Modification Request:
Steps on how to complete a modification in APEP.

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This guide explains how to manage provider information and submit modification requests, when:

- A provider is approved within the AHCCCS Provider Enrollment Portal.
- A provider needs to report new information or a change of information.

A “Modification” is a change or update.
Some examples of a “Modification”:

- A change in Correspondence, Pay-To, and Service location addresses.
- Group NPI/Tax ID Association
- Adding an owner or managing employee.
- Updating a license/certificate

Beginning a Modification
To begin a modification, select the provider Domain and ‘Provider Enrollment Access’ profile:

(Note: If you don’t see the provider’s name listed in the “Select Domain” dropdown menu, this is an indication that the user needs to obtain domain permissions to the provider’s file. This can be done through a Domain request. Please send an email, include provider NPI and APEP username requesting domain permission. Email APEPTrainingQuestions@azahcccs.gov)
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From within the “Provider” drop-down option located along the top of the APEP landing page.

1. Select “Manage Provider Information” option

**Note:** Immediately after initial approval (or modification approval) APEP will reset the ‘Complete Modification Checklist’ step to incomplete.
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No action is needed when the ‘Complete Modification Checklist’ step is incomplete after initial approval (or modification approval).

Enrollment Overview
The process will demonstrate the steps to follow for submitting a “Modification Request “

- Blue font: indicates a hyperlink.
- All steps display in blue font indicating the step is ready for data entry.
- “Modification Status” column: This column will display blank. As modifications are made, this column will reflect the current status.
- Step Remark column: This column will alert you to any problems in completing the step.
- * An asterisk indicates required fields. Required fields must be completed to advance forward.

**Note:** It’s important to note multiple application steps can be modified and submitted at once. Once a “Modification Request” has been submitted, it is in review and has been assigned to a state worker for processing, another “Modification Request” cannot be submitted until the State has completed the submitted request. Modification requests not assigned, use the ‘Pull Back’ button. The ‘pull back’ button allows a user to pull the request back, apply corrections, and submit again. Contact Provider Enrollment if additional assistance is needed. The following examples will demonstrate two examples of how to modify (1.) the Correspondence Address and (2.) adding a Billing Association.

Example 1: Modification Request “Updating Correspondence Address”
Part I: BPW Steps
1. Select Step 3: Correspondence Address.
   2. Select “Correspondence” in blue font on the Correspondence Address List.

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**Note** On the Correspondence Address List, the status will display as “Approved”. This means that you can make modifications. If the status was “In review”, changes aren’t accepted until the changes are submitted to state and the state completes its review.

3. On the “Manage Provider Correspondence Address” page, complete modifications to the address displayed.
4. Select the “Validate Address” option.

5. On the “Correspondence Address Page” the status will display “In Review”

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6. Select “Close.”

7. Review the “BPW Steps” page for the current modification:
   • Step 3: Correspondence Address: “Modification Status” column will reflect as “Updated”
   • Step 11: Submit Modification Request for Review: “Step Remark” column reflects “Modification Request has not been submitted”

**Note:** Step 10: Complete Modification Checklist must be completed prior to submission on all modification requests.
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Part II
Step 11: Complete Modification Checklist

1. Select “Step 11: Complete Modification Checklist.”

2. Answer each question and provide any additional information in the Comments field.

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

4. Review the “Status” column. If any steps in the “Status” column display as “Incomplete” select the “incomplete” link to return and complete required information.

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Part III
Step 12: Submit Modification Request for Review

1. Select “Step 12: Submit Modification Request for Review”

2. Select “Next” to advance forward.
3. Carefully review the Provider Participation Agreement.

4. Select the “Check box” indicating agreement with the Provider Participating Agreement. The signor’s full name and Date will automatically display.

5. Select “Submit Application”
6. If you have successfully submitted the modification, you will see the message in red at the top of the page.
7. Select “Close” to exit from the application.

Example 2: Modification Request “Add an Additional Billing Provider”

Part I
To begin a modification, select the “Provider” drop-down option located along the top of the APEP landing page.
1. Select “Manage Provider Information” option
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Part II
Step 1: BPW Steps

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

2. Select “Add” on the Billing Provider/Other Associations List. 

(Note: On the Associate Billing Provider/Other Associations List, the status will display as “Approved”. This means that you can make modifications. If the status is “In review”, no changes could be made until the state completes its review.)

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3. On the “Associate Billing Provider/Other Associations” page, complete required fields to add the billing provider.
4. Select “Confirm Provider” option.
5. Select “OK”

6. The “Billing Provider/Other Association” list, “the status will display “In Review”
7. Select “Close”
8. On the “Billing Provider/Other Association” list, “the status will display “In Review”
9. Select “Close”

10. Review the “BPW Steps” page for the current modification:
    • Step 5: Associate Billing Provider/Other Associations: “Modification Status” column will reflect as “Updated”

**Note:** Step 12: Complete Modification Checklist must be completed prior to submission on all modification requests.
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Part III
Step 11: Complete Enrollment Checklist

1. Select “Step 11: Complete Enrollment Checklist.”

2. Answer each question and provide any additional information in the Comments field.

3. After reviewing the information, select “Save” and then “Close”
4. Carefully review the “Status” column. If any steps show “Incomplete” select the “incomplete” link to return and complete required information.

Part IV
Step 12: Submit Modification Request for Review
   1. Select “Step 12: Submit Modification Request for Review”
2. Select “Next” to proceed forward.

3. Review the Provider Participation Agreement.
4. Select the “Check box” indicating agreement with the Provider Participating Agreement. The signor’s First and Last name, and Date will automatically display.

5. Select “Submit Application”

6. If you have successfully submitted the modification, you will see the message in red at the top of the page.

7. Select “Close” to exit from the application.
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**Note:** Once the modification has been submitted to the state for review, it can be cancelled for a short period of time using the “Pull Back” option. The “Pull Back” option becomes unavailable once the state has assigned the submitted document to complete the review. If you continue to need the document to be cancelled, Contact Provider Assistance at 602-417-7670 option 5 for assistance.