Individual

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 medical/health care practice
- Has a National Provider Identifier (NPI) number

These providers include:

- Individual Doctors and Physicians in Private Practice
- Nurse-Practitioner’s and Physician Assistants in Private Practice
- Another provider (Individual or Organization) Rendering Servicing Only providers – This would be Individuals with an NPI, but rendering/servicing as a parent physician or medical group conducting all billing on your behalf
- Psychologists
- Audiologists
- Dentists
- Chiropractors
- Occupational or Physical Therapists that have a NPI number operating independently

Beginning an Application

To begin an application, select the “Individual/Sole Proprietor or Rendering /Servicing” option, then select “Submit.”
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.**
- **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 advance 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.”
   
   **Note:** * An asterisk indicates required response prior to selecting “Finish.”

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.

3. W-9 Entity Type: IRS W-9 information must match IRS reports.
   - Sole Proprietor will apply for most individuals.
   - Profit Status: Non-Profit, For-Profit and Closely Held are the most common Profit Status Codes that apply for non-profits and private individuals.

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, 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 the message of “Address is validated,” the County, City and State fields will populated.

5. Once complete select, “Finish,” to advance forward.
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 hyperlink. However, once you complete Step 4, every step will display a hyperlink, allowing you to complete the steps in any order.

**Step 2: Add Locations**

1. Select “Step 2: Add Locations.”

![Image showing a screenshot of the application interface with Step 2 highlighted.](image1.png)

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.
3. Select: Primary Practice Location” in the drop down menu. Complete all required fields then select “Validate Address” and “OK” to advance 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 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.
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.”

9. The provider address will now display in the Address list.
10. To add another service location, select “Add Address” and repeat steps 1 through 8. To continue without adding another service location, select “save” and then select “Close” to advance forward.

Step 3: Add Correspondence Address

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

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 advance forward.

5. Select “close” to advance forward.
Step 4: Add Provider Type Specialties/Subspecialties

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

   ![Image of the step 4 screen]

2. Select “Add.”

   ![Image of the add option selected]

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 “Speciality” 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 advance forward.

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

1. Select “Step 5: Associate Billing Provider/Other Associations.”
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
Step 6: Add License/Certification/Other

1. Select “Step 6: Add License/Certification/Other.”

2. Select “Add.”

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

Step 7: Add Provider Controlling Interest/Ow nership Details

Note: It’s important that all information noted on this page is carefully read.

1. Select “Step 7: Add Provider Controlling/Ownership Details.”

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


5. Carefully read through the Provider owner control and disclosure requirements. Complete required fields as needed. When complete, select “OK.”
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.

7. Complete the drop-down fields to describe the relationships 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” Then “Close”.

9. For each provider owner, you must disclose any adverse actions taken. Select “Actions,” then select “Owners Adverse Action.”
1. For each owner, indicate if any adverse actions have been taken by answering “Yes” or “No.”

2. If yes, additional fields requiring a response to relevant details will populate. Select “OK” when complete.
Note: 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.
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.”
2. Select “Add.”

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. Select “OK.”

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

![Image of the Business Process Wizard with Step 9 highlighted]

2. Select “Add.”

![Image of the Document List with an option to add a document]
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.”

6. Repeat steps 1 through 5 for each document to upload.

7. Once “Upload Documents” has been completed, each Uploaded Document will display with document name and start/end dates. Select “Close” To proceed forward.
Step 10: Complete Enrollment Checklist

1. Select “Step 10: Complete Enrollment Checklist.”

2. 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.

3. Carefully review the “Status” column. If any steps show “Incomplete,” select the “Incomplete” link to return and complete required information.
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.

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

Note: Selecting “Next,” this indicates the information you are submitting is correct.

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 First, Last and Date will automatically display.
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.

Your Application Number 20200119235647 has been successfully submitted for State review. Return with this application number to track the status of your application.

[Close]