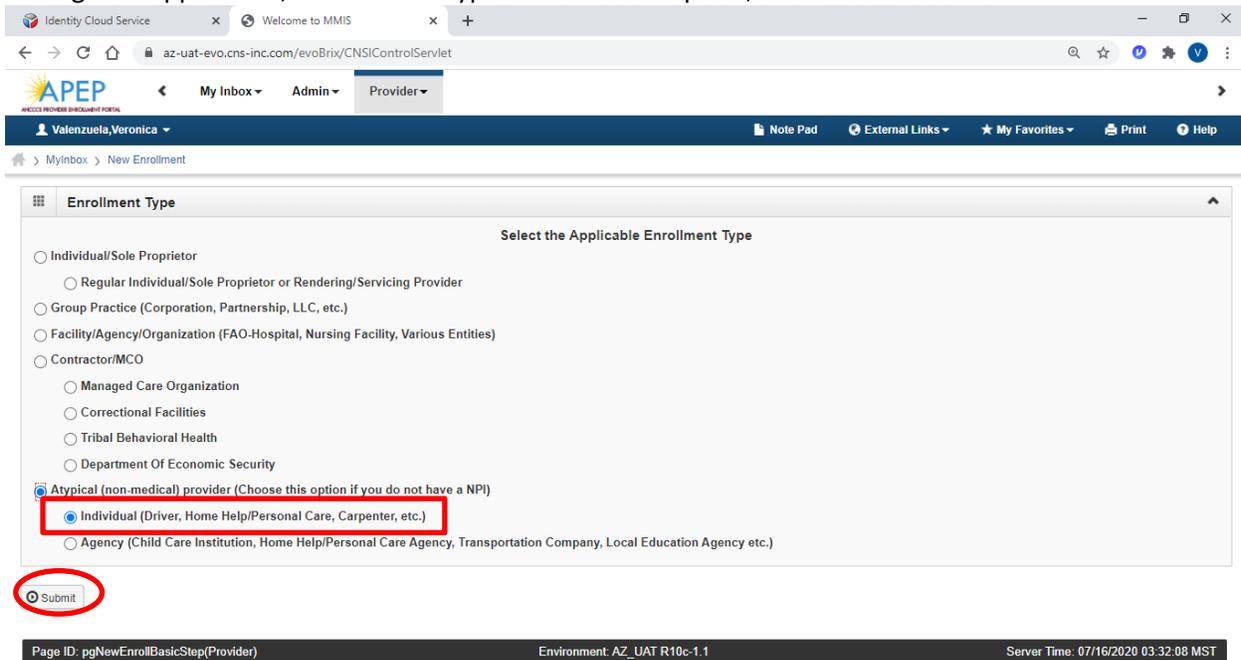
- Is an individual or sole proprietor operating his/her own health care services; AND
- Does NOT have a National Provider Identifier (NPI).

These providers include:

- Homemaker
- Some Habilitation Providers (Independent Providers)
- Registered Dietician
- Nutritionist
- School-based Attendant Care

Beginning an Application

To begin an application, select the “Atypical-Individual” option, then select “Submit.”



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The user is logged in as Valenzuela, Veronica. The page title is "Enrollment Type" and the instruction is "Select the Applicable Enrollment Type". The following options are listed:

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Service Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Contractor/MCO
 - Managed Care Organization
 - Correctional Facilities
 - Tribal Behavioral Health
 - Department Of Economic Security
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

The "Submit" button is located at the bottom left of the form area.

Page ID: pgNewEnrollBasicStep(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 03:32:08 MST

Enrollment Overview

Each provider must complete steps 1 through 11 to submit the application.

- Status column: This column will change from “Incomplete” to “Complete” as steps are completed.
- Step Remark column: This column will alert you to any problems in completing the step.
- Blue font: indicates a hyperlink.
- Steps display in blue font when the step is ready for data entry.
- * An asterisk indicates required fields. Required fields must be completed to proceed forward.
- In order to skip steps, you must first complete steps 1 through 4 in numerical order to make remainder of steps available.

NOTE: It is important to ensure all data entered is accurate and valid.

Step 1: Provider Basic Information

1. Step 1: "Provider Basic Information."
2. Basic Information: Enter the provider's basic information.
 - Applicant Type:
 - Rendering/Servicing Only: Select this option if a billing provider is billing on your behalf.
 - Individual/Sole Proprietor: Select this option if you are a sole proprietor and own the tax ID number.
 - Tribal Type: select this option if the provider is tribally-affiliated. Leave the question blank if not applicable.

Print Help

Application ID: 20200716239700 Name: FAIRY, TOOTH

Basic Information: Enter required fields and click Finish button.

Basic Information

First Name: <input style="width: 80%;" type="text" value="TOOTH"/> *	Middle Initial: <input style="width: 80%;" type="text" value="S"/>
Last Name: <input style="width: 80%;" type="text" value="FAIRY"/> *	Gender: <input style="width: 80%;" type="text" value="Female"/> *
Suffix: <input style="width: 80%;" type="text"/>	Applicant Type: <input style="width: 80%;" type="text" value="Atypical Individual/Sole Proprietor"/> *
SSN: <input style="width: 80%;" type="text" value="010020336"/> *	Date of Birth: <input style="width: 80%;" type="text" value="04/01/1988"/> <input type="button" value="📅"/> *
Tribal Type: <input style="width: 80%;" type="text"/>	Legal Entity Name: <input style="width: 80%;" type="text" value="TOOTH S FAIRY PLLC"/> *
EIN/TIN: <input style="width: 80%;" type="text" value="871122334"/>	

3. W9 Information: IRS W-9 information provided must match IRS reports.
 - W-9 Entity type: For most individuals, "Sole Proprietor" will apply.
 - Profit Type: Non-Profit, For-Profit and Closely Held are the most common profit status codes.

W9 Information

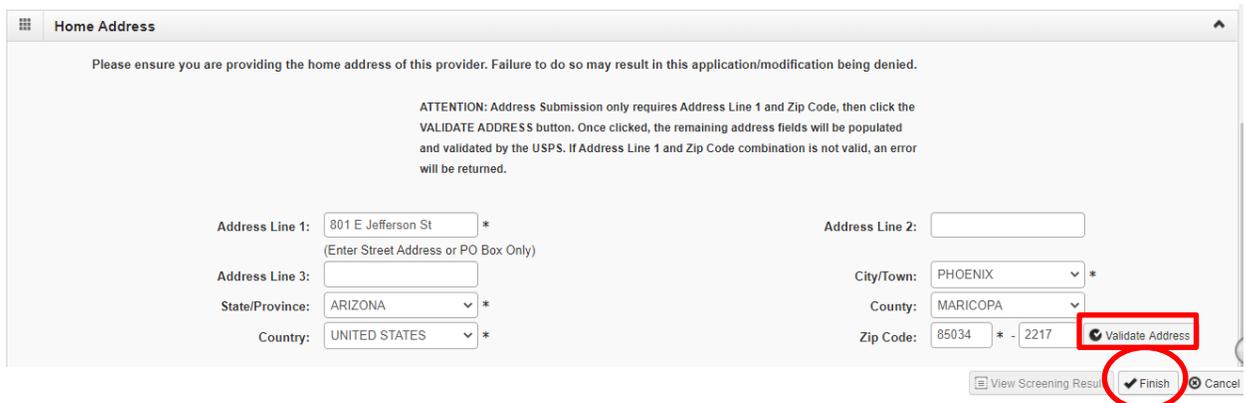
W-9 Entity Type: <input style="width: 80%;" type="text" value="Proprietary - Individual"/> *	W-9 Entity Type (If Other): <input style="width: 80%;" type="text"/>
Profit Status: <input style="width: 80%;" type="text" value="FOR-PROFIT, CLOSELY HELD"/> *	

4. Home Address: Enter the home address of the Provider.

Note: Most addresses are validated through USPS. The Address Submission only requires Address Line 1 and Zip Code. When you click the “Validate Address” button, the remaining address fields will be populated.

- Begin with updating the address within the “Address Line 1” field and enter Zip Code; Click the “VALIDATE ADDRESS” option and when the message “Address is validated” displays, the County, City and State fields will be populated.

5. Once complete select, “Finish,” to proceed forward.



Home Address

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

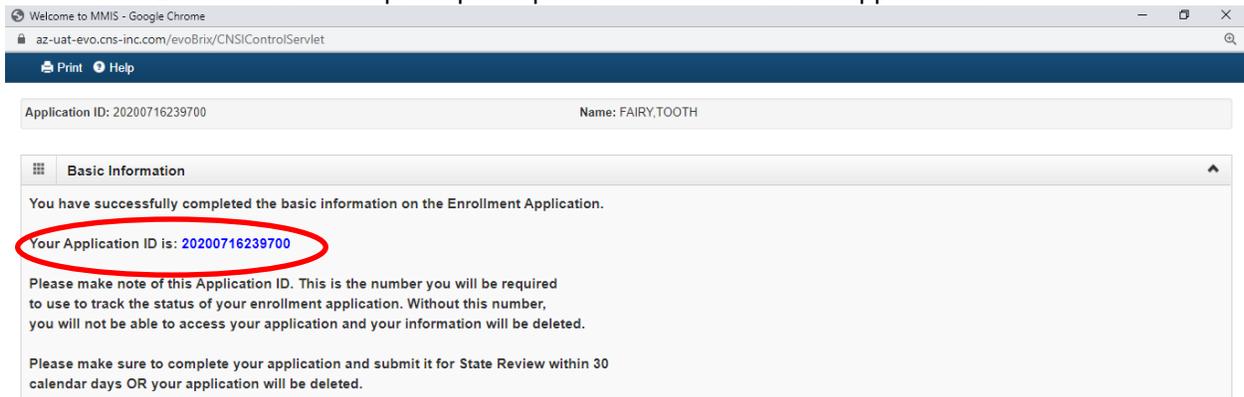
Country: *

Zip Code: * -

6. Once the Basic Information is complete, an Application ID will be provided. You will need this Application ID later if you choose to complete the application at a later time. Once an application has been started, you will have 30 calendar days to complete and submit the application.

TIP: Write down your Application ID and keep it in a safe place. If you misplace the Application ID, check your email account used during the User Registration process to retrieve the email containing the Application ID. If you are unable to locate the email containing the Application ID, please contact the AHCCCS Provider Enrollment team.

7. To continue with the application, select “OK”. By selecting “OK”, this will take you to “Step 2: Add Locations”. This step is required prior to submission of the application.



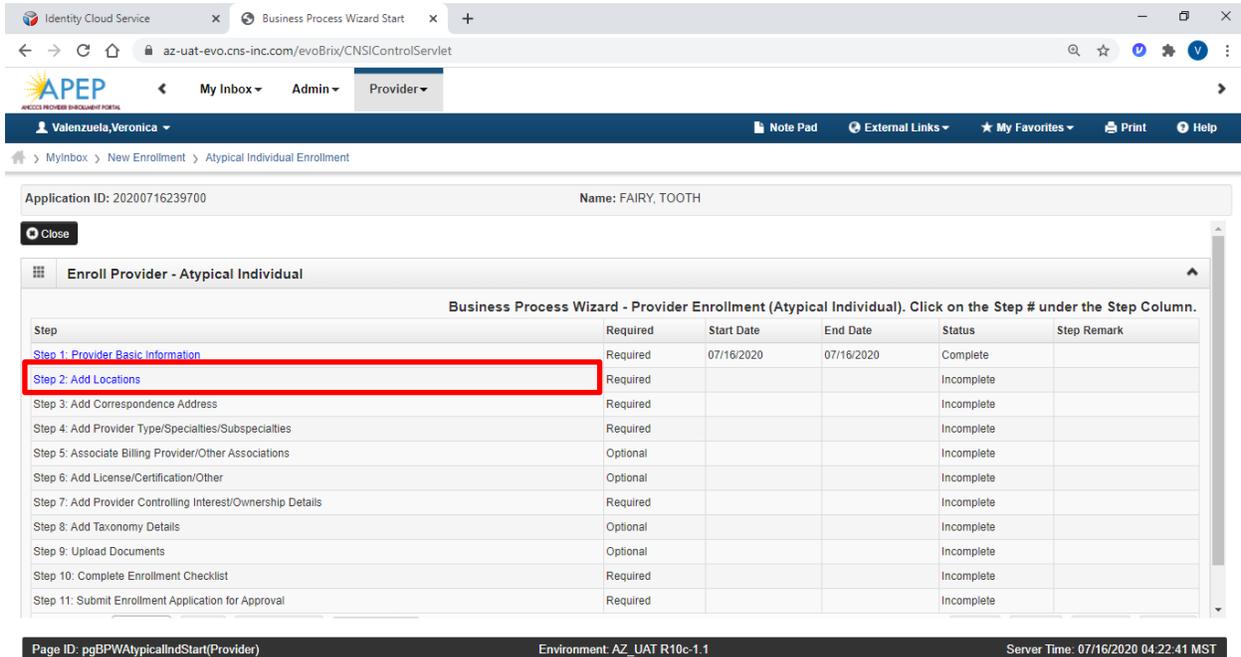
8. Once the application has been established, you will be brought to the “Business Process Wizard or BPW.” This page breaks down the full application into multiple steps. Step 1, Provider Basic Information, has already been completed which will be indicated in the “Status” column.

- The “Required” column tells you which of the steps are “required” and which are “optional” to submit the application.

Note: To complete the next step, “Click” the blue hyperlink. Currently, only Step 2 has a hyper link. However, once you complete Step 4, every step will display a hyper link, allowing you to complete the steps in any order.

Step 2: Add Locations

1. Select "Step 2: Add Locations."



Application ID: 20200716239700 Name: FAIRY, TOOTH

Enroll Provider - Atypical Individual

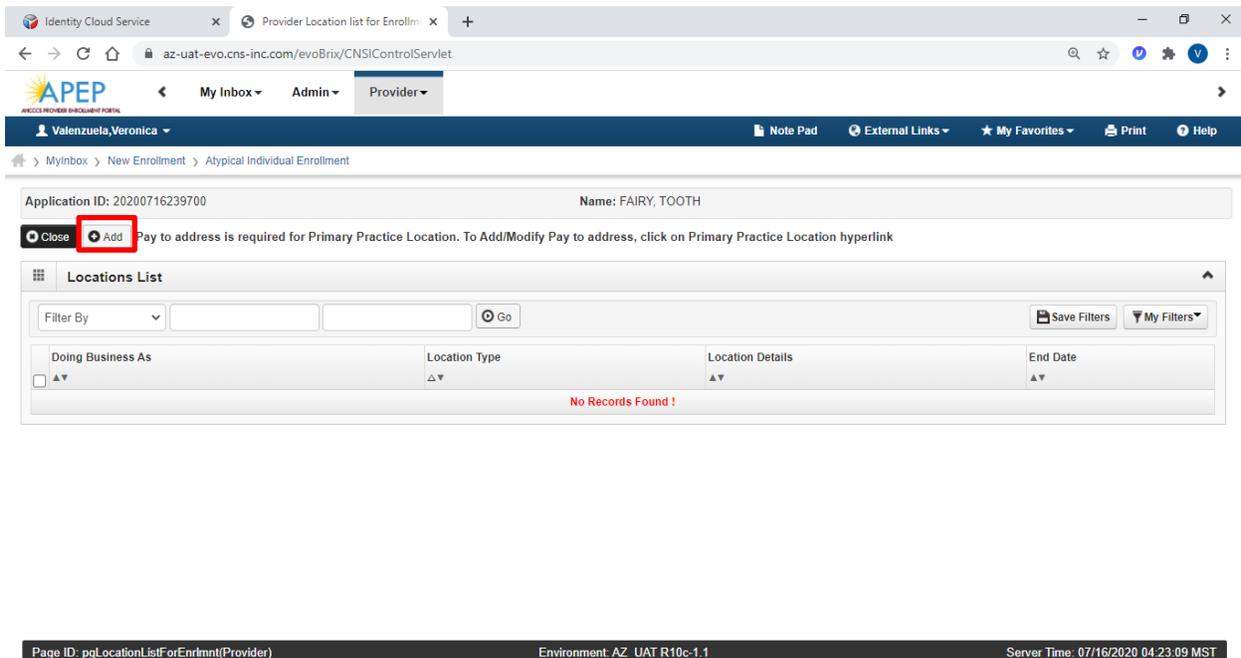
Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:22:41 MST

2. Select "Add" to open up the details page to add a Primary Practice Location and a Pay-To-Address for the location(s). Adding additional servicing locations are optional.

Note: If you are already registered with AHCCCS, you will see a list of your locations under the "Locations List." For a new enrollment, this list will be empty.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink

Locations List

Filter By Go Save Filters My Filters

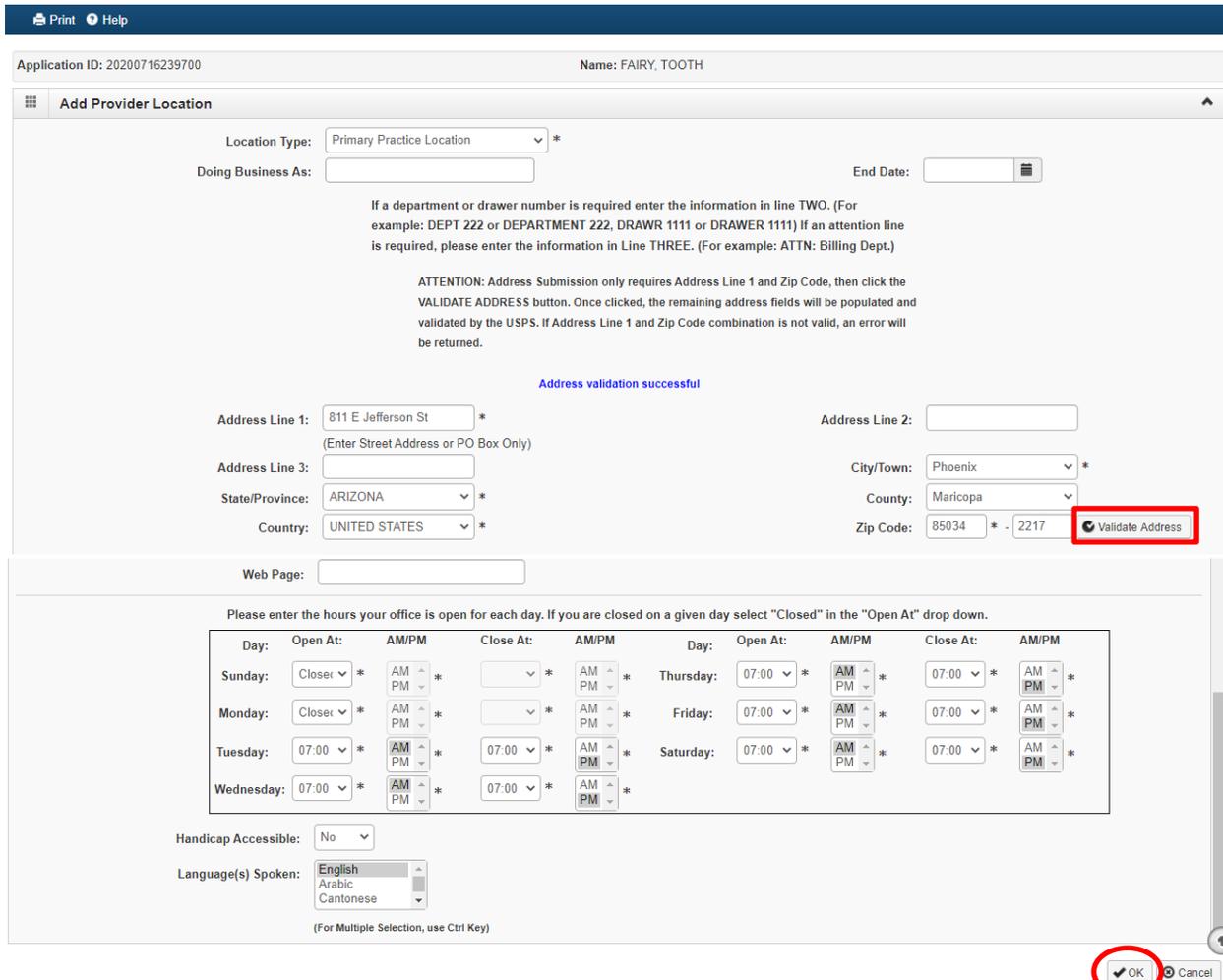
Doing Business As	Location Type	Location Details	End Date
No Records Found !			

Page ID: pg.locationListForEnrlnmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:23:09 MST

3. Select: "Primary Practice Location" in the drop down menu. Complete all required fields then select "Validate Address" and "OK" to proceed forward.

Note: Enter your street address on Address line 1 and your five-digit zip code, then "Click," "Validate Address." The remainder of the address fields will automatically populated and validated by the information from the U.S. Postal Service.

4. Every "Primary Practice Location," requires hours of operation. Fill in these fields as appropriate.
5. Select, "OK," when complete.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As: End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 811 E Jefferson St *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

State/Province: ARIZONA * City/Town: Phoenix *

Country: UNITED STATES * County: Maricopa *

Zip Code: 85034 * - 2217

Web Page:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closed *	AM/PM *	<input type="text"/> *	AM/PM *	Thursday:	07:00 *	AM/PM *	07:00 *	AM/PM *
Monday:	Closed *	AM/PM *	<input type="text"/> *	AM/PM *	Friday:	07:00 *	AM/PM *	07:00 *	AM/PM *
Tuesday:	07:00 *	AM/PM *	07:00 *	AM/PM *	Saturday:	07:00 *	AM/PM *	07:00 *	AM/PM *
Wednesday:	07:00 *	AM/PM *	07:00 *	AM/PM *					

Handicap Accessible: No

Language(s) Spoken: English, Arabic, Cantonese

(For Multiple Selection, use Ctrl Key)

6. Select the "Primary Practice location" link to Add Pay-To Address. The link will display in Blue font under the "Location Type" field.

Note: A message at the top will indicate a "Pay to Address is required for the Primary Practice Location. To Add/Modify Pay to Address, click on the Primary Practice Location hyperlink."

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink

Locations List

Filter By [] [] Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/>	Primary Practice Location	811 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgLocationListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:26:11 MST

7. Select "Add Address."

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Save To add additional addresses, click "Add Address" button.

Tuesday: 07:00 * AM PM * 07:00 * AM PM * Saturday: 07:00 * AM PM * 07:00 * AM PM *

Wednesday: 07:00 * AM PM * 07:00 * AM PM *

Handicap Accessible: No

Language(s) Spoken: English Arabic Cantonese

End Date: 12/31/2999

Address List

Add Address

Address Type	Address	End Date
<input type="checkbox"/> Location	811 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:26:30 MST

8. Type of Address: Select "Pay To Address" in the drop-down menu. Carefully enter, review and "Validate Address" the address. When complete, select "OK" to proceed forward.

Note: If the "Pay to Address" is the same as the Primary Practice Location, Click the "Location Address: radio button Copy this Location Address" to copy the address then click "OK."

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200716239700 Name: FAIRY, TOOTH

Add Provider Location Address

Type of Address: End Date:

Location Address: Copy This Location Address

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: *
 (Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

Country: *

Zip Code: * -

Page ID: dlgEnrflLocationAddress(Provider)

9. The provider address will now display in the Address List. To continue without adding another service location, select “save” and then select “Close” to proceed forward.

Identity Cloud Service x Location Details x

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Admin Provider

Valenzuela, Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment > General

Application ID: 20200716239700 Name: FAIRY, TOOTH

To add additional addresses, click "Add Address" button.

Wednesday: 07:00 * AM PM 07:00 * AM PM

Handicap Accessible:

Language(s) Spoken: Arabic Cantonese

End Date: 12/31/2999

Address List

Address Type	Address	End Date
<input type="checkbox"/> Location	811 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999
<input type="checkbox"/> Pay To	701 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Viewing Page: 1

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:27:23 MST

10. To add another service location, select “Add Address” and repeat steps 1 through 9. To continue without adding another service location, select “Close” to proceed forward.

Identity Cloud Service x Provider Location list for Enrollm x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Admin Provider

Valenzuela,Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink

Locations List

Filter By [] [] Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/>	Primary Practice Location	811 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgLocationListForEnrlmt(Provider)

Environment: AZ_UAT R10c-1.1

Server Time: 07/16/2020 04:28:39 MST

Step 3: Add Correspondence Address

1. Select "Step 3: Add Correspondence Address."

Identity Cloud Service x Business Process Wizard Start x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Admin Provider

Valenzuela,Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close

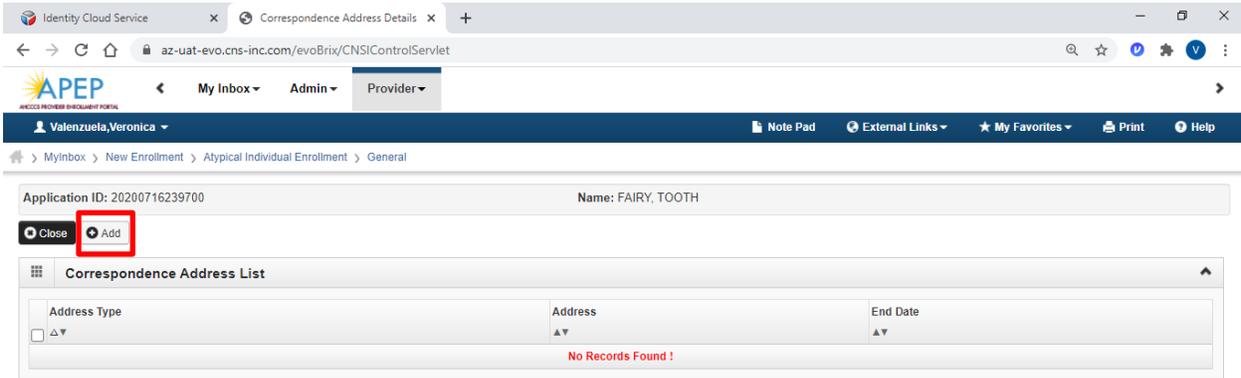
Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:29:08 MST

2. Select "Add."

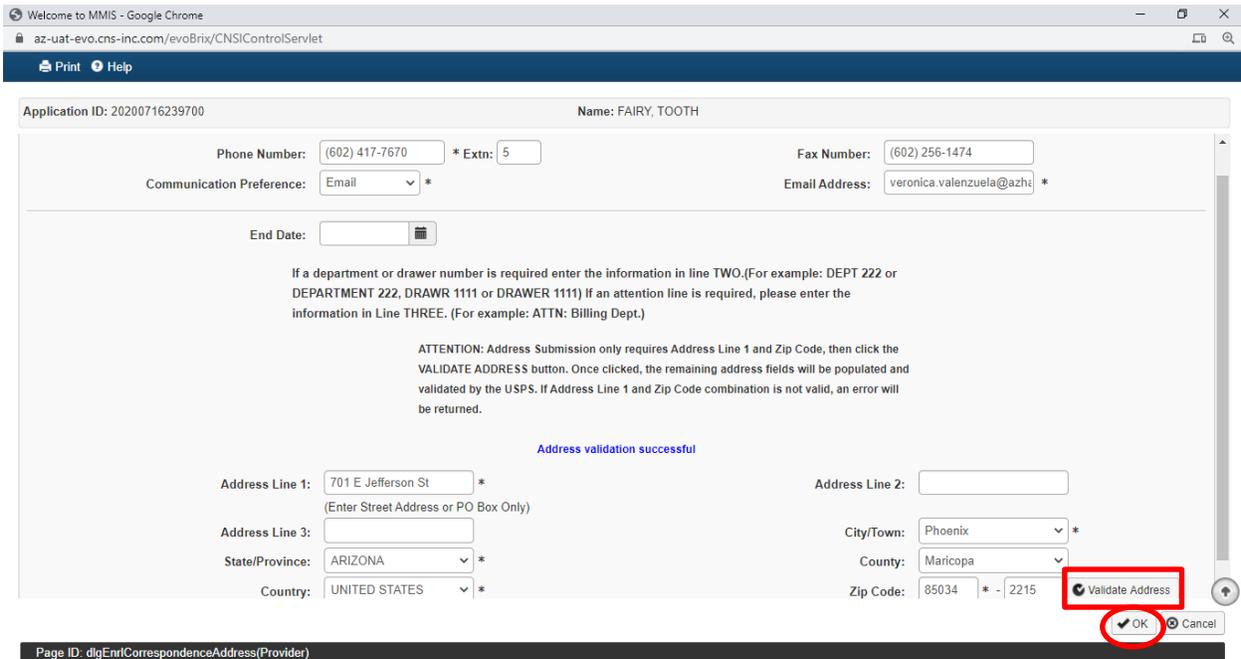


Page ID: pgCorrespondenceListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:29:21 MST

3. In the "Communication Preference" field, select "Standard Mail" or "Email."

NOTE: Only one option may be selected. All notices will go to the mailing address or email address entered on this screen.

4. Carefully enter, review and "Validate Address" the address. When complete, select "OK" to proceed forward.



Page ID: dljEnrCorrespondenceAddress(Provider)

5. Select “Close” to proceed forward.

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add

Address Type	Address	End Date
Correspondence	701 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: pgCorrespondenceListForEnrImnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:30:42 MST

Step 4: Add Provider Type/Specialties/Subspecialties

1. Select “Step 4: Add Provider Type/Specialties/Subspecialties.”

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close

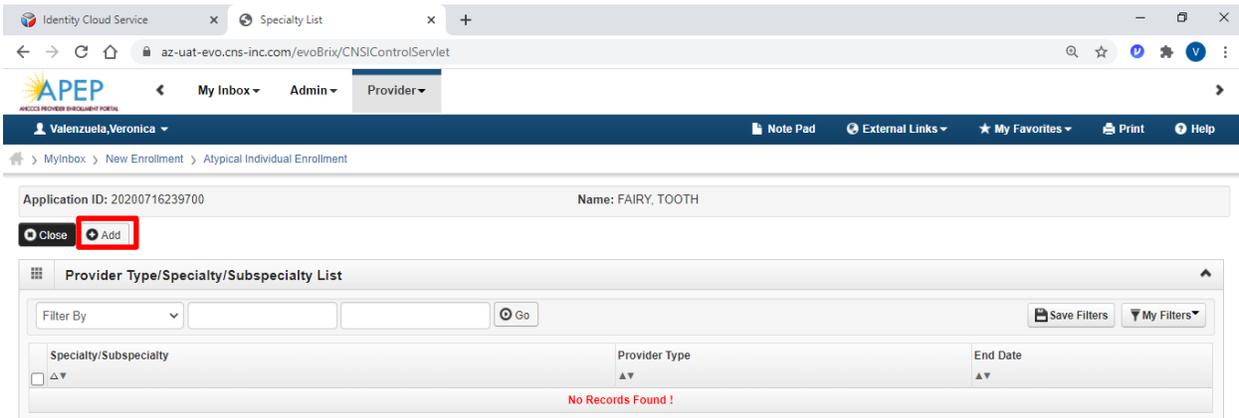
Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:30:55 MST

2. Select “Add.”



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page header includes the APEP logo and navigation tabs for 'My Inbox', 'Admin', and 'Provider'. The user is logged in as 'Valenzuela, Veronica'. The main content area displays 'Application ID: 20200716239700' and 'Name: FAIRY, TOOTH'. Below this, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted in a red box. A table titled 'Provider Type/Specialty/Subspecialty List' is shown below, with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, with a red message 'No Records Found!' at the bottom.

Page ID: pgLctnSpcltyListForEnrlnmt(Provider)

Environment: AZ_UAT R10c-1.1

Server Time: 07/16/2020 04:31:04 MST

3. Complete the “Add Provider Type/Specialty” and “Add Subspecialty” fields as appropriate.
4. Select, appropriate “Provider Type” in the drop-down option.
5. Select, the “Specialty” in the drop-down option, or “No Specialty” if applicable.
6. Add “Subspecialty”:

- Select, “Associated Subspecialty”: “No Subspecialty”

Note: For new enrollments, the “Add Provider Type/Specialty & Add Subspecialty” fields will display empty.

7. When complete, select “OK” to proceed forward.

Application ID: 20200716239700 Name: FAIRY, TOOTH

Add Provider Type/Specialty

Provider Type: HABILITATION PROVIDER *

Specialty: NO SPECIALTY REQUIRED *

Select 'No Specialty' if applicable.

End Date:

Add Subspecialty

Available Subspecialties:

Associated Subspecialties *: No Subspecialty

Select 'No Subspecialty' if applicable.

Page ID: digEnrAddSpecialties(Provider) OK Cancel

8. The image below is an example of a completed provider type.

Application ID: 20200716239700 Name: FAIRY, TOOTH

Provider Type/Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> NO SPECIALTY REQUIRED/No Subspecialty	HABILITATION PROVIDER	12/31/2999

Delete View Page: 1 Page Count Viewing Page: 1

Page ID: pgLcInSpcltyListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:32:07 MST

Note: Once Step 4 is completed, the rest of the enrollment steps become available and may be completed in any order.

Step 5: Associate Billing Provider/Other Associations

Complete Step 5 if another provider will be billing on behalf of the provider. If this step does not apply, skip to Step 6.

Note: To associate, all providers must be or have been approved by the state in new APEP system.

To complete Step 5:

1. Select "Step 5: Associate Billing Provider/Other Associations."

The screenshot shows the 'Enroll Provider - Atypical Individual' wizard. The table below lists the steps:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

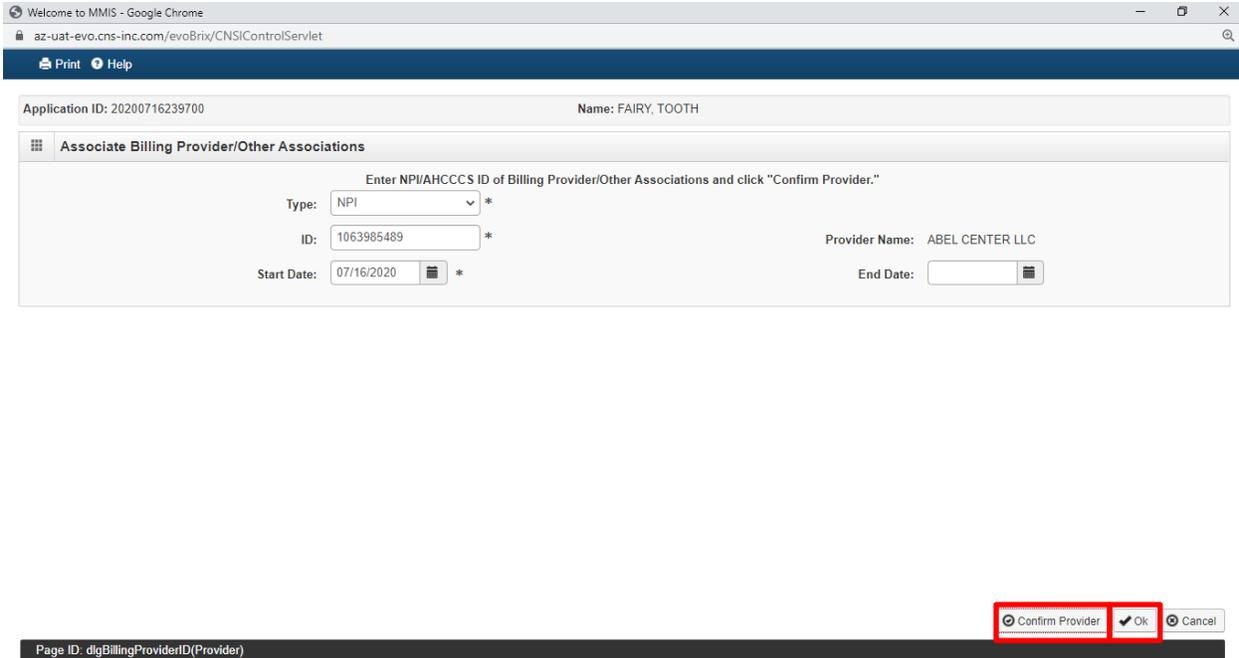
2. Select "Add."

The screenshot shows the 'Billing Provider/Other Associations List' page. The 'Add' button is highlighted in red. Below the button is a table with the following columns:

NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status
No Records Found !				

3. Enter the AHCCCS ID or NPI of the billing provider. Select “Confirm Provider.” Once the provider is confirmed, select “OK” to complete the association.

Note: If your provider is known to AHCCCS, the Provider Name field is auto-populated.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Associate Billing Provider/Other Associations

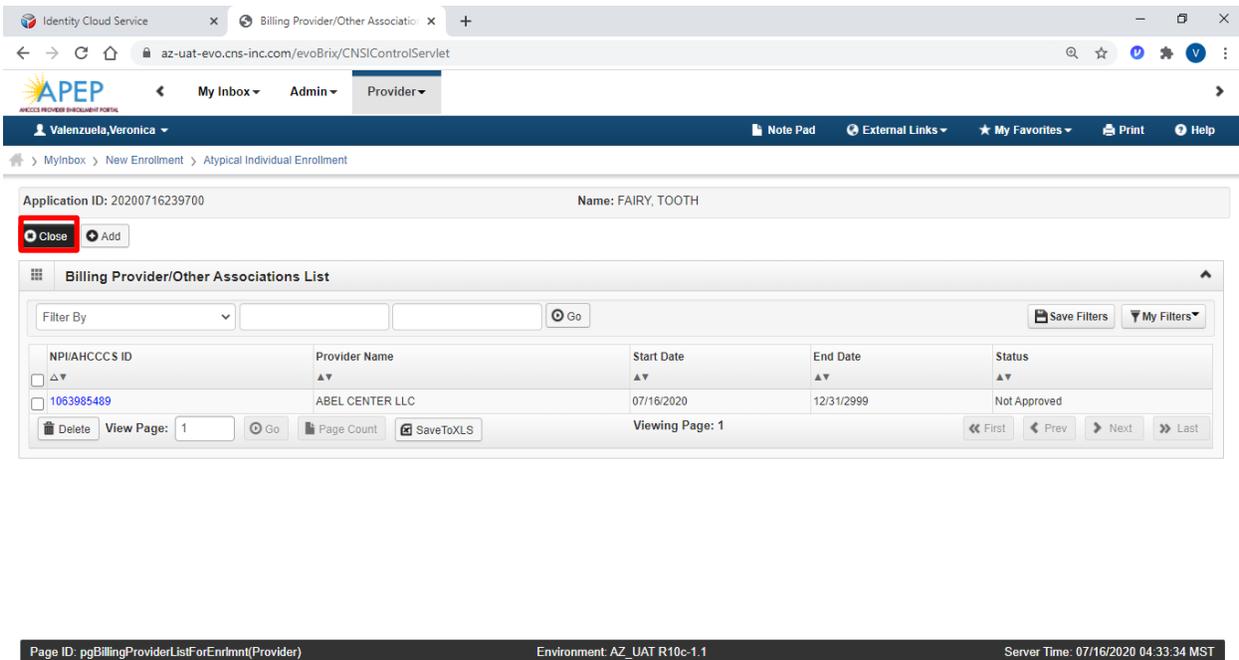
Enter NPI/AHCCCS ID of Billing Provider/Other Associations and click "Confirm Provider."

Type: NPI *
 ID: 1063985489 *
 Start Date: 07/16/2020 *
 Provider Name: ABEL CENTER LLC
 End Date: *

Confirm Provider OK Cancel

Page ID: dlgBillingProviderID(Provider)

4. Select, “Close,” to proceed forward.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add

Billing Provider/Other Associations List

Filter By [] [] Go Save Filters My Filters

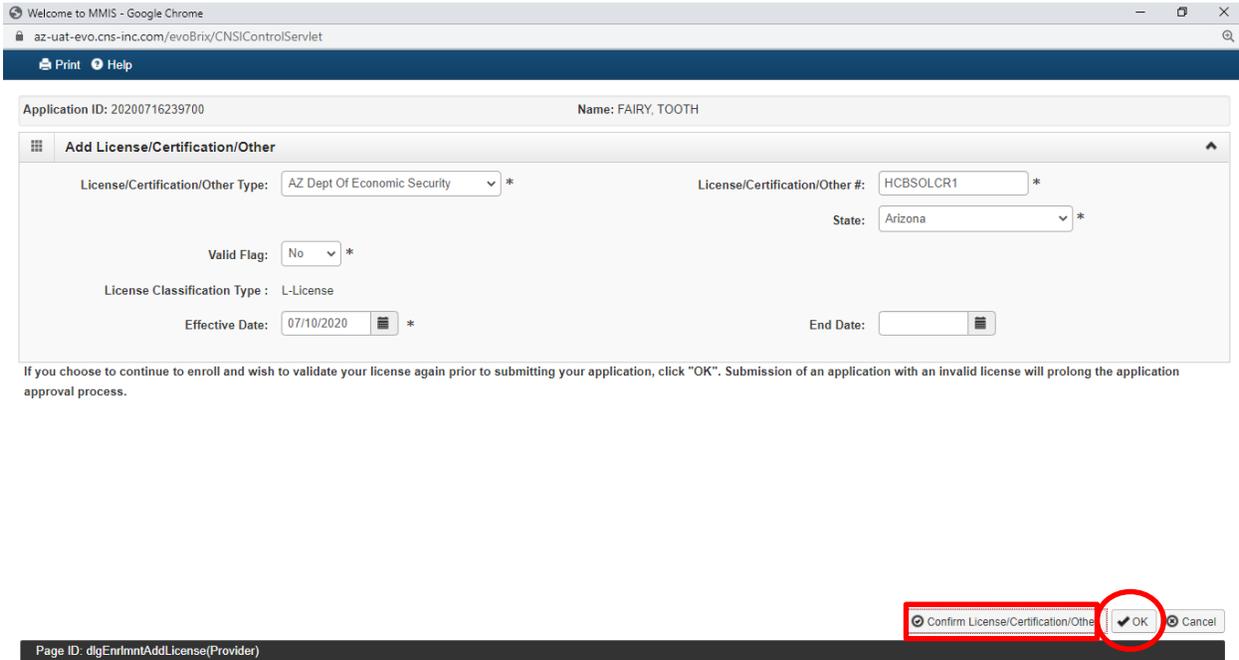
NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status
<input type="checkbox"/> 1063985489	ABEL CENTER LLC	07/16/2020	12/31/2999	Not Approved

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgBillingProviderListForEnrlmnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:33:34 MST

- Carefully enter the License/Certification/Other List information. Once complete, select “Confirm License/Certification” then select “OK.” Repeat for each available License/Certification.

NOTE: The licenses and certifications listed in the drop-down menu are based on the specialty you indicated in Step 4: Add Provider Type Specialty/Sub-Specialities.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Add License/Certification/Other

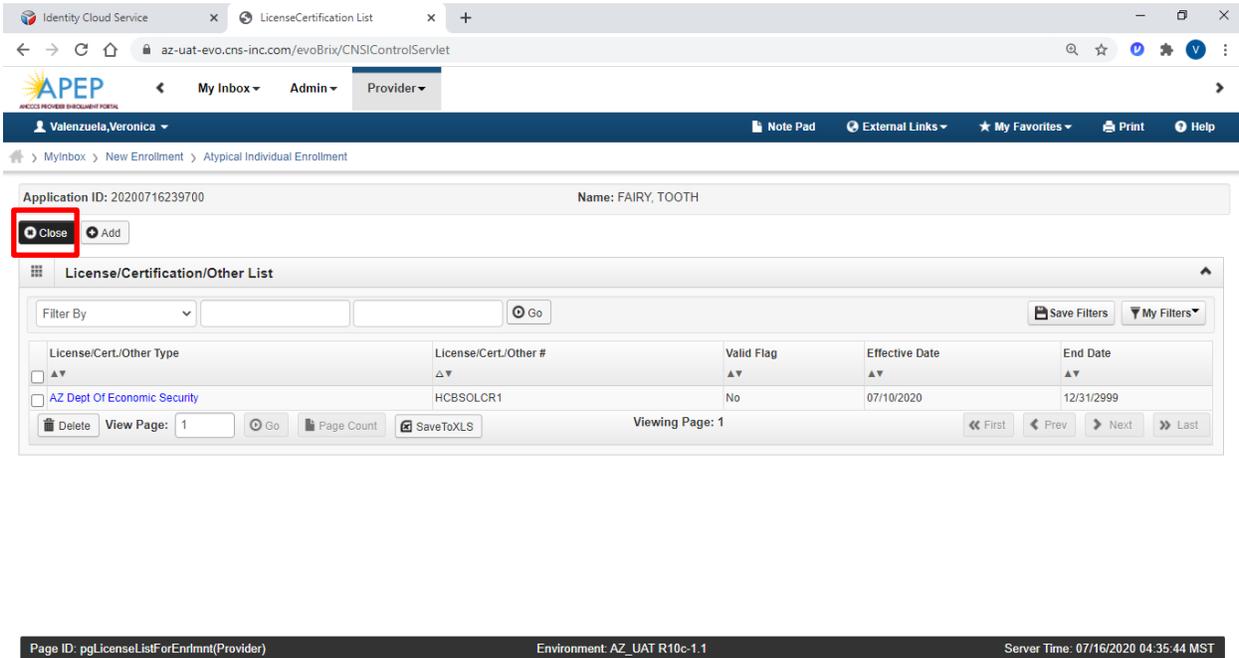
License/Certification/Other Type: AZ Dept Of Economic Security * License/Certification/Other #: HCBSOLCR1 *
 State: Arizona *
 Valid Flag: No *
 License Classification Type: L-License
 Effective Date: 07/10/2020 * End Date: *

If you choose to continue to enroll and wish to validate your license again prior to submitting your application, click "OK". Submission of an application with an invalid license will prolong the application approval process.

Confirm License/Certification/Other OK Cancel

Page ID: digEnrlmntAddLicense(Provider)

- Select, “Close,” to proceed forward.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add

License/Certification/Other List

Filter By [] [] [Go] Save Filters My Filters

License/Cert/Other Type	License/Cert/Other #	Valid Flag	Effective Date	End Date
<input type="checkbox"/> AZ Dept Of Economic Security	HCBSOLCR1	No	07/10/2020	12/31/2999

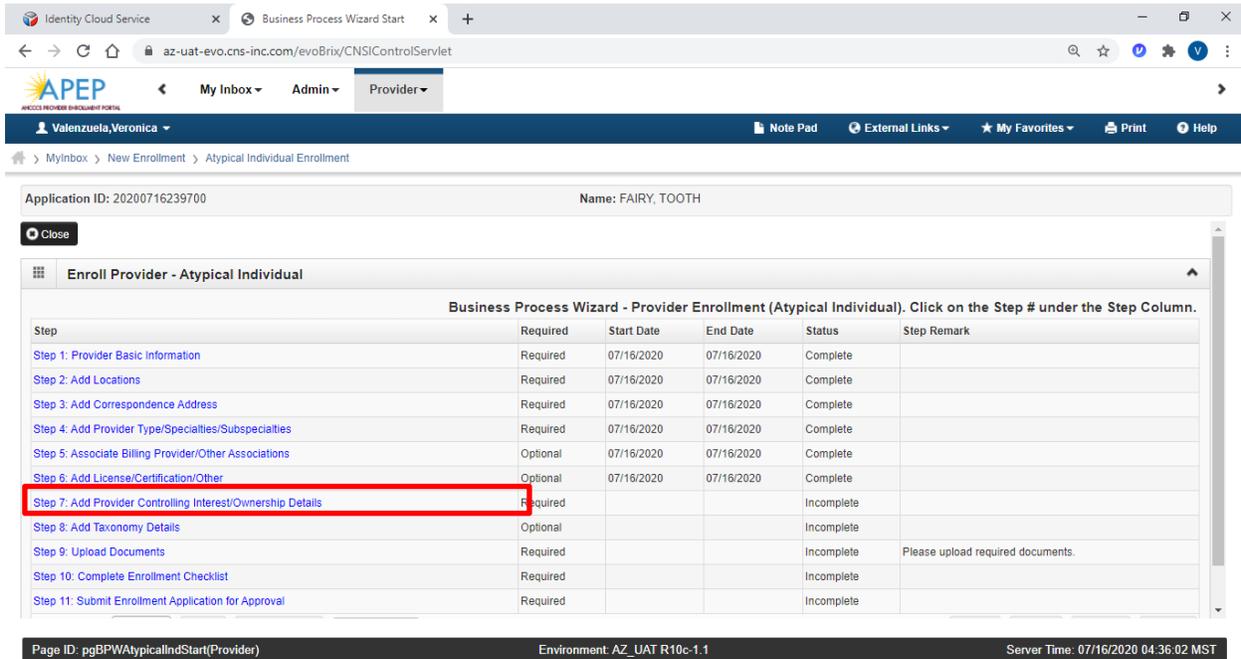
Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgLicenseListForEnrlmnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:35:44 MST

Step 7: Add Provider Controlling Interest/Ownership Details

Note: It's important that all information notated on this page is carefully read

1. Select "Step 7: Add Provider Controlling Interest/Ownership Details."



The screenshot shows the 'Enroll Provider - Atypical Individual' page in the Business Process Wizard. A table lists the steps of the enrollment process:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	07/16/2020	07/16/2020	Complete	
Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

2. Clicking the link takes you to a page that describes who exactly should provide details of pownership or controlling interest.

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

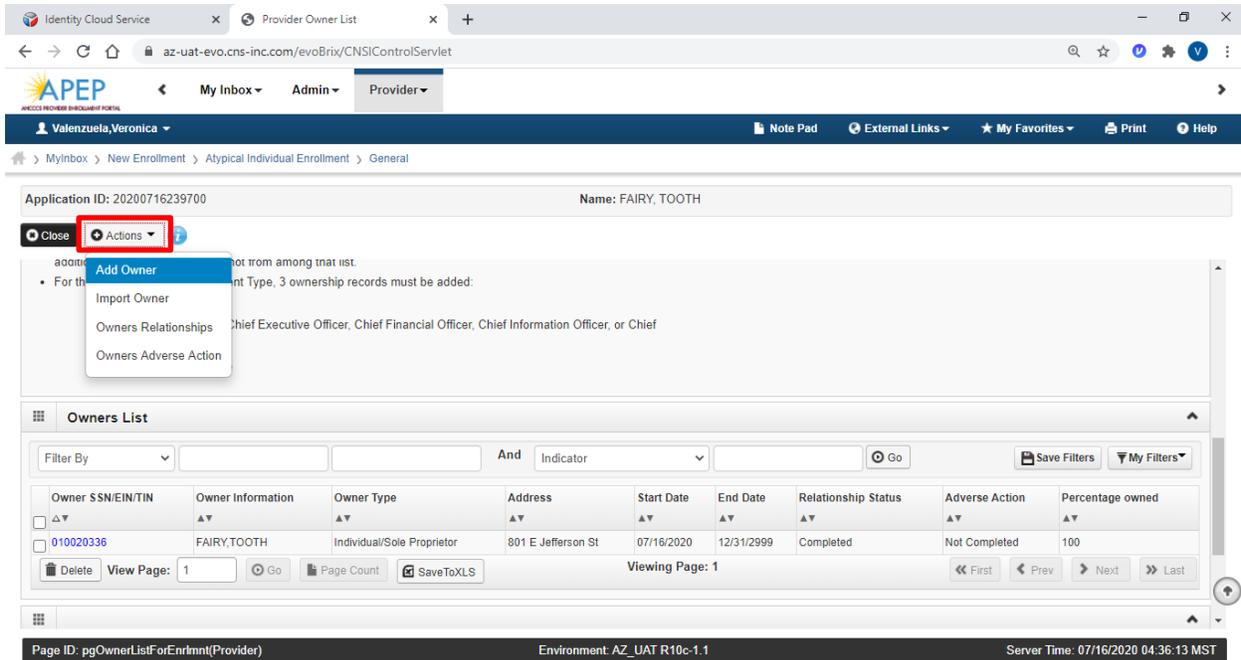
REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501[c]3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - (1) Agent
 - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - (3) Managing Employee

3. Select "Actions" then select "Add Owner" to add ownership information. Repeat this step if there are multiple owners.

Note: The “Actions” drop-down menu offers you the option to Add an Owner, Import Owner, specify Owner Relationships, and provide details about Owners Adverse Action (if applicable).

4. Select, “Add Owner,” in the drop-down menu.



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Provider Owner List". The user is logged in as "Valenzuela, Veronica". The breadcrumb trail is "MyInbox > New Enrollment > Atypical Individual Enrollment > General". The application ID is "20200716239700" and the name is "FAIRY, TOOTH".

The "Actions" dropdown menu is open, showing the following options:

- Add Owner
- Import Owner
- Owners Relationships
- Owners Adverse Action

The "Add Owner" option is highlighted. Below the dropdown is the "Owners List" table with the following data:

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020336	FAIRY,TOOTH	Individual/Sole Proprietor	801 E Jefferson St	07/16/2020	12/31/2999	Completed	Not Completed	100

The page footer shows "Page ID: pgOwnerListForEnrInnt(Provider)", "Environment: AZ_UAT R10c-1.1", and "Server Time: 07/16/2020 04:36:13 MST".

5. Carefully enter the Provider/Controlling Interest/Ownership fields for each provider. When complete, select “OK.”

Application ID: 20200716239700 Name: FAIRY, TOOTH

Provider Controlling Interest/Ownership

Type: * ? Percentage Owned: *

SSN: * EIN/TIN:

Legal Entity Name: Entity Business Name:
(As shown on the Income Tax Return) (Doing Business As)

Owner NPI:

First Name: * Last Name: *

Suffix: * DOB: * ?

Phone Number: * Extn: Email:

Start Date: * ? End Date: * ?

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: * State/Province: * Country: *

County: * Zip Code: * - * Validate Address

OK Cancel

6. Select "Owner's Relationships." This option requires an action to proceed forward. Select "Actions," then select "Owners Relationship" to disclose and establish if Owner's Relationships.

Identity Cloud Service Provider Owner List

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Admin Provider

Valenzuela, Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment > General

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Actions

- Add Owner
- Import Owner
- Owners Relationships**
- Owners Adverse Action

Owners List

Filter By And Indicator Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 010020335	Time, Father	Managing Employee	812 E Jefferson St	07/01/2020	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/> 010020336	FAIRY,TOOTH	Individual/Sole Proprietor	801 E Jefferson St	07/18/2020	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgOwnerListForEnrlmnt(Provider) Environment: AZ_UAT R10c.1.1 Server Time: 07/16/2020 04:39:50 MST

7. Complete the drop-down fields to describe the relationship between provider owners.

Note: The Managing Employee can be the owner, if an Individual Sole Proprietor was selected.

8. When all information has been entered, select "Save."

Application ID: 20200716239700 Name: FAIRY, TOOTH

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners: All

Selected Owner: FAIRY, TOOTH SSN/EIN/TIN: 010020336 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to FAIRY, TOOTH	Relation to Assoc. Owner
Time, Father	010020335	Managing Employee	Sibling	Self

View Page: 1 Viewing Page: 1

Selected Owner: Time, Father SSN/EIN/TIN: 010020335 Status: Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

9. For each provider owner, you must disclose any adverse actions taken. Select "Actions," then select "Owners Adverse Action."

Identity Cloud Service Provider Owner List

Application ID: 20200716239700 Name: FAIRY, TOOTH

- Add Owner
- Import Owner
- Owners Relationships
- Owners Adverse Action**

Owners List

Filter By: And Indicator:

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 010020335	Time, Father	Managing Employee	812 E Jefferson St	07/01/2020	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/> 010020336	FAIRY, TOOTH	Individual/Sole Proprietor	801 E Jefferson St	07/16/2020	12/31/2999	Completed	Not Completed	100

Delete View Page: 1 Viewing Page: 1

Page ID: pgOwnerListForEnrlnmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:41:05 MST

10. For each owner, indicate if any if any adverse actions have been taken by answering “Yes” or “No.”

Owners with Adverse Action - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSI/ControlServlet

Application ID: 20200716239700 Name: FAIRY, TOOTH

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information regarding actions, which include but are not limited to, conviction, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, or other adverse or potentially adverse action. All actions must be reported regardless of whether any records were expunged or otherwise removed or whether any appeals are pending.

Respond to the following questions on behalf of the following Responsive Entities: the applicant, the entity that the applicant represents; all individuals and entities with an ownership or control interest, all agents, managing employees and key personnel; and any entity in which the applicant (and the entity represented by the applicant) has a 5% or more ownership interest.

Owners with Adverse Action

Filter By [] All [] Go [] Save Filters [] My Filters []

Owner Name	SSN/EIN/TIN	Adverse Action Status
<input type="checkbox"/> FAIRY,TOOTH	010020336	Not Completed
<input type="checkbox"/> Time.Father	010020335	Not Completed

View Page: 1 [] Go [] Page Count [] SaveToXLS [] Viewing Page: 1 [] First [] Prev [] Next [] Last []

Page ID: pgEnrInmtAdverseAction(Provider)

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSI/ControlServlet

Application ID: 20200716239700 Name: FAIRY, TOOTH

1. Have any Responsive Entities been convicted of any of the following:

- a. A federal or state felony;
- b. Any criminal offense, under federal or state law, related to the delivery of an item or service under Medicaid, Medicare, AHCCCS, or a state health care program, including the performance of management or administrative services relating to the delivery of items or services under any such program;
- c. Any criminal offense, under state or federal law, related to the abuse or neglect of a patient in connection with the delivery of a health care item or service, as further explained in 42 C.F.R. § 1001.101(b);
- d. Any criminal offense, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service, including the performance of management or administrative services relating to the delivery of items or services under any such program;
- e. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. § 1001.101 or 1001.201;
- f. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; or
- g. Any criminal offense related to public assistance or welfare fraud.

Yes No

2. Have any Responsive Entities been terminated, denied enrollment, suspended, revoked, precluded, determined ineligible, restricted by Agreement, or otherwise sanctioned by Medicare, AHCCCS, a Medicaid program in any other state, or any other governmental or private medical insurance program?

Yes No

3. Have any Responsive Entities had their business or professional license, certification, permit, or the licensure of an entity in which they had an ownership interest of 5% or more ever been revoked, suspended, terminated, surrendered, placed on probation, or restricted by Agreement by any licensing authority in any State?

Yes No

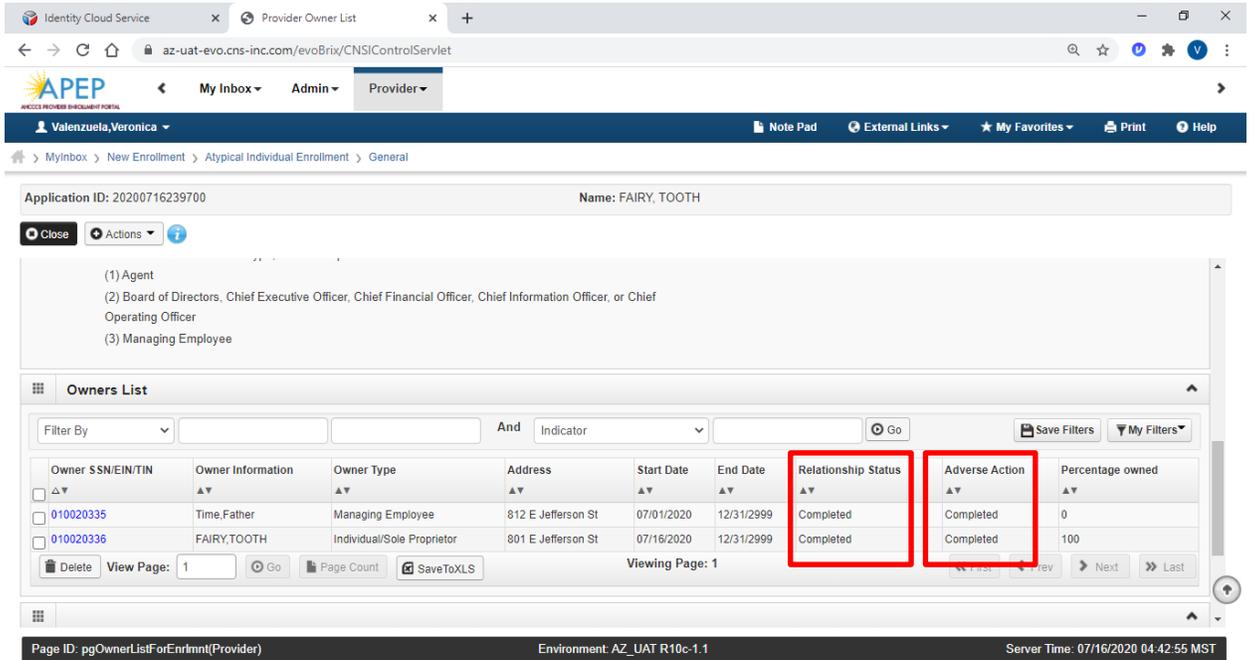
4. Is there currently any pending proceedings, such as but not limited to an indictment, pending plea, or investigation, that could result in any sanction, conviction (as defined in 42 C.F.R. § 1001.2, and including convictions that are the result of plea agreements, no contest plea, Alford plea, or nolo contendere plea), or action for any Responsive Entity?

Yes No

Page ID: dlqFinalAdverseActionsforOwner(Provider)

This is an example of a completed Provider Controlling Interest/Owners Detail page.

Note: The “Relationship Status” and Adverse Action” columns reflect as “Completed” for all disclosed Owner Types allowing you to proceed forward.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Actions

(1) Agent
(2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
(3) Managing Employee

Owners List

Filter By [] And Indicator [] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 010020335	Time, Father	Managing Employee	812 E Jefferson St	07/01/2020	12/31/2999	Completed	Completed	0
<input type="checkbox"/> 010020336	FAIRY, TOOTH	Individual/Sole Proprietor	801 E Jefferson St	07/16/2020	12/31/2999	Completed	Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

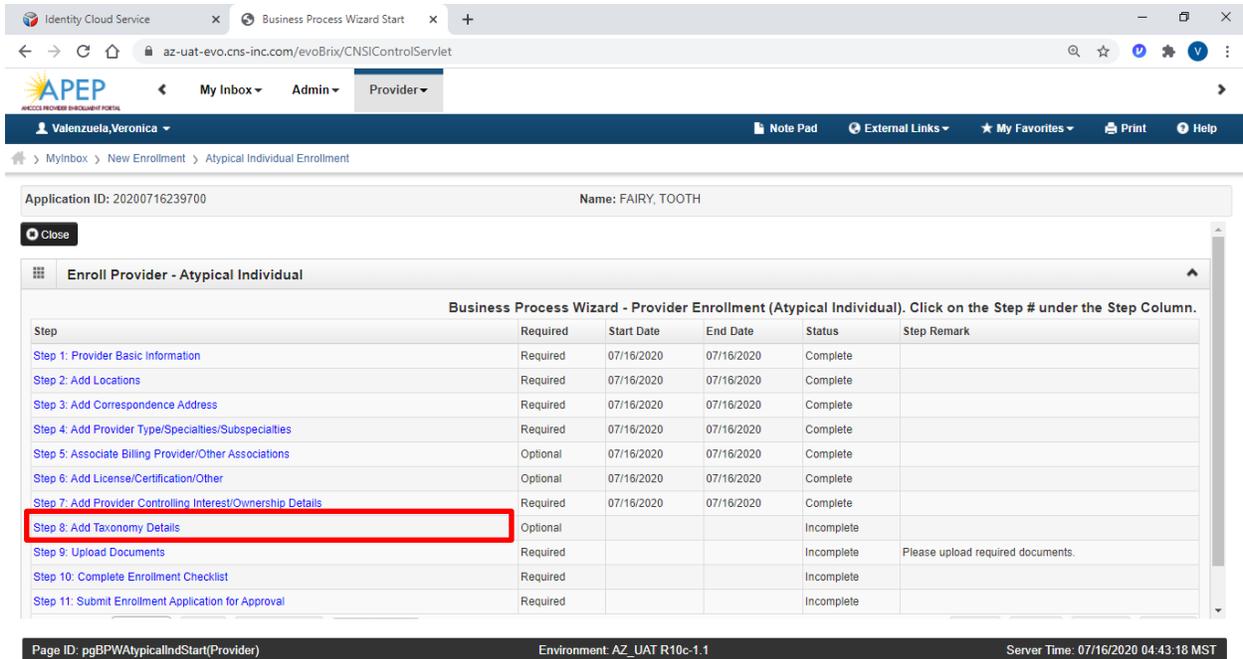
Page ID: pgOwnerListForEnrImnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:42:55 MST

Step 8: Add Taxonomy Details

This step is related to the providers' National Provider Identifier (NPI) number and is optional.

Note: Taxonomy codes are reflective on the NPPES NPI Registry website; visit <https://npiregistry.cms.hhs.gov/>

1. Select "Step 8: Add Taxonomy Details."



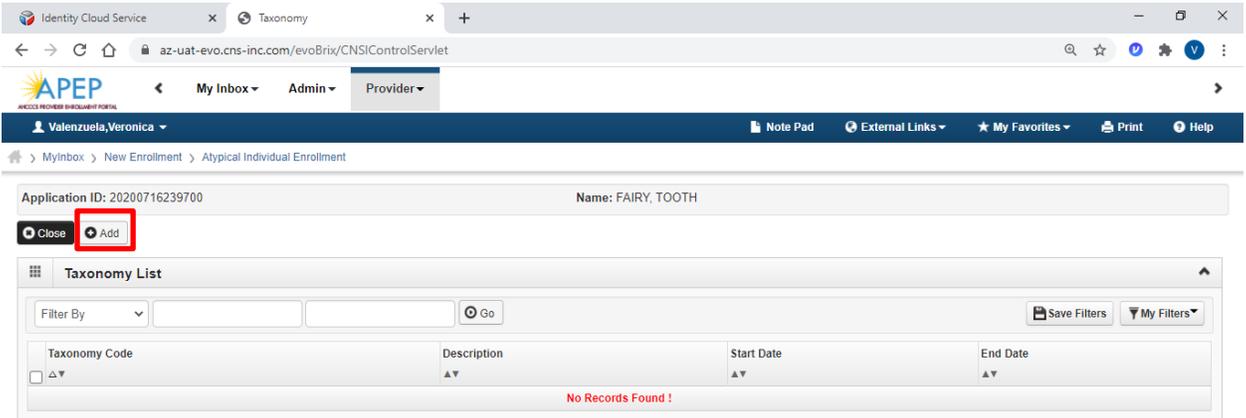
The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The user is logged in as Valenzuela, Veronica. The page title is "Enroll Provider - Atypical Individual". The main content area displays a table of steps for the "Business Process Wizard - Provider Enrollment (Atypical Individual)".

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	07/16/2020	07/16/2020	Complete	
Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/16/2020	07/16/2020	Complete	
Step 8: Add Taxonomy Details	Optional			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

The "Step 8: Add Taxonomy Details" row is highlighted with a red border. The status for this step is "Incomplete".

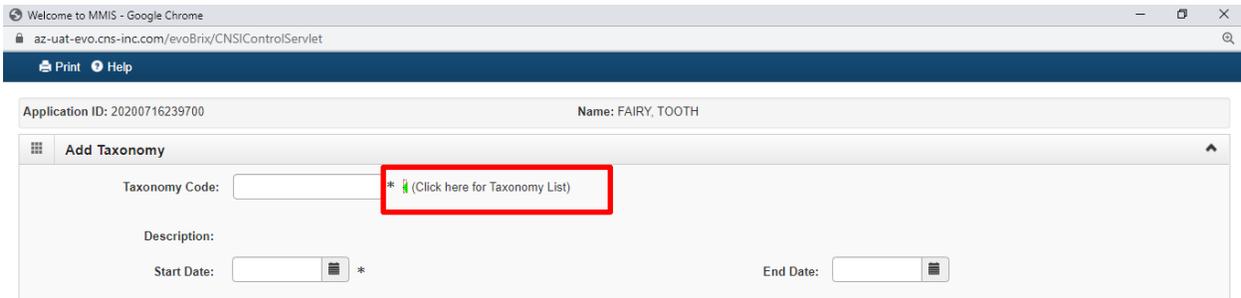
Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:43:18 MST

2. Select "Add."



Page ID: pgTaxonomyListForEnrmtnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:43:39 MST

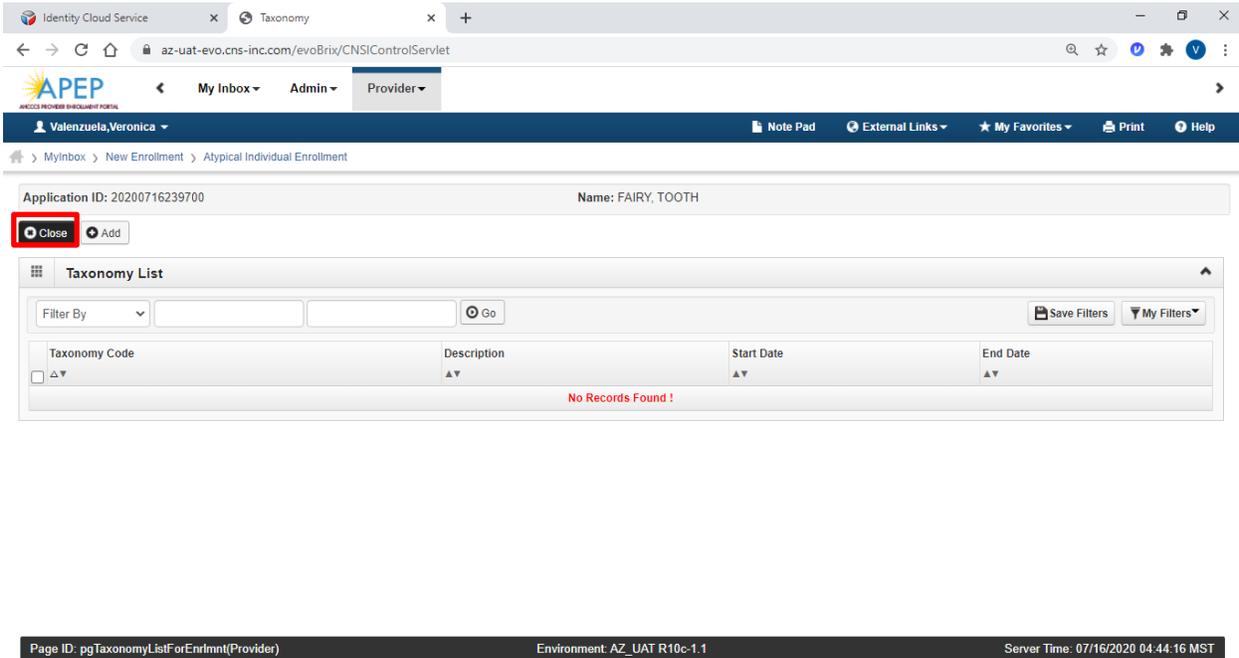
3. Enter your taxonomy code and start date. A Taxonomy list is available for reference by selecting, "Arrow" link next the Taxonomy Code field.
4. Click, "Confirm Taxonomy."
5. Click, "OK."



Confirm Taxonomy Ok Cancel

www.nucc.org/index.php?option=com_wrapper&view=wrapper&Itemid=126

6. Select “Close” to proceed forward.



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Add

Taxonomy List

Filter By [] [] Go Save Filters My Filters

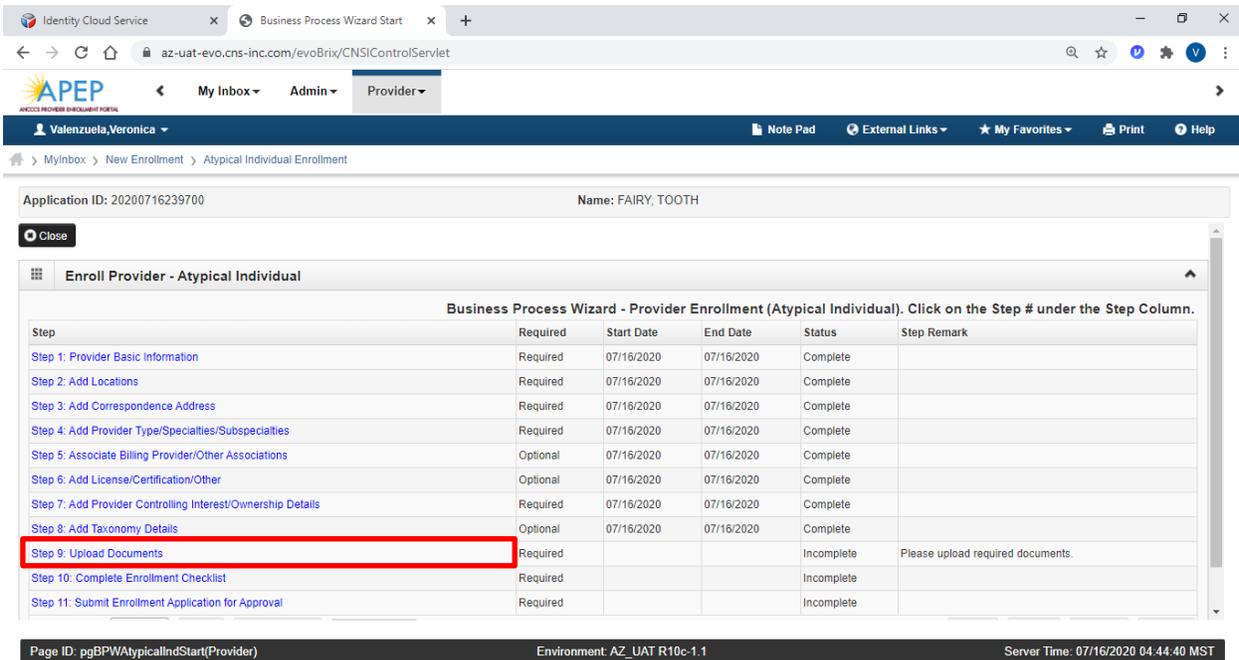
Taxonomy Code	Description	Start Date	End Date
No Records Found !			

Page ID: pgTaxonomyListForEnrmtnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:44:16 MST

Step 9: Upload Documents

Providers must upload an electronic copy of all applicable licenses, certifications and W-9 forms in this step.

1. Select “Step 9: Upload Documents.”



Application ID: 20200716239700 Name: FAIRY, TOOTH

Close

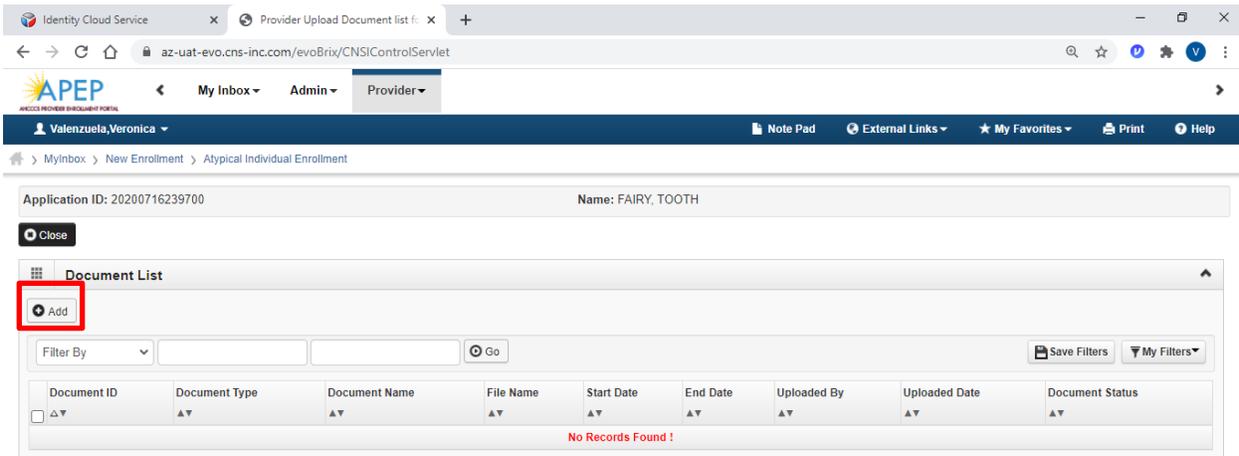
Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	07/16/2020	07/16/2020	Complete	
Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/16/2020	07/16/2020	Complete	
Step 8: Add Taxonomy Details	Optional	07/16/2020	07/16/2020	Complete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:44:40 MST

2. Select “Add.”



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Provider Upload Document list". The user is logged in as "Valenzuela, Veronica". The page displays the following information:

- Application ID: 20200716239700
- Name: FAIRY, TOOTH
- Close button
- Document List header
- Add button (highlighted with a red box)
- Filter By dropdown and Go button
- Save Filters and My Filters buttons
- Table with columns: Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, Document Status
- Message: No Records Found!

3. Select the applicable Document Type and Document Name. Select “Browse” to find the document on your machine.
4. Select, a “Start Date” and “End Date” for each uploaded document.

Note: The “Start Date” is the license/certificate date of issuance. If the license/certificate has a renewal date, this date will serve as the “End Date.” If the license/certificate does not have a renewal date, the “End Date” can be left blank.

Note: Document types that may be uploaded include PDF, Word, Excel, and photo formats such as PNG and JPEG.

5. Select, "OK."

Application ID: 20200716239700 Name: FAIRY, TOOTH

Upload Document

Document Type: ---SELECT--- * Document Name: [] *

File Name: Choose File No file chosen

Start Date: []

End Date: []

Remark: []

Page ID: dgEnrImntAttachment(Provider) **OK** Cancel

6. Once "Upload Documents" has been completed, each Uploaded Document will display with document name and start/end dates. Select "Close."

Note: Document types that may be uploaded include PDF, Word, Excel, and photo formats such as PNG and JPEG.

Application ID: 20200716239700 Name: FAIRY, TOOTH

Document List

Filter By [] [] Go Save Filters My Filters

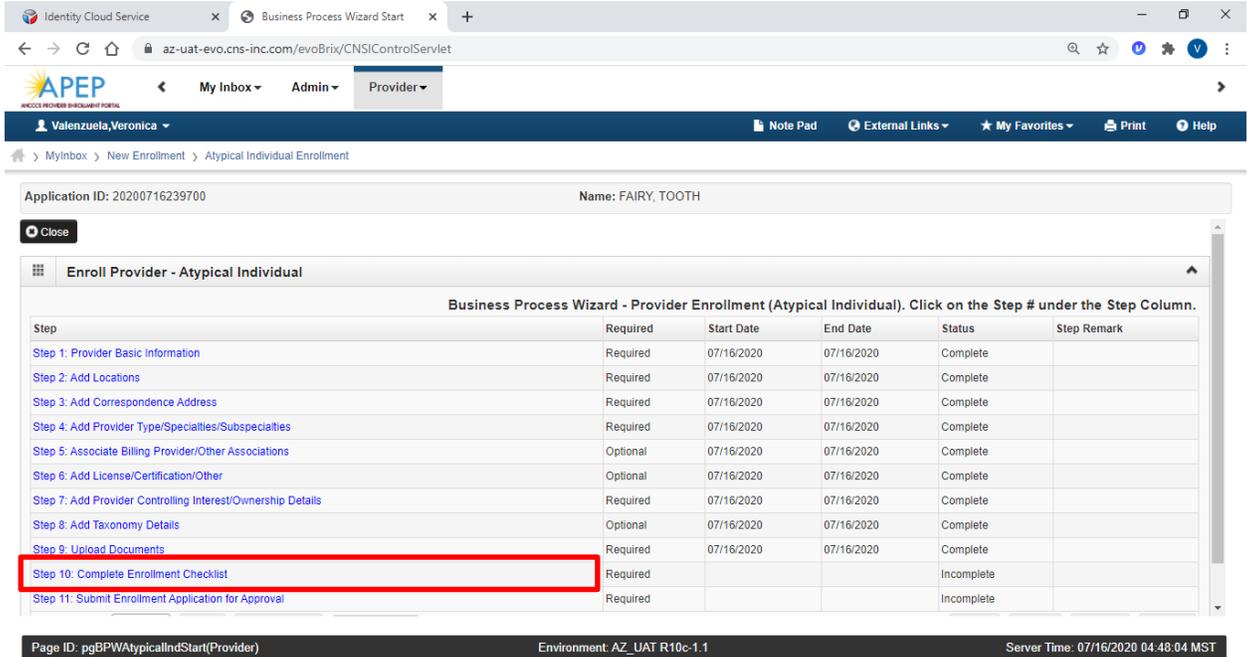
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
75056701	License	AZ Dept Of Economic Security	license upload doc.pdf	07/16/2020	12/31/2999	Veronica Valenzuela	07/16/2020	In Process
75056702	Tax	Request For Tin And Certification	w9 upload doc.pdf	07/16/2020	12/31/2999	Veronica Valenzuela	07/16/2020	In Process

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgEnrImntDocumentList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:47:38 MST

Step 10: Complete Enrollment Checklist

1. Select "Step 10: Complete Enrollment Checklist."



Application ID: 20200716239700 Name: FAIRY, TOOTH

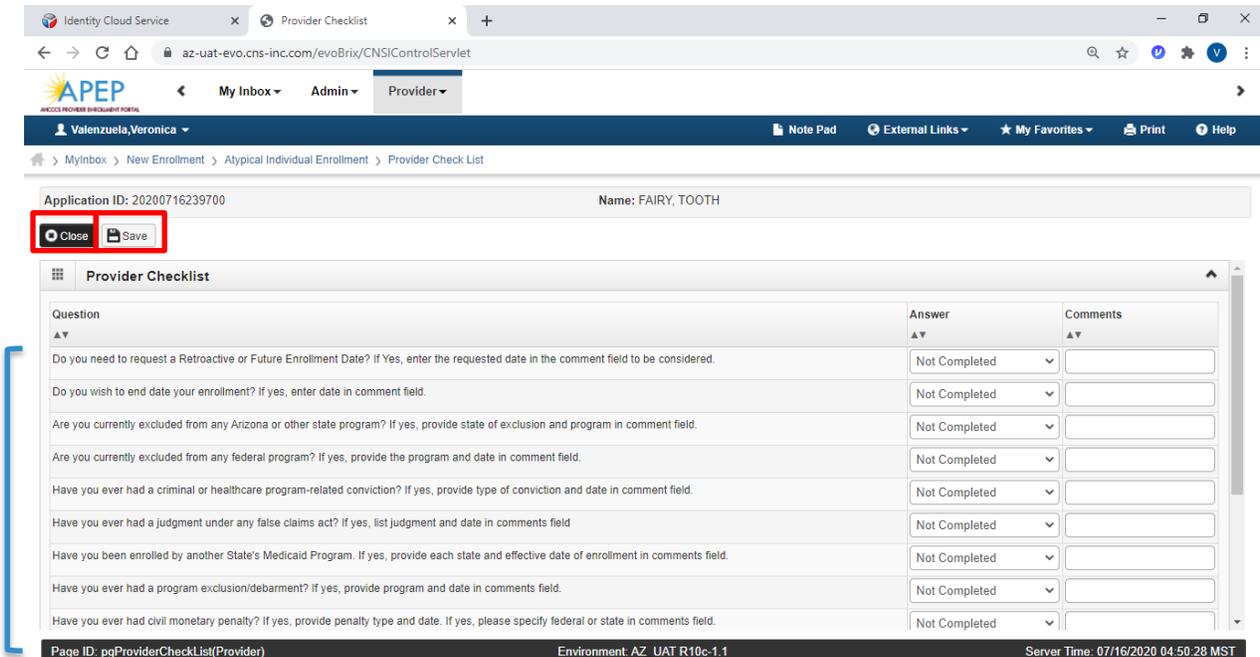
Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	07/16/2020	07/16/2020	Complete	
Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/16/2020	07/16/2020	Complete	
Step 8: Add Taxonomy Details	Optional	07/16/2020	07/16/2020	Complete	
Step 9: Upload Documents	Required	07/16/2020	07/16/2020	Complete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:48:04 MST

2. Answer each question and provide any additional information in the Comments field. After reviewing the information, select "Save" and then select "Close."



Application ID: 20200716239700 Name: FAIRY, TOOTH

Provider Checklist

Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	Not Completed	
Do you wish to end date your enrollment? If yes, enter date in comment field.	Not Completed	
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	Not Completed	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date in comment field.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field	Not Completed	
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	Not Completed	

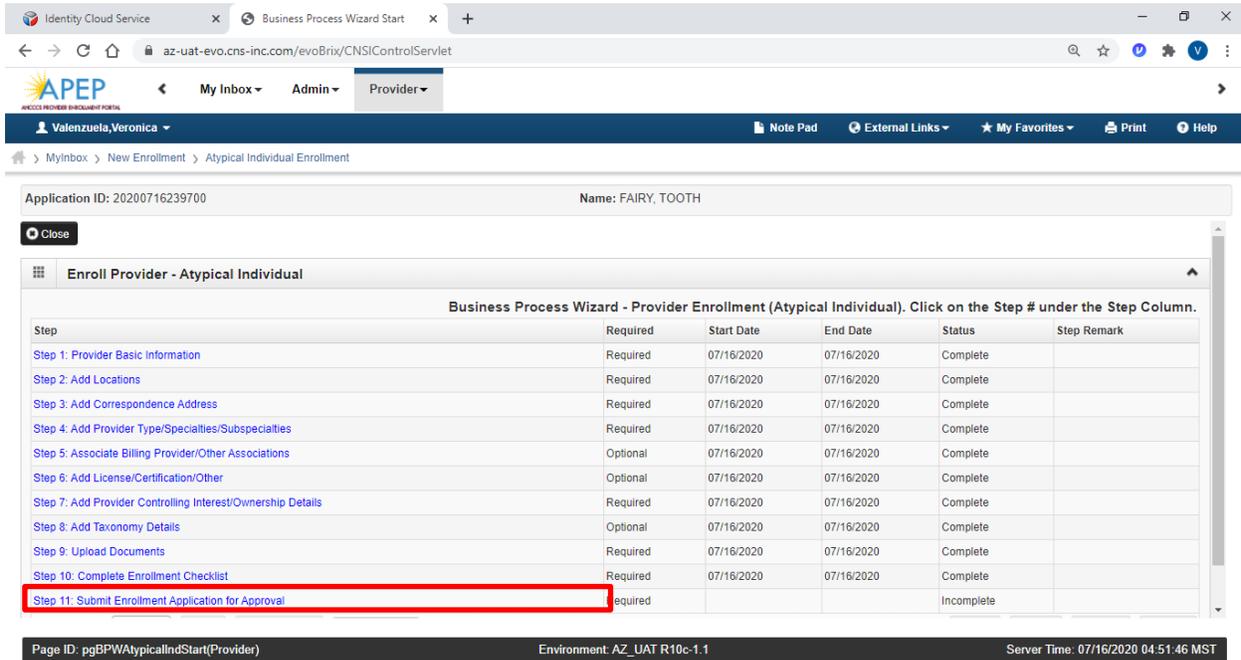
Page ID: pgProviderCheckList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:50:28 MST

Note: Specific questions could result in additional information needed, resulting in potential completed steps requiring review and an action taken by the provider prior to submission.

Step 11: Submit Enrollment Application for Approval

1. Select “Step 11: Submit Enrollment Application for Approval.”

Note: If a step is displaying “Incomplete” in the Status column, Please return to that step and complete all required fields.



Application ID: 20200716239700 Name: FAIRY, TOOTH

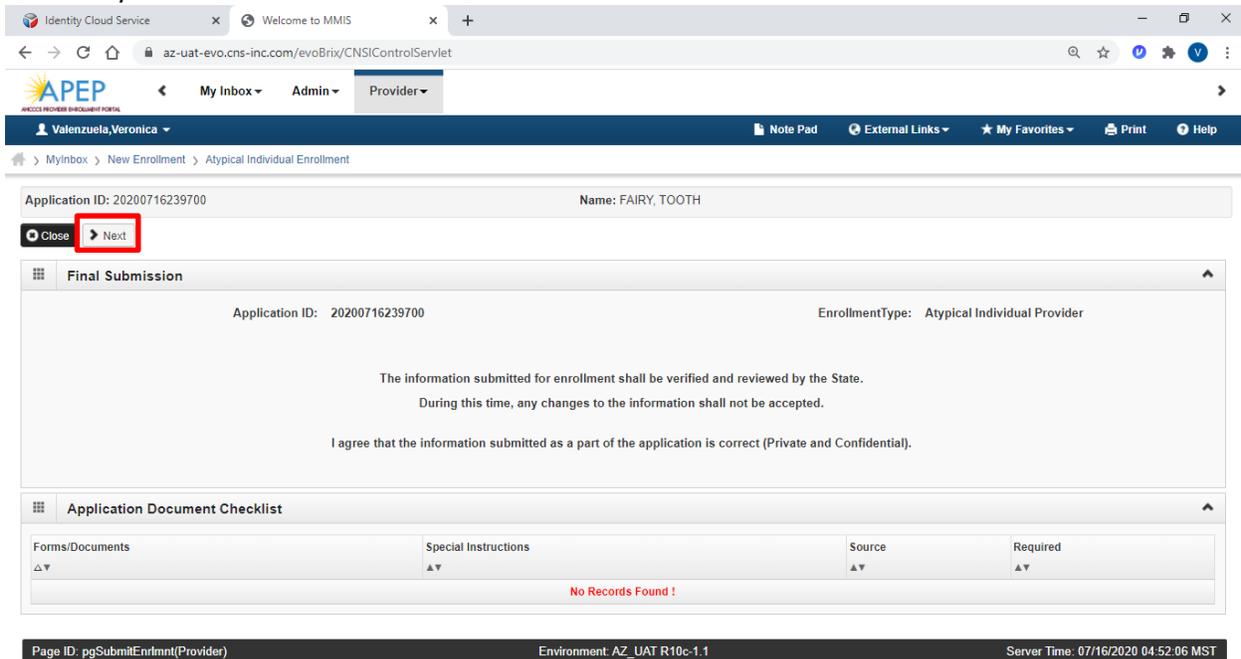
Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	07/16/2020	07/16/2020	Complete	
Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/16/2020	07/16/2020	Complete	
Step 8: Add Taxonomy Details	Optional	07/16/2020	07/16/2020	Complete	
Step 9: Upload Documents	Required	07/16/2020	07/16/2020	Complete	
Step 10: Complete Enrollment Checklist	Required	07/16/2020	07/16/2020	Complete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWAtypicalIndStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:51:46 MST

2. Once you have reviewed all of your answers in the prior steps, you may submit your application by Selection “Next.”



Application ID: 20200716239700 Name: FAIRY, TOOTH

Final Submission

Application ID: 20200716239700 EnrollmentType: Atypical Individual Provider

The information submitted for enrollment shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

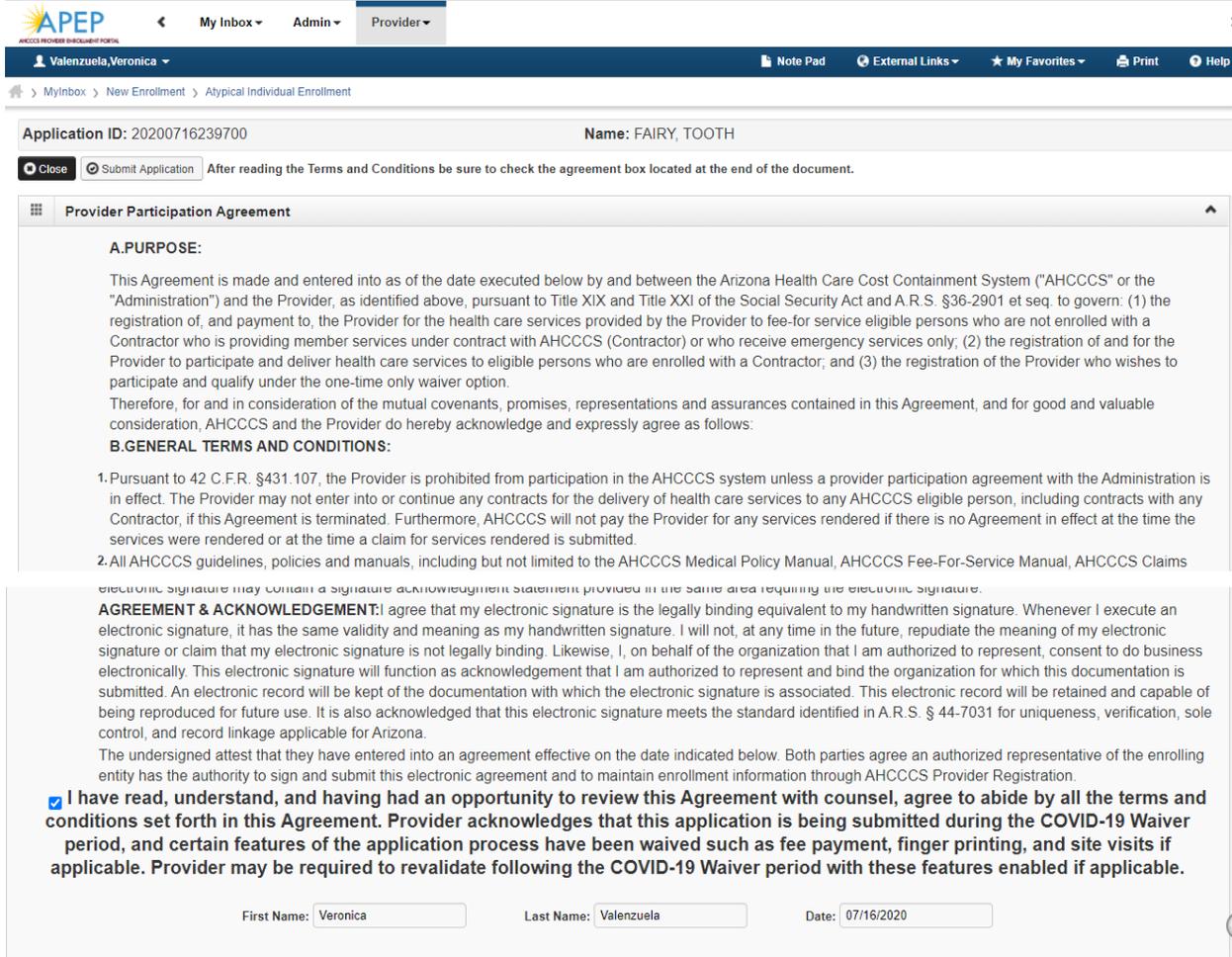
Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Page ID: pgSubmitEnrlmnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:52:06 MST

3. Carefully review the Provider Participation Agreement.

Note: The image below is an example of a Provider Participation Agreement. Prior to submitting, each provider must review the Medicaid Provider Participation Agreement in its entirety.



APEP < My Inbox Admin Provider >

Valenzuela, Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Provider Participation Agreement

A.PURPOSE:

This Agreement is made and entered into as of the date executed below by and between the Arizona Health Care Cost Containment System ("AHCCCS" or the "Administration") and the Provider, as identified above, pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern: (1) the registration of, and payment to, the Provider for the health care services provided by the Provider to fee-for service eligible persons who are not enrolled with a Contractor who is providing member services under contract with AHCCCS (Contractor) or who receive emergency services only; (2) the registration of and for the Provider to participate and deliver health care services to eligible persons who are enrolled with a Contractor, and (3) the registration of the Provider who wishes to participate and qualify under the one-time only waiver option.

Therefore, for and in consideration of the mutual covenants, promises, representations and assurances contained in this Agreement, and for good and valuable consideration, AHCCCS and the Provider do hereby acknowledge and expressly agree as follows:

B.GENERAL TERMS AND CONDITIONS:

- Pursuant to 42 C.F.R. §431.107, the Provider is prohibited from participation in the AHCCCS system unless a provider participation agreement with the Administration is in effect. The Provider may not enter into or continue any contracts for the delivery of health care services to any AHCCCS eligible person, including contracts with any Contractor, if this Agreement is terminated. Furthermore, AHCCCS will not pay the Provider for any services rendered if there is no Agreement in effect at the time the services were rendered or at the time a claim for services rendered is submitted.
- All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-For-Service Manual, AHCCCS Claims

electronic signature may contain a signature acknowledgment statement provided in the same area requiring the electronic signature.

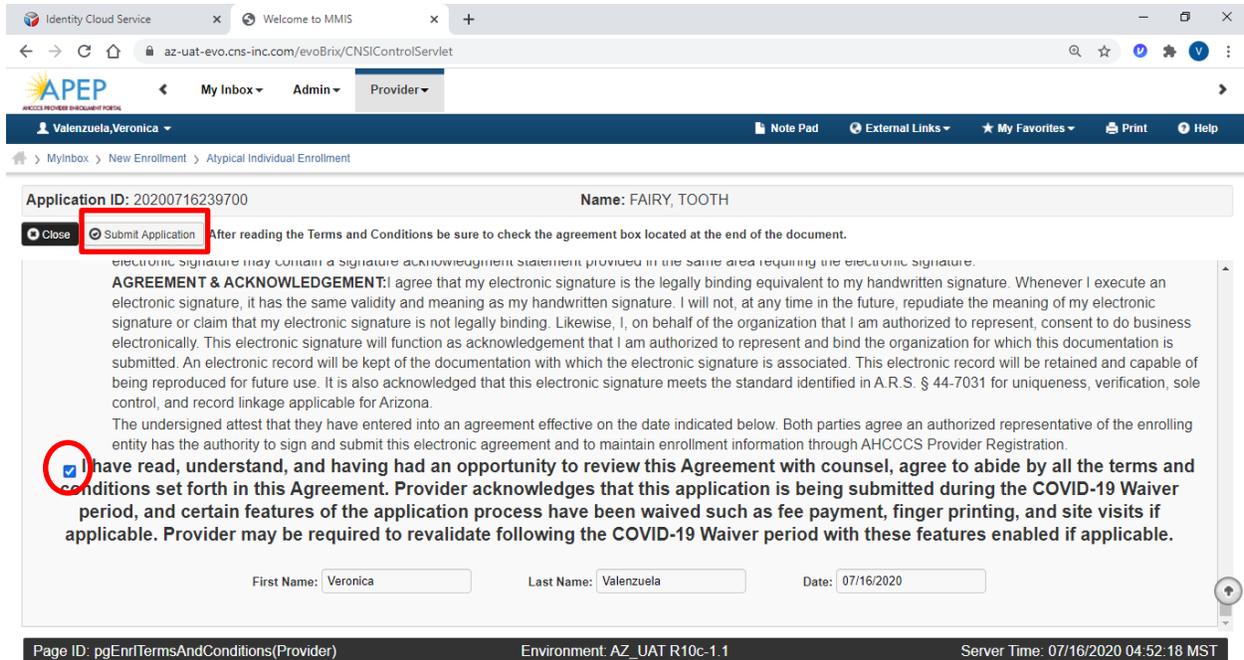
AGREEMENT & ACKNOWLEDGEMENT: I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. Likewise, I, on behalf of the organization that I am authorized to represent, consent to do business electronically. This electronic signature will function as acknowledgement that I am authorized to represent and bind the organization for which this documentation is submitted. An electronic record will be kept of the documentation with which the electronic signature is associated. This electronic record will be retained and capable of being reproduced for future use. It is also acknowledged that this electronic signature meets the standard identified in A.R.S. § 44-7031 for uniqueness, verification, sole control, and record linkage applicable for Arizona.

The undersigned attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the enrolling entity has the authority to sign and submit this electronic agreement and to maintain enrollment information through AHCCCS Provider Registration.

I have read, understand, and having had an opportunity to review this Agreement with counsel, agree to abide by all the terms and conditions set forth in this Agreement. Provider acknowledges that this application is being submitted during the COVID-19 Waiver period, and certain features of the application process have been waived such as fee payment, finger printing, and site visits if applicable. Provider may be required to revalidate following the COVID-19 Waiver period with these features enabled if applicable.

First Name: Veronica Last Name: Valenzuela Date: 07/16/2020

4. Select the “Check box” indicating agreement with the Provider Participation Agreement. The signor’s First, Last and Date will automatically display.
5. Select “Submit Application.”



Identity Cloud Service x Welcome to MMIS x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP
AHCCCS PROVIDER ENROLLMENT PORTAL

My Inbox Admin Provider

Valenzuela, Veronica Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment

Application ID: 20200716239700 Name: FAIRY, TOOTH

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

electronic signature may contain a signature acknowledgment statement provided in the same area requiring the electronic signature.

AGREEMENT & ACKNOWLEDGEMENT: I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. Likewise, I, on behalf of the organization that I am authorized to represent, consent to do business electronically. This electronic signature will function as acknowledgement that I am authorized to represent and bind the organization for which this documentation is submitted. An electronic record will be kept of the documentation with which the electronic signature is associated. This electronic record will be retained and capable of being reproduced for future use. It is also acknowledged that this electronic signature meets the standard identified in A.R.S. § 44-7031 for uniqueness, verification, sole control, and record linkage applicable for Arizona.

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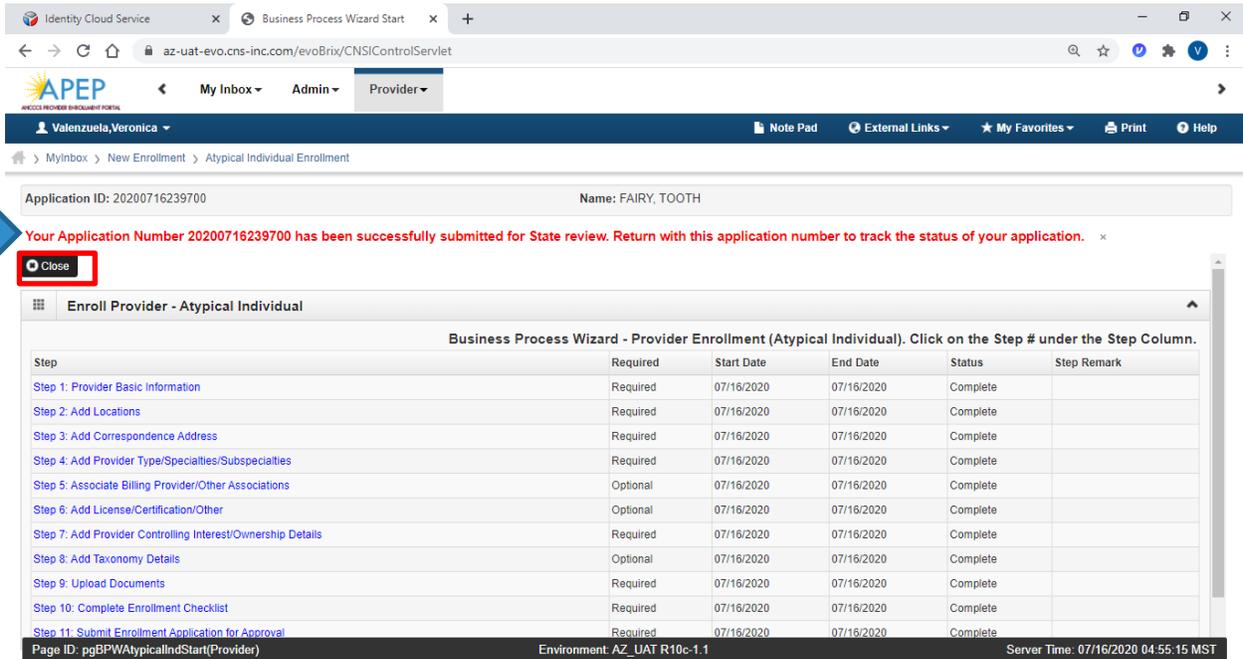
I have read, understand, and having had an opportunity to review this Agreement with counsel, agree to abide by all the terms and conditions set forth in this Agreement. Provider acknowledges that this application is being submitted during the COVID-19 Waiver period, and certain features of the application process have been waived such as fee payment, finger printing, and site visits if applicable. Provider may be required to revalidate following the COVID-19 Waiver period with these features enabled if applicable.

First Name: Veronica Last Name: Valenzuela Date: 07/16/2020

Page ID: pgEnrITermsAndConditions(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/16/2020 04:52:18 MST

Note: This returns you back to the BPW. A message should display letting you know your application has been successfully submitted. You can return back to APEP to track the status of your application with the Application ID number. You are also provided with your AHCCCS ID.

6. Select, "Close."



The screenshot shows the APEP web application interface. At the top, there are navigation tabs for 'My Inbox', 'Admin', and 'Provider'. Below the navigation, the user's name 'Valenzuela, Veronica' is displayed. The main content area shows the application details for 'FAIRY, TOOTH' with Application ID: 20200716239700. A red message states: 'Your Application Number 20200716239700 has been successfully submitted for State review. Return with this application number to track the status of your application.' Below the message is a 'Close' button, which is highlighted with a red box and a blue arrow pointing to it from the left. Below the message is a table titled 'Enroll Provider - Atypical Individual' with columns for Step, Required, Start Date, End Date, Status, and Step Remark. The table lists 11 steps, all of which are marked as 'Complete'. At the bottom of the page, there is a footer with page ID, environment, and server time information.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/16/2020	07/16/2020	Complete	
Step 2: Add Locations	Required	07/16/2020	07/16/2020	Complete	
Step 3: Add Correspondence Address	Required	07/16/2020	07/16/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	07/16/2020	07/16/2020	Complete	
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Step 6: Add License/Certification/Other	Optional	07/16/2020	07/16/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	07/16/2020	07/16/2020	Complete	
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