610 - AHCCCS PROVIDER QUALIFICATIONS

EFFECTIVE DATES: 10/01/94, 02/14/96, 10/01/01, 04/01/05, 02/01/08, 01/01/12, 06/25/12, 06/01/16, 10/01/16, 07/12/17, 10/01/18, 05/20/20, 10/01/21, 06/01/23, 01/17/24, 12/09/24

APPROVAL DATES: 10/01/94, 02/14/96, 10/01/01, 04/01/05, 02/01/08, 01/01/12, 06/25/12, 06/01/16, 10/01/16, 06/26/17, 05/30/19, 05/04/20, 08/10/21, 03/16/23, 12/12/23, 09/02/24

I. PURPOSE

This Policy applies to providers of AHCCCS-covered services, both managed care and Fee-For-Service (FFS). This Policy specifies the provider enrollment, revalidation, and reenrollment requirements and describes AHCCCS requirements for screening providers based on categorical risk.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

AHCCCS/OFFICE OF INSPECTOR GENERAL (OIG)	**BEHAVIORAL HEALTH PROFESSIONAL (BHP)**	**BEHAVIORAL HEALTH RESIDENTIAL FACILITY (BHRF)**
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)	**CONTRACTOR**	**CREDIBLE ALLEGATION OF FRAUD**
DURABLE MEDICAL EQUIPMENT (DME)	**HOME HEALTH AGENCY (HHA)**	**MEMBER**
PROVIDER	**QUALITY MANAGEMENT (QM)**	

III. POLICY

A. AHCCCS REGISTRATION AND ENROLLMENT REQUIREMENTS

AHCCCS registration is mandatory for consideration of payment by the Contractor for services rendered by managed care providers, submission of encounter data to the AHCCCS Administration, and for FFS Providers rendering services.

1. All providers of AHCCCS-covered services, for both managed care and FFS shall:
   a. Enroll with AHCCCS, which includes but is not limited to, signing, and submitting to AHCCCS a Participation Agreement (i.e. Agreement) as applicable. This includes completing enrollment revalidation no less than every four years and/or upon request by AHCCCS. All enrollment applications are to be submitted through the AHCCCS Provider Enrollment Portal (APEP) which is located at: https://azahcccs.gov/APEP,

b. Complete the enrollment application online in APEP. Links and training materials are available on the AHCCCS website at https://azahcccs.gov/APEP. Comply with all Federal, State, and local laws, rules, regulations, executive orders, and agency policies governing performance of the Provider's duties under the provider agreement,
c. Disclose all information required in the enrollment application as stated in the application and in this policy for all Responsive Entities, which include the applicant, the entity the applicant represents, all individuals and entities with an ownership or control interest, all agents, and managing employees, and any entity in which the applicant (and the entity represented by the applicant) has a 5% or more ownership interest in,
d. As specified in 42 CFR 455 Subpart B, disclose with submission of its enrollment application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request in APEP the following:
    i. The identity of any individual or entity who:
        1) Has an ownership or control interest in the provider, or is an agent or managing employee of the provider, and
        2) Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XXI services program, which is also known as the Children's Health Insurance Program (CHIP) since the inception of those programs.
    ii. Consistent with 42 CFR 455.104, for any provider that is not an individual practitioner or a group of practitioners, disclose, in APEP, with submission of its enrollment application, upon execution of the provider agreement, and upon request by AHCCCS, the following:
        1) For any individual with an ownership or control interest, the provider shall disclose:
            a) The individual's name, home address, Date Of Birth (DOB), Social Security Number (SSN), and
            b) Whether the individual is related to another person with ownership or control interest in the provider as spouse, parent, child, or sibling.
        2) For any entity with an ownership or control interest, the provider shall disclose:
            a) The entity's name,
            b) The entity's primary business address,
            c) Every business location and mailing address for the entity, and
            d) The entity's tax identification number.
        3) Consistent with 42 CFR 455.104(b)(1)(iii), for any entities with an ownership or control interest in any subcontractor in which the provider has a 5% or more interest, the provider shall disclose the entity's tax identification number,
        4) Consistent with 42 CFR 455.104(b)(2), for any individual with an ownership or control interest in any subcontractor in which the provider has a 5% or more interest, the provider shall disclose whether that individual is related to another person with an ownership or control interest in the provider as a spouse, parent, child, or sibling,
        5) The name of any other disclosing entity in which an owner of the provider has an ownership or control interest, and
        6) The name, home address, DOB, and SSN of any managing employee of the provider.
    iii. The ownership of any subcontractor with whom the provider has had business transactions totaling more than $25,000 during the prior 12-month period, and

iv. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the prior five-year period.

e. As partially specified in 42 CFR 455.107(b)(2), disclose, in APEP, with submission of its enrollment application, upon execution of the provider agreement, upon request by AHCCCS during re-validation of enrollment, on an ongoing basis if, and when such disclosable event occurs within 24 hours (one calendar day) of the disclosable event, and otherwise upon written request, the following: any and all affiliations that it or any of its owning or managing employees or organizations has or had with a currently or formerly enrolled Medicare, Medicaid, or Children's Health Insurance Program (CHIP) provider or supplier that has a disclosable event:
   i. As specified in 42 CFR 455.101, a disclosable event means any of the following:
      1) Currently has an uncollected debt to Medicare, Medicaid, or CHIP, regardless of:
         a) The amount of the debt,
         b) Whether the debt is currently being repaid (for example, as part of a repayment plan),
         c) Whether the debt is currently being appealed, or
         d) Uncollected debt applies to the following:
            i.) Medicare, Medicaid, or CHIP overpayments for which the Centers for Medicare and Medicaid Services (CMS) or the State has sent notice of the debt to the affiliated provider or supplier,
            ii.) Civil money penalties imposed under this title, and
            iii.) Assessments imposed under this title.
      2) Has been or is subject to a payment suspension under a Federal health program (as defined in section 1128B(f) of the Social Security Act), regardless of whether the payment suspension occurred or was imposed,
      3) Has been or is excluded by the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) from participation in Medicare, Medicaid, or CHIP, regardless of whether the exclusion is currently being appealed or when the exclusion occurred or was imposed,
      4) Has had its Medicare, Medicaid, or CHIP enrollment denied, revoked, suspended, or terminated, regardless of:
         i.) The reason for the denial, revocation, suspension, or termination,
         ii.) Whether the denial, revocation, or termination is currently being appealed, or
         iii.) When the denial, revocation, suspension, or termination occurred or was imposed, and
         iv.) Revoked, revocation, terminated, and termination include situations where the affiliated provider or supplier voluntarily terminated its Medicare, Medicaid, or CHIP enrollment to avoid a potential revocation or termination.

f. On an ongoing basis and within five business days, if a provider's owner becomes an owner with 5% or more ownership interest, managing employee, or agent of another entity reimbursable by any Federal Health Care Program, including, but not limited to Medicare, Medicaid, CHIP, any State Medicaid Agency (SMA), or AHCCCS, the provider shall disclose, in APEP, the name of the entity, the name of the individual involved with the entity, the individual's role with the entity, and the date the individual became involved with the entity,

g. In addition to the above disclosures, disclose, in APEP, with submission of its enrollment application, upon execution of the provider agreement, upon request by AHCCCS during re-validation of enrollment, on an ongoing basis if and when such disclosable event occurs within 24 hours (one calendar day) of the disclosable event, or otherwise upon written request the following:
   i. The home address of all disclosed individuals,
   ii. If the provider is a non-profit entity, the name, DOB, home address, and SSN of any president, chief executive officer, and director on the board, including the chairman of the board,
   iii. A Federal or State felony conviction,
   iv. Any criminal conviction, under Federal or State law, related to the delivery of an item or service under Medicaid, Medicare, CHIP, 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,
   v. Any criminal conviction, under Federal or State 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 CFR 1001.101(b),
   vi. Any criminal conviction, 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,
   vii. Any criminal conviction, under Federal or State law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 CFR 1001.101 or 1001.201,
   viii. Any criminal conviction, under Federal or State law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance,
   ix. Any criminal conviction related to public assistance or welfare fraud,
   x. The disclosures of any of the aforementioned activities applies to any person who is required to be disclosed as part of the enrollment application. Additionally, any felony convictions for any owner, managing employee, director, chairman, or agent. Any misdemeanor convictions related to fraud, theft, assault, for any owner, managing employee, director, chairman, agent, or any other individual disclosed on the enrollment application,
   xi. Expunged convictions do not need to be disclosed. Any set aside convictions shall be disclosed,
   xii. For the aforementioned disclosures, the provider shall upload documentation to the APEP for each conviction which contains the below requirements. The documentation shall consist of a brief explanation of the incident, what occurred, and any related court documentation. If court documentation is unavailable, the brief explanation shall include:
      1) Why court documentation cannot be provided,
      2) The city, county, and State the conviction occurred in,
      3) The crime the individual was convicted of,
      4) The misdemeanor or felony class of the crime,

5) The date of conviction, and
6) The sentence.

h. Sign any attestations during initial enrollment, reenrollment, revalidation, or recertification specified by provider type,
i. Comply with the AHCCCS requirements specific to the provider type applied for, including but not limited:
   i. Requirements relating to professional licensure,
   ii. Certification, or
   iii. Current Medicare certification as specified in The Provider Enrollment Screening Glossary available at https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html.
j. Disclose, in APEP, with submission of its enrollment application; upon executing the provider agreement; and the provider has an ongoing obligation to disclose to AHCCCS within 24 hours (one calendar day): any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, certification, and/or clinical privileges that has the potential, may reasonably be determined to, or may in any way impact the provider's registration with, authorization by, enrollment in and/or billing of, to, for, or on behalf of any Federal health care program, including but not limited to Medicare, Medicaid, CHIP, any SMA, and AHCCCS,
k. Disclose, in APEP, with submission of its enrollment application; upon executing the or GBPA; and the provider has an ongoing obligation to disclose to AHCCCS within 24 hours (one calendar day) if any owner, managing employee, director, agent, or any disclosed individual of the provider experiences any of the following adverse actions: any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action relating to any licensure, permit, certification, and/or clinical privilege(s) that has the potential, may reasonably be determined to, or may in any way impact the provider's registration with, authorization by, enrollment in and/or billing of, to, for, or on behalf of any Federal health care program, including but not limited to Medicare, Medicaid, CHIP, any SMA, and AHCCCS. If an owner, managing employee, director, or agent of a provider has any involvement with any other provider entity that faces any of the above adverse actions, the provider shall disclose the adverse action upon submission of its enrollment application; upon executing the participation agreement; and on an ongoing basis shall disclose to AHCCCS within 24 hours (one calendar day) of the individual receiving notice of the adverse action,
l. Disclose, in APEP, with submission of its enrollment application, upon executing the participation agreement, and on an ongoing basis within 24 hours (one calendar day) the following: whether the provider, owner, managing employee, agent, or any disclosed individual entered into an agreement with the Department of Justice or any Federal or State entity for any actions arising out of the provision of services, the billing of services, or any other actions taken pursuant to any Federal Health Care Program, which includes but is not limited to Medicare, Medicaid, any SMA, or AHCCCS,

m. Agree that if the enrollment application is submitted by anyone other than the individual provider or provider entity's owner, AHCCCS will assume that the provider has authorized the individual to submit the enrollment application and that the individual has signed the participation agreement on the provider's behalf. It is the provider's responsibility to be aware of all contractual, policy, statutory, and regulatory obligations,
n. Pursuant to 42 CFR 455.460, for institutional and other designated provider types specified in the Provider Enrollment Screening Glossary, submit an enrollment fee. The Provider Enrollment Screening Glossary is available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html,
o. Pursuant to 42 CFR 455.432, for specific provider types, the provider shall grant access to AHCCCS, or its designee, to complete a site visit prior to enrollment or as part of the revalidation process as specified in The Provider Enrollment Screening Glossary, available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html,
p. Pursuant to 42 CFR 455.434, ss applicable, and as a condition of enrollment, certain provider types based on risk category and individuals identified in the Fingerprint-based Criminal Background Check (FCBC) one Pager shall consent to complete FCBC, which requires the submission of fingerprints to complete a criminal background check. Failure to do so shall result in enrollment application denial or enrollment termination as specified in 42 CFR 455.450(d). The FCBC Requirement document is available on the AHCCCS APEP webpage at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html,
q. Register for the AHCCCS Quality Management (QM) Portal within 30 days of approval of their enrollment application. Registration to the QM Portal can be done online at https://qmportal.azahcccs.gov/Account/Register.aspx,
r. Disclose all servicing locations. Each entity's servicing location shall have its own National Provider Identifier (NPI) for APEP applications which require an NPI to be provided. Providers shall submit one enrollment application for each location when the locations are issued different licenses for each location. Providers shall not provide services requiring an active healthcare institution license at an unlicensed location,
s. During enrollment, certain provider types are required to identify, in APEP, the current population group sets they serve. If an enrollment application requires the submission of this data, the provider has an ongoing responsibility to report any changes to this data in APEP within 10 days of the change, and
t. Any individual providing billable services for a provider organization shall be independently registered with AHCCCS if they hold a medical license type of an AHCCCS enrollable provider as specified in The Provider Enrollment Screening Glossary, available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html.

2. All Integrated Clinics, Behavioral Health Residential Facilities (BHRFs), and Behavioral Health Outpatient Clinics shall disclose the name, home address, DOB, SSN, credentials, AHCCCS provider ID, and start date of all Behavioral Health Professionals (BHPs). This information shall be disclosed upon submission of the enrollment application, upon execution of the participation agreement, and within 30 calendar days of any change in behavioral health professional personnel.

3. Providers shall disclose within five business days any actions taken by any licensing board pursuant to the provider's license, even if there is no impact to the provider's license. Providers shall disclose within 24 hours (one calendar day) any adverse actions to their license.

4. AHCCCS may request additional information from the provider. All requests for information shall be responded to within 30 days. Failure to respond may result in the denial of an enrollment application or termination of AHCCCS registration. If a provider resubmits their enrollment application prior to the 30-day window and the requested information is not provided, AHCCCS has the discretion to deny the enrollment application or terminate AHCCCS registration prior to the completion of the 30-day window.

5. Upon hire and every six-months, providers shall verify each employee's health care license (when applicable) and ensure they do not have any adverse actions taken against them by any licensing board, any State Medicaid agency, including but not limited to AHCCCS, Medicare, CHIP, or any other Federal or State agency. An adverse action includes but is not limited to an action that in any way impacts the Employee's registration with, authorization by, enrollment in, qualification for, and/or billing of, to, for, or on behalf of, any federal or state health care program, operated by, or financed in whole or in part, by any federal, state or local government agency. Providers shall run monthly checks to ensure employees are not excluded, terminated, precluded, or revoked by any Federal or State agency. Providers shall not employ any individuals with any adverse actions pursuant to this section.

6. Providers seeking reimbursement for Multisystemic Therapy (MST) shall maintain and provide, upon request, proof of licensure by MST, Inc.

7. AHCCCS may conduct provider site visits, which may or may not be scheduled in advance. Site visits may be conducted by AHCCCS in person or virtually. Providers shall allow AHCCCS to conduct a site visit once AHCCCS staff arrives on site. If the site visit is conducted virtually, providers shall join the scheduled meeting and use a camera to allow AHCCCS to view the site. The provider shall be in compliance with all applicable policies, the provider agreement, and Federal and State laws, rules, and regulations. These site visits may occur prior to enrollment and/or after enrollment.

8. The enrollment application shall be accurate; the information provided shall be true.

B. AHCCCS DISCRETION

1. AHCCCS may, in its sole discretion, conduct criminal background checks and/or fingerprint checks of the provider, an owner, board member, director, employee, agent, contractor, or subcontractor of the provider.

2. AHCCCS has the discretion to deny an enrollment application or terminate a provider's enrollment if a provider fails to allow any AHCCCS division to complete a site visit, whether for enrollment purposes, audit purposes, or any other purpose deemed necessary by AHCCCS. AHCCCS reserves the right to conduct unannounced site visits, except of locations on tribal land.

3. AHCCCS has the discretion to deny an enrollment application or terminate the enrollment of provider based on criminal history or any adverse action relating to any licensure, permit, certification, and/or clinical privilege(s) including but not limited any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.

4. AHCCCS has the discretion to deny an enrollment application or terminate a provider in order to protect the health and safety of AHCCCS members, protect AHCCCS from potential Fraud, Waste, and Abuse (FWA), and to ensure members can receive quality services within Arizona.

5. Pursuant to 42 CFR 455.416(c), AHCCCS shall deny an enrollment application or terminate the enrollment of a provider if that provider is terminated on or after January 1, 2011, under Title XVIII of the Social Security Act or under the Medicaid program or CHIP of any other State, or if the provider is included in the termination database under 42 CFR 455.417.

6. AHCCCS has the discretion to deny an enrollment application or terminate the enrollment of a provider if the provider, its owner, managing employee, agent, director, or agent is excluded by the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG), Medicare, any SMA, CHIP, or AHCCCS, or any other Federal Health Care Program.

7. AHCCCS has the discretion to take action against any provider, provider type, owner, managing employee, or any employee of the provider in compliance with the Medicaid Provider Enrollment Compendium (MPEC) issued by CMS.

8. AHCCCS has the discretion to conduct announced and unannounced site visits on any provider or prospective provider.

9. AHCCCS has the discretion to terminate a provider if the provider has not submitted claims or encounters to AHCCCS or an AHCCCS managed care organization within the past 24 months.

10. AHCCCS has the discretion to deny or terminate a provider for enrolling as the wrong provider type.

C. AHCCCS PROVIDER MODIFICATIONS

1. When submitting a modification to its enrollment application, a provider shall verify all previously disclosed information for accuracy and truthfulness.

2. Pursuant to 42 CFR 455.104(c) All changes of ownership require a new enrollment application within 35 days of the change in ownership, unless the provider is a covered provider pursuant to 42 CFR Part 442, in which case AHCCCS shall comply with the requirements in 42 CFR 442.14.

3. Unless stated otherwise in AHCCCS policy, the provider shall report in APEP any modification, including but not limited to, in ownership involving the removal or addition of an owner within 30 calendar days of the change.

4. The provider shall report in APEP any change in hours of operation within 30 calendars days of the effective date of the change. The hours of operation required to be disclosed are specific to the times the business is expected to regularly be open to members and does not need to include details regarding closing for lunch periods or for Federally recognized holidays. In case of an emergency that results in a temporary facility closure, a provider shall provide AHCCCS written notice within five business days of the emergency. This notice shall be sent to apeptrainingquestions@azahcccs.gov. The provider shall also post the closure, the reason for closure, and contact information at the entrance of the facility.

5. The provider shall report in APEP a change in its servicing address at least 30 days prior to the effective date of the change, or as soon as the provider is aware of the change, if less than 30 days.

6. The provider shall report in APEP if the facility is closing at least 30 days prior to the date of closure.

D. AHCCCS PROVIDER ENROLLMENT PORTAL TRAINING

The provider shall complete its enrollment application utilizing the AHCCCS electronic system, APEP. Information including APEP access, provider enrollment links, provider updates, APEP training including training tutorials on how to access APEP and how to maneuver through the APEP are available on the AHCCCS website: https://www.azahcccs.gov/APEP.

E. AHCCCS PROVIDER TYPES

Providers are enrolled with AHCCCS under a provider type (e.g., hospital, nursing home, MD-Physician) established by AHCCCS. Refer to the Provider Enrollment Screening Glossary, available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html, for a list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type. The provider may request assistance from AHCCCS to identify the provider's most appropriate provider type, based on the provider's license/certification and other documentation submitted by the provider. To request assistance, the provider may email apeptrainingquestions@azahcccs.gov.

F. SCREENING OF PROVIDERS BASED ON CATEGORICAL RISK

As part of the provider screening, and other enrollment requirements under Medicare, Medicaid, and CHIP as specified in 42 CFR Parts 424, 430, 438, 455, and 457, CMS mandates that AHCCCS require all providers to be screened in accordance with Federal and State law, regulations, and rules including the following:

1. Screening of providers as specified in 42 CFR 455.450.

2. Screening of all enrollment applications, including initial applications, applications for a new practice location, and applications for re-enrollment or revalidation, based on a categorical risk level of "limited", "moderate", or "high" as specified in 42 CFR 455.450. Screening requirements for each risk category shall be found in the applicable tabs in the Provider Enrollment Screening Glossary, available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html.

3. When AHCCCS determines that a provider's categorical risk level is "high", or when the provider poses an increased risk of fraud, waste, and/or abuse to the Medicaid program and/or AHCCCS, the provider shall complete the FCBC, which includes the submission of fingerprints. Refer to the Provider Enrollment Screening Glossary, available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html, for applicable screening requirements.

4. "High" risk provider types and individuals identified in the FCBC Requirement document, located on the AHCCCS APEP webpage at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html, shall submit fingerprints to complete FCBC. Refer to the Provider Enrollment Screening Glossary for applicable screening requirements, which is available at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html.

AHCCCS will notify each high-risk provider regarding FCBC. The individual(s) subject to the FCBC requirement will be listed as part of the notification process and will have 30 calendar days to comply, from the date of notification. AHCCCS may notify the provider with a 15-day notification letter to remind the provider of the FCBC. If a "high" risk provider type or an individual identified in the FCBC Requirements document, located on the AHCCCS APEP webpage at: https://azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html fails to submit sets of fingerprints to complete the FCBC in the form and manner requested by AHCCCS within 30 calendar days from request, AHCCCS shall terminate the provider enrollment or deny the enrollment application. The 15-day notification letter is provided as a courtesy only and does not impact and/or toll the timeframe for compliance with FCBC request. The provider will be notified if FCBC results require a denial of the enrollment application or the termination of a provider's enrollment. The notice will include appeal rights in accordance with ARS 36-2903.01(B)(4) and ARS 41-1092.01 et seq.

5. AHCCCS may rely upon Medicare screening to the extent Medicare has screened the same provider and if AHCCCS is provided verification that demonstrates the following conditions are met:
   a. The provider is the "same" in Medicaid and Medicare. A provider is the same when AHCCCS is able to match the data elements with an "X" listed in the Table 1 below,
   b. The Medicare enrollment is in an "Approved" status, and
   c. The Medicare risk category is equal to or exceeds the Medicaid risk category for that provider.

TABLE 1

	RISK CATEGORY	NAME	NPI	SSN (LAST 4 DIGITS)	TIN	PRACTICE LOCATION (S)	ALL 5% OR MORE OWNERS
INDIVIDUAL PROVIDER	"Limited"	X	X	X			
	"Moderate"	X	X	X		X	
	"High"	X	X	X		X	
ORGANIZATIONAL PROVIDER	"Limited"	X			X		X
	"Moderate"	X			X	X	X
	"High"	X			X	X	X

G. RISK ASSESSMENT AND CRITERIA FOR RISK ADJUSTMENT

As specified in 42 CFR 455.450, AHCCCS will adjust the provider's categorical risk level from "limited" or "moderate" to "high" on a credible allegation of fraud, waste, and/or abuse, or when any of the following occurs:

1. AHCCCS imposes a payment suspension on a provider based on credible allegation of fraud, waste, and/or abuse; the provider has an existing Medicaid overpayment; or the provider has been excluded by the U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG) or another State's Medicaid program within the previous 10 years.

2. AHCCCS or CMS in the previous six months lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium applies for enrollment as a provider at any time within six months from the date the moratorium was lifted.

H. GROUP BILLERS

1. A group biller cannot have any servicing addresses listed on its provider profile, as group billers do not provide services.

2. A group biller shall disclose all of the servicing providers it intends to bill for on the new enrollment application. After enrollment, the group biller shall verify that the identified servicing providers it is billing for remains current and accurate.

3. A group biller shall not bill for services performed by a servicing provider who has not been disclosed and linked to the group biller within APEP.

4. All servicing providers that a group biller bills for shall be independently registered with AHCCCS. The group biller is responsible for verifying that each rendering provider is registered with AHCCCS as the correct provider type based on the rendering provider's license.

5. A group biller shall not bill for a servicing provider who is not registered with AHCCCS.