



Facility/Agency/Organization (FAO) Enrollment



FAO Enrollment

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

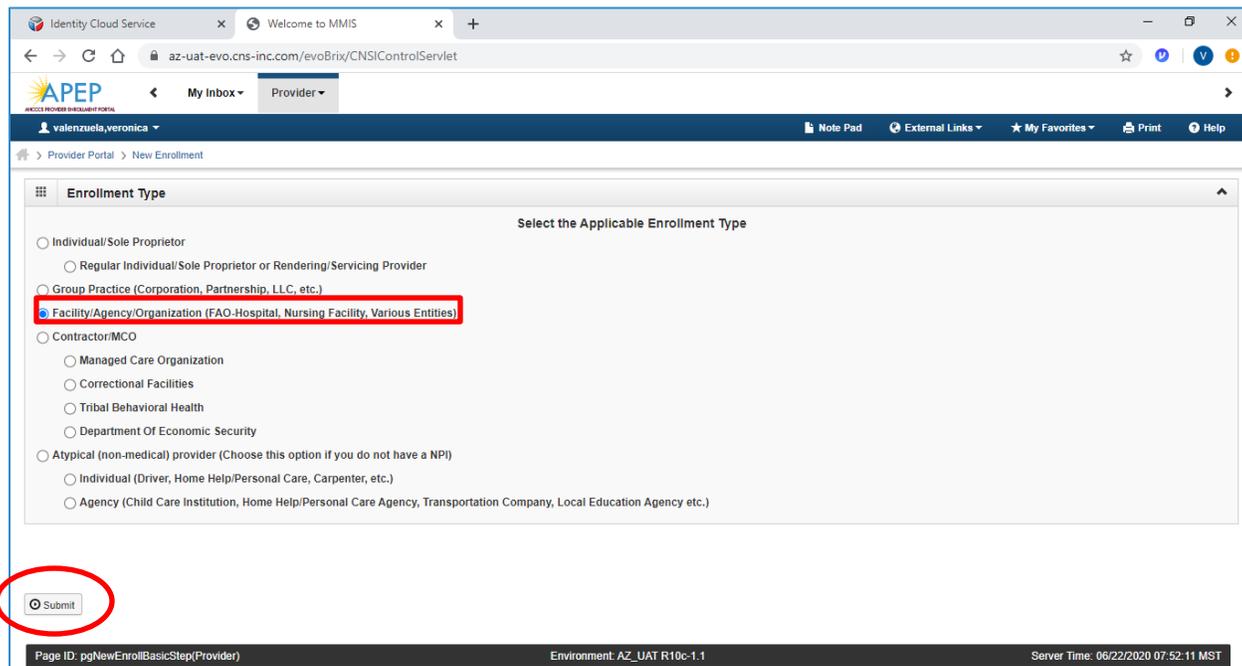
- Is a Facility/Agency/Organization (FAO)
- Has a National Provider Identifier (NPI)

These providers include:

- Hospitals
- Nursing Facilities
- Assisted Living Facilities
- Rural Health Clinics
- Federally Qualified Health Clinics
- Laboratories and Imaging Centers
- Rehabilitation Centers
- Mental Health Facilities
- Dialysis Centers
- Outpatient Surgical Centers

Beginning an Application

To begin an application, select the “Facility/Agency/Organization (FAO, Hospital, Nursing, Various Entities)” option, then select “Submit.”



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Provider Portal > New Enrollment". The main content area is titled "Enrollment Type" and contains the instruction "Select the Applicable Enrollment Type". There are several radio button options 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.)

At the bottom left of the form, there is a "Submit" button, which is circled in red. The footer of the page contains the following information: Page ID: pgNewEnrollBasicStep(Provider), Environment: AZ_UAT R10c-1.1, Server Time: 06/22/2020 07:52:11 MST.

Enrollment Overview

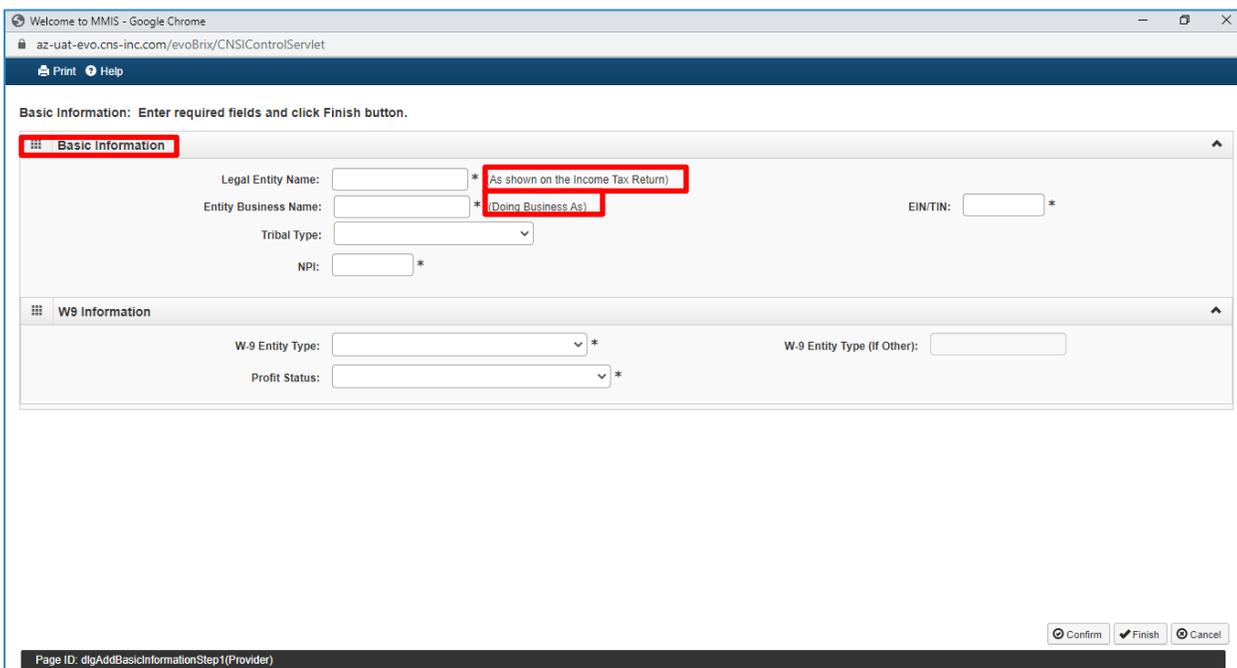
Each provider must complete steps 1 through 13 to submit the application.

- 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.
- In order to skip steps, you must first complete steps 1 through 4 in numerical order to make the remainder of steps available.
- * An asterisk indicates required fields. Required fields must be completed to proceed forward.

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

Step 1: Provider Basic Information

1. Select Step 1: “Provider Basic Information.”



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

Print Help

Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: * As shown on the Income Tax Return

Entity Business Name: * (Doing Business As) EIN/TIN: *

Tribal Type:

NPI: *

W9 Information

W-9 Entity Type: * W-9 Entity Type (If Other):

Profit Status: *

Confirm Finish Cancel

Page ID: dgAddBasicInformationStep1(Provider)

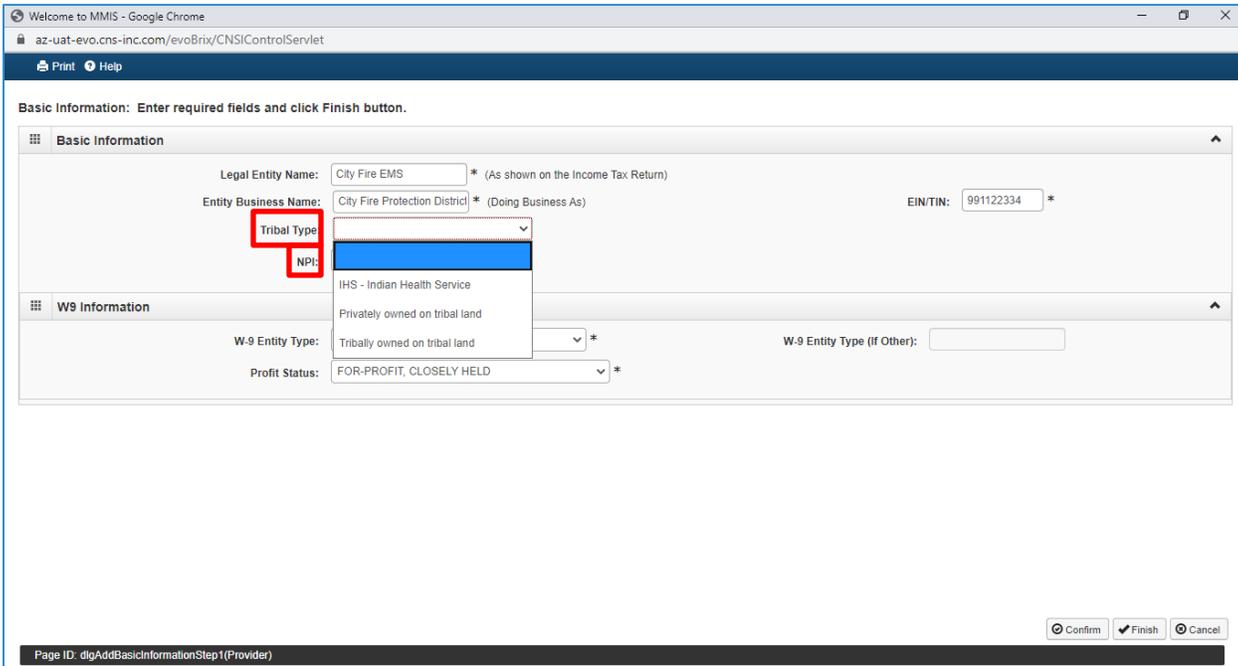
2. Basic Information: Enter the provider’s basic information.
 - Legal Entity Name: As shown on the provider’s Income Tax Return
 - Entity Business Name: Provider’s “Doing Business Name”

Note: If you are an employee of a facility, agency, or organization and you do not have an EIN, the FAO for which you work must have an application registered with AHCCCS before you can continue to register yourself as a provider. You will not be able to submit your application until your employer does so first.

3. Tribal Type: Select the drop-down option if you provide services for tribal members. Leave the questions blank if not applicable.

- IHS-Indian Health Service
- Privately owned on tribal land
- Tribally owned on tribal land

NPI: Your 10-digit National Provider Identifier (NPI) number is required. If you do not have an NPI number, cancel the enrollment by clicking the “Cancel” button at the bottom of the page, return to the Enrollment Type page, and choose another provider type if applicable.



Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: City Fire EMS * (As shown on the Income Tax Return)

Entity Business Name: City Fire Protection District * (Doing Business As)

EIN/TIN: 991122334 *

Tribal Type:
 IHS - Indian Health Service
 Privately owned on tribal land
 Tribally owned on tribal land

NPI:

W9 Information

W-9 Entity Type: Tribally owned on tribal land *

W-9 Entity Type (If Other):

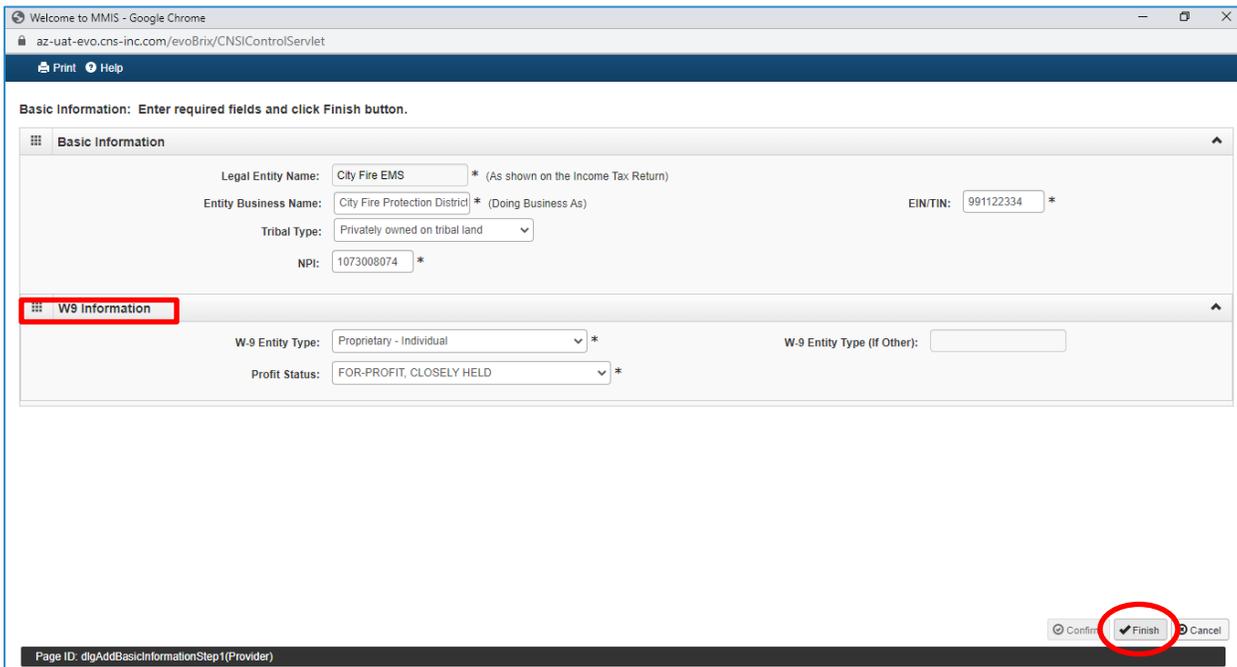
Profit Status: FOR-PROFIT, CLOSELY HELD *

Confirm Finish Cancel

Page ID: dgAddBasicInformationStep1(Provider)

4. W-9 Entity Type: IRS W-9 information provided must match IRS reports.
 - Corporate-Charitable applies for non-profits.
 - Corporate-Non-Charitable applies for many private companies.
 - Profit Status: Non-Profit, For-Profit, and Closely Held are the most common Profit Status Codes that apply for non-profit and private companies.

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



Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: City Fire EMS * (As shown on the Income Tax Return)
Entity Business Name: City Fire Protection District * (Doing Business As) EIN/TIN: 991122334 *
Tribal Type: Privately owned on tribal land
NPI: 1073008074 *

W9 Information

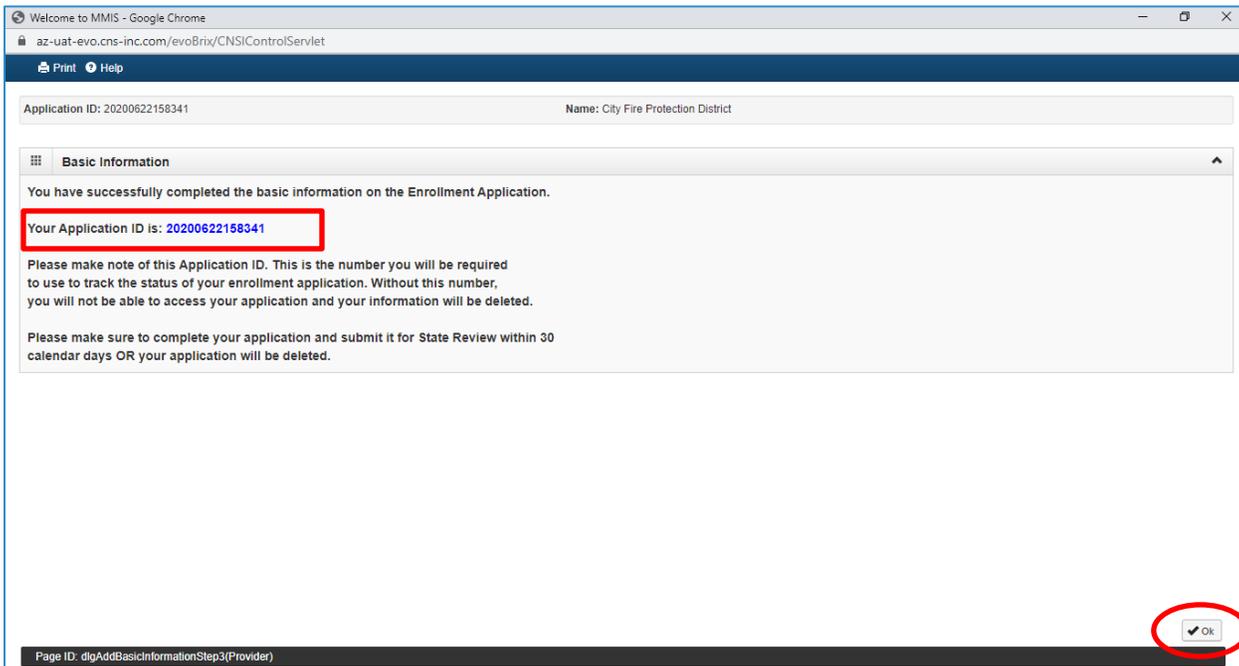
W-9 Entity Type: Proprietary - Individual * W-9 Entity Type (If Other):
Profit Status: FOR-PROFIT, CLOSELY HELD *

Buttons: Confirm, **Finish**, Cancel

Page ID: dlgAddBasicInformationStep1(Provider)

Note: 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.

6. 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.

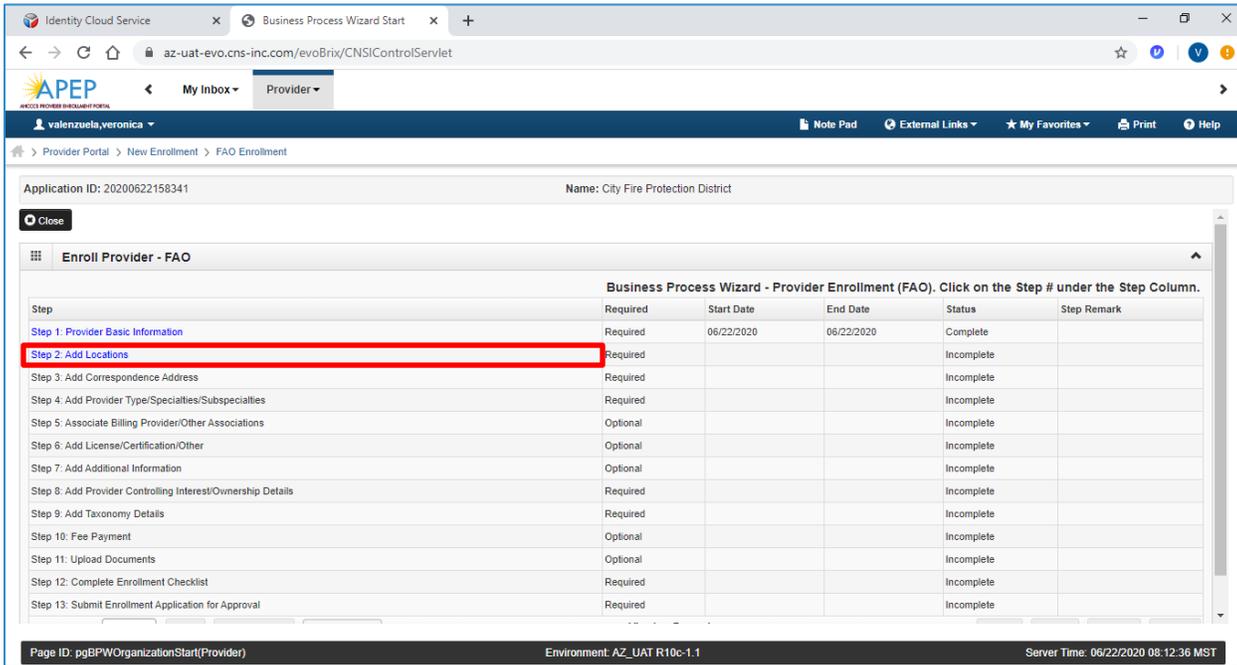


7. Once the application has been established, you will be brought to the “Business Process Wizard or BPW.” This page breaks down the full application into multiple steps. Step 1, Provider Basic Information, has already been completed which will be indicated in the “Status” column.
 - The “Required” column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

Step2: Add Locations

1. Select "Step 2: Add Locations."



Application ID: 20200622158341 Name: City Fire Protection District

Enroll Provider - FAO

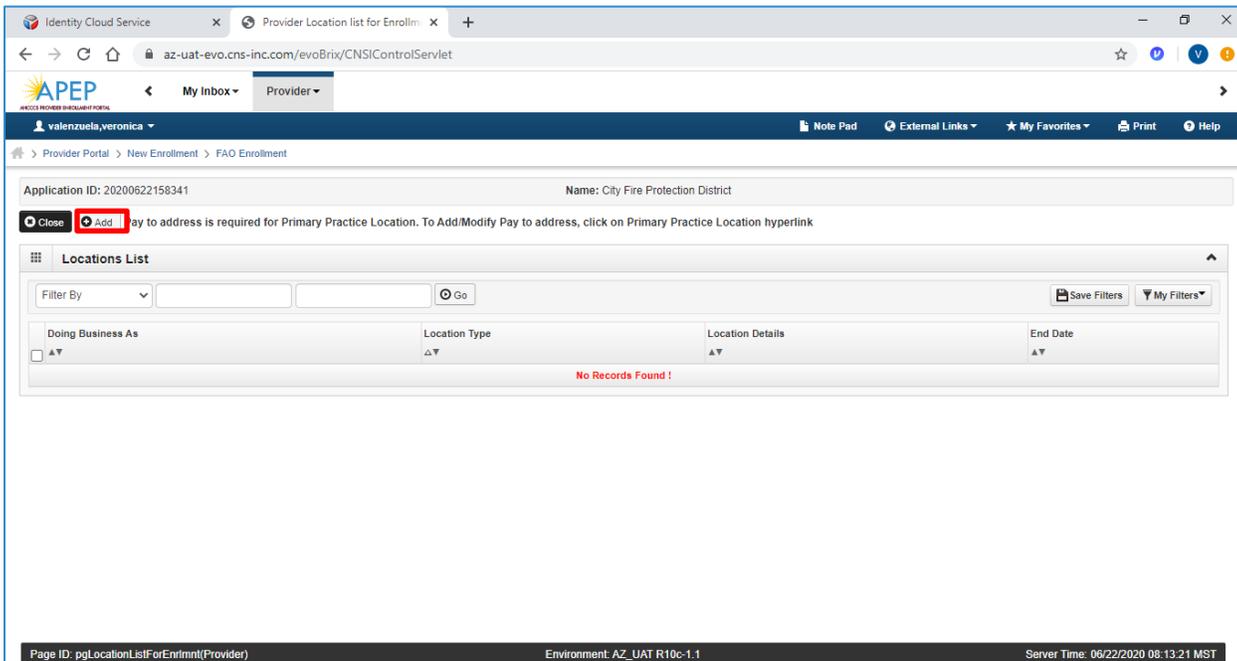
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	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 Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 08:12:36 MST

2. Select "Add," to open up the details page to add a Primary Practice Location and 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: 20200622158341 Name: City Fire Protection District

Locations List

Filter By

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼

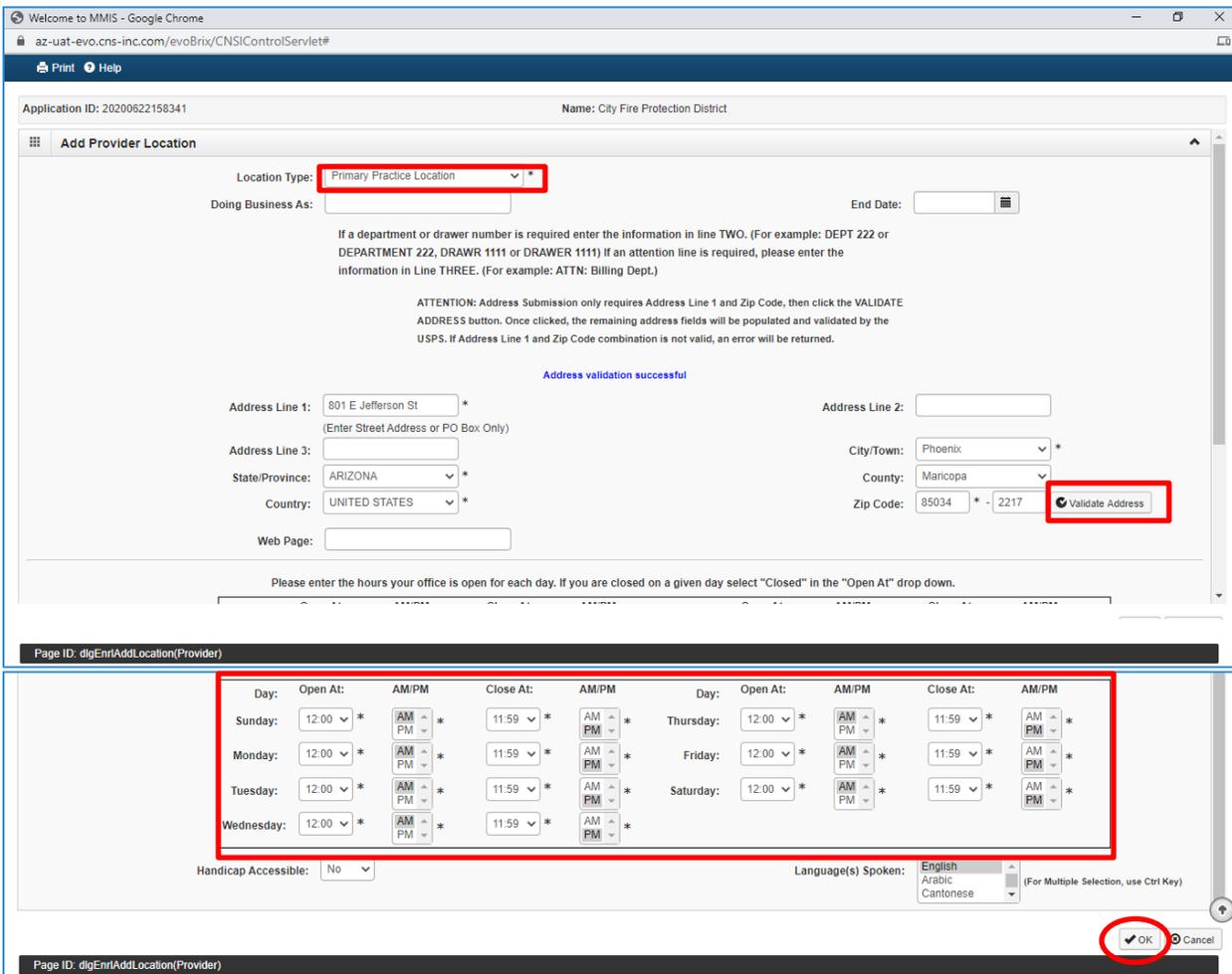
No Records Found !

Page ID: pgLocationListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 08:13:21 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 populate and be 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: 20200622158341 Name: City Fire Protection District

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, 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: 801 E Jefferson St *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: Phoenix *

State/Province: ARIZONA *

Country: UNITED STATES *

County: Maricopa

Zip Code: 85034 * - 2217

Validate Address

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:	12:00 *	AM/PM *	11:59 *	AM/PM *	Thursday:	12:00 *	AM/PM *	11:59 *	AM/PM *
Monday:	12:00 *	AM/PM *	11:59 *	AM/PM *	Friday:	12:00 *	AM/PM *	11:59 *	AM/PM *
Tuesday:	12:00 *	AM/PM *	11:59 *	AM/PM *	Saturday:	12:00 *	AM/PM *	11:59 *	AM/PM *
Wednesday:	12:00 *	AM/PM *	11:59 *	AM/PM *					

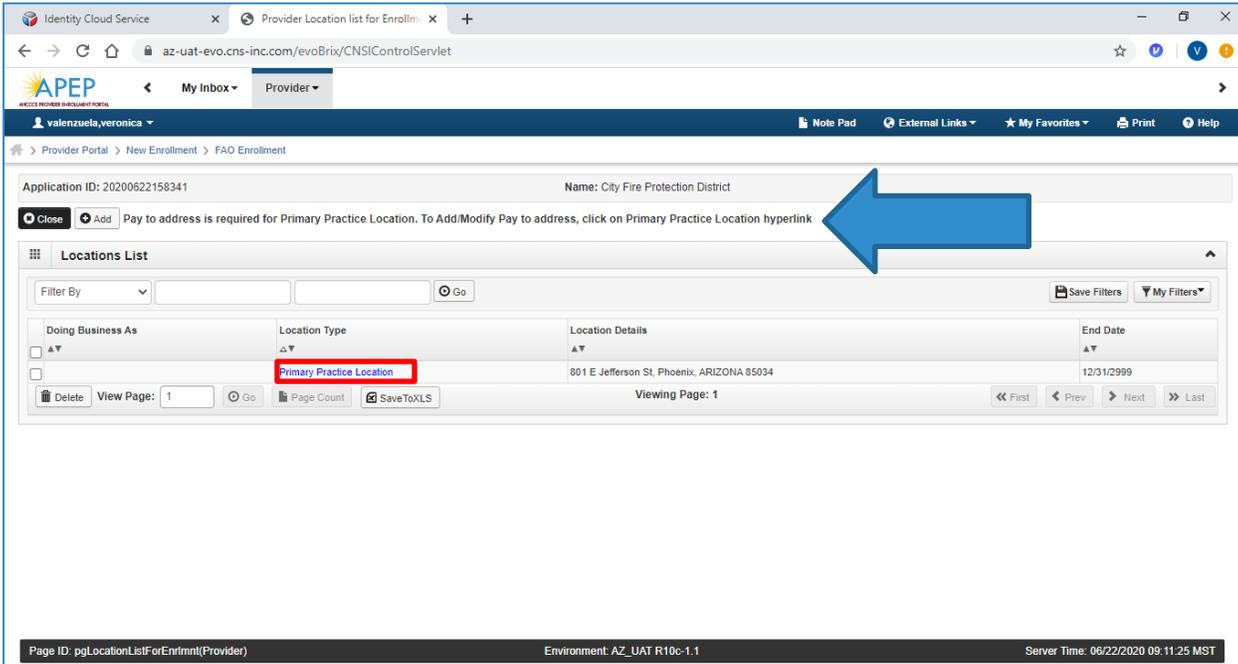
Handicap Accessible: No

Language(s) Spoken: English (For Multiple Selection, use Ctrl Key)

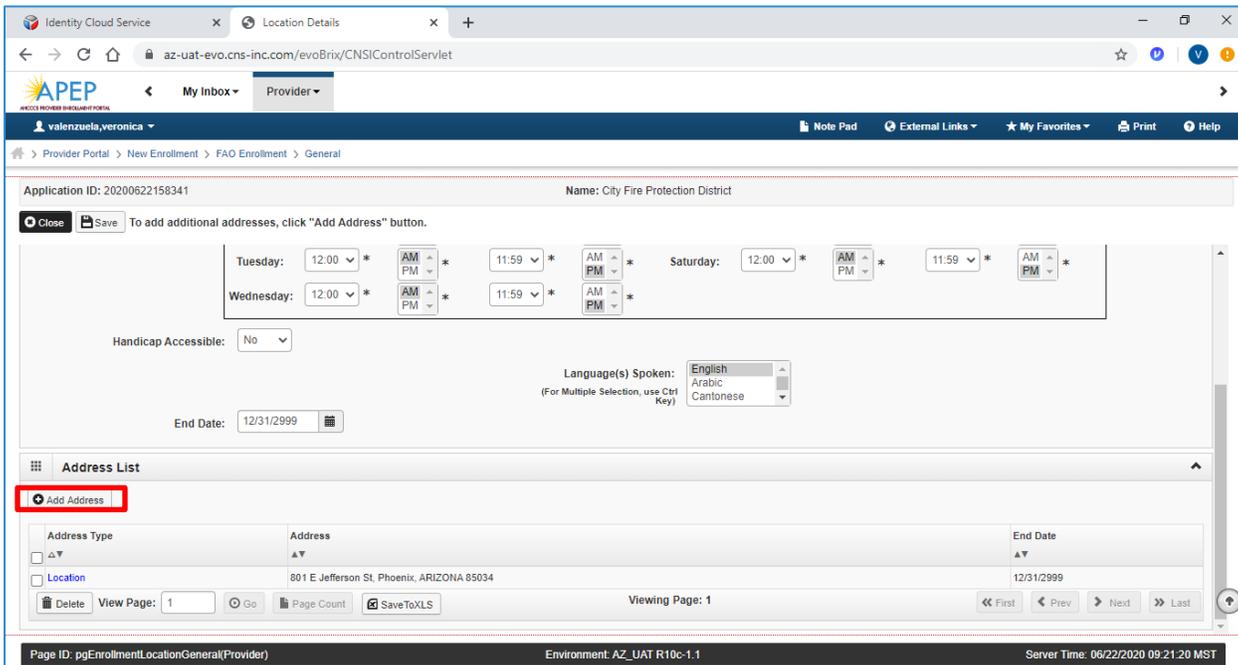
OK Cancel

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.”

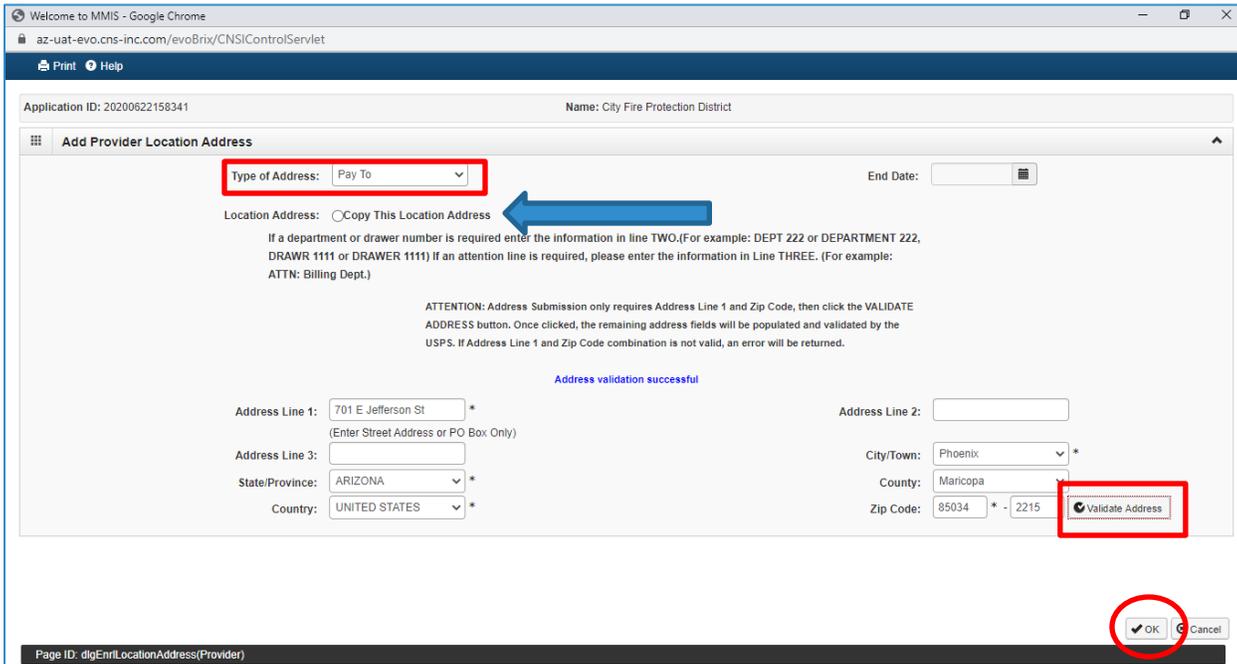


7. Select “Add Address.”



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.”



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

Application ID: 20200622158341 Name: City Fire Protection District

Add Provider Location Address

Type of Address: Pay To 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: 701 E Jefferson St *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: Phoenix *
County: Maricopa
Zip Code: 85034 * - 2215

State/Province: ARIZONA *
Country: UNITED STATES *

Page ID: dlgEnrlLocationAddress(Provider)

9. The Provider Practice Location(s) will now display in the Address list.

Application ID: 20200622158341 Name: City Fire Protection District

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

Location Details

Doing Business As: Location Type: Primary Practice Location

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:	12:00	AM/PM	11:59	AM/PM	Thursday:	12:00	AM/PM	11:59	AM/PM
Monday:	12:00	AM/PM	11:59	AM/PM	Friday:	12:00	AM/PM	11:59	AM/PM
Tuesday:	12:00	AM/PM	11:59	AM/PM	Saturday:	12:00	AM/PM	11:59	AM/PM
Wednesday:	12:00	AM/PM	11:59	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
Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999
Pay To	701 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/14/2020 04:21:21 MST

Note: To add additional practice locations and pay to addresses, select "Add Address" and repeat steps 1 through 8. To continue without adding another service location, select "Save" and then select "Close" to proceed forward.

Application ID: 20200622158341 Name: City Fire Protection District

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

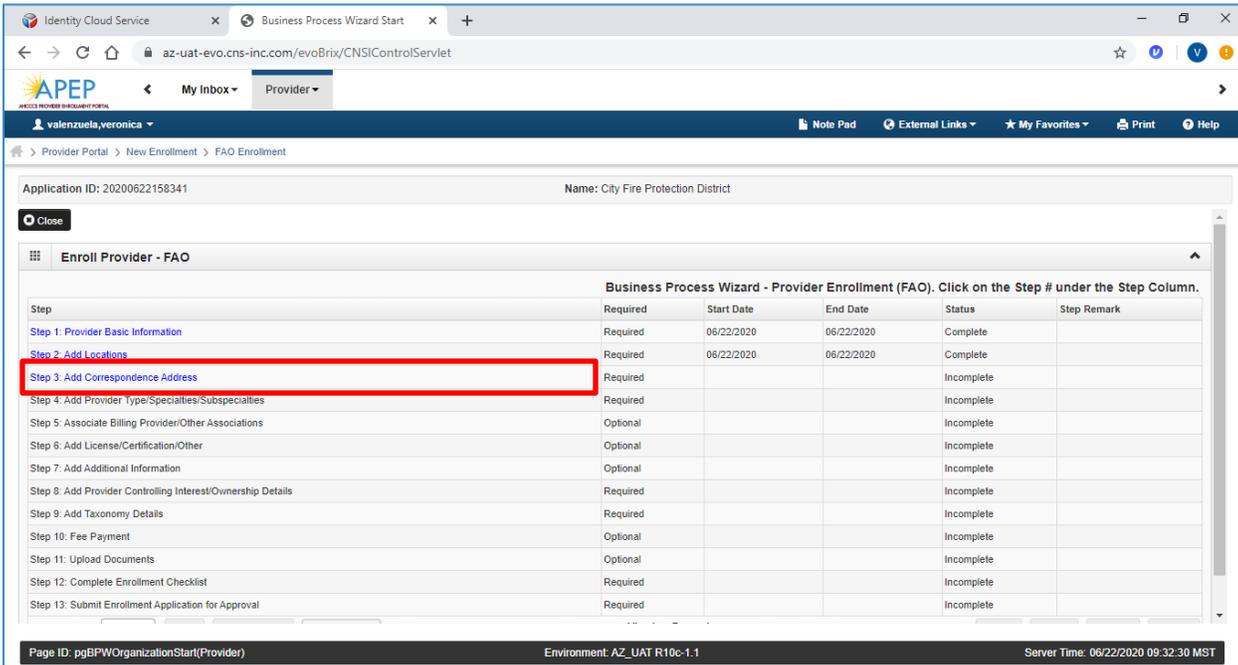
Filter By: Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/>	Other Office/Service Location	811 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999
<input type="checkbox"/>	Primary Practice Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Page ID: pgLocationListForEnrlnmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:31:08 MST

Step 3: Add Correspondence Address

1. Select “Step 3”: Add Correspondence Address.”



Application ID: 20200622158341 Name: City Fire Protection District

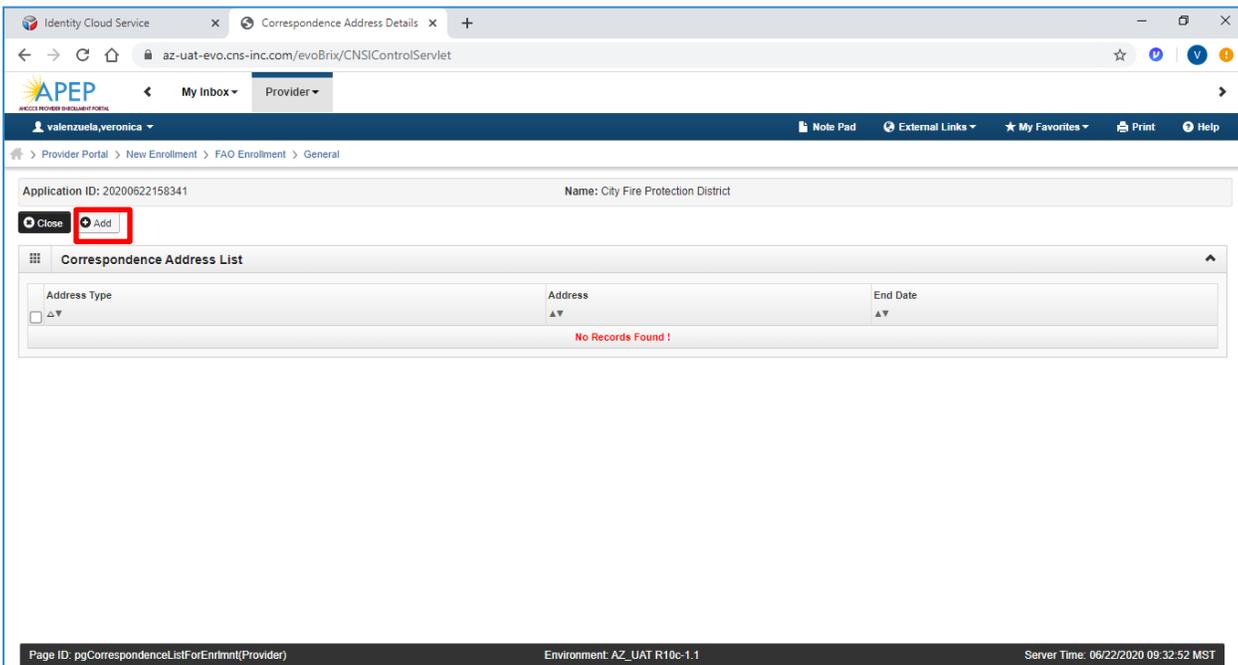
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	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 Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:32:30 MST

2. Select “Add.”



Application ID: 20200622158341 Name: City Fire Protection District

Correspondence Address List

Address Type	Address	End Date
No Records Found !		

Page ID: pgCorrespondenceListForEnrfrm(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:32:52 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 click “Validate Address” option. When complete, select “OK.”

Application ID: 20200622158341 Name: City Fire Protection District

Add Correspondence Address

Phone Number: (602) 417-7670 * Extn: 5 Fax Number: (602) 256-1474
 Communication Preference: Email * Email Address: email@company.com *

End Date: [calendar icon]

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: 701 E Jefferson St * (Enter Street Address or PO Box Only)
 Address Line 2: [empty]
 Address Line 3: [empty]
 State/Province: ARIZONA *
 Country: UNITED STATES *
 City/Town: Phoenix *
 County: Maricopa *
 Zip Code: 85034 * - 2215

Page ID: dlqEnrCorrespondenceAddress(Provider)

5. Select “close” to proceed forward.

Identity Cloud Service Correspondence Address Details

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

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment > General

Application ID: 20200622158341 Name: City Fire Protection District

Correspondence Address List

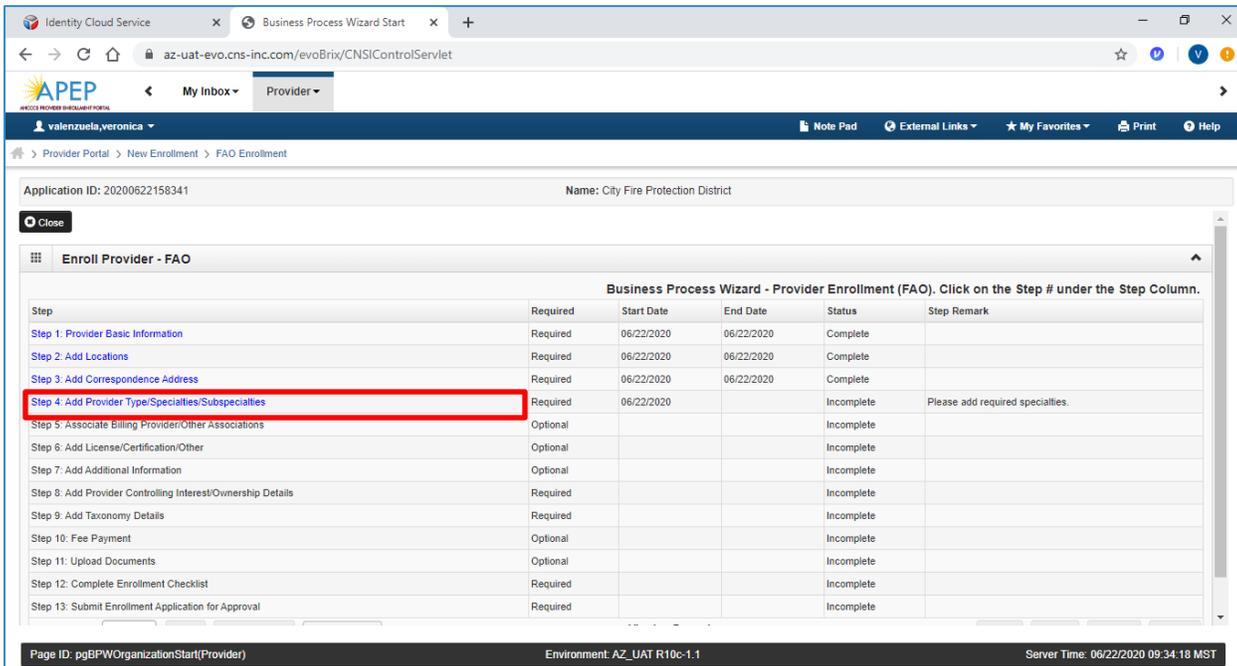
Address Type	Address	End Date
<input type="checkbox"/> Correspondence	701 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Delete View Page: 1 Go Page Count Save To XLS Viewing Page: 1

Page ID: pgCorrespondenceListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:34:02 MST

Step 4: Add Provider Type Specialties/Subspecialties

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



Application ID: 20200622158341 Name: City Fire Protection District

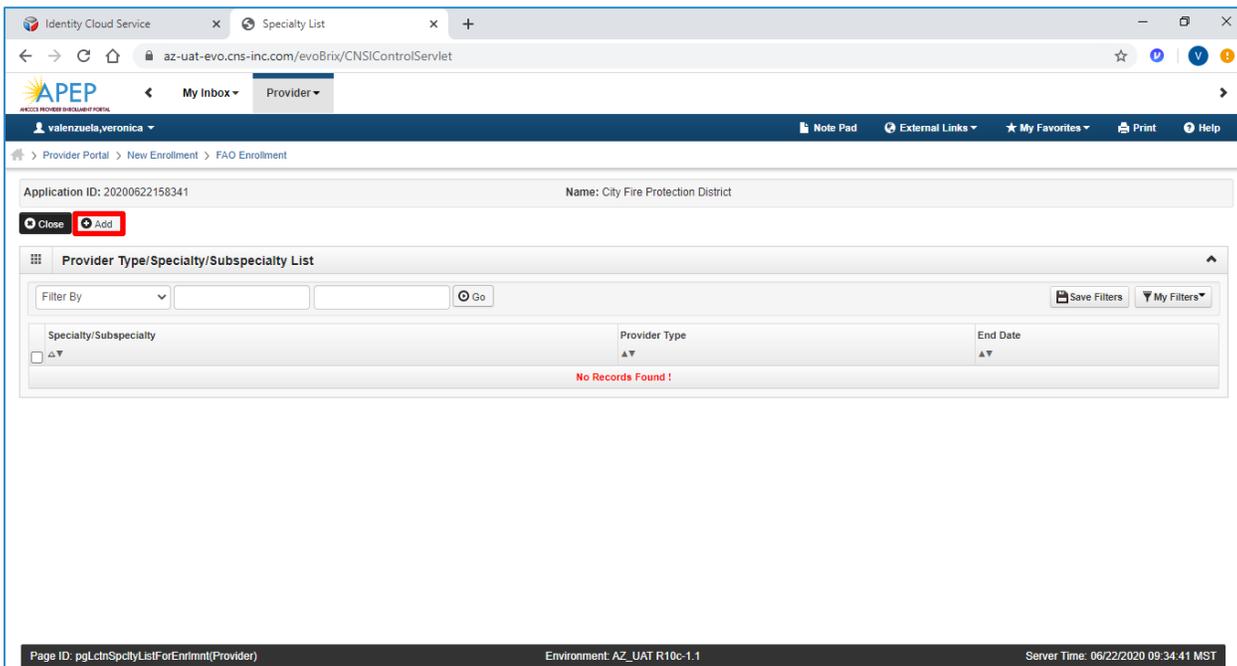
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020		Incomplete	Please add required specialties.
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:34:18 MST

2. Select “Add.”



Application ID: 20200622158341 Name: City Fire Protection District

Provider Type/Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
No Records Found!		

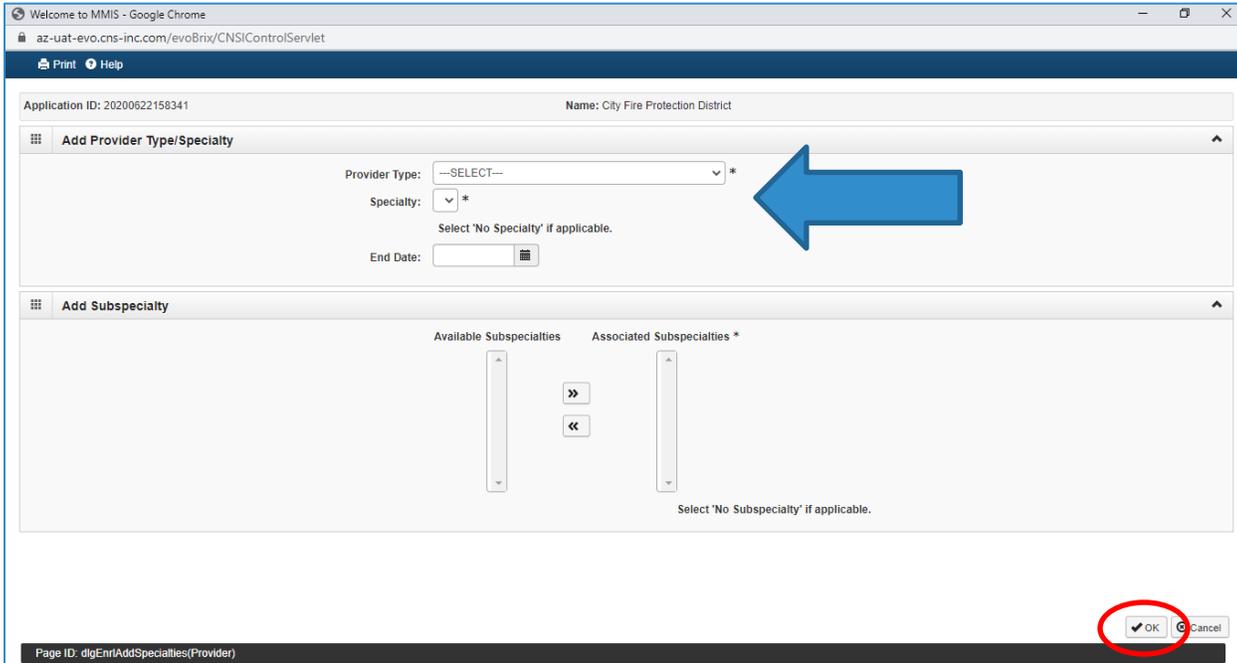
Page ID: pgLctnSpctyListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:34:41 MST

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: 20200622158341 Name: City Fire Protection District

Add Provider Type/Specialty

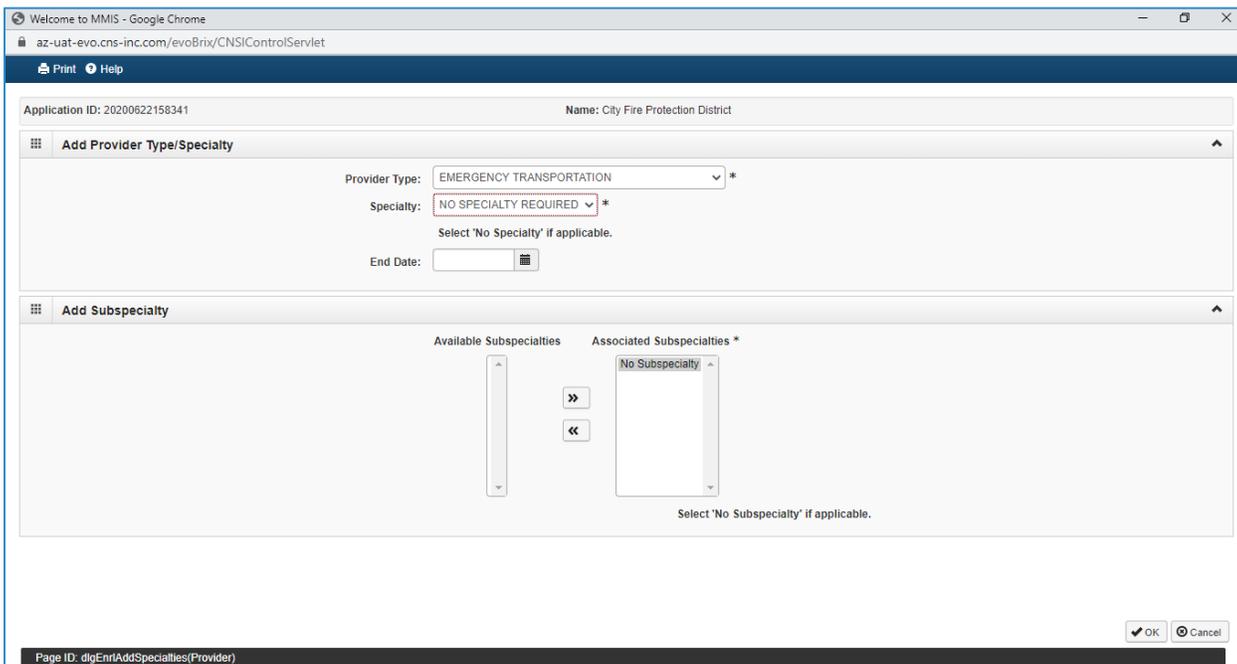
Provider Type: --SELECT-- *
 Specialty: *
 Select 'No Specialty' if applicable.
 End Date: [Calendar Icon]

Add Subspecialty

Available Subspecialties | Associated Subspecialties *
 [Empty List] | [Empty List]
 Select 'No Subspecialty' if applicable.

Page ID: dlgEnrAddSpecialties(Provider)

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



Application ID: 20200622158341 Name: City Fire Protection District

Add Provider Type/Specialty

Provider Type: EMERGENCY TRANSPORTATION *
 Specialty: NO SPECIALTY REQUIRED *
 Select 'No Specialty' if applicable.
 End Date: [Calendar Icon]

Add Subspecialty

Available Subspecialties | Associated Subspecialties *
 [Empty List] | No Subspecialty
 Select 'No Subspecialty' if applicable.

Page ID: dlgEnrAddSpecialties(Provider)

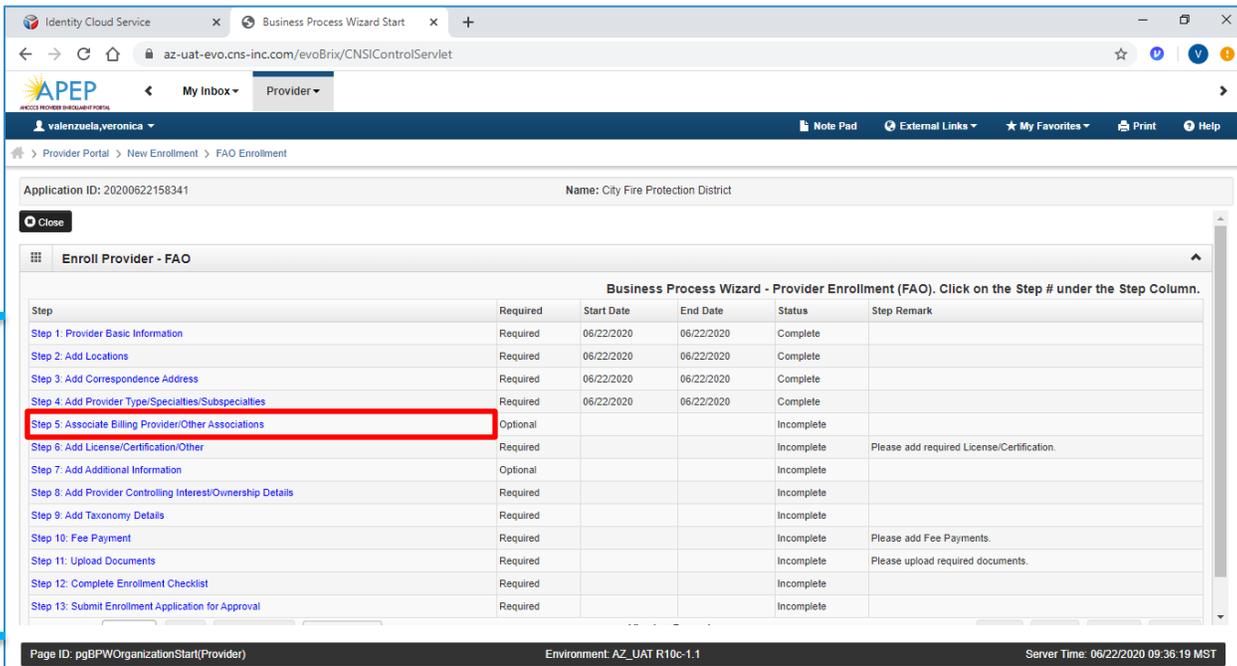
Note: Once Step 4 is completed, the rest of the enrollment steps become available and may be completed in any order prior submission.

Step 5: Association Billing Provider/Other Associations

The next step is Step 5, which is marked as “Optional.” This step is for an Associate Billing Provider, in other words, an employee of the facility, agency, or organization that has already started an application with AHCCCS. If this does not apply to you skip, to Step 6.

To complete Step 5:

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



Application ID: 20200622158341 Name: City Fire Protection District

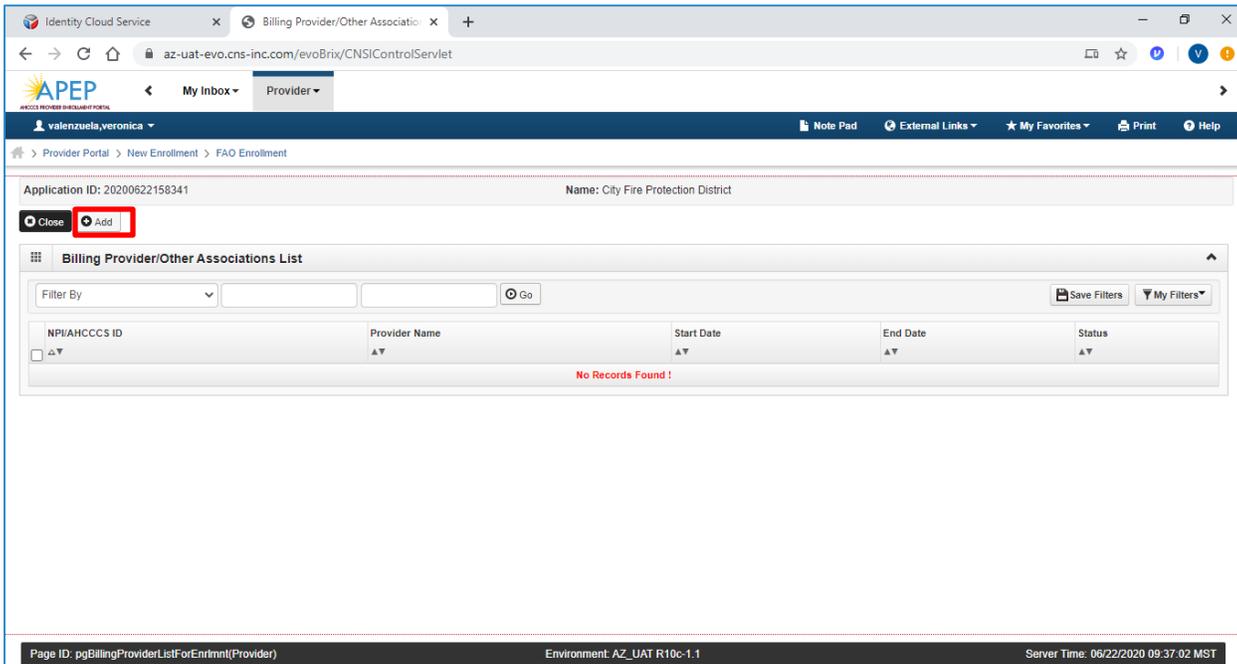
Enroll Provider - FAO

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

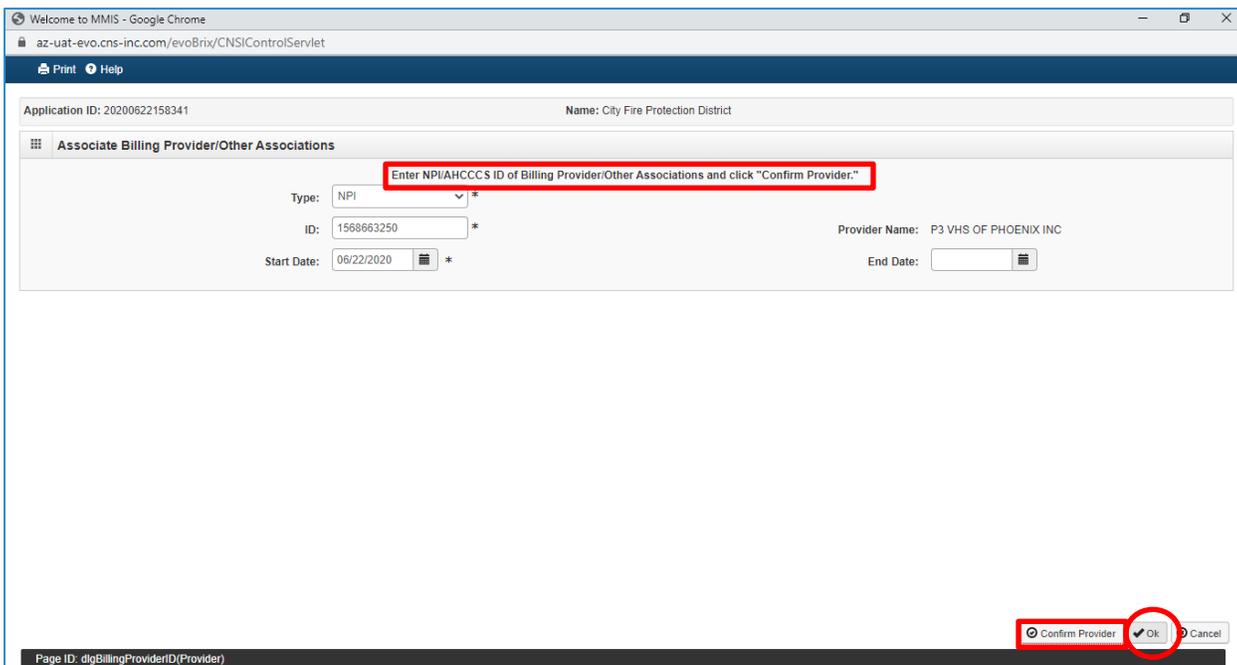
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:36:19 MST

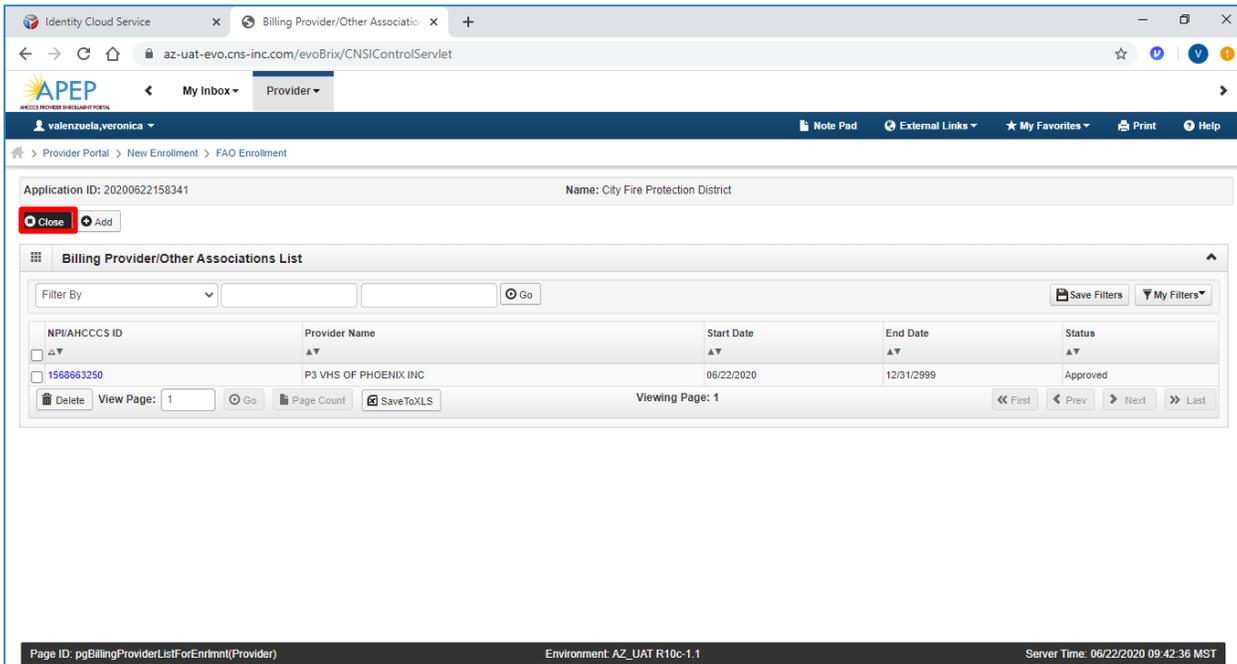
2. Select, "Add."



3. Enter the six-digit AHCCCS ID or 10-digit 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.



4. Select, "Close", to advance forward



Application ID: 20200622158341 Name: City Fire Protection District

Close Add

Billing Provider/Other Associations List

Filter By [] [] Go Save Filters My Filters

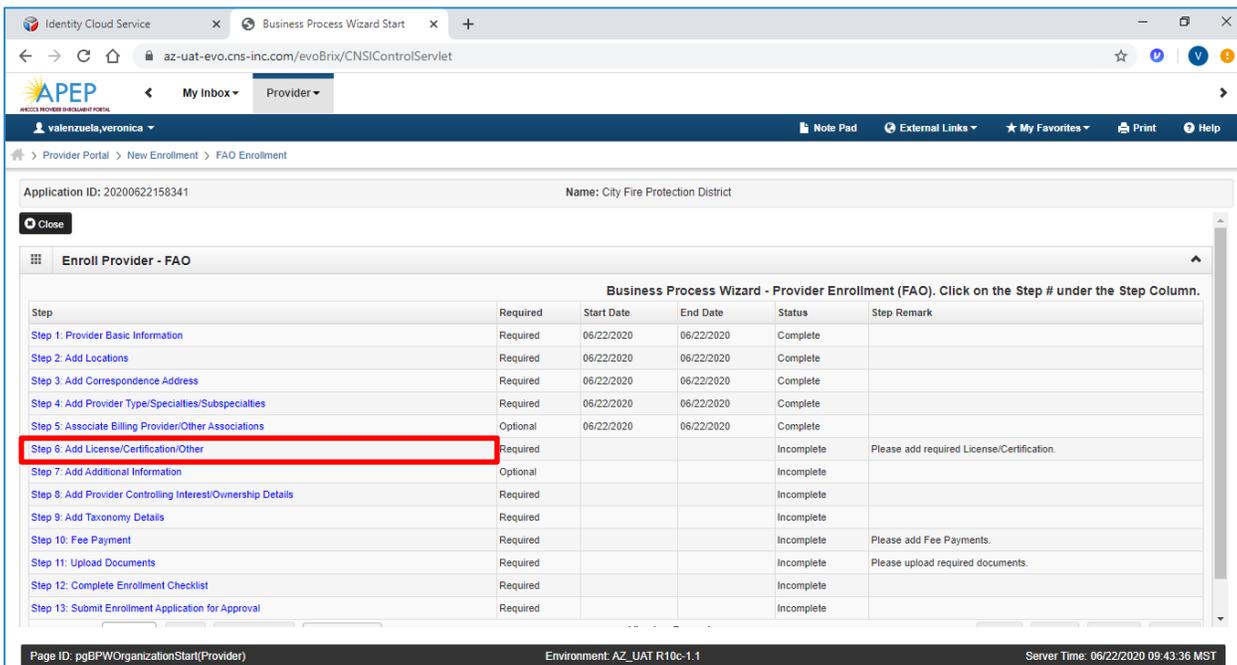
NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status
<input type="checkbox"/> 1568683250	P3 VHS OF PHOENIX INC	06/22/2020	12/31/2999	Approved

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

Page ID: pgBillingProviderListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:42:36 MST

Step 6: Add License/Certification/Other

1. Select "Step 6: Add License/Certification/Other."



Application ID: 20200622158341 Name: City Fire Protection District

Close

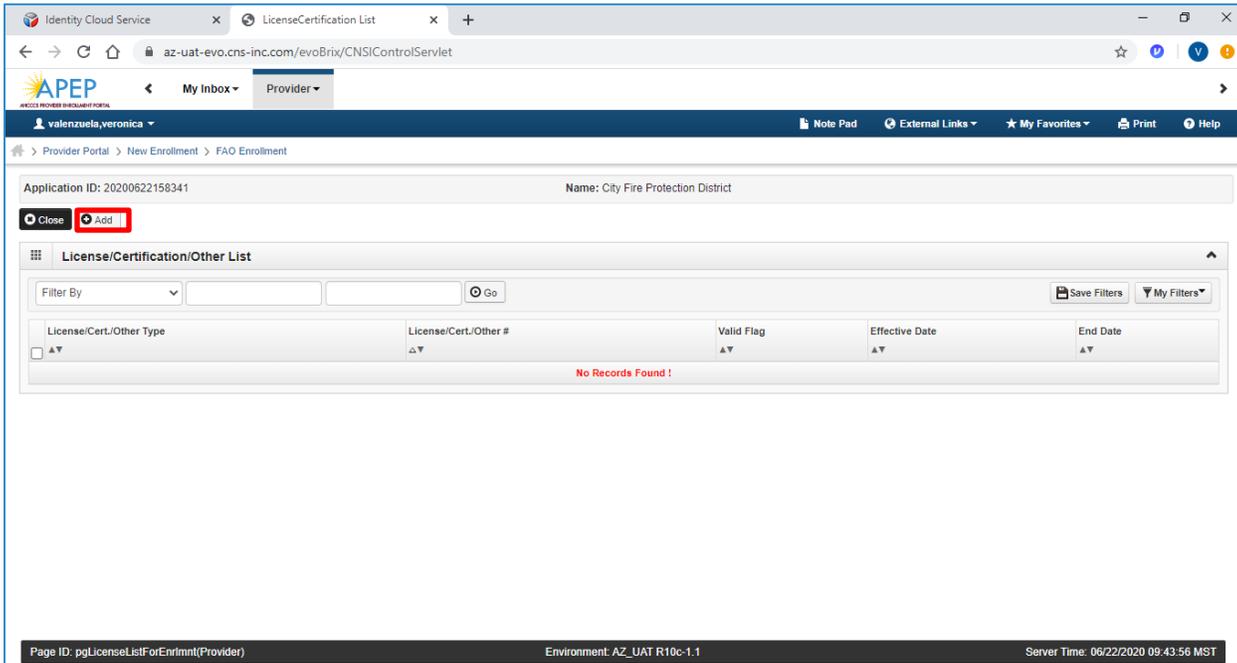
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

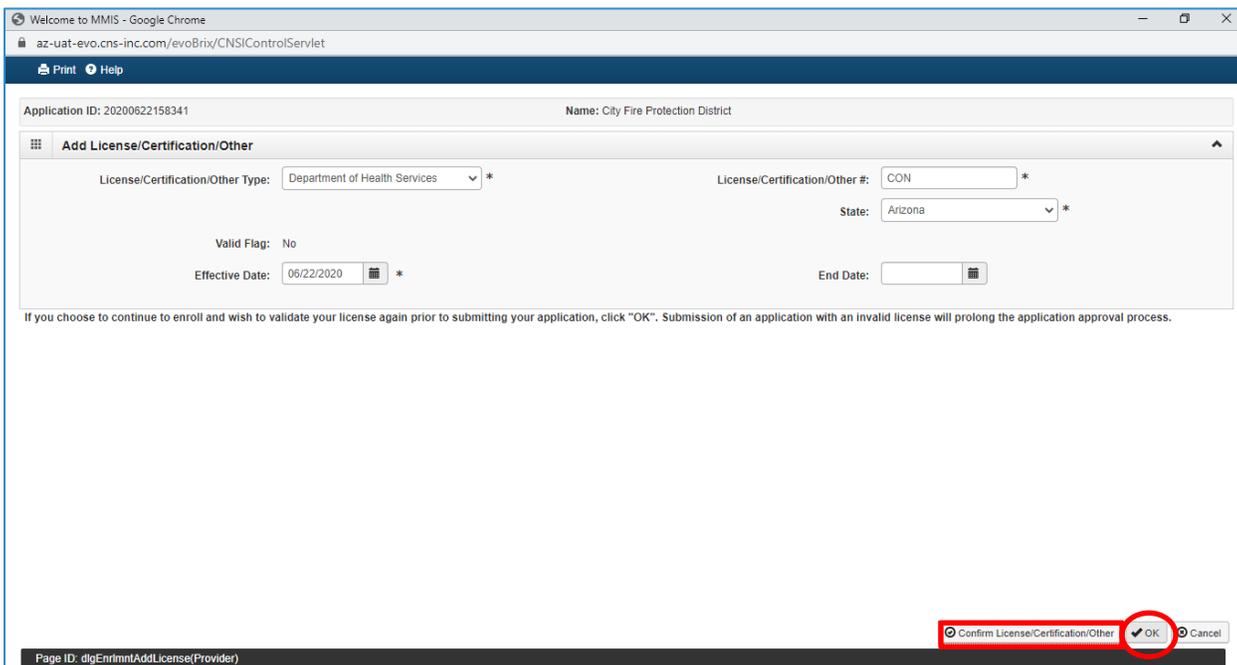
Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:43:36 MST

2. Select “Add.”



3. Carefully enter the License/Certification/Other List Information. Once complete, select “Confirm License/Certification”, and 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-Specialties.



4. Select, "Close", to proceed forward.

Application ID: 20200622158341 Name: City Fire Protection District

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
Department of Health Services	CON	No	06/22/2020	12/31/2999

Viewing Page: 1

Page ID: pgLicenseListForEnrlnmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:45:31 MST

Step 7: Add Additional Information

Note: This step is optional for most providers; For FAOs, this link allows you to add information about bed types.

1. Select, "Step 7: Add Additional Information."

Application ID: 20200622158341 Name: City Fire Protection District

Close

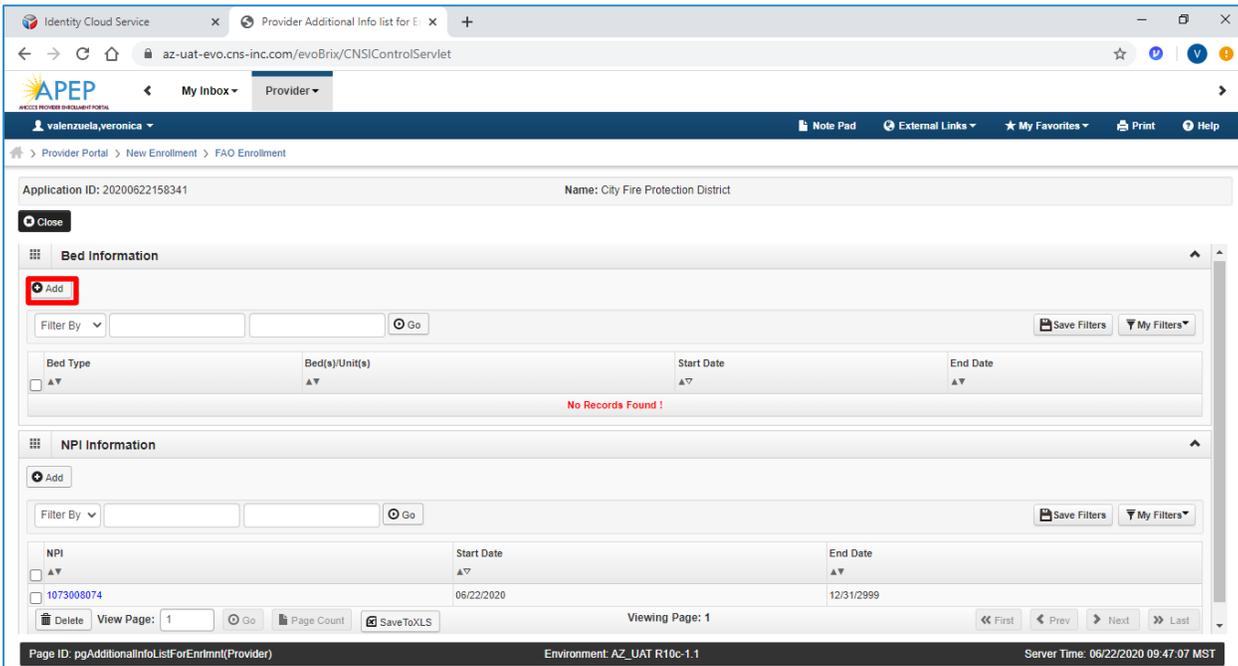
Enroll Provider - FAO

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

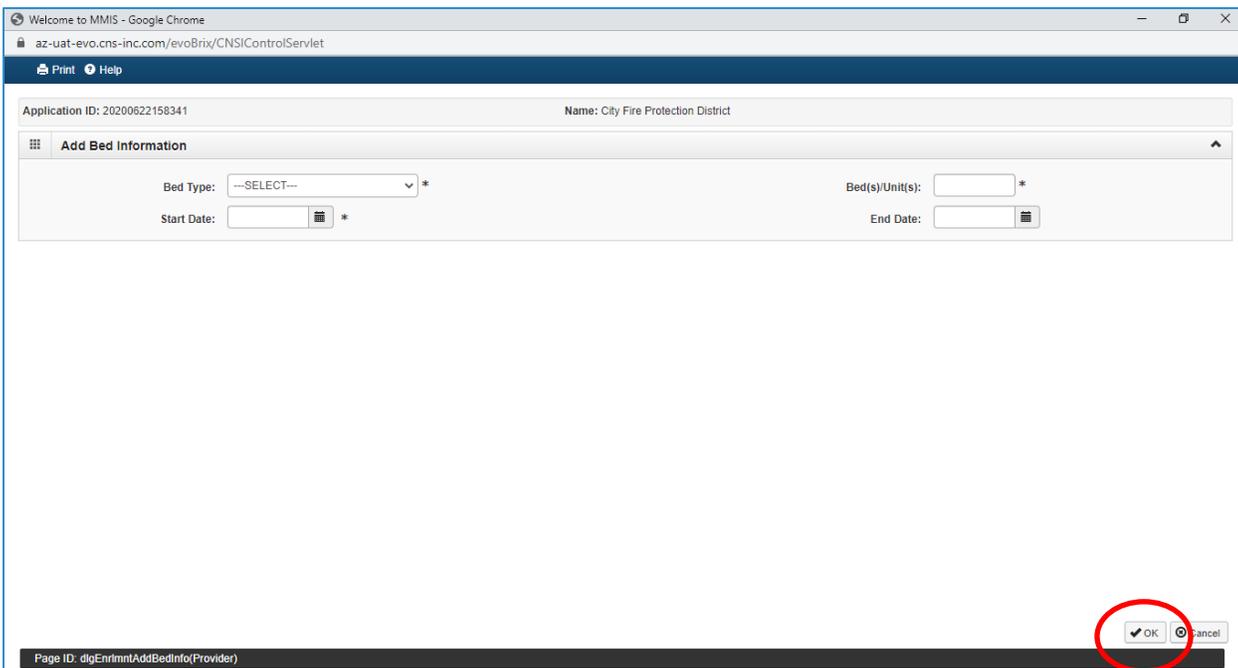
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:46:39 MST

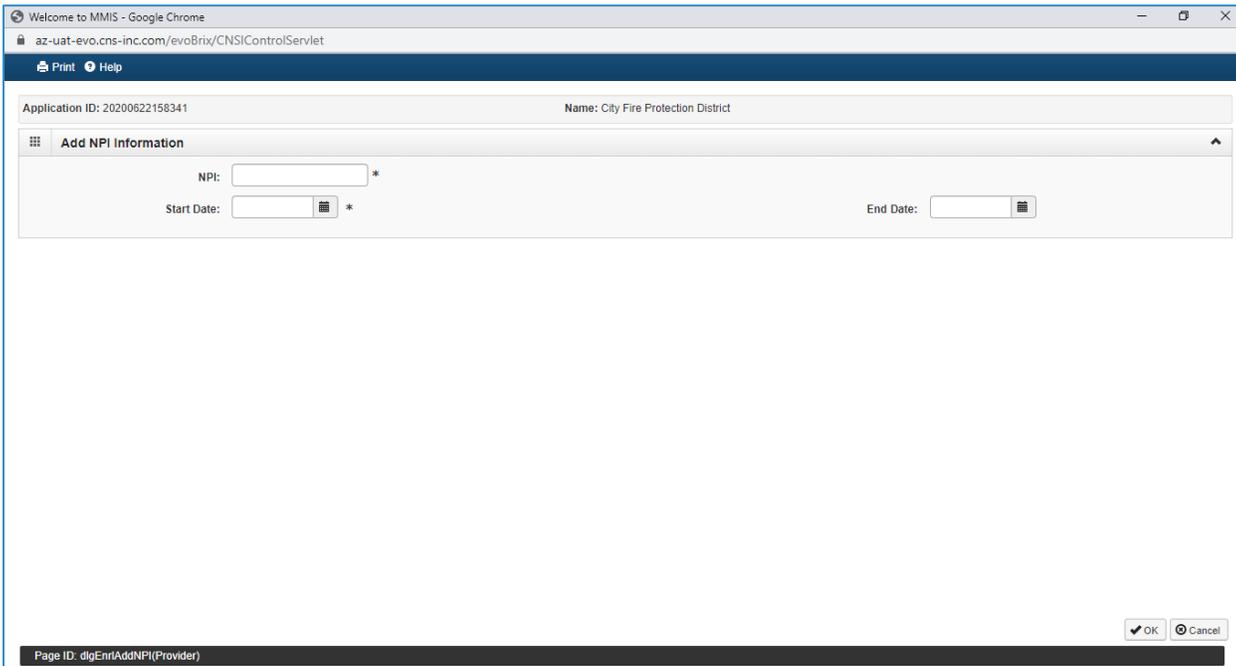
2. Select, "Add," under Bed Information to bring up details window for bed information.



3. Select, "Bed Type," drop-down option.
4. Select, "Bed Unit(s): insert the number of beds.
5. Select, "Calendar" option, add "Start Date" for bed type.
6. Click "OK."



7. Select, "Close," to proceed forward.



Application ID: 20200622158341 Name: City Fire Protection District

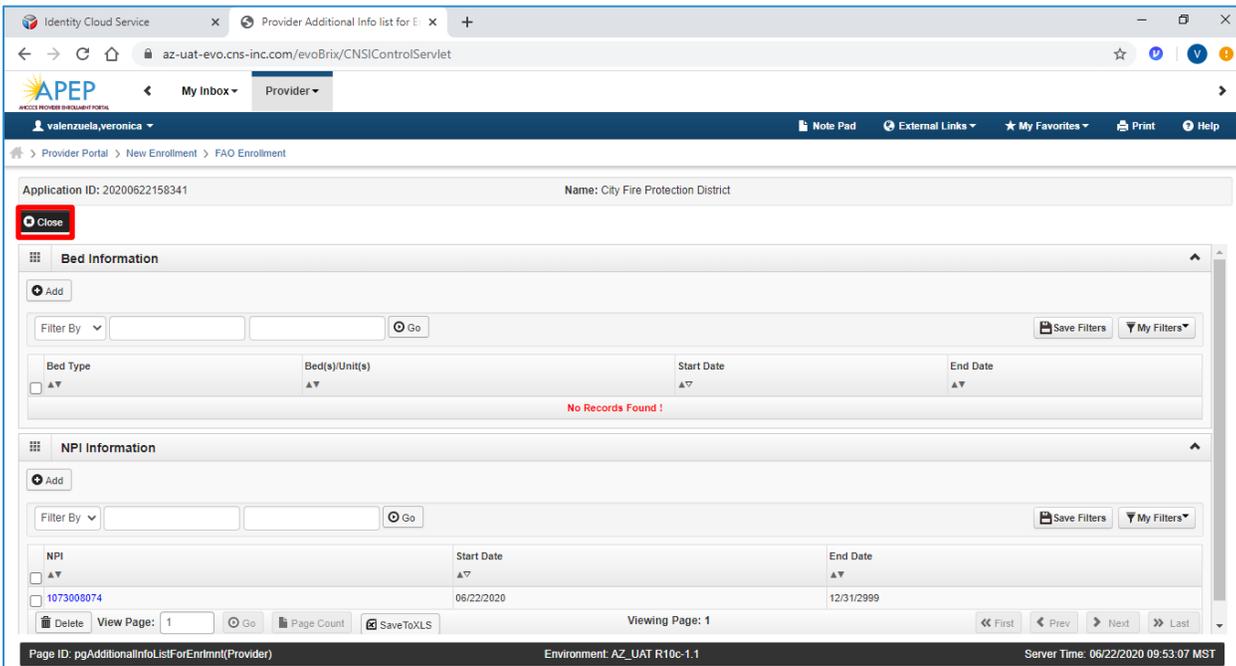
Add NPI Information

NPI: *

Start Date: *

End Date:

Page ID: dlgEnrlAddNPI(Provider)



Application ID: 20200622158341 Name: City Fire Protection District

Close

Bed Information

Filter By

Bed Type	Bed(s)/Unit(s)	Start Date	End Date
No Records Found !			

NPI Information

Filter By

NPI	Start Date	End Date
<input type="checkbox"/> 1073008074	06/22/2020	12/31/2999

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

Page ID: pgAdditionalInfoListForEnrmtnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:53:07 MST

Step 8: Add Provider Controlling Interest/Ownership Details

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

Per Medicaid Provider Manual

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

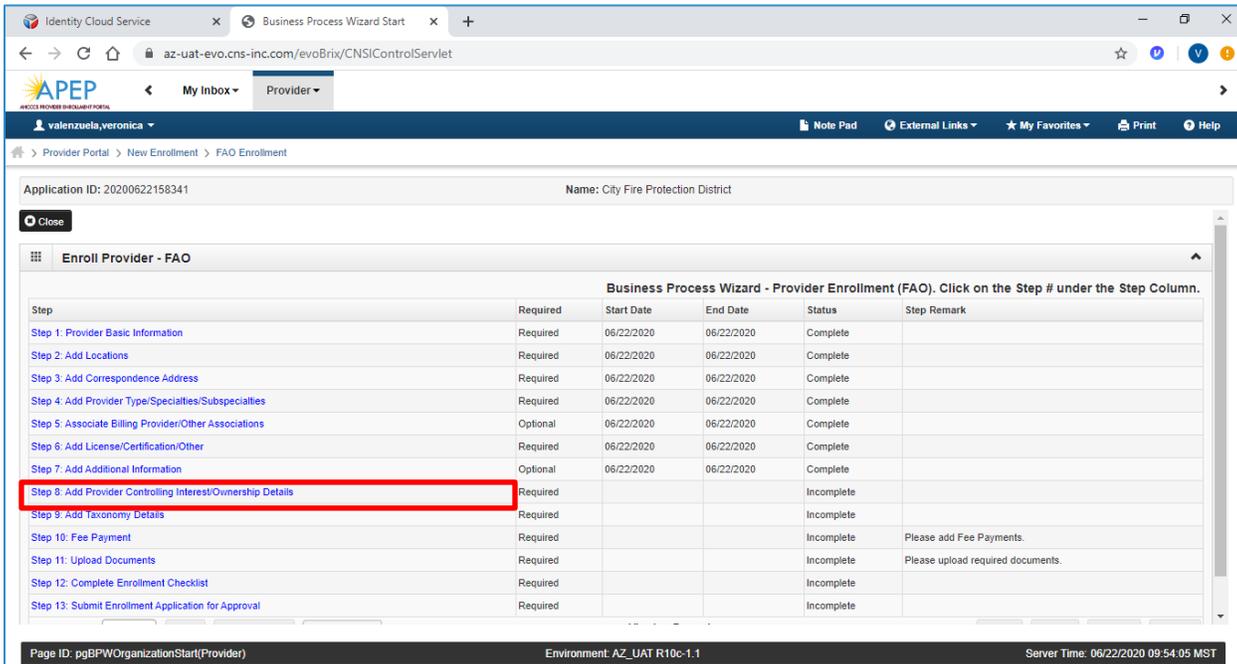
Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- 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

1. Select "Step 8: Add "Provider Controlling Interest/Ownership Details"



Application ID: 20200622158341 Name: City Fire Protection District

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional	06/22/2020	06/22/2020	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:54:05 MST

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

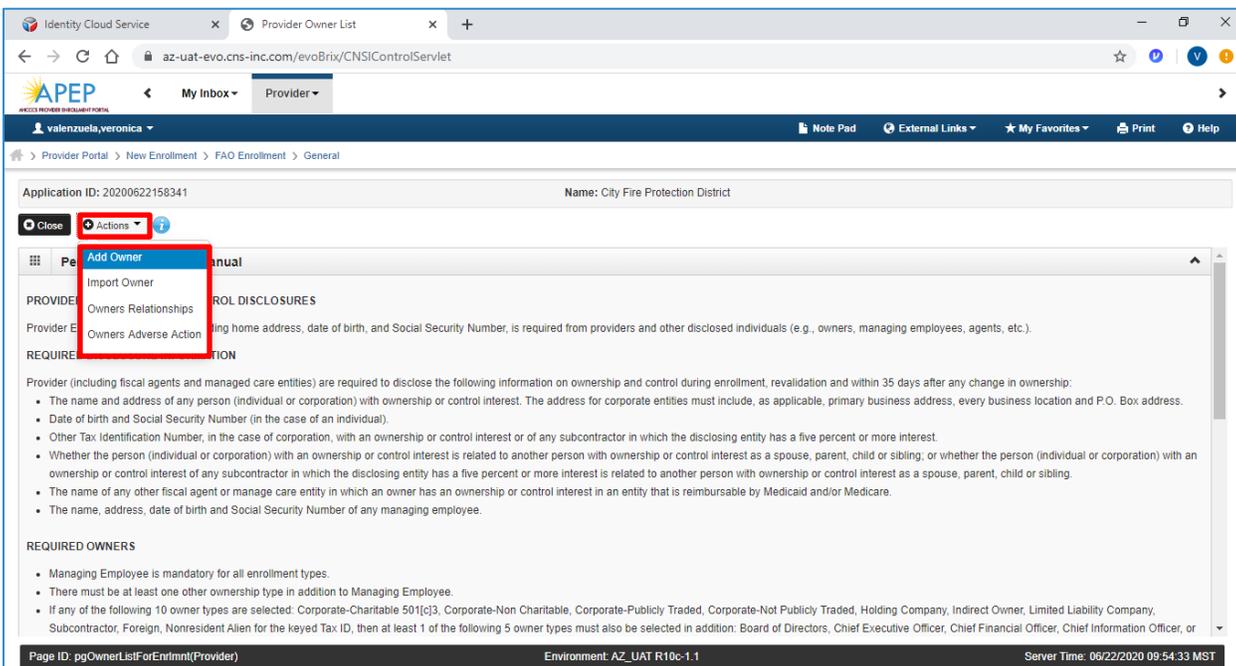
REQUIRED OWNERS

- 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 key 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 page content includes:

- Application ID: 20200622158341
- Name: City Fire Protection District
- An "Actions" dropdown menu is open, showing options: "Add Owner", "Import Owner", "Owners Relationships", and "Owners Adverse Action". "Add Owner" is highlighted.
- Below the menu, there is a section for "PROVIDER OWNERSHIP DISCLOSURES" with a text box for "Provider Enrollment Information" and a "REQUIRED INFORMATION" section.
- The "REQUIRED OWNERS" section is repeated at the bottom of the page.

Page ID: pgOwnerListForEnrmtnt(Provider) Environment: AZ_UAT_R10c-1.1 Server Time: 06/22/2020 09:54:33 MST

5. Select, "Type," In this example Individual Sole Proprietor is selected as owner type. Complete all required fields.

6. Select, "OK."

Note: The proprietor has 100% ownership and is the same individual as the Managing Employee.

Application ID: 20200622158341 Name: City Fire Protection District

Provider Controlling Interest/Ownership

Type: Individual/Sole Proprietor * Percentage Owned: 100 *

SSN: 010020333 * EIN/TIN: *

Legal Entity Name: * Entity Business Name: *

(As shown on the Income Tax Return) (Doing Business As)

Owner NPI: * Last Name: Bunny *

First Name: Easter * DOB: 01/01/2000 *

Suffix: * Email: *

Phone Number: (602) 417-7670 * Extn: 5 End Date: *

Start Date: 06/22/2020 *

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.

Welcome to MMIS - Google Chrome

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

Application ID: 20200622158341 Name: City Fire Protection District

Owner NPI: * Last Name: Bunny *

First Name: Easter * DOB: 01/01/2000 *

Suffix: * Email: *

Phone Number: (602) 417-7670 * Extn: 5 End Date: *

Start Date: 06/22/2020 *

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: 701 W Jefferson St * Address Line 2: *

(Enter Street Address or PO Box Only)

Address Line 3: * City/Town: Phoenix *

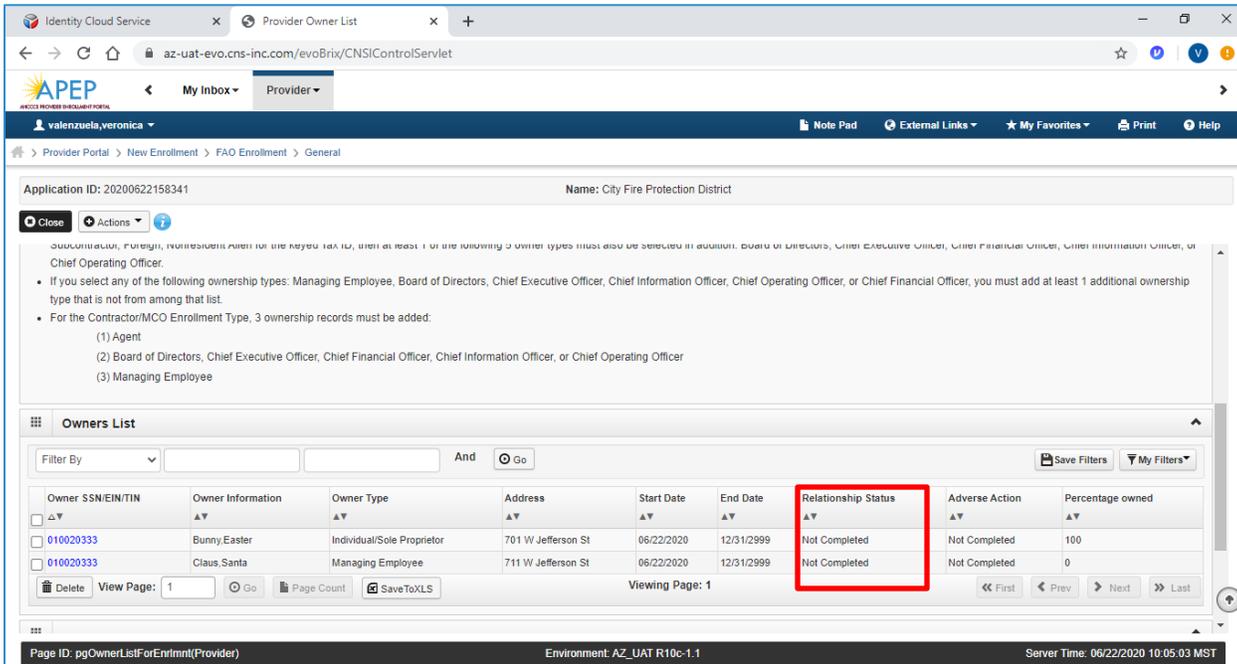
State/Province: ARIZONA * County: Maricopa *

Country: UNITED STATES * Zip Code: 85007 * - 2908

Validate Address

OK Cancel

Page ID: dlqEnrIntAddOwner(Provider)



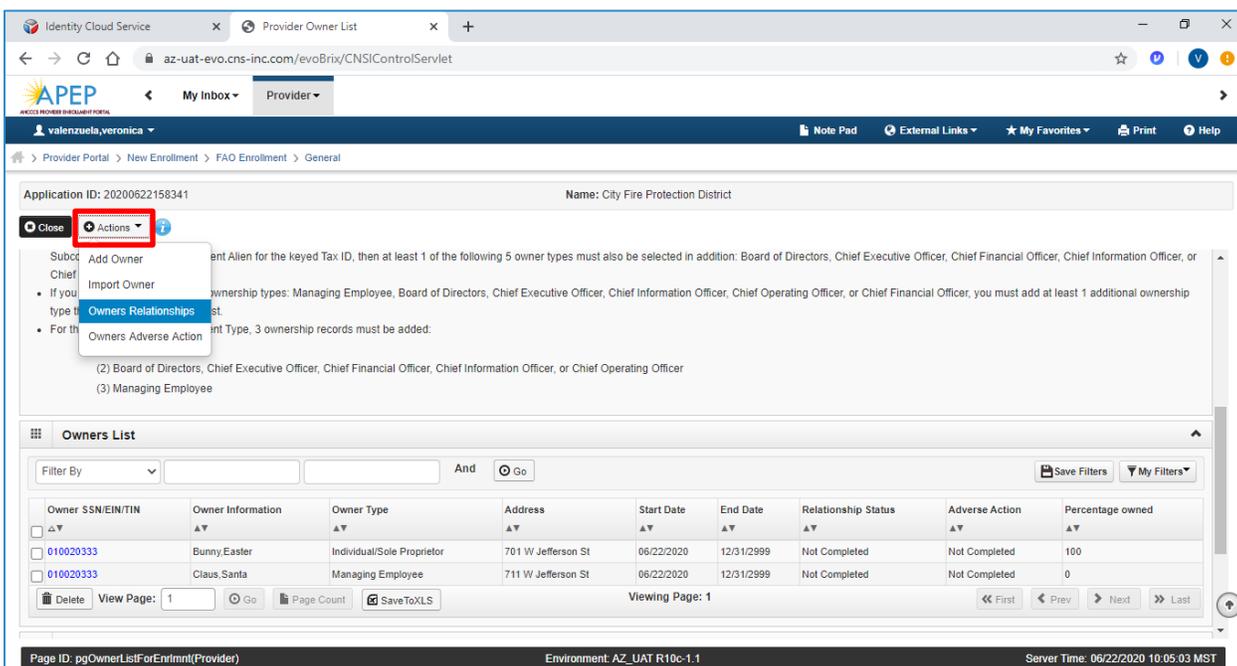
Application ID: 20200622158341 Name: City Fire Protection District

Subcontractor, foreign, requirements Allen 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:
 - Agent
 - Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - Managing Employee

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020333	Bunny,Easter	Individual/Sole Proprietor	701 W Jefferson St	06/22/2020	12/31/2999	Not Completed	Not Completed	100
010020333	Claus,Santa	Managing Employee	711 W Jefferson St	06/22/2020	12/31/2999	Not Completed	Not Completed	0

6. Select “Owner’s Relationships.” This option requires an action to proceed forward. Select “Actions,” then select “Owners Relationship” to disclose and establish Owner’s Relationships.



Application ID: 20200622158341 Name: City Fire Protection District

Subcontractor, foreign, requirements Allen 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:
 - Agent
 - Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - Managing Employee

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020333	Bunny,Easter	Individual/Sole Proprietor	701 W Jefferson St	06/22/2020	12/31/2999	Not Completed	Not Completed	100
010020333	Claus,Santa	Managing Employee	711 W Jefferson St	06/22/2020	12/31/2999	Not Completed	Not Completed	0

7. Complete the drop-down fields to describe the relationship between provider owners.
 Note: If owners have no familial relationship, clicking the “NO” option to the questions at the top will eliminate the drop-down menu. No relationship will need to be specified.

8. When all information has been entered, select “Save” then “Close.”

Application ID: 20200622158341 Name: City Fire Protection District

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 Go Save Filters My Filters

Selected Owner: Bunny, Easter SSN/EIN/TIN: 010020333 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Bunny, Easter	Relation to Assoc. Owner
Claus, Santa	010020333	Managing Employee	None	None

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

Selected Owner: Claus, Santa SSN/EIN/TIN: 010020333 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

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

My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment > General

Application ID: 20200622158341 Name: City Fire Protection District

Close Actions

- Add Owner
- Import Owner
- Owners Adverse Action

Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer

(3) Managing Employee

Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020333	Bunny, Easter	Individual/Sole Proprietor	701 W Jefferson St	06/22/2020	12/31/2999	Completed	Not Completed	100
010020333	Claus, Santa	Managing Employee	711 W Jefferson St	06/22/2020	12/31/2999	Completed	Not Completed	0

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

Page ID: pgOwnerListForEnrmtnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:07:59 MST

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

Application ID: 20200622158341 Name: City Fire Protection District

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: [Dropdown] All [Go] Save Filters My Filters

Owner Name	SSN/EIN/TIN	Adverse Action Status
<input type="checkbox"/> Bunny Easter	010020333	Not Completed
<input type="checkbox"/> Claus, Santa	010020333	Not Completed

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: pgEnrmmAdverseAction(Provider)

11. If “YES,” additional fields requiring a response to relevant details will populate. Click “OK” when complete.

Welcome to MMIS - Google Chrome

Application ID: 20200622158341 Name: City Fire Protection District

Final Adverse Legal Actions/Convictions for Owner

1. Have any Responsive Entities, on or after August 21, 1996, been convicted (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) 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

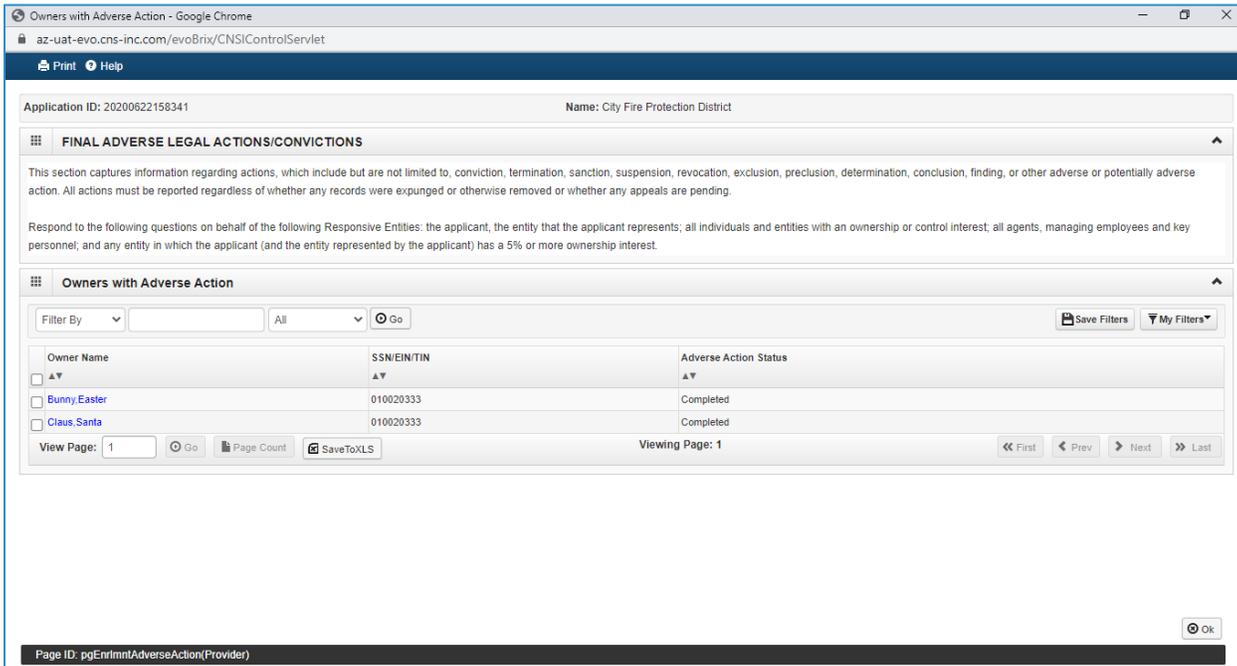
4. Is there currently any pending proceedings, such as but not limited to an indictment, pending plea, or investigation, that could result in any sanction, conviction (as defined in 42 C.F.R. § 1001.2, and including convictions that are the result of plea agreements, no contest plea, Alford plea, or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

Yes No

Page ID: dlgFinalAdverseActionsforOwner(Provider)

OK Cancel

12. Repeat this step for each disclosed Owner and Managing Employee.



Application ID: 20200622158341 Name: City Fire Protection District

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

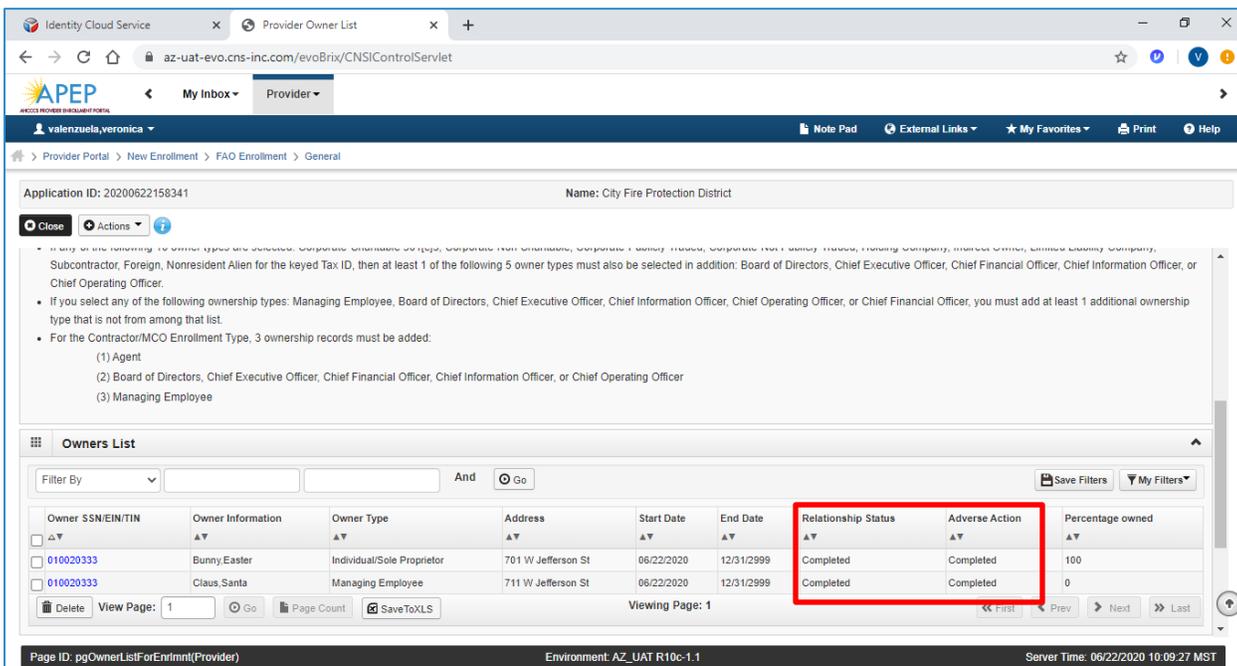
Filter By: [] All [Go] Save Filters My Filters

Owner Name	SSN/EIN/TIN	Adverse Action Status
Bunny Easter	010020333	Completed
Claus Santa	010020333	Completed

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

Page ID: pgEnrInmtAdverseAction(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.



Identity Cloud Service Provider Owner List

Application ID: 20200622158341 Name: City Fire Protection District

Owners List

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

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020333	Bunny,Easter	Individual/Sole Proprietor	701 W Jefferson St	06/22/2020	12/31/2999	Completed	Completed	100
010020333	Claus,Santa	Managing Employee	711 W Jefferson St	06/22/2020	12/31/2999	Completed	Completed	0

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

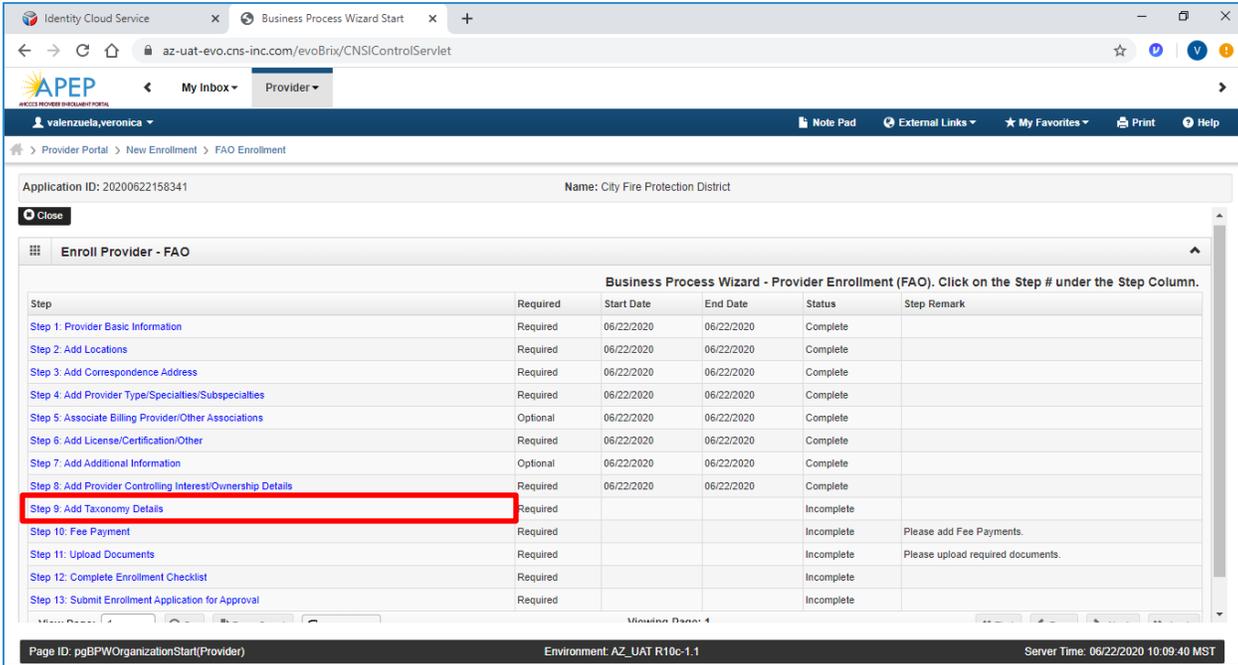
Page ID: pgOwnerListForEnrInmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:09:27 MST

Step 9: Add Taxonomy Details

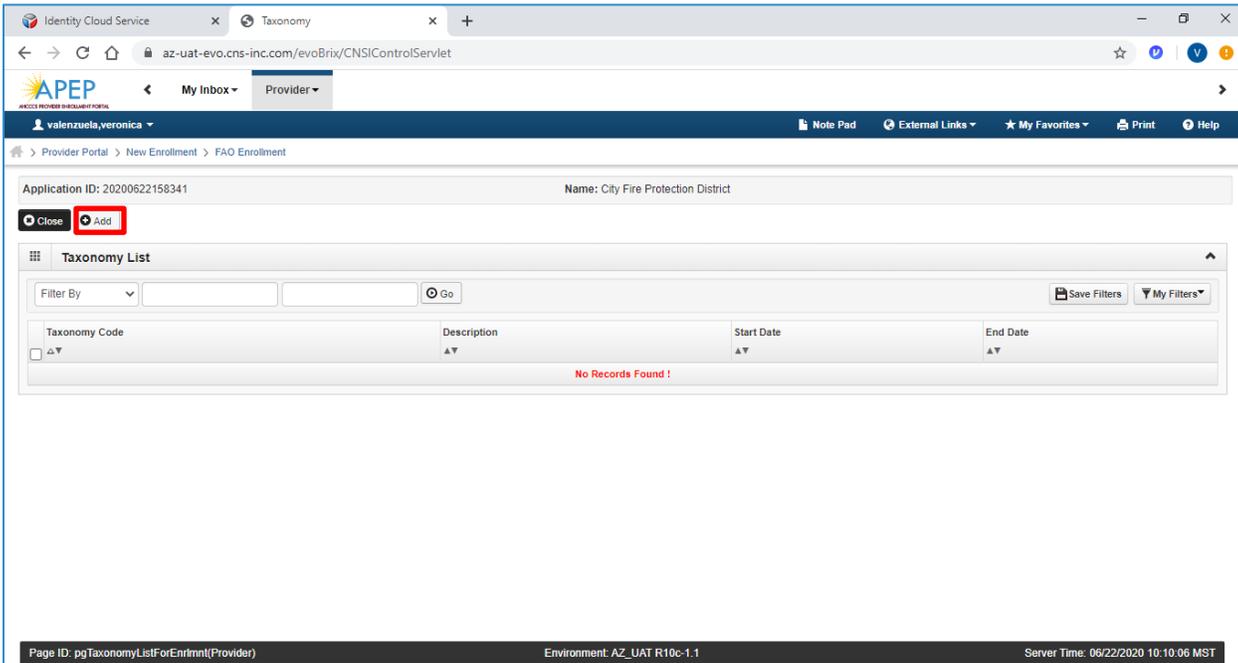
This step is related to the providers’ National Provider Identifier (NPI) number.

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

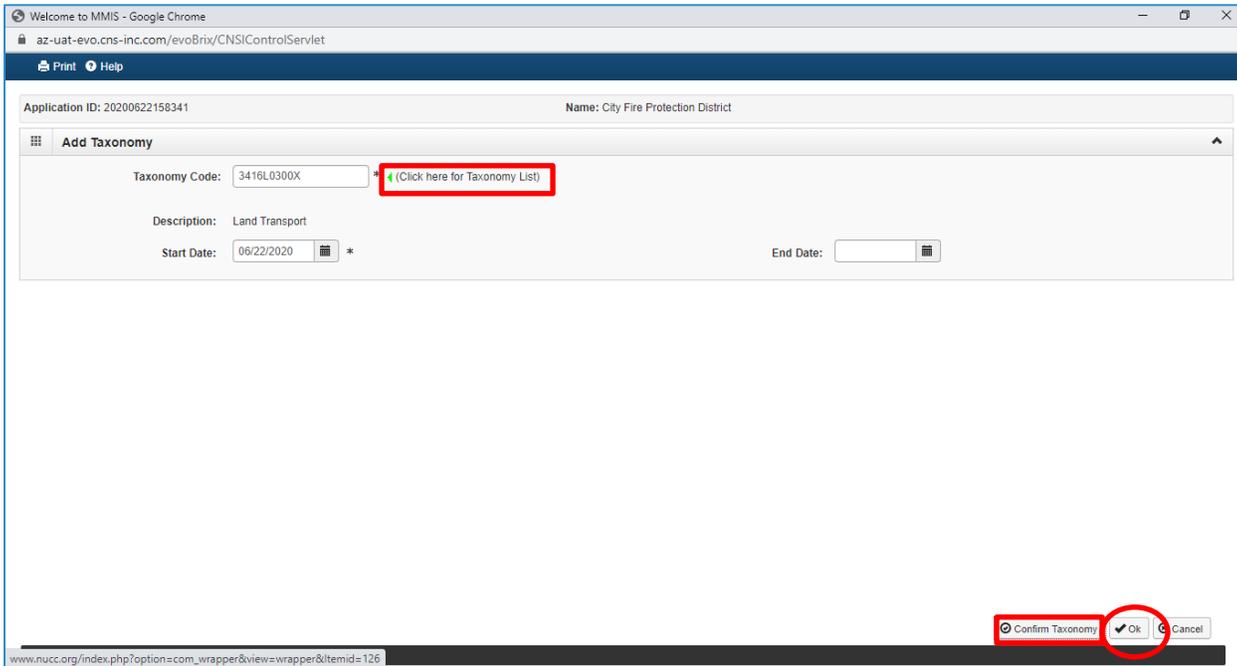
1. Select “Step 9: Add Taxonomy Details.”



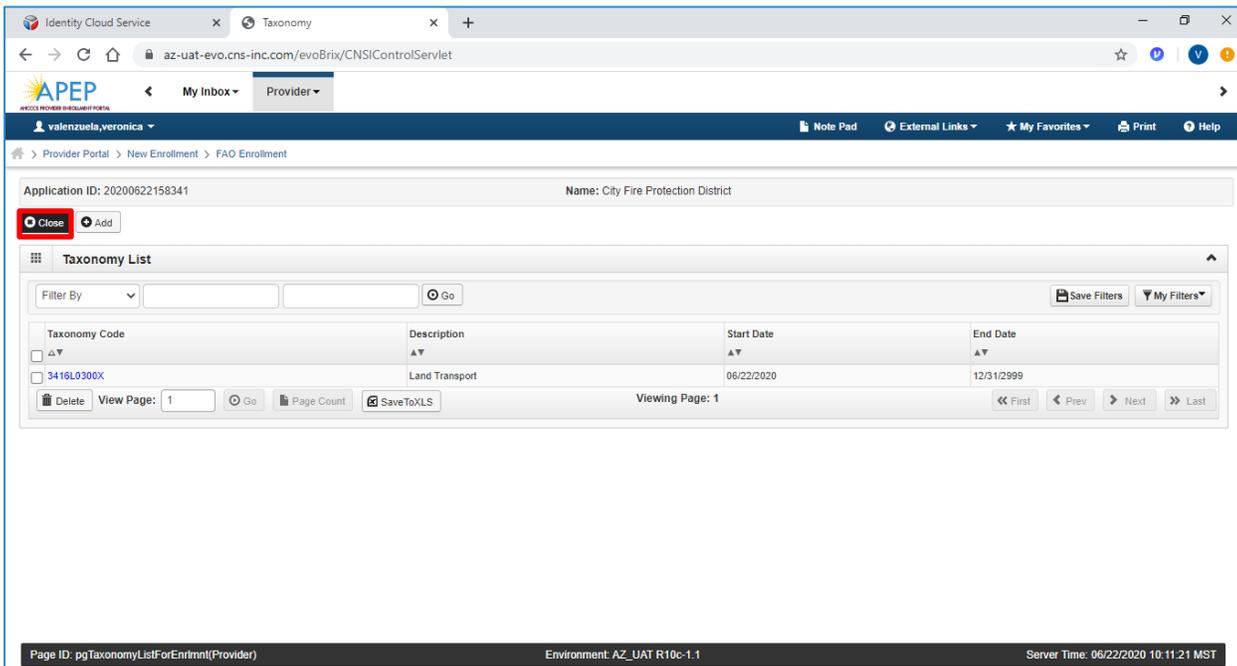
2. Select, “Add.”



3. Enter your taxonomy code and start date. A Taxonomy list is available for reference by selecting, “Arrow” link next to the Taxonomy Code field.
4. Select, “OK.”



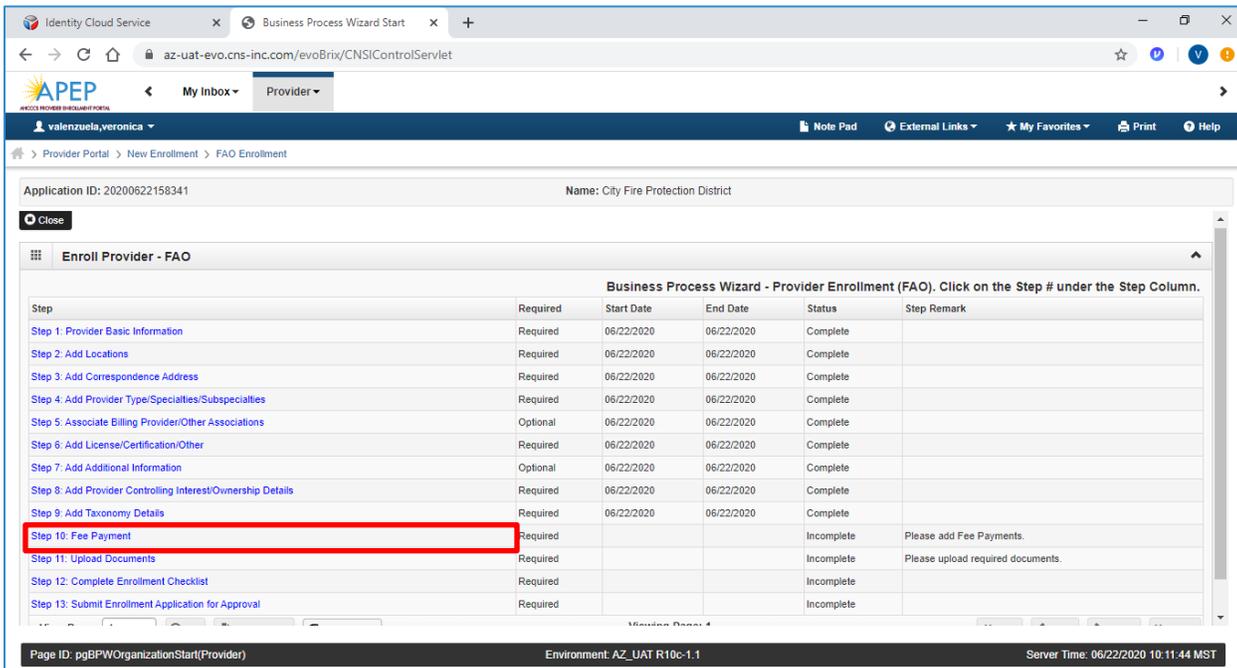
5. Select “Close,” to proceed forward.



Step 10: Fee Payment

States are required to collect a “Fee Payment” on Institutional providers prior to execution of the Provider Participation Agreement. The “Fee Payment” is part of the screening process at Enrollment, Reactivation, Revalidation and some Modification requests adding an additional service address to provider’s ID. The “Fee Payment” increases each calendar year mandated by federal government.

1. Select, “Step 10: Fee Payment.”



Application ID: 20200622158341 Name: City Fire Protection District

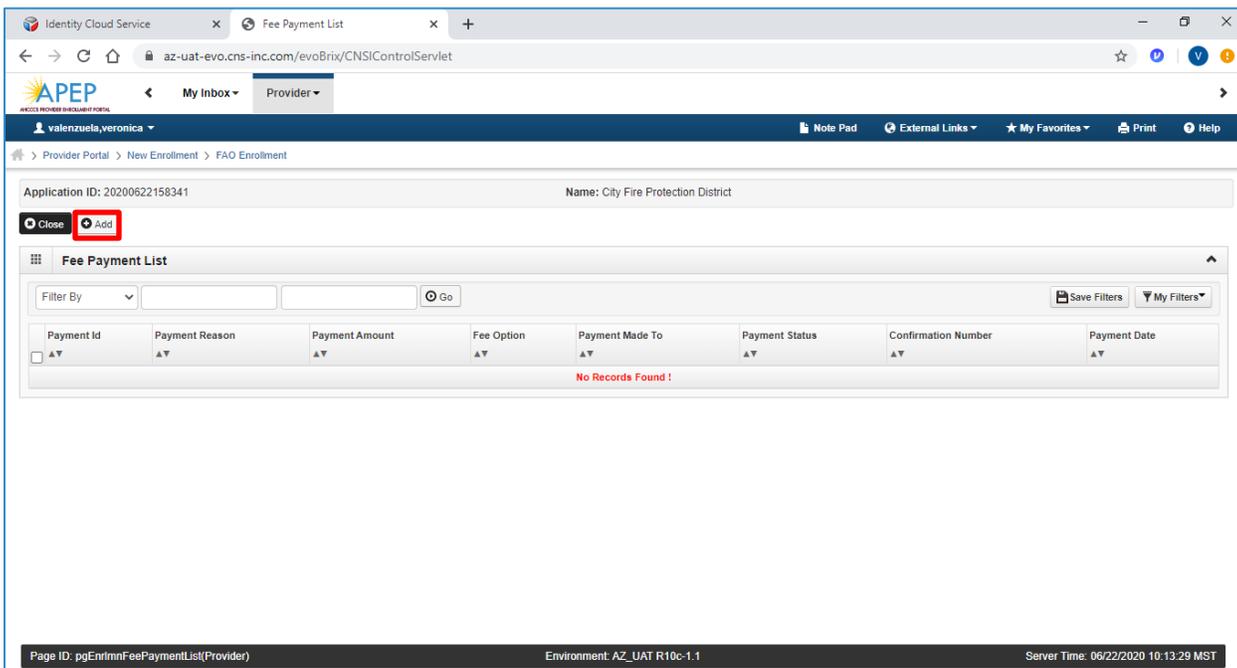
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional	06/22/2020	06/22/2020	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/22/2020	Complete	
Step 9: Add Taxonomy Details	Required	06/22/2020	06/22/2020	Complete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:11:44 MST

1. Select, “Add.”



Application ID: 20200622158341 Name: City Fire Protection District

Fee Payment List

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

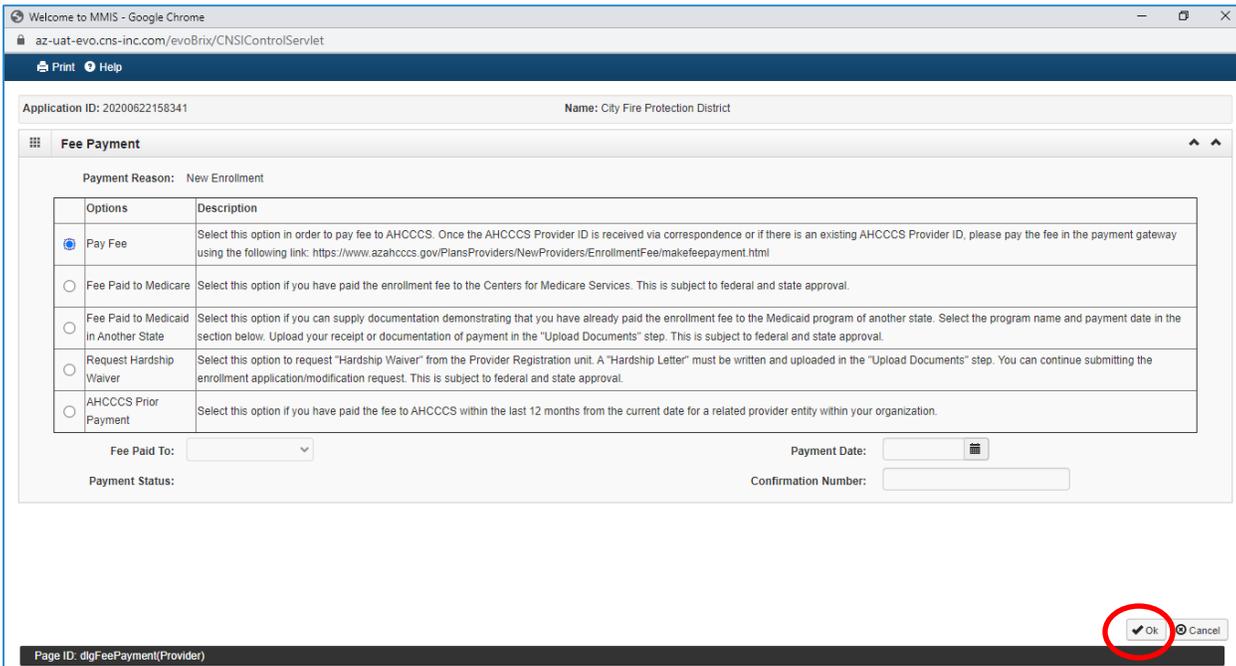
Payment Id	Payment Reason	Payment Amount	Fee Option	Payment Made To	Payment Status	Confirmation Number	Payment Date
No Records Found !							

Page ID: pgEnrInmFeePaymentLis(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:13:29 MST

2. Select applicable “Fee Payment” option.

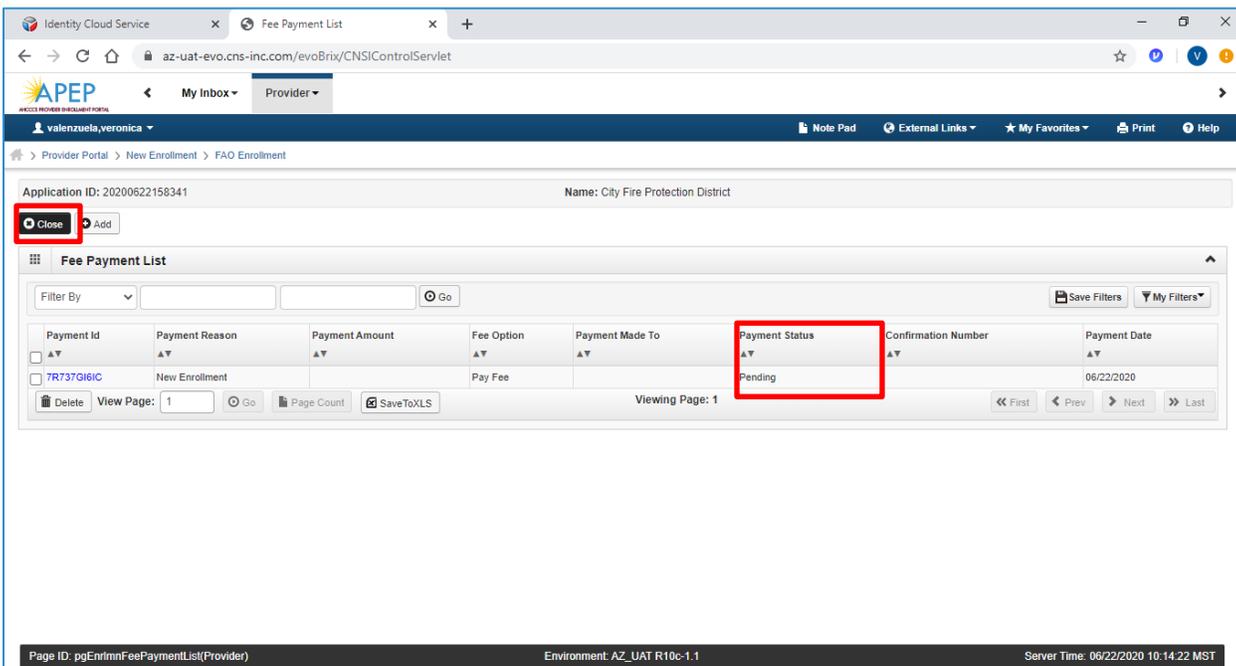
Note: With the exception of “Pay Fee”, all other options selected are subject to federal and state approval and could require additional information.

3. Select, “OK” to proceed forward.



4. Select, “Close” to proceed forward.

Note: The “Payment Status” column now indicates that the fee payment is pending.



Step 11: Upload Documents

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

1. Select “Step 11: Upload Documents.”

Identity Cloud Service x Business Process Wizard Start x +

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

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment

Application ID: 20200622158341 Name: City Fire Protection District

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional	06/22/2020	06/22/2020	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/22/2020	Complete	
Step 9: Add Taxonomy Details	Required	06/22/2020	06/22/2020	Complete	
Step 10: Fee Payment	Required	06/22/2020	06/22/2020	Complete	
Step 11: Upload Documents	Required			Incomplete	Please upload required documents.
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:14:44 MST

2. Select "Add."

Identity Cloud Service x Provider Upload Document list f: x +

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

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment

Application ID: 20200622158341 Name: City Fire Protection District

Close

Document List

Add

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
No Records Found !								

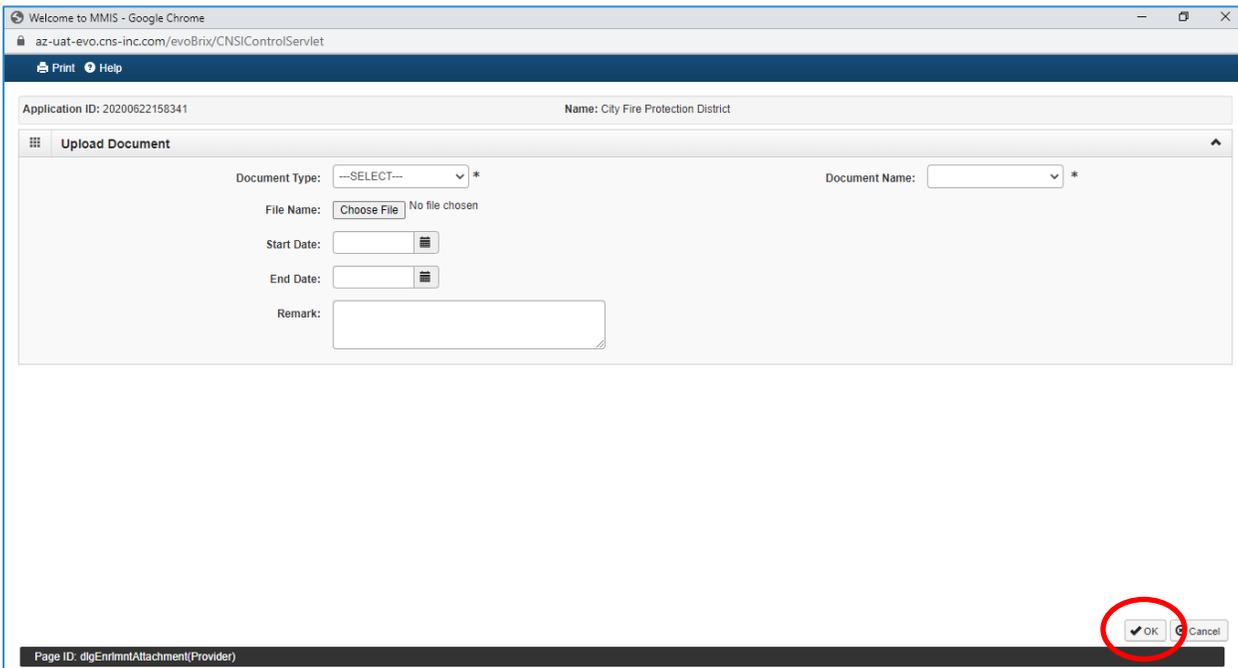
Page ID: pgEnrfrmIDocumentList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:15:00 MST

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.

5. Select “OK.”

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



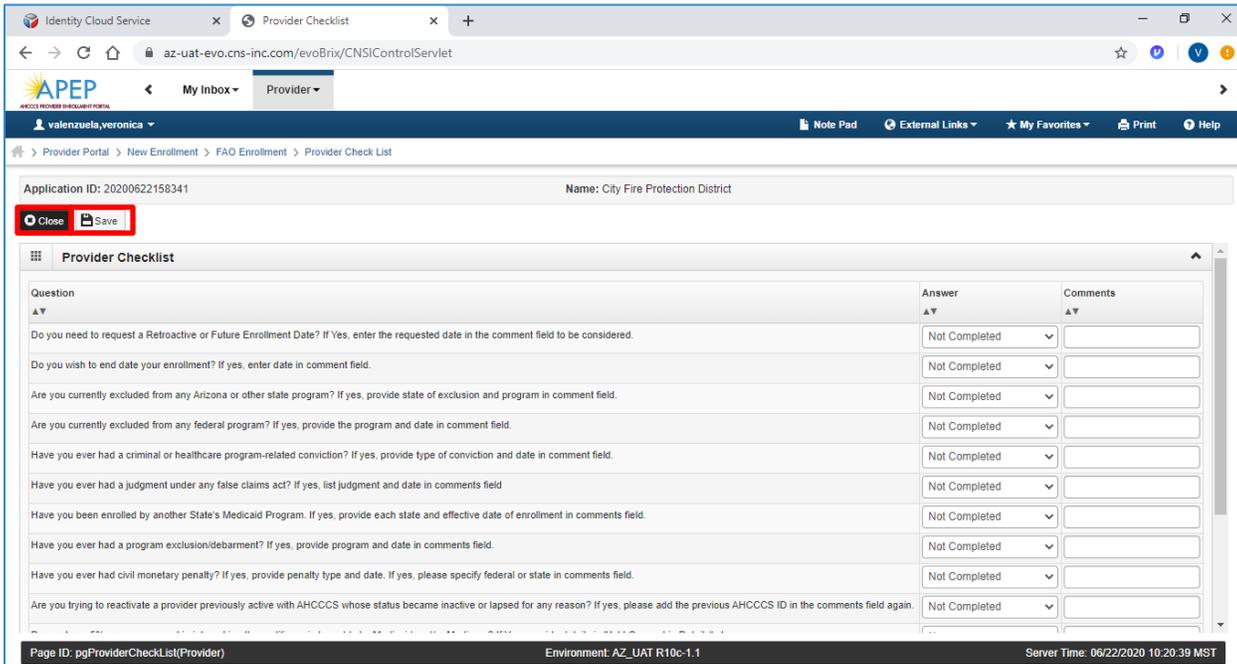
The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Welcome to MMIS - Google Chrome". The application ID is 20200622158341 and the name is "City Fire Protection District". The main form is titled "Upload Document" and contains the following fields:

- Document Type: A dropdown menu with "--SELECT--" selected.
- Document Name: A dropdown menu.
- File Name: A "Choose File" button and the text "No file chosen".
- Start Date: A date input field with a calendar icon.
- End Date: A date input field with a calendar icon.
- Remark: A text input field.

At the bottom right of the form, there are two buttons: "OK" and "Cancel". The "OK" button is circled in red.

- Answer each question and provide any additional information in the comments field. After reviewing the information, select “Save” and then select “Close.”

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.



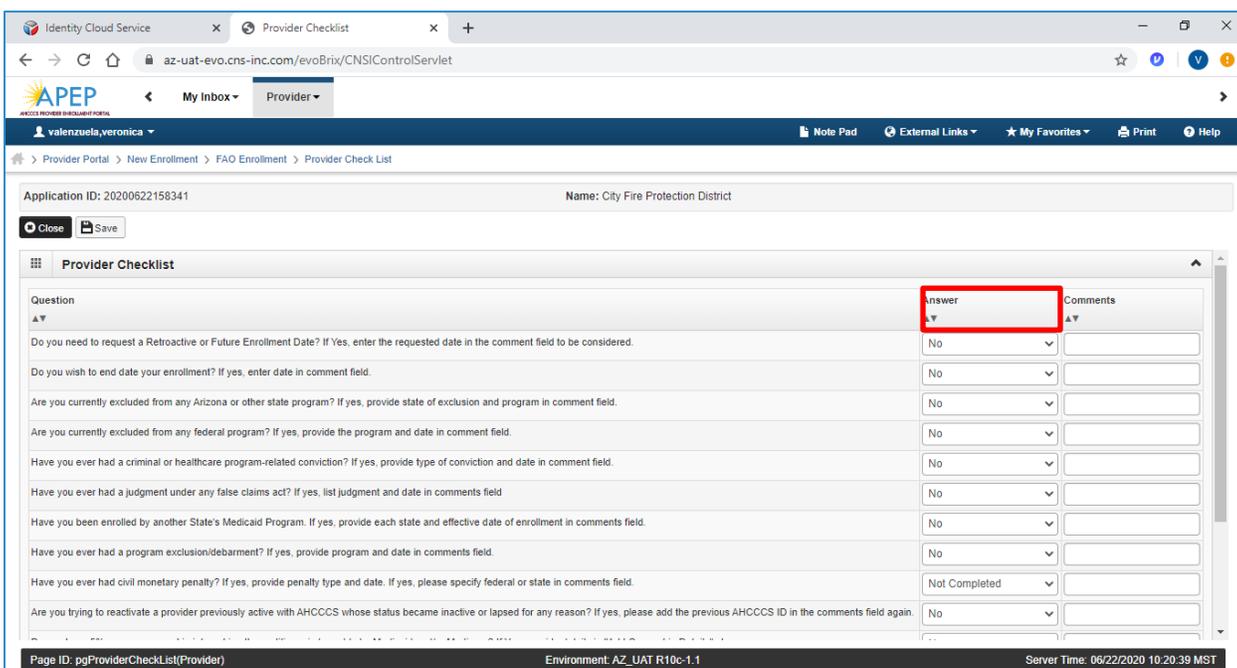
Application ID: 20200622158341 Name: City Fire Protection District

Close Save

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	
Are you trying to reactivate a provider previously active with AHCCCS whose status became inactive or lapsed for any reason? If yes, please add the previous AHCCCS ID in the comments field again.	Not Completed	

Page ID: pgProviderCheckList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:20:39 MST

- Carefully review the “Answer” column. If any steps show “Not Completed,” select the “Not Completed” link to return and complete required information.



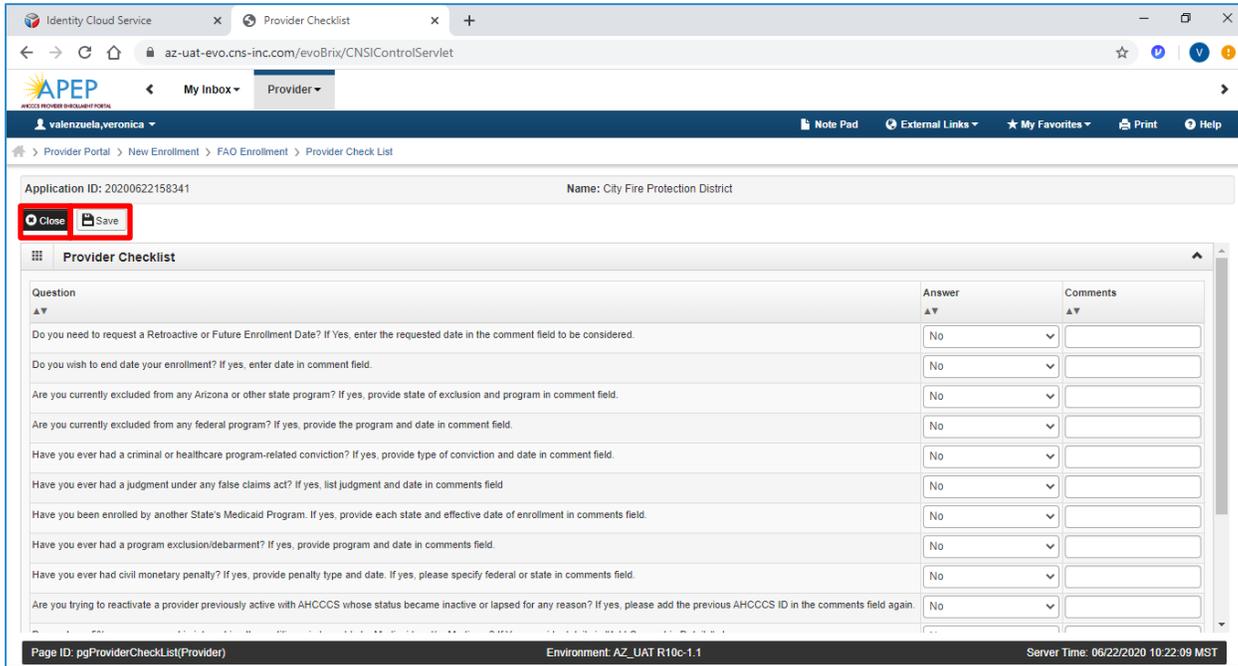
Application ID: 20200622158341 Name: City Fire Protection District

Close Save

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.	No	
Do you wish to end date your enrollment? If yes, enter date in comment field.	No	
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.	No	
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	No	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date in comment field.	No	
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field	No	
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	No	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	No	
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	
Are you trying to reactivate a provider previously active with AHCCCS whose status became inactive or lapsed for any reason? If yes, please add the previous AHCCCS ID in the comments field again.	No	

Page ID: pgProviderCheckList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:20:39 MST

4. After reviewing the information, select “Save” and then select “Close.”



Application ID: 20200622158341 Name: City Fire Protection District

Close Save

Provider Checklist

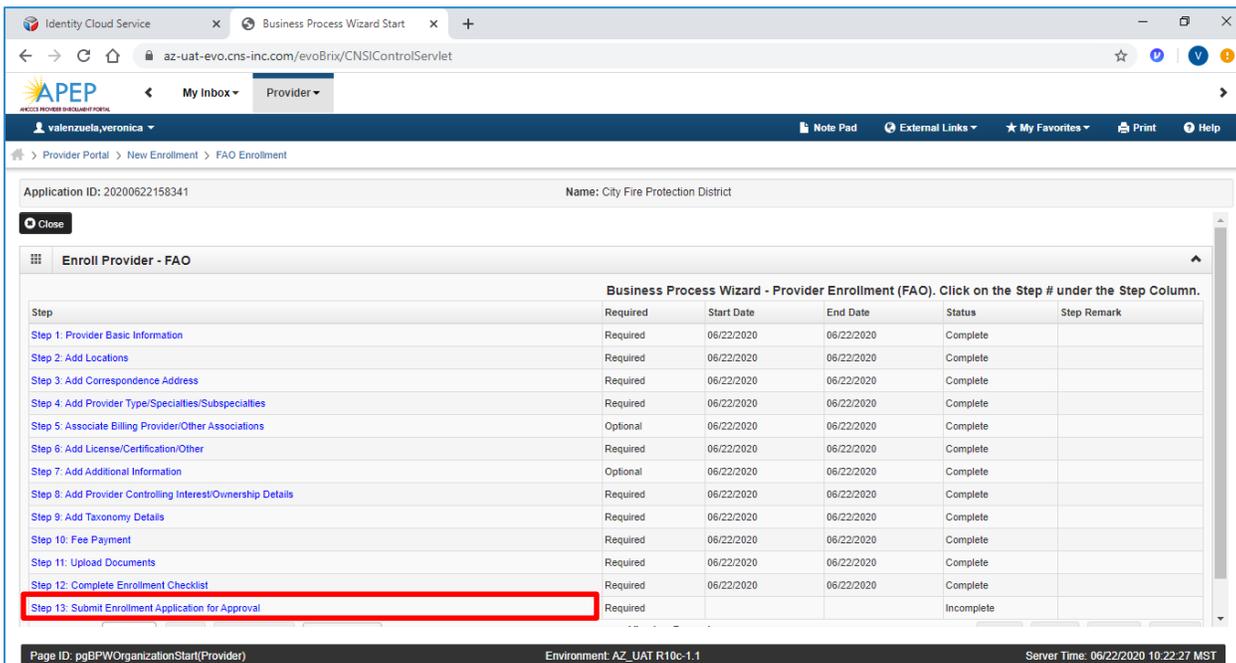
Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	No	
Do you wish to end date your enrollment? If yes, enter date in comment field.	No	
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.	No	
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	No	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date in comment field.	No	
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field	No	
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	No	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	No	
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	No	
Are you trying to reactivate a provider previously active with AHCCCS whose status became inactive or lapsed for any reason? If yes, please add the previous AHCCCS ID in the comments field again.	No	

Page ID: pgProviderCheckList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:22:09 MST

Step 13: 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.

1. Select “Step 13: Submit Enrollment Application for Approval.”



Application ID: 20200622158341 Name: City Fire Protection District

Close

Enroll Provider - FAO

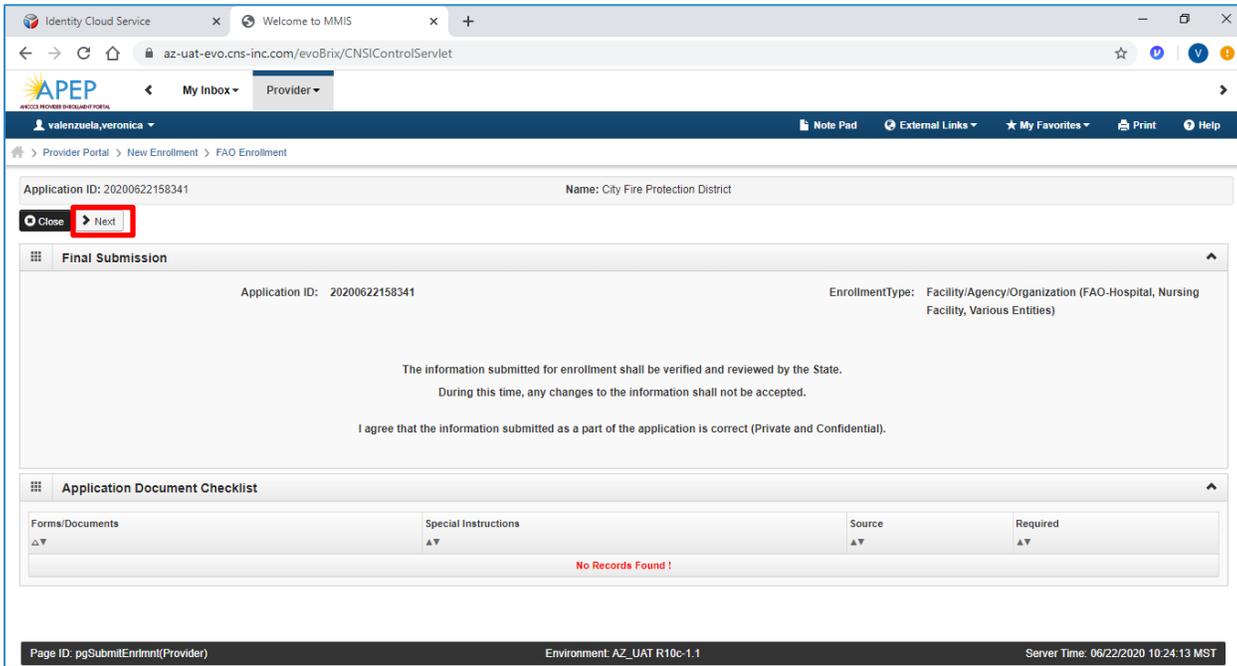
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional	06/22/2020	06/22/2020	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/22/2020	Complete	
Step 9: Add Taxonomy Details	Required	06/22/2020	06/22/2020	Complete	
Step 10: Fee Payment	Required	06/22/2020	06/22/2020	Complete	
Step 11: Upload Documents	Required	06/22/2020	06/22/2020	Complete	
Step 12: Complete Enrollment Checklist	Required	06/22/2020	06/22/2020	Complete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:22:27 MST

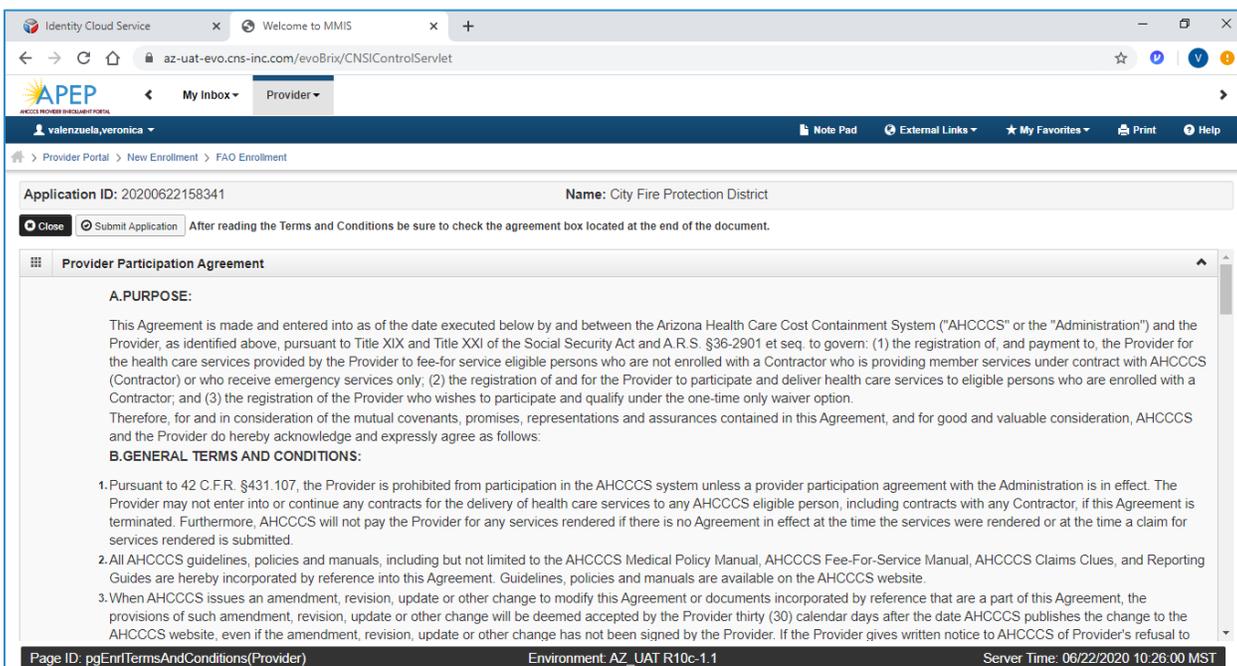
2. Select, "Next."

Note: By selecting "Next," this indicates the information you are submitting is accurate.

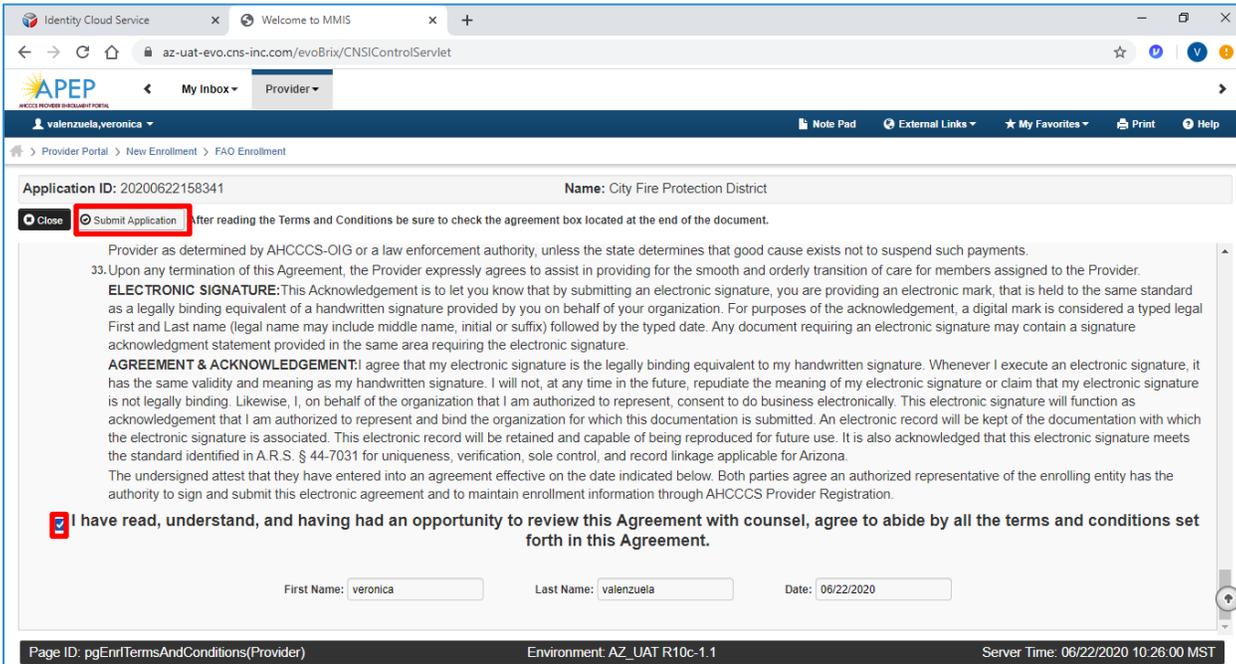


3. Carefully review the Provider Participation Agreement.

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



4. Select the “Check box” indicating agreement with the Provider Participation Agreement. The signor’s full name and date will automatically display.
5. Select “Submit Application.”



Application ID: 20200622158341 Name: City Fire Protection District

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

Provider as determined by AHCCCS-OIG or a law enforcement authority, unless the state determines that good cause exists not to suspend such payments.
 33. Upon any termination of this Agreement, the Provider expressly agrees to assist in providing for the smooth and orderly transition of care for members assigned to the Provider.

ELECTRONIC SIGNATURE: This Acknowledgement is to let you know that by submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you on behalf of your organization. For purposes of the acknowledgement, a digital mark is considered a typed legal First and Last name (legal name may include middle name, initial or suffix) followed by the typed date. Any document requiring an 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.

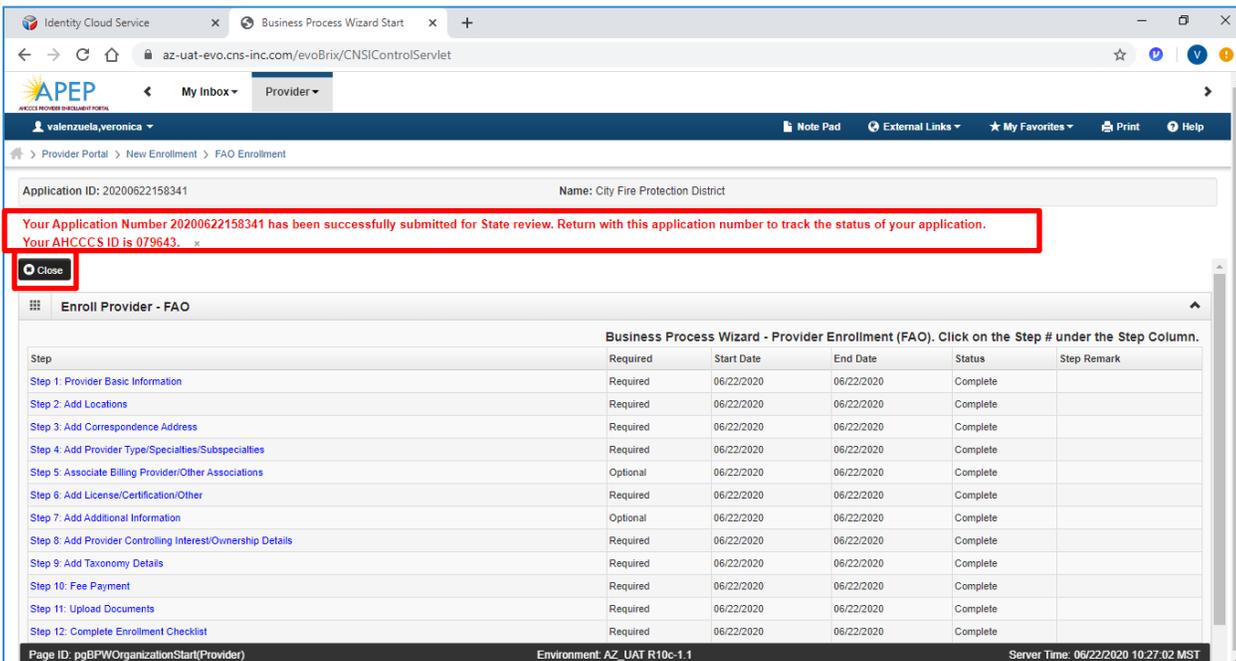
I have read, understand, and having had an opportunity to review this Agreement with counsel, agree to abide by all the terms and conditions set forth in this Agreement.

First Name: Last Name: Date:

Page ID: pgEnrTermsAndConditions(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:26:00 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. FAOs will need their Application ID and AHCCCS ID to submit their enrollment fee.

6. Select, “Close.”



Application ID: 20200622158341 Name: City Fire Protection District

Your Application Number 20200622158341 has been successfully submitted for State review. Return with this application number to track the status of your application.
 Your AHCCCS ID is 079643. x

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/22/2020	06/22/2020	Complete	
Step 2: Add Locations	Required	06/22/2020	06/22/2020	Complete	
Step 3: Add Correspondence Address	Required	06/22/2020	06/22/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/22/2020	06/22/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	06/22/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/22/2020	06/22/2020	Complete	
Step 7: Add Additional Information	Optional	06/22/2020	06/22/2020	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/22/2020	Complete	
Step 9: Add Taxonomy Details	Required	06/22/2020	06/22/2020	Complete	
Step 10: Fee Payment	Required	06/22/2020	06/22/2020	Complete	
Step 11: Upload Documents	Required	06/22/2020	06/22/2020	Complete	
Step 12: Complete Enrollment Checklist	Required	06/22/2020	06/22/2020	Complete	

Page ID: pgBPWOrganizationStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 10:27:02 MST