AHCCCS
Arizona Health Care Cost Containment System

Facility/Agency/Organization (FAO) Enrollment

FAO Enrollment

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

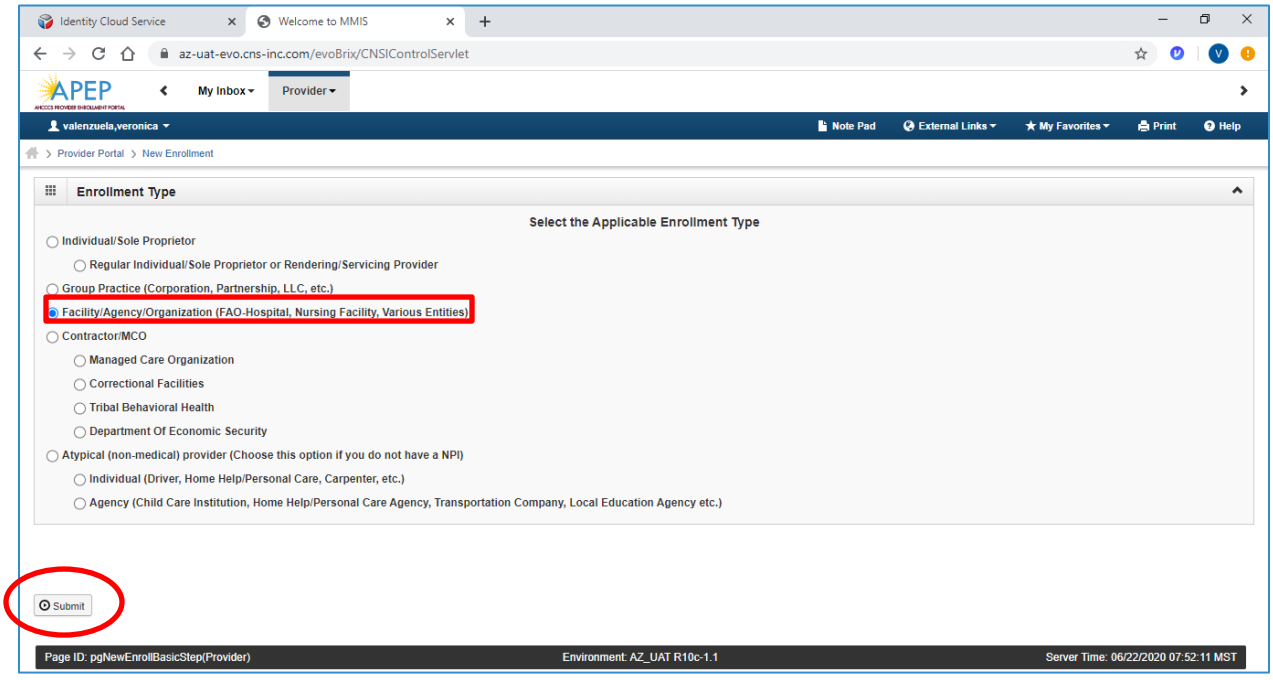
- Is a Facility/Agency/Organization (FAO)
- Has a National Provider Identifier (NPI)

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.”



Enrollment Overview

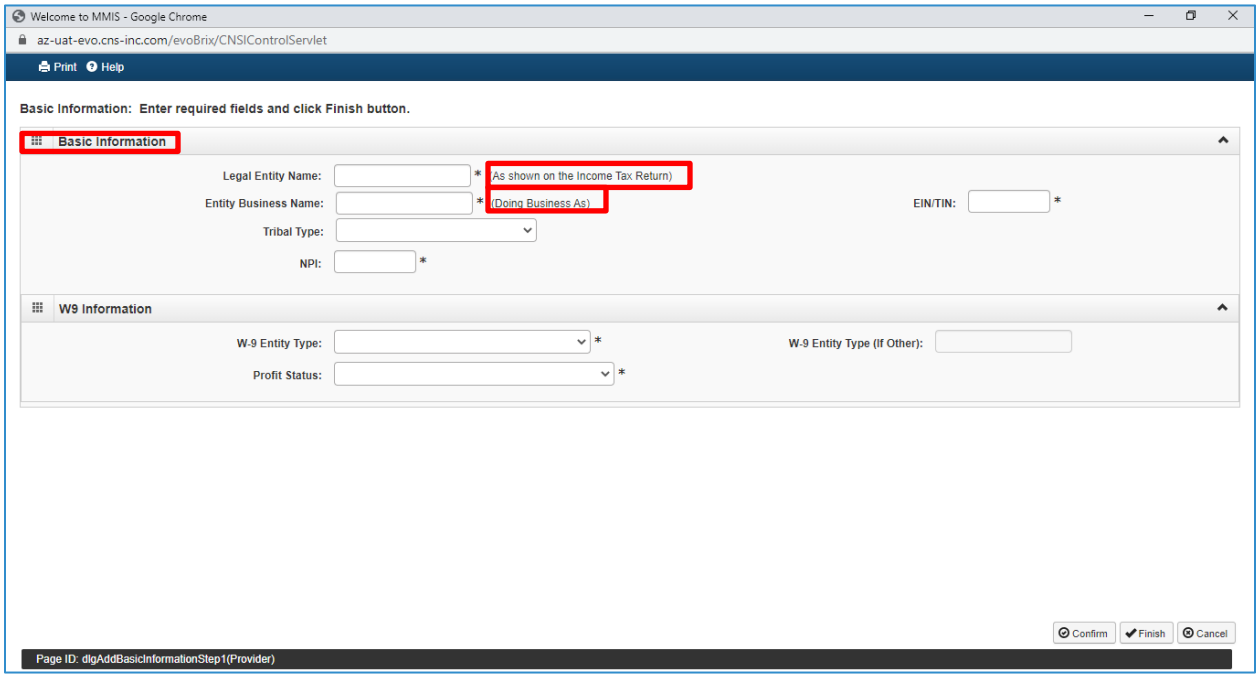
Each provider must complete steps 1 through 13 to submit the application.

- 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.”

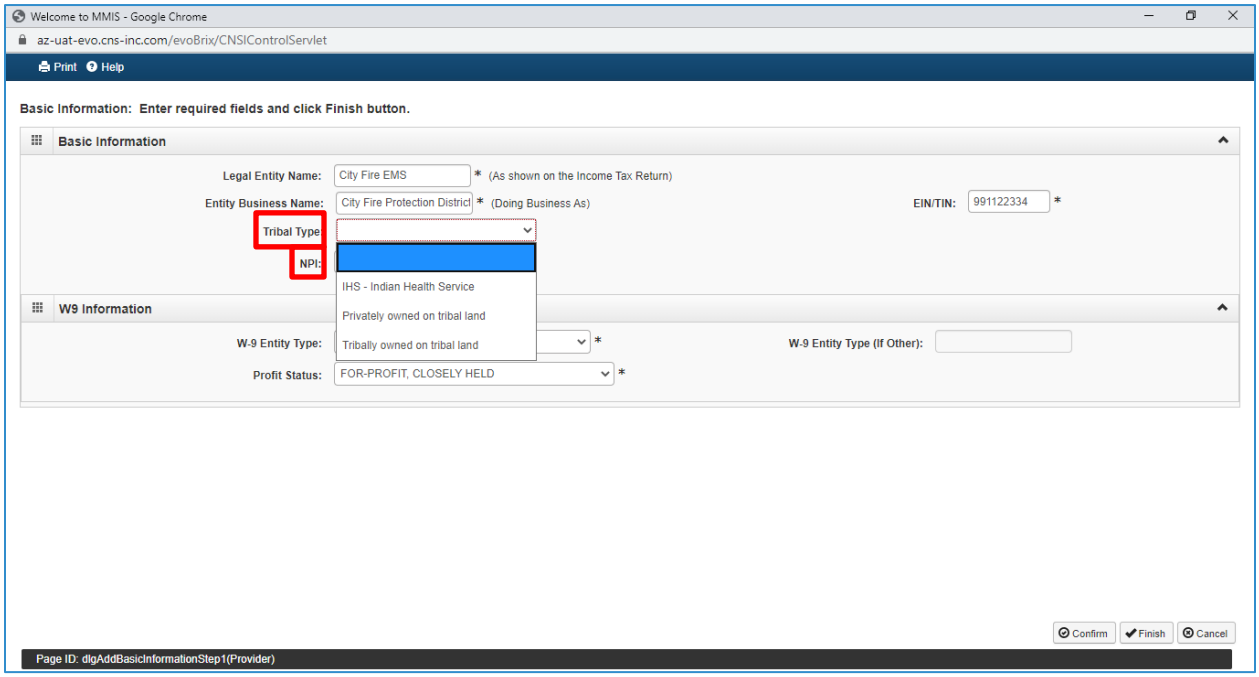


2. Basic Information: Enter the provider’s basic information.
    - Legal Entity Name: As shown on the provider’s Income Tax Return
    - Entity Business Name: Provider’s “Doing Business Name”

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.

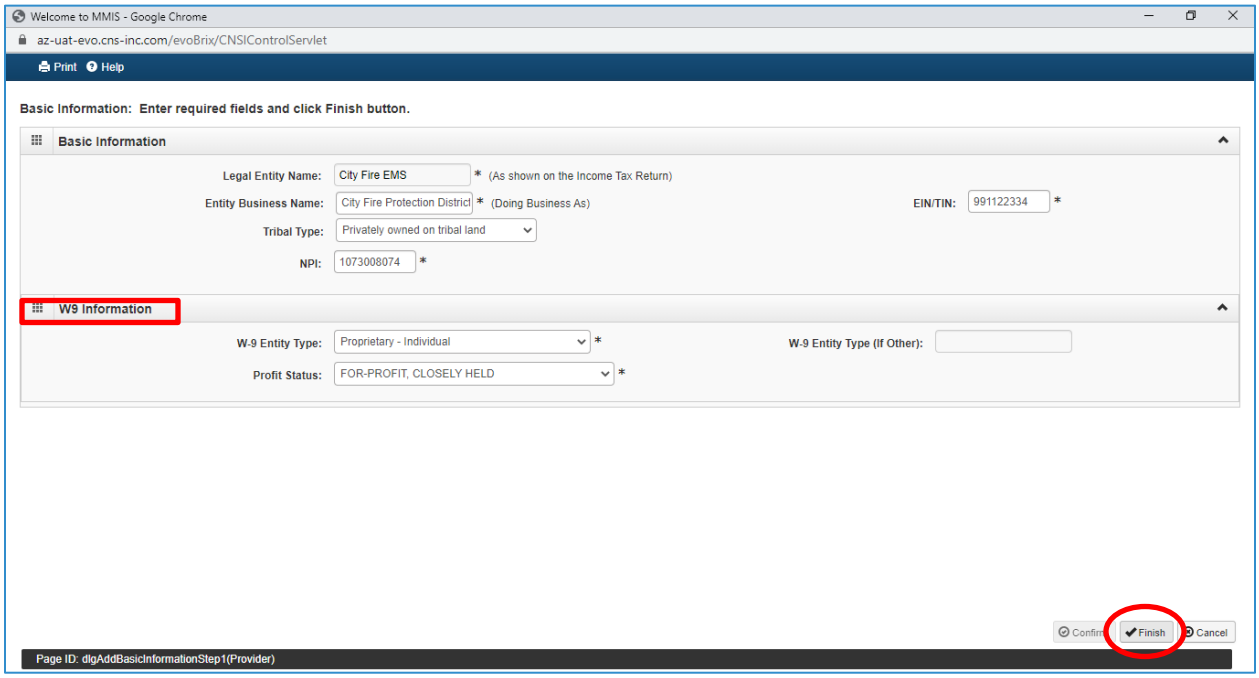
3. Tribal Type: Select the drop-down option if you provide services for tribal members. Leave the questions blank if not applicable.
    - IHS-Indian Health Service
    - Privately owned on tribal land
    - Tribally owned on tribal land

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.



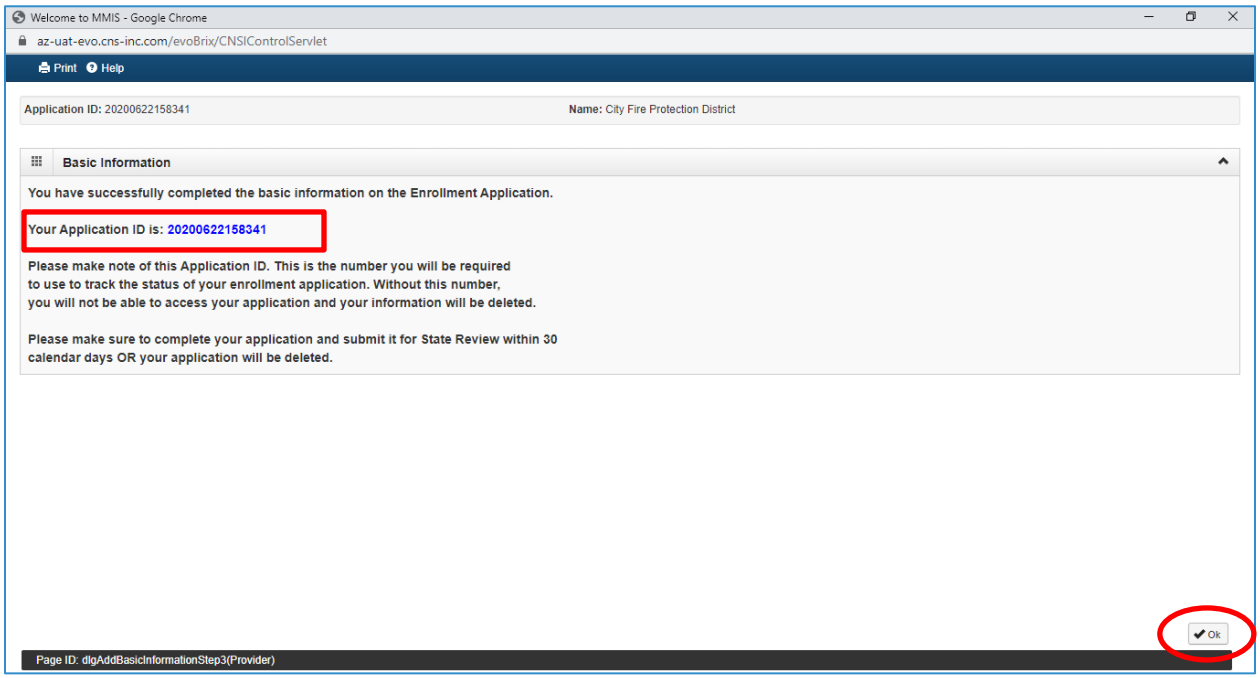
4. W-9 Entity Type: IRS W-9 information provided must match IRS reports.
    - Corporate-Charitable applies for non-profits.
    - Corporate-Non-Charitable applies for many private companies.
    - Profit Status: Non-Profit, For-Profit, and Closely Held are the most common Profit Status Codes that apply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

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



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.

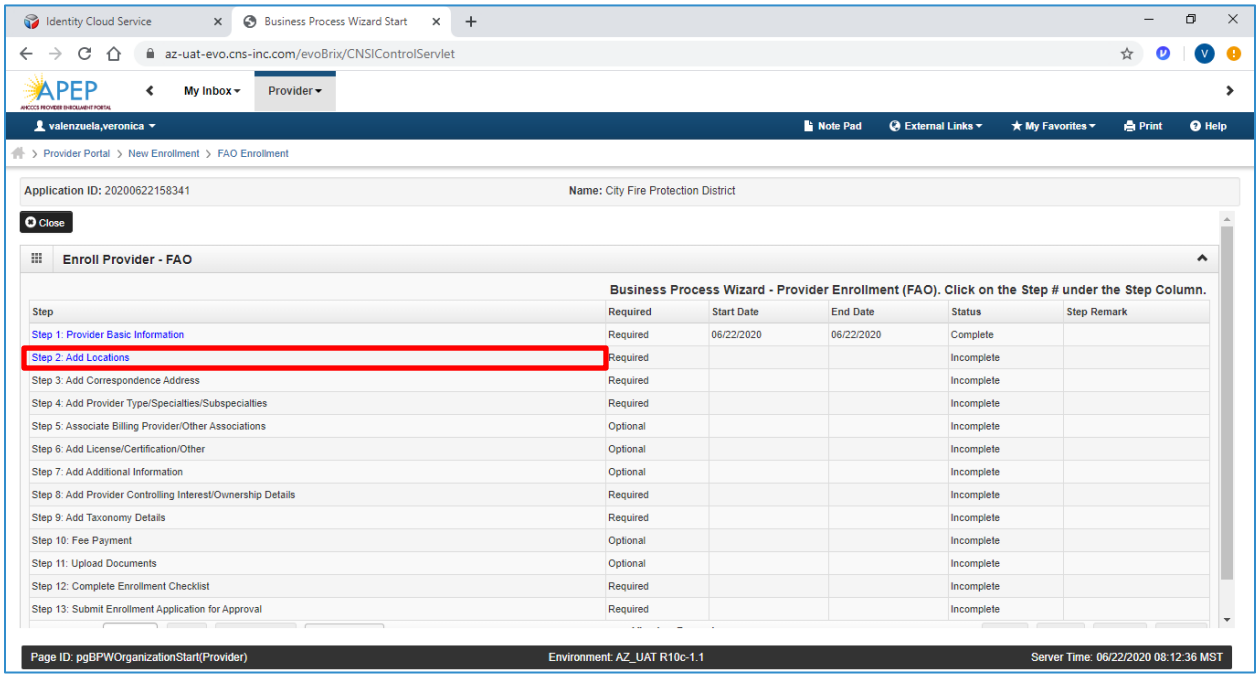


7. Once the application has been established, you will be brought to the “Business Process Wizard or BPW.” This page breaks down the full application into multiple steps. Step 1, Provider Basic Information, has already been completed which will be indicated in the “Status” column.
    - The “Required”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

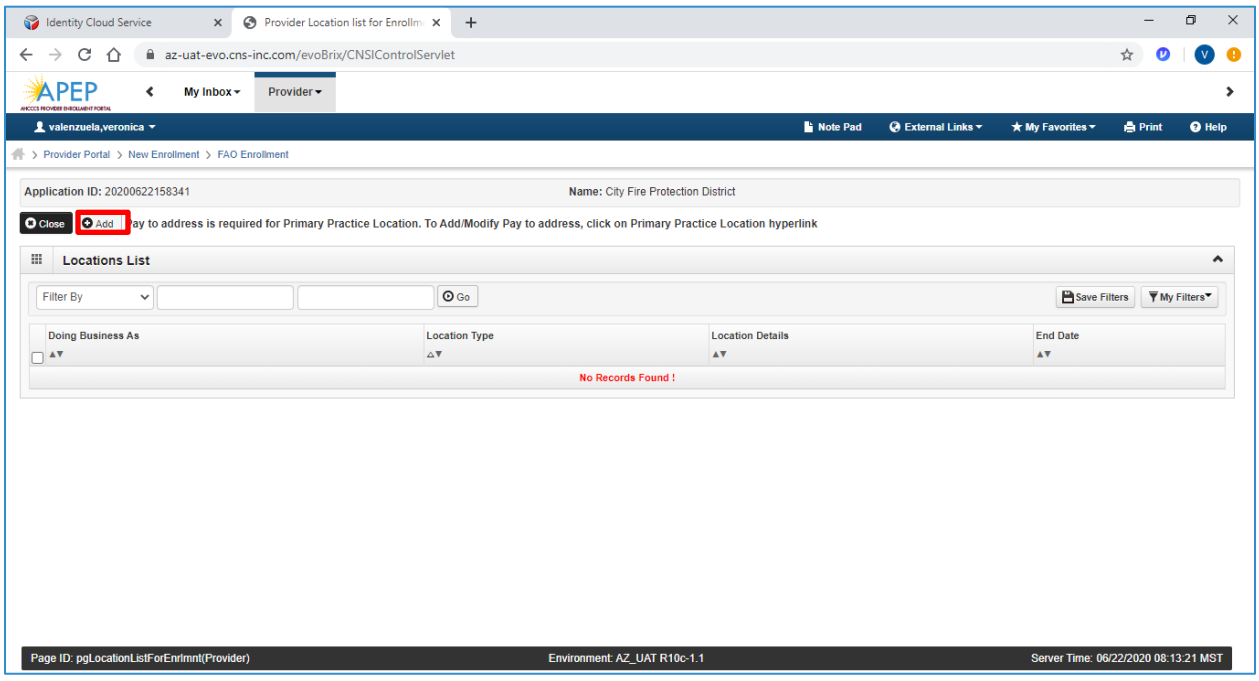
Step2: Add Locations

1. Select “Step 2: Add Locations.”



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.

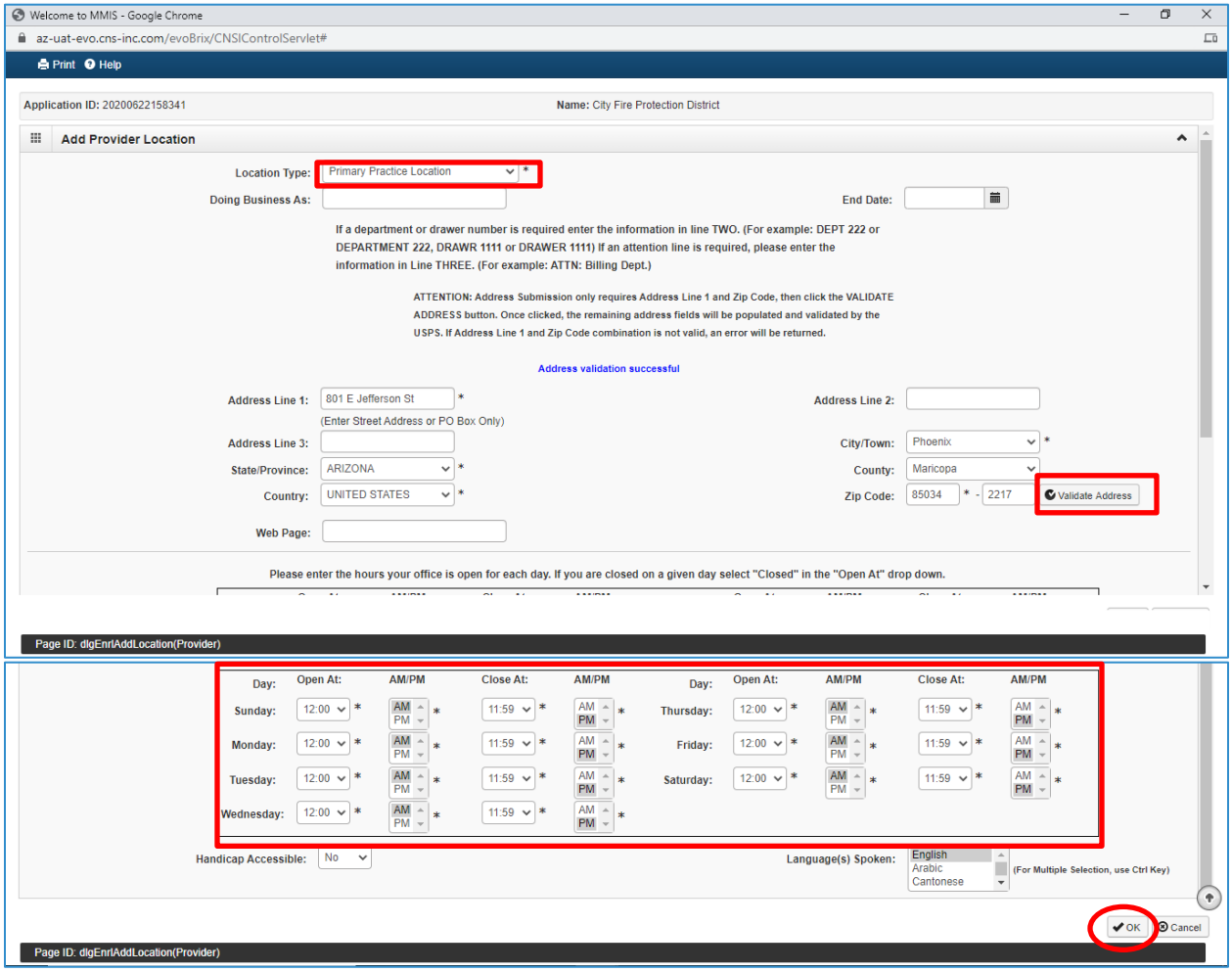
Note: If you are already registered with AHCCCS, you will see a list of your locations under the “Locations List.” For a new enrollment, this list will be empty.



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

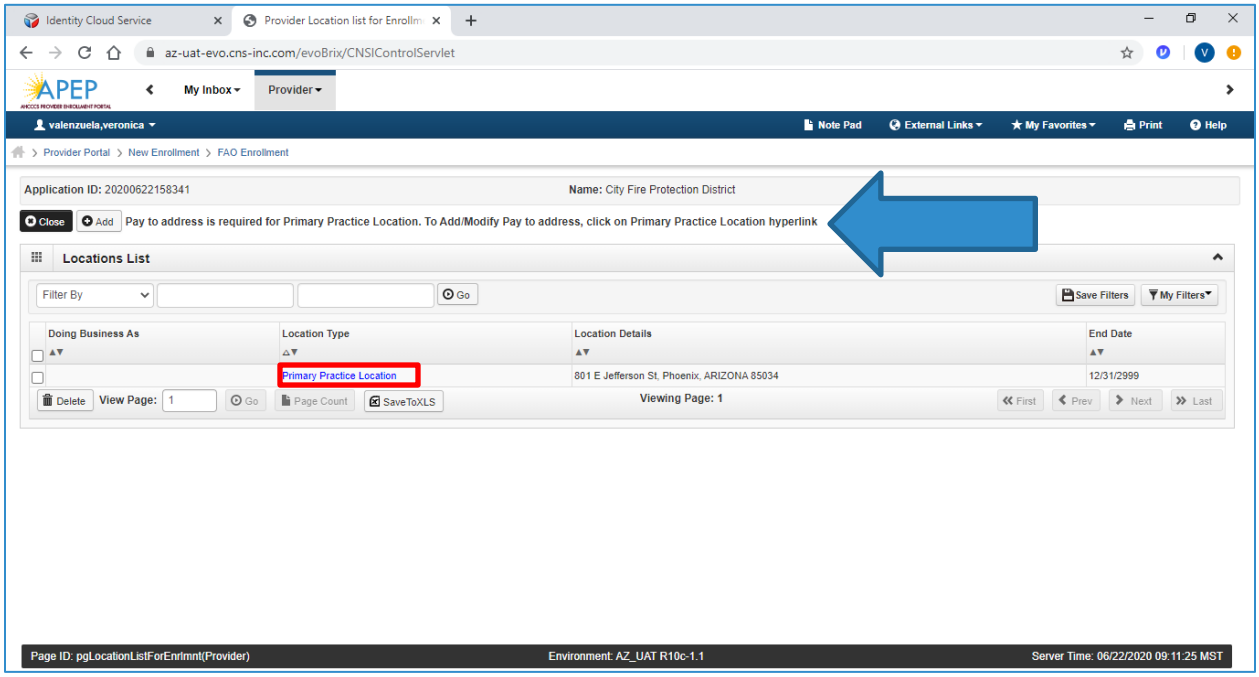
Note: Enter your street address on Address line 1 and your five-digit zip code, then "Click," "Validate Address." The remainder of the address fields will automatically populate and be validated by the information from the U.S. Postal Service.

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

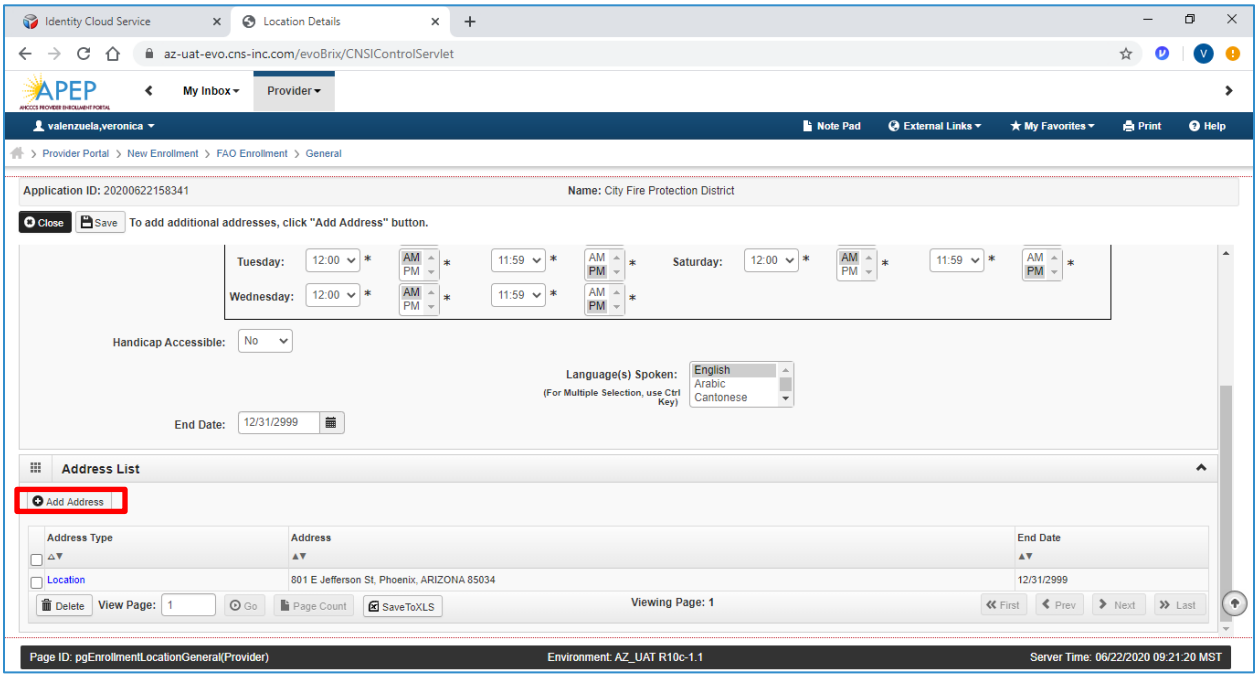


6. Select the “Primary Practice location” link to add Pay-To Address. The link will display in Blue font under the “Location Type” field.

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.”

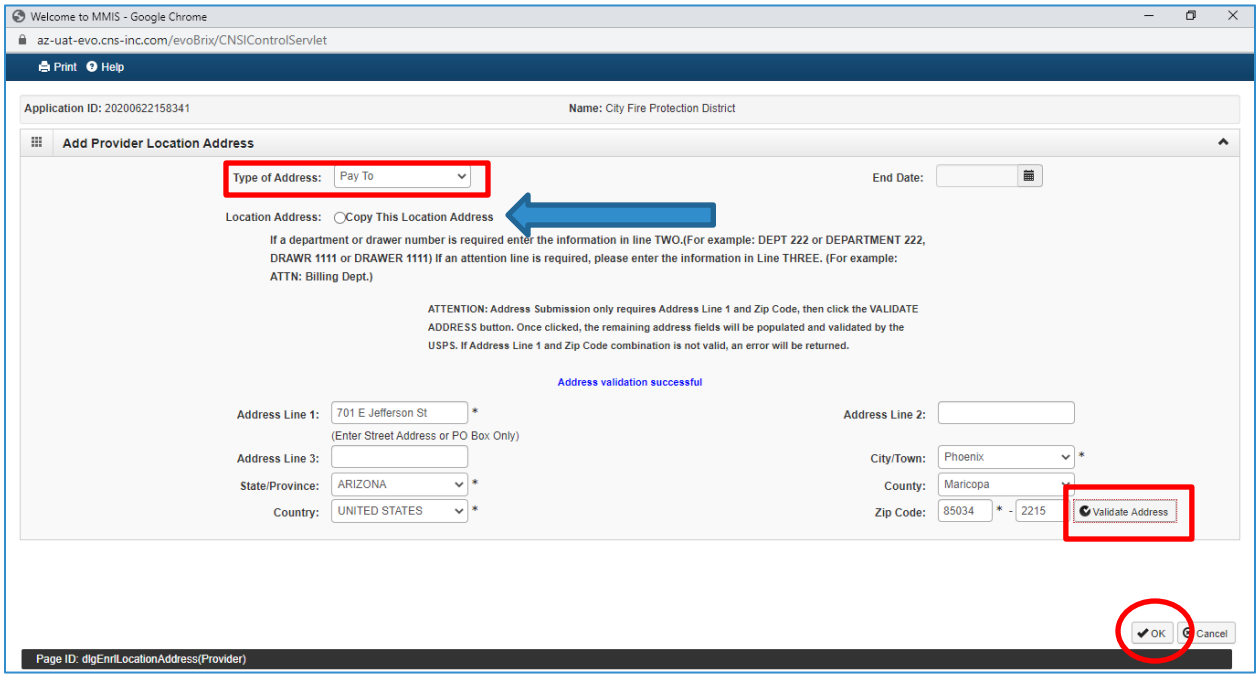


7. Select “Add Address.”

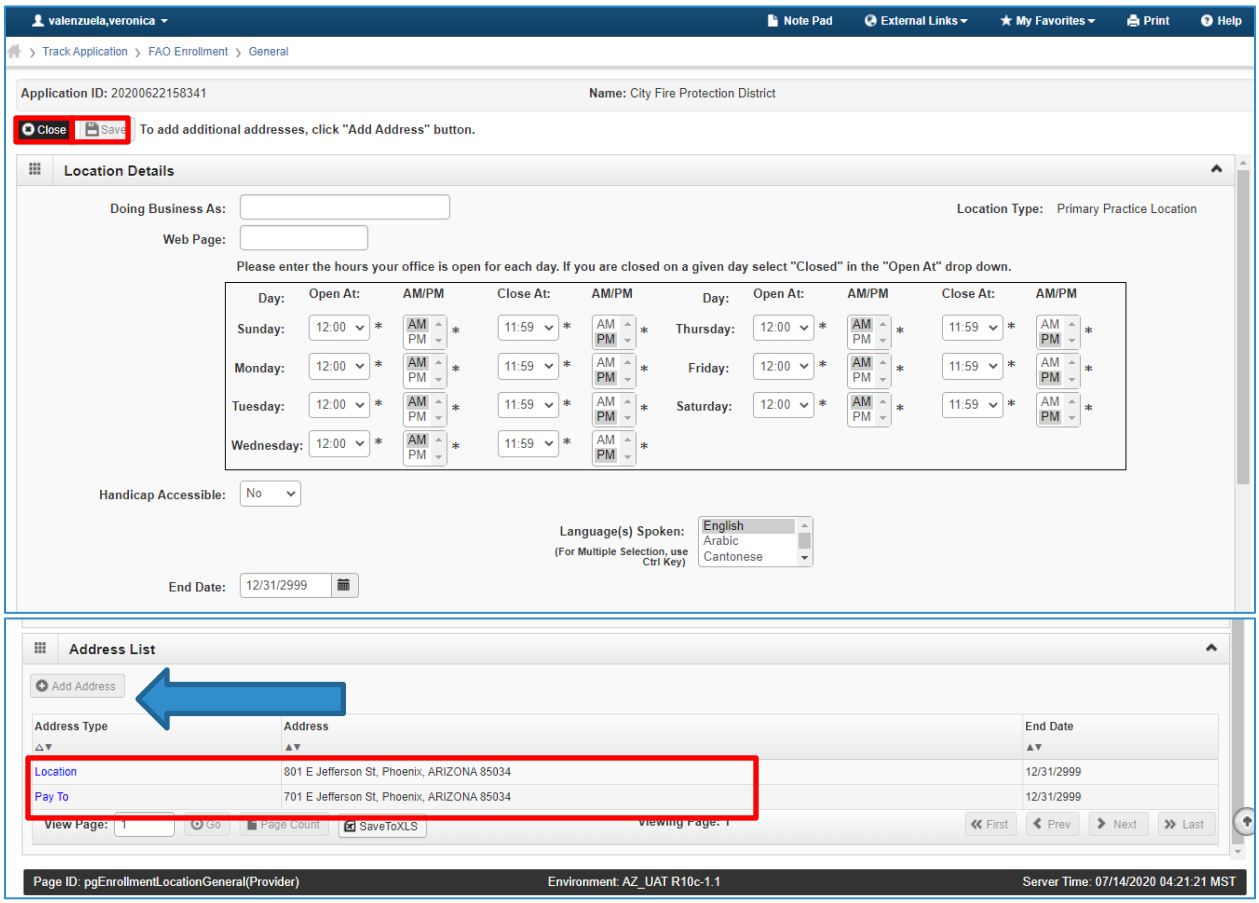


8. Type of Address: Select “Pay-To-Address” in the drop-down menu. Carefully enter, review and “Validate Address” the address. When complete, select “OK” to proceed forward.

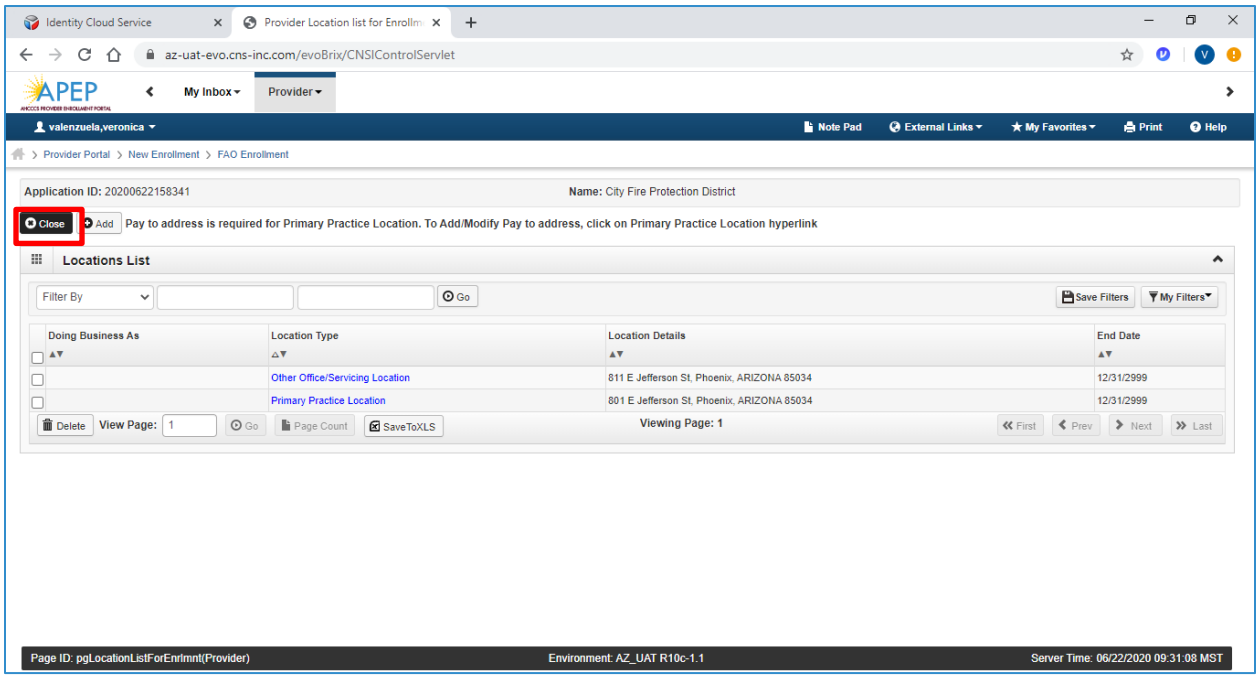
Note: If the “Pay to Address” is the same is the Primary Practice Location, Click the “Location Address: radio button Copy this Location Address” to copy the address. Then click “OK.”



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

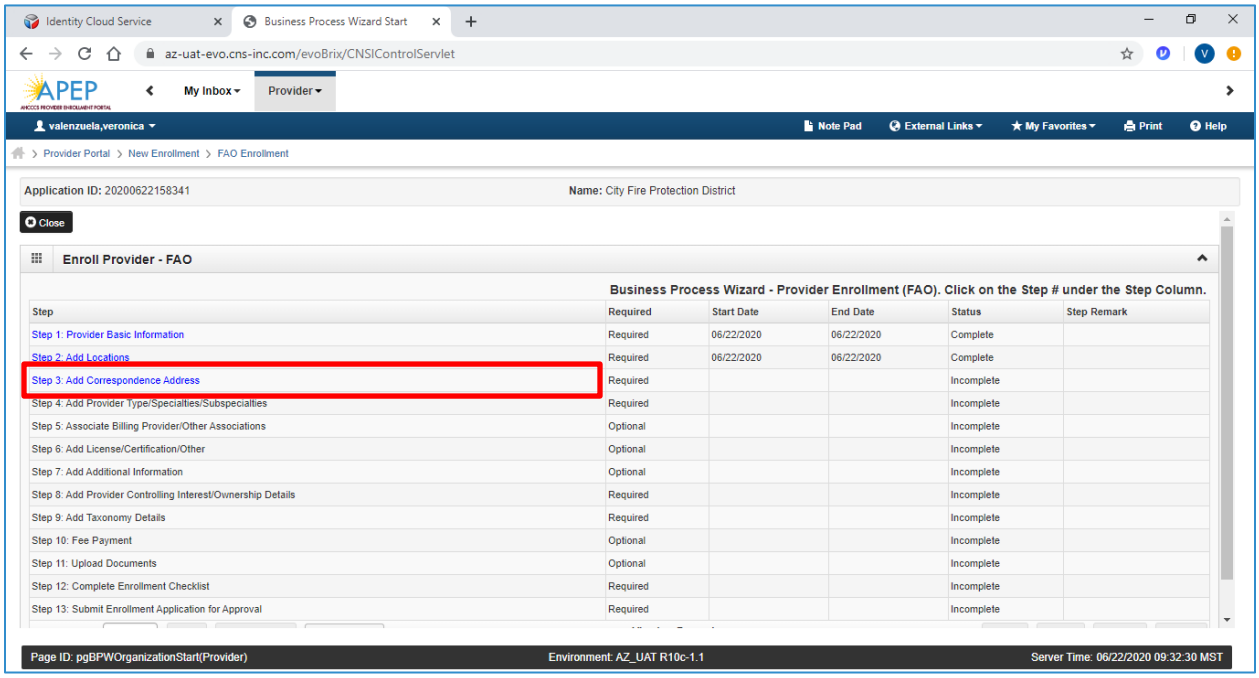


Note: To add additional practice locations and pay to addresses, select “Add Address” and repeat steps 1 through 8. To continue without adding another service location, select “Save” and then select “Close” to proceed forward.

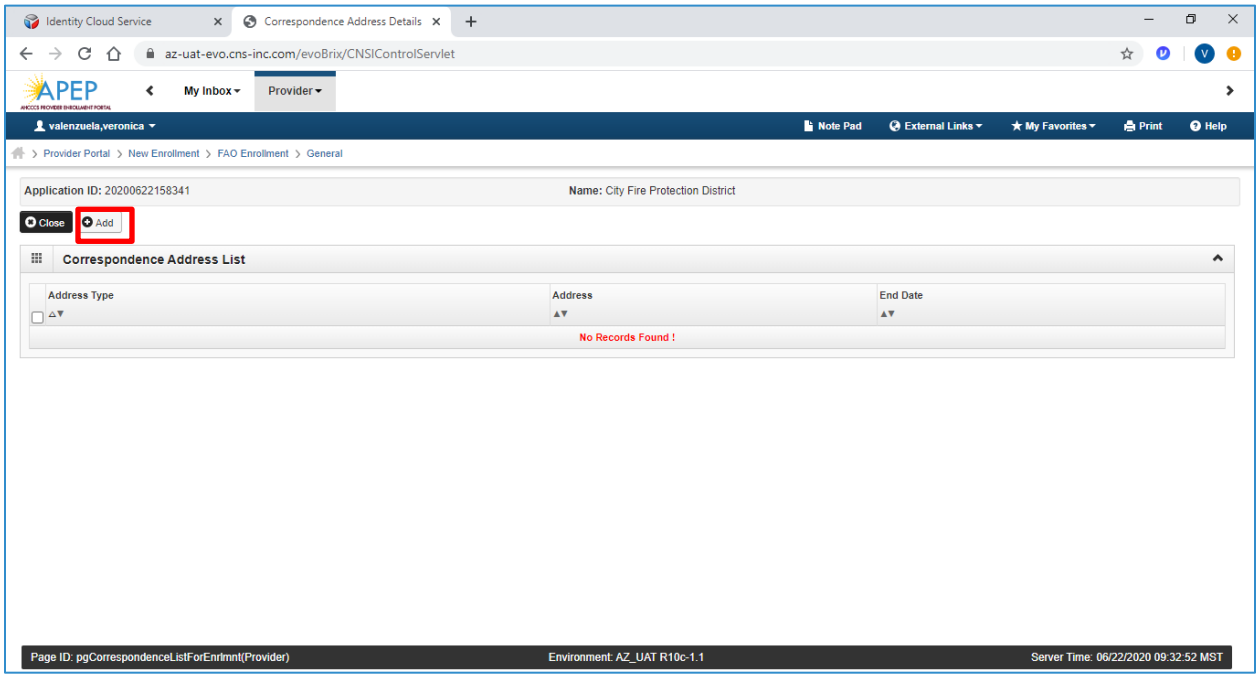


Step 3: Add Correspondence Address

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



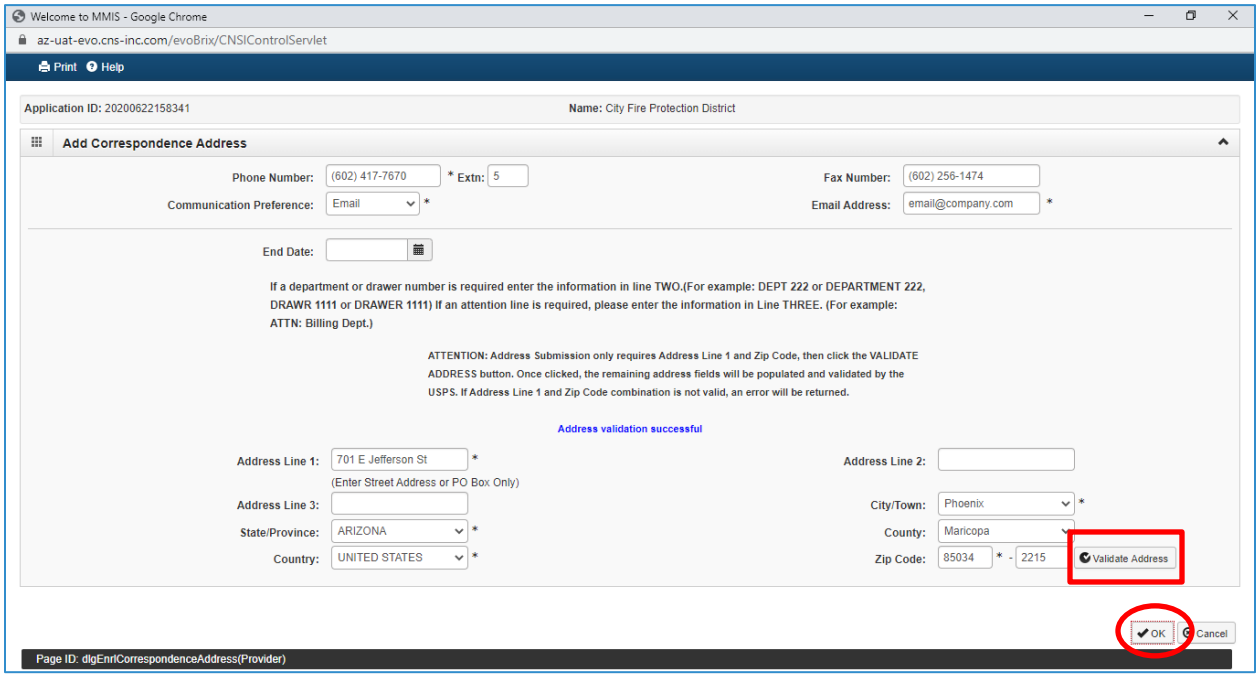
2. Select “Add.”



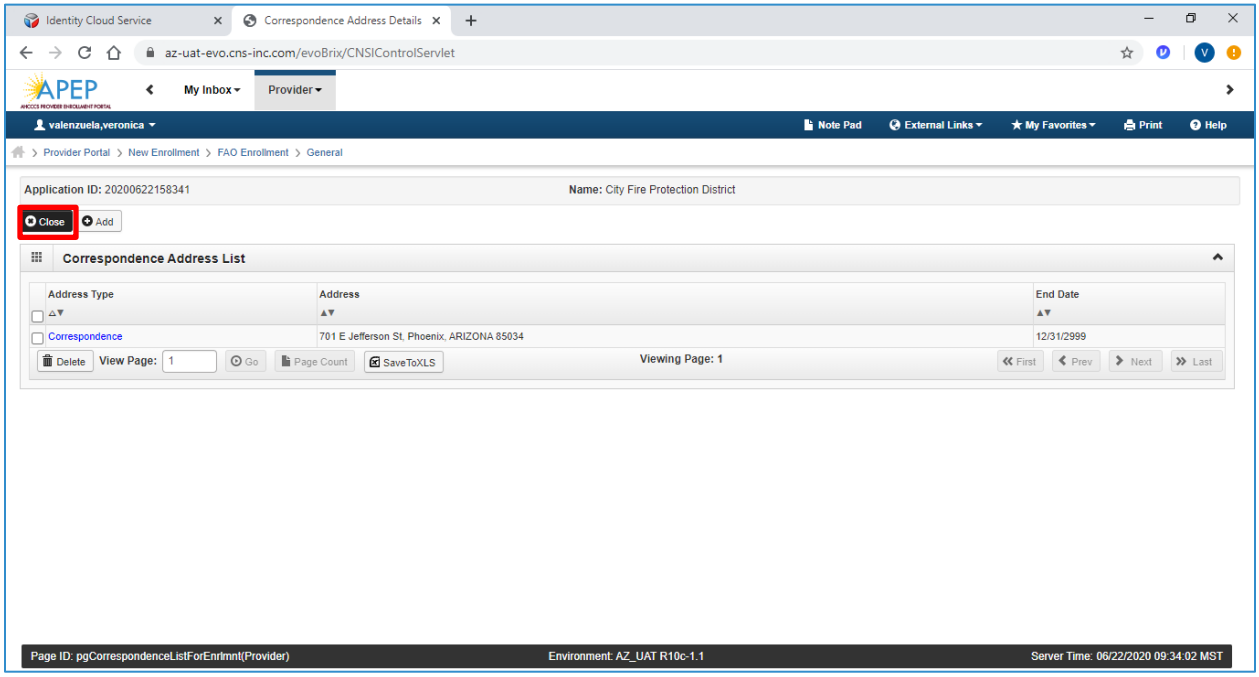
3. In the “Communication Preference” field, select “Standard Mail” or “Email.”

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 click “Validate Address” option. When complete, select “OK.”

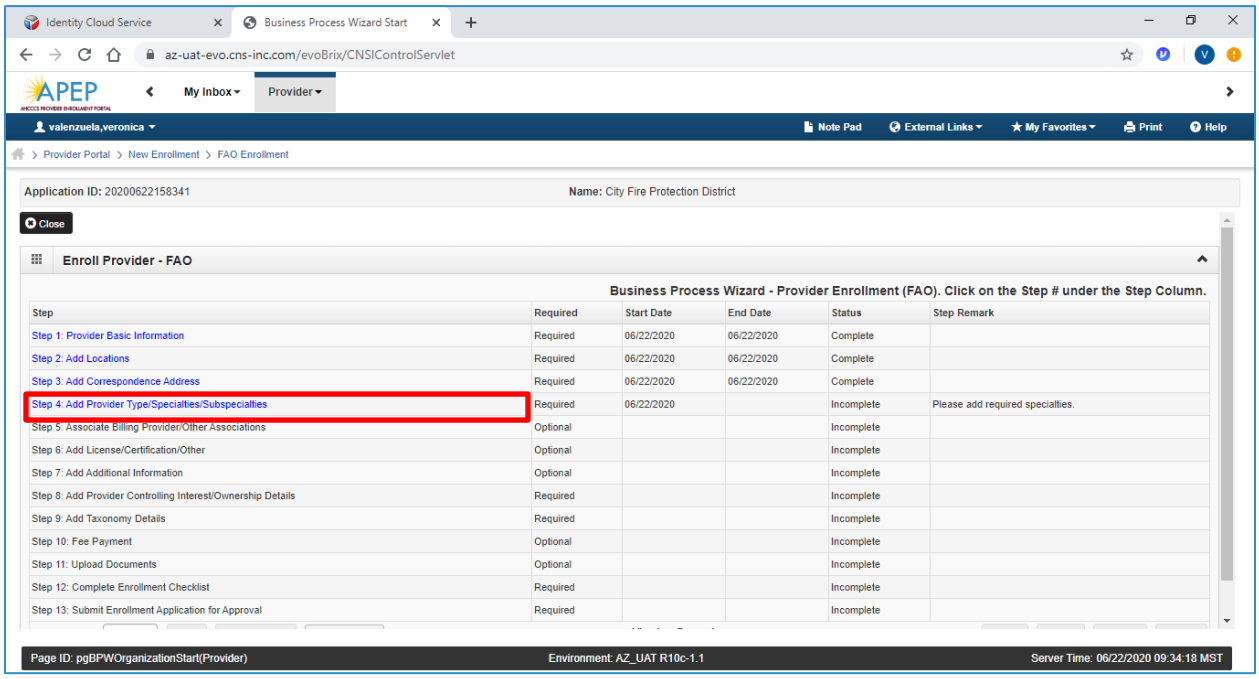


5. Select “close” to proceed forward.

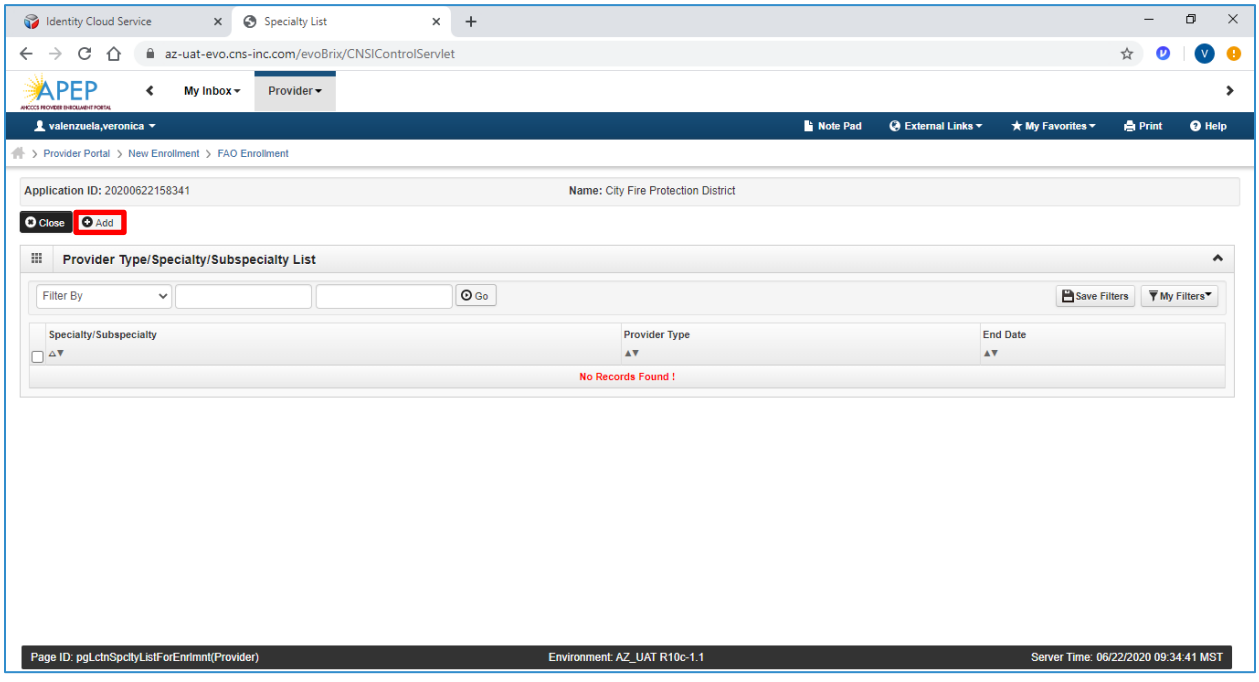


Step 4: Add Provider Type Specialties/Subspecialties

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



2. Select “Add.”

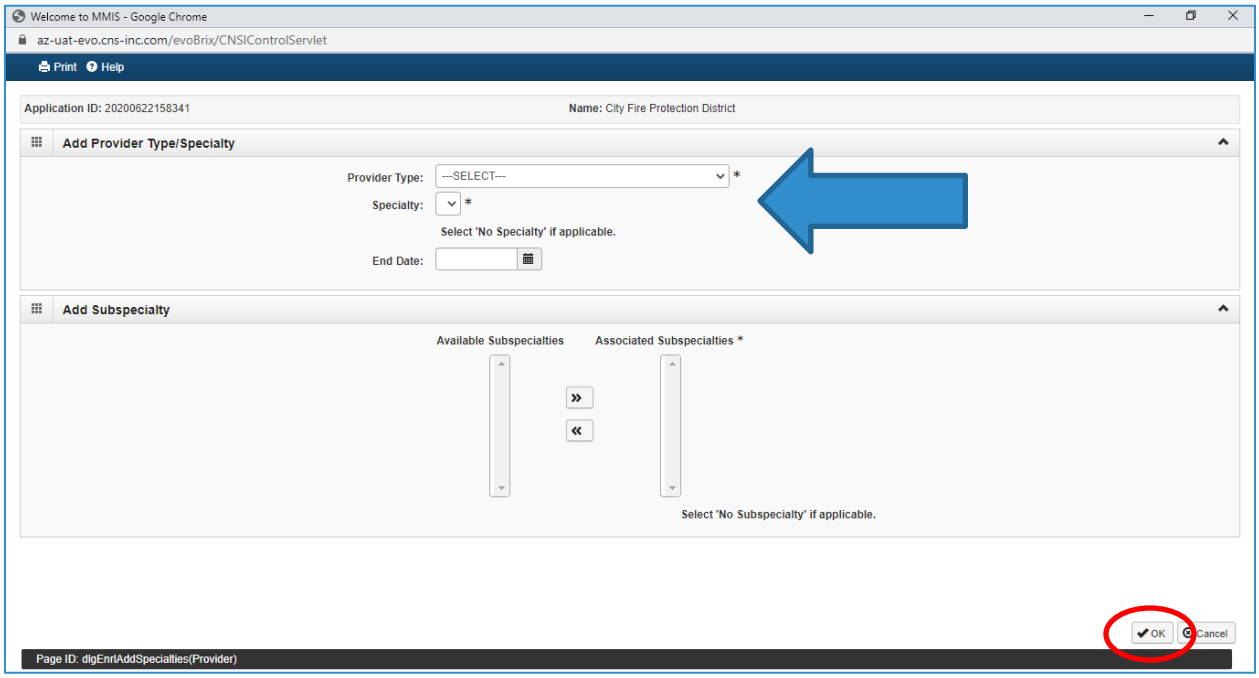


3. Complete the “Add Provider Type/Specialty” and “Add Subspecialty” fields as appropriate.
4. Select, appropriate “Provider Type” in the drop-down option.
5. Select, the “Specialty” in the drop-down option, or “No Specialty” if applicable.
6. Add “Subspecialty”:

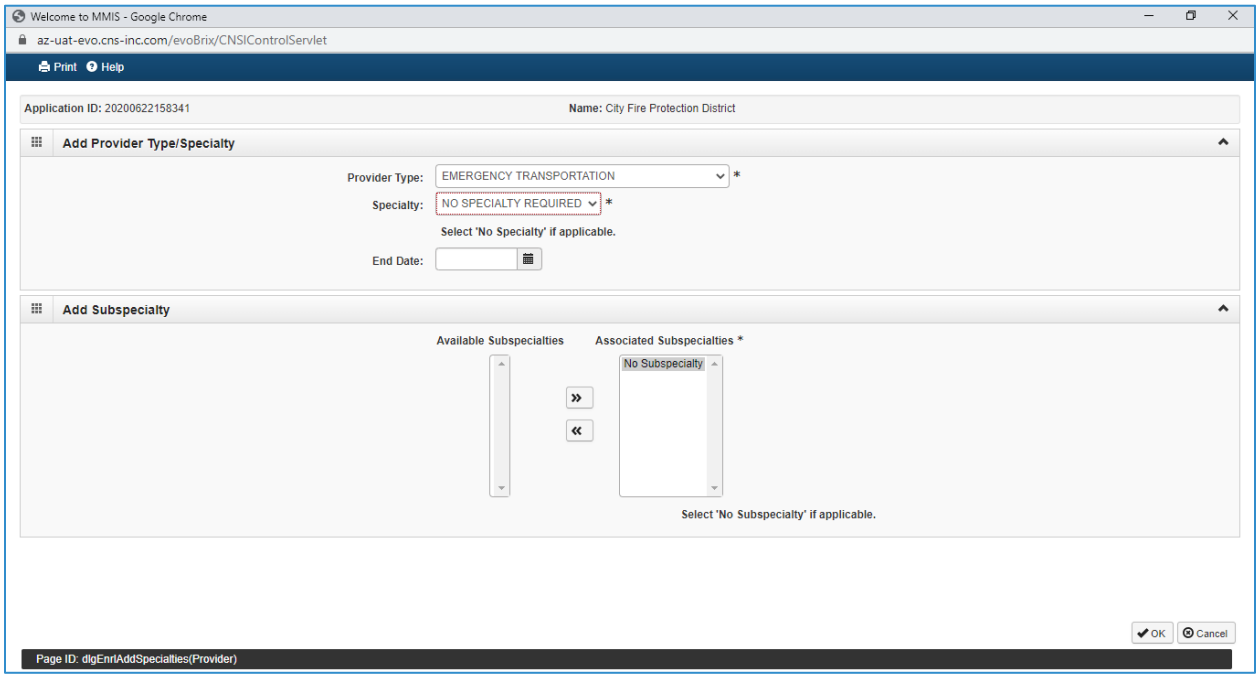
- Select, “Associated Subspecialty”: “No Subspecialty”

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

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



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



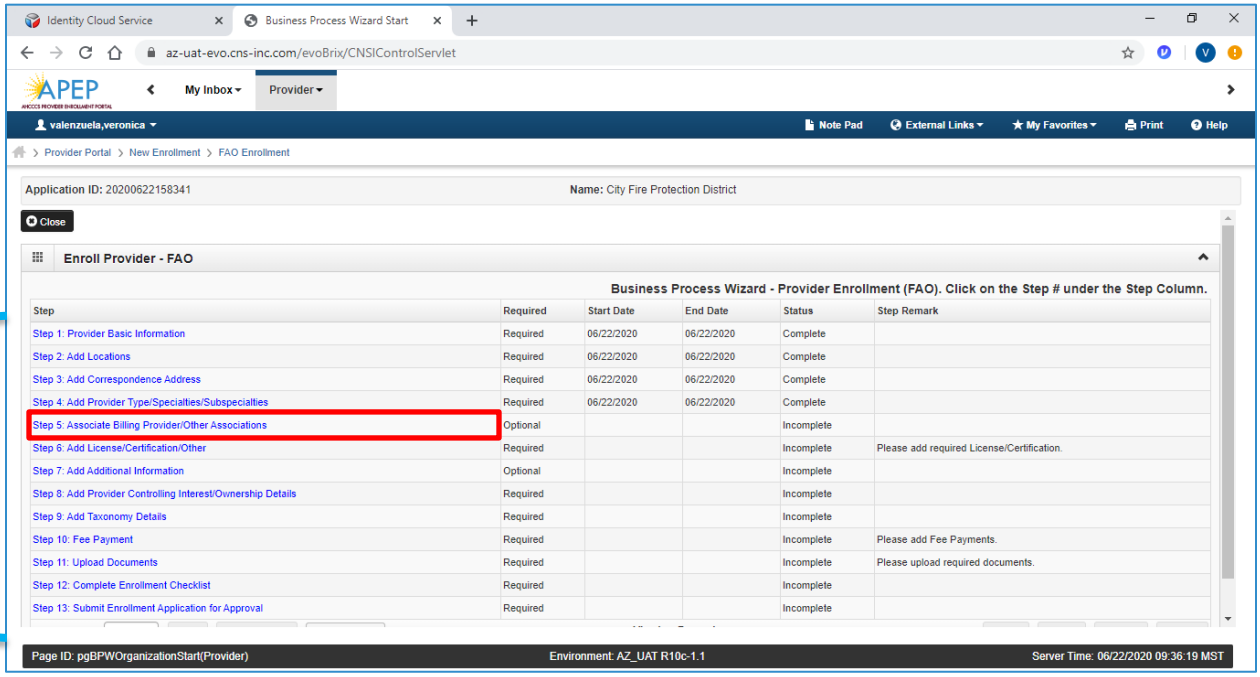
Note: Once Step 4 is completed, the rest of the enrollment steps become available and may be completed in any order prior submission.

Step 5: Association Billing Provider/Other Associations

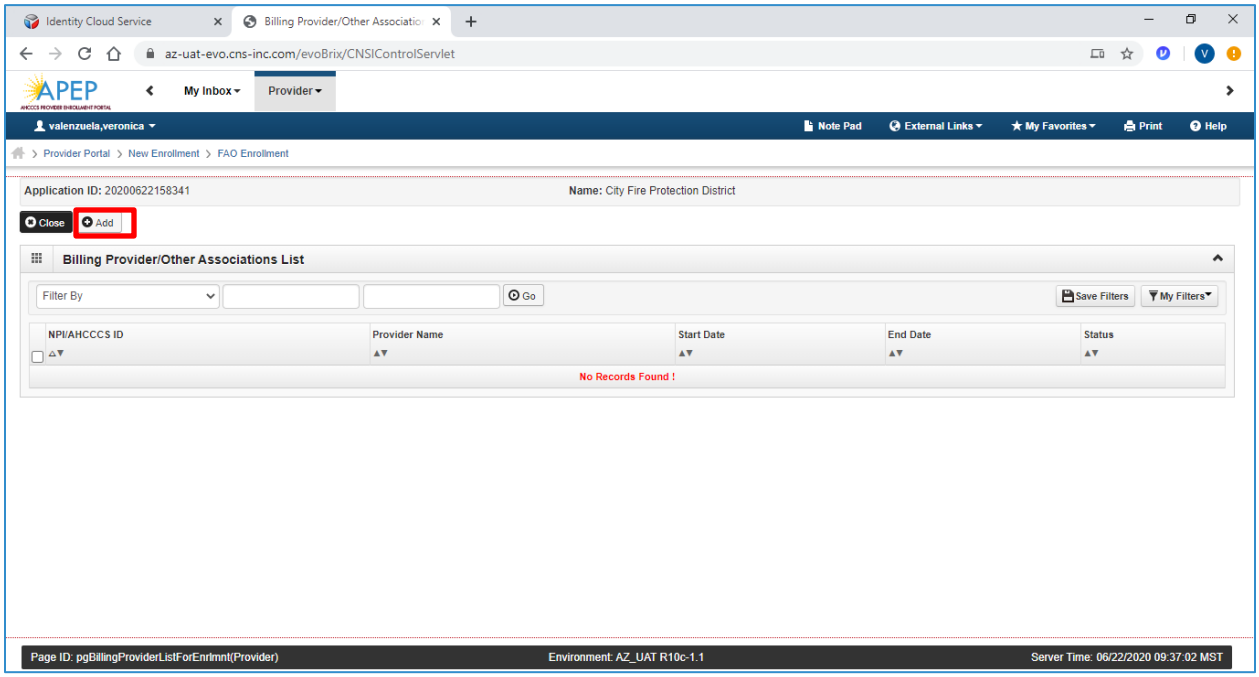
The next step is Step 5, which is marked as "Optional." This step is for an Associate Billing Provider, in other words, an employee of the facility, agency, or organization that has already started an application with AHCCCS. If this does not apply to you skip, to Step 6.

To complete Step 5:

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

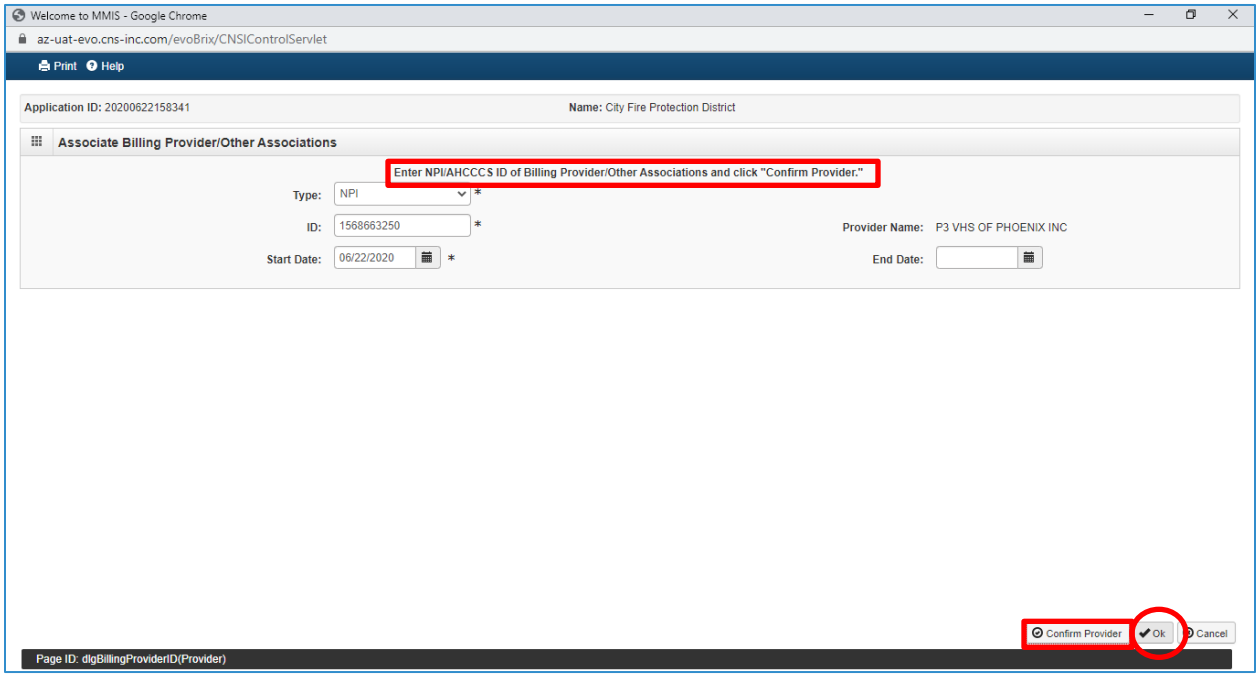


2. Select, “Add.”

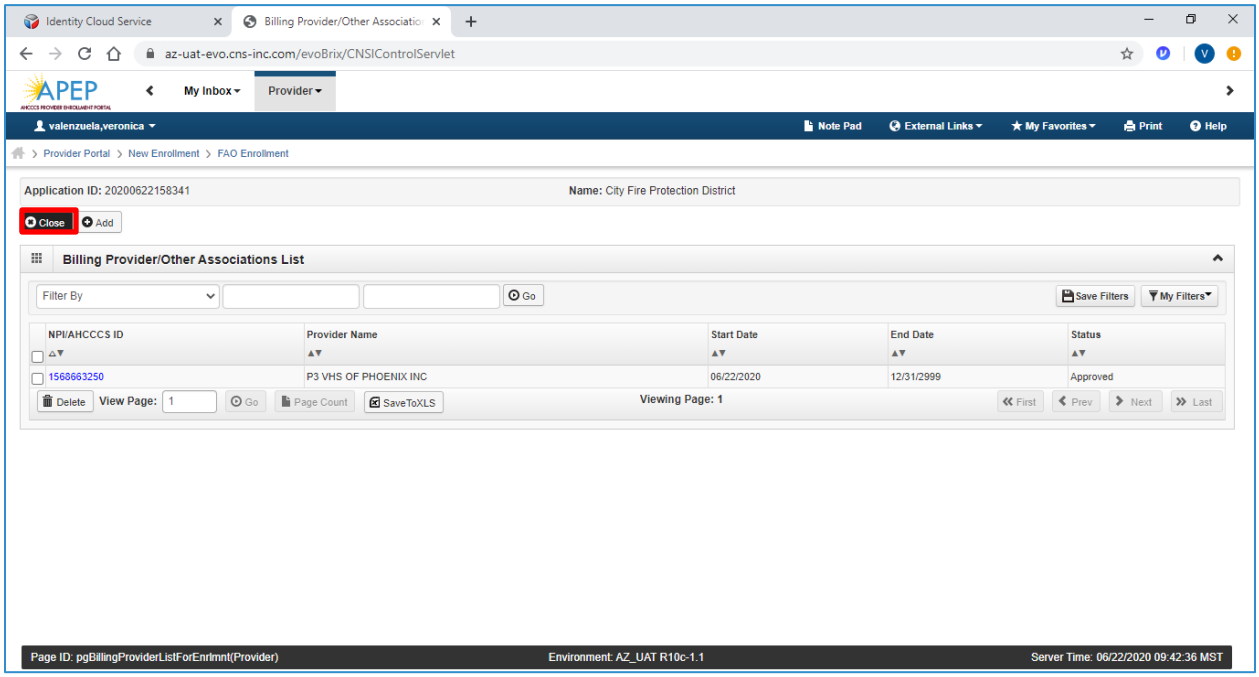


3. Enter the six-digit AHCCCS ID or 10-digit NPI of the billing provider. Select “Confirm Provider.” Once the provider is confirmed, select “OK” to complete the association.

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

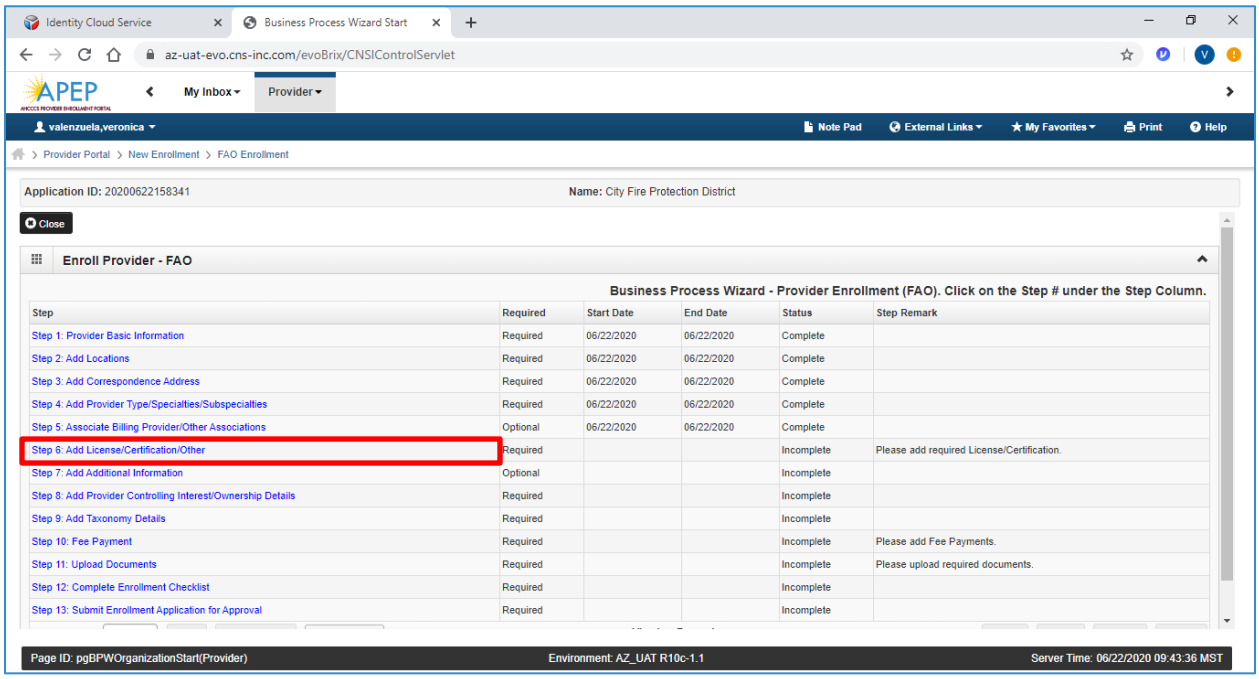


4. Select, “Close”, to advance forward

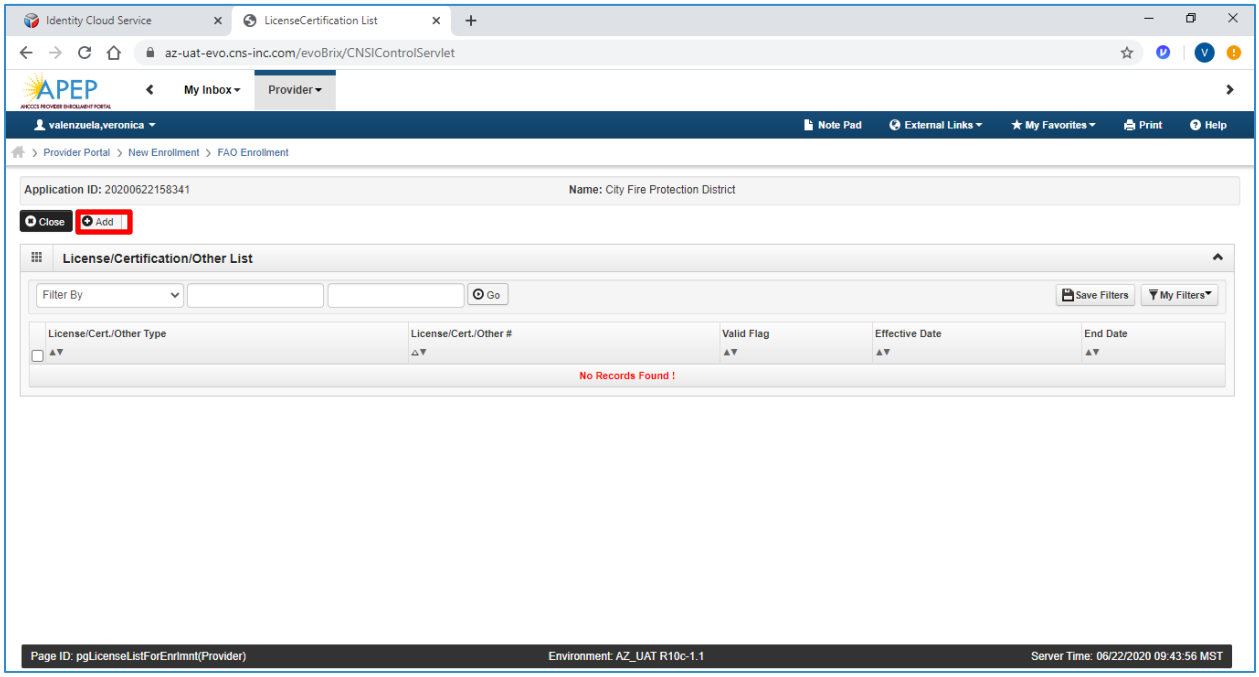


Step 6: Add License/Certification/Other

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

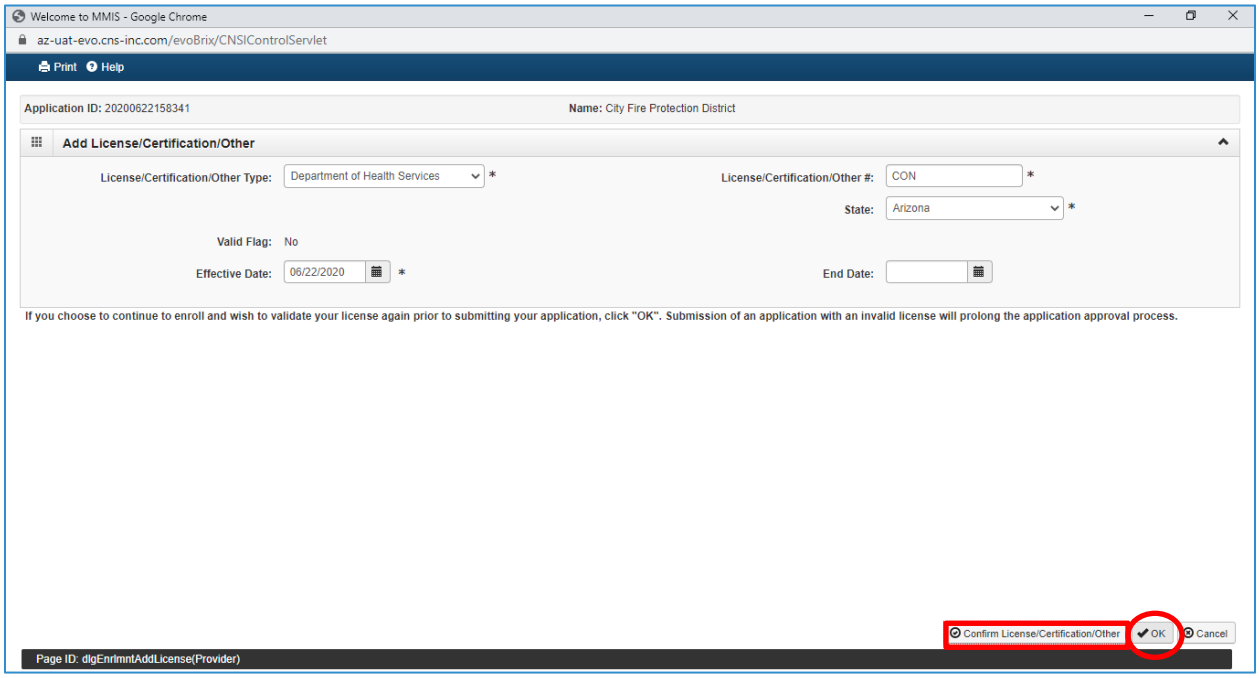


2. Select “Add.”

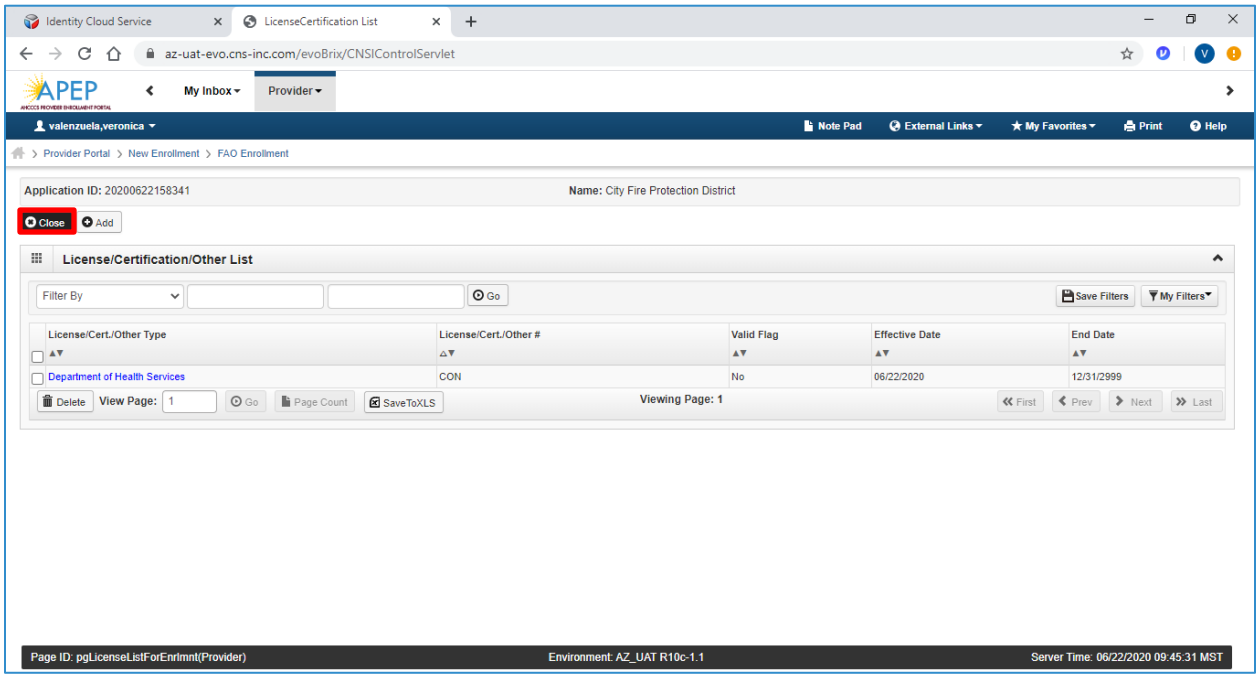


3. Carefully enter the License/Certification/Other List Information. Once complete, select “Confirm License/Certification”, and Select “OK.” Repeat for each available License/Certification.

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.



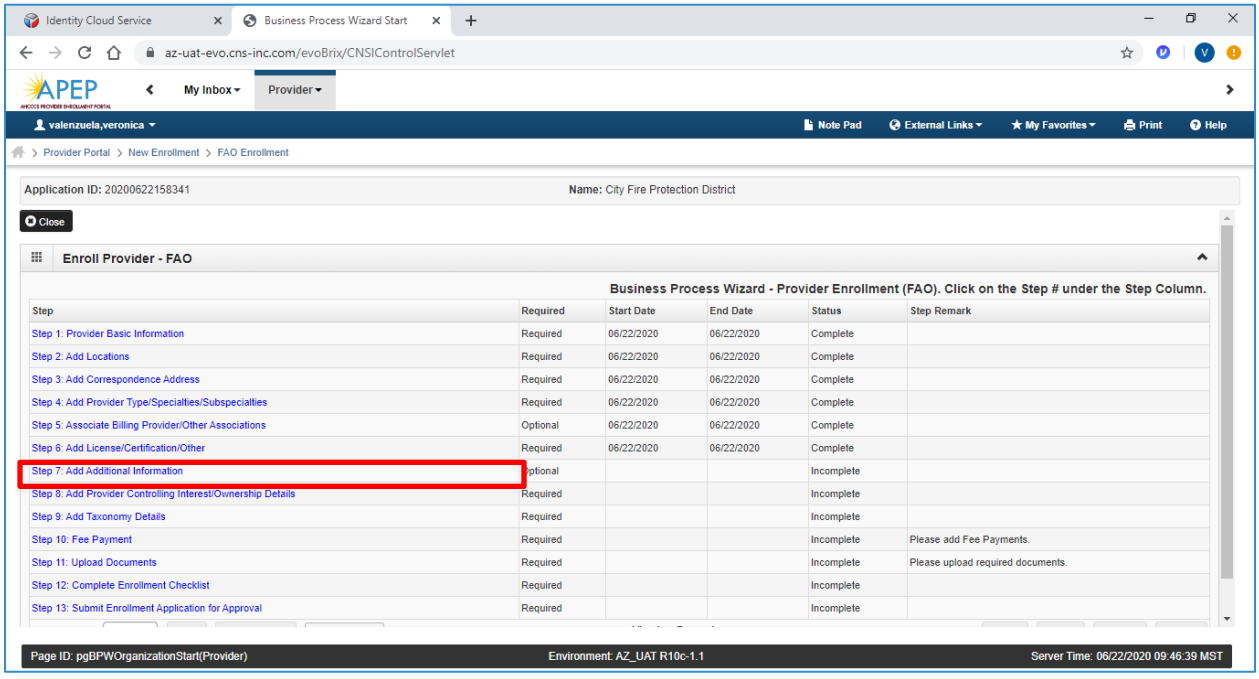
4. Select, “Close”, to proceed forward.



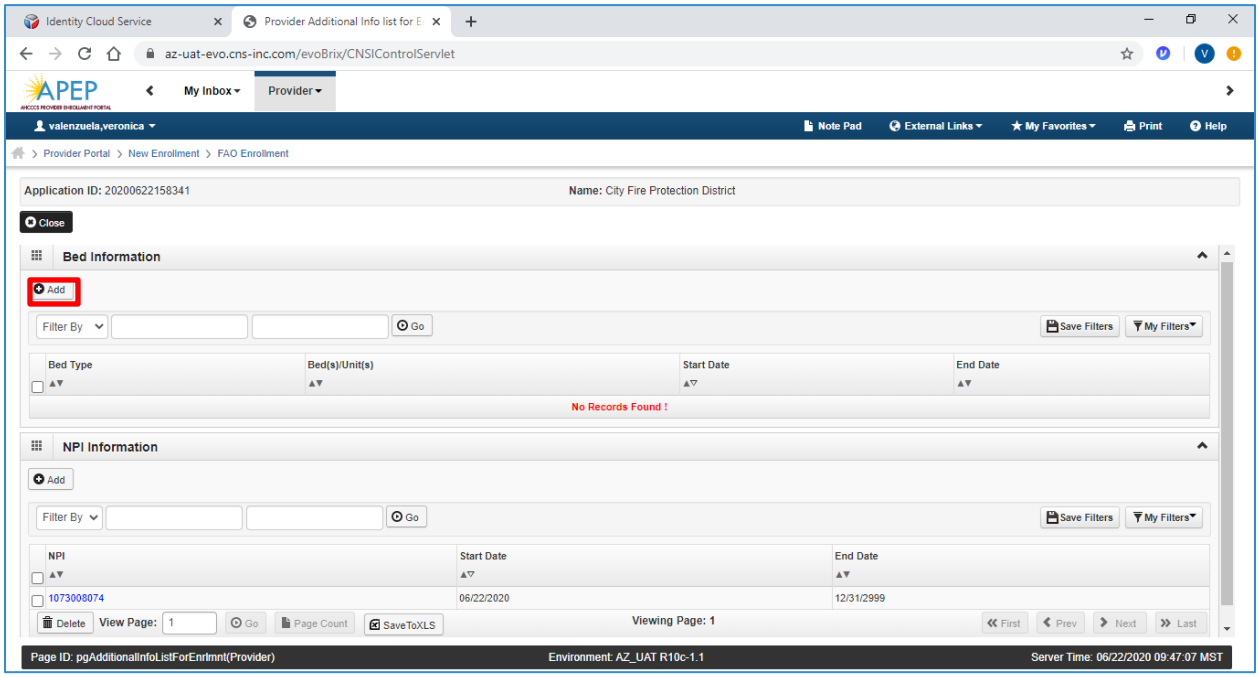
Step 7: Add Additional Information

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

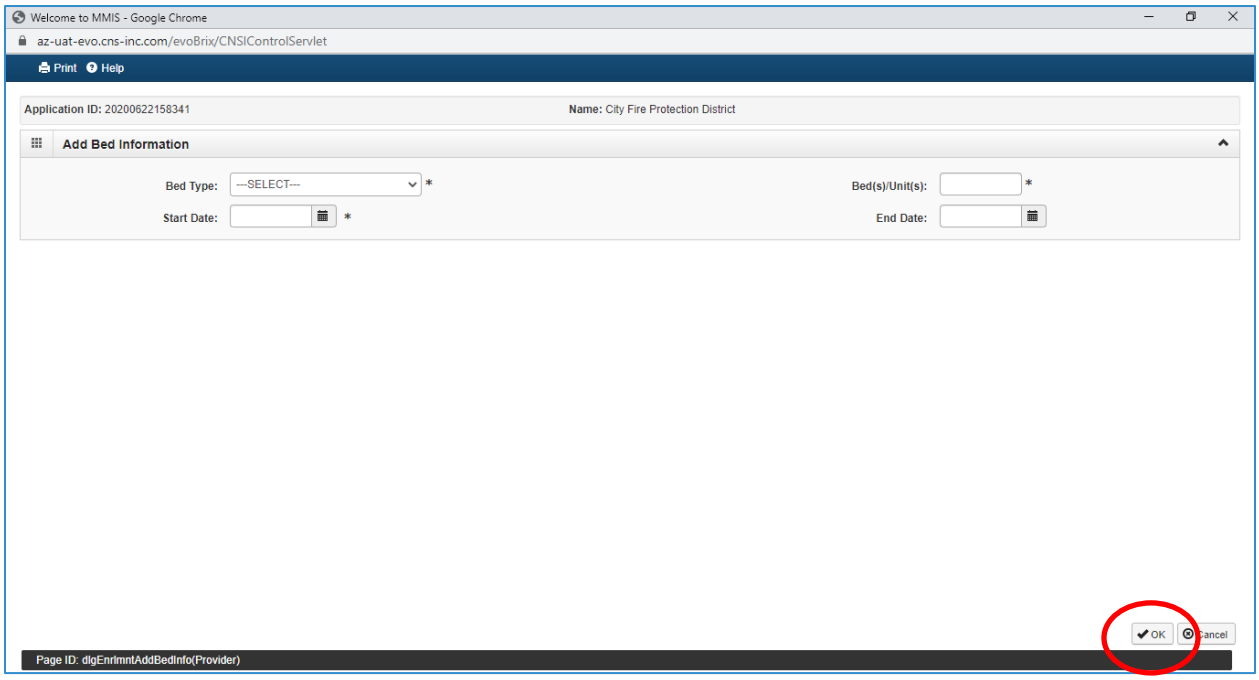
1. Select, “Step 7: Add Additional Information.”



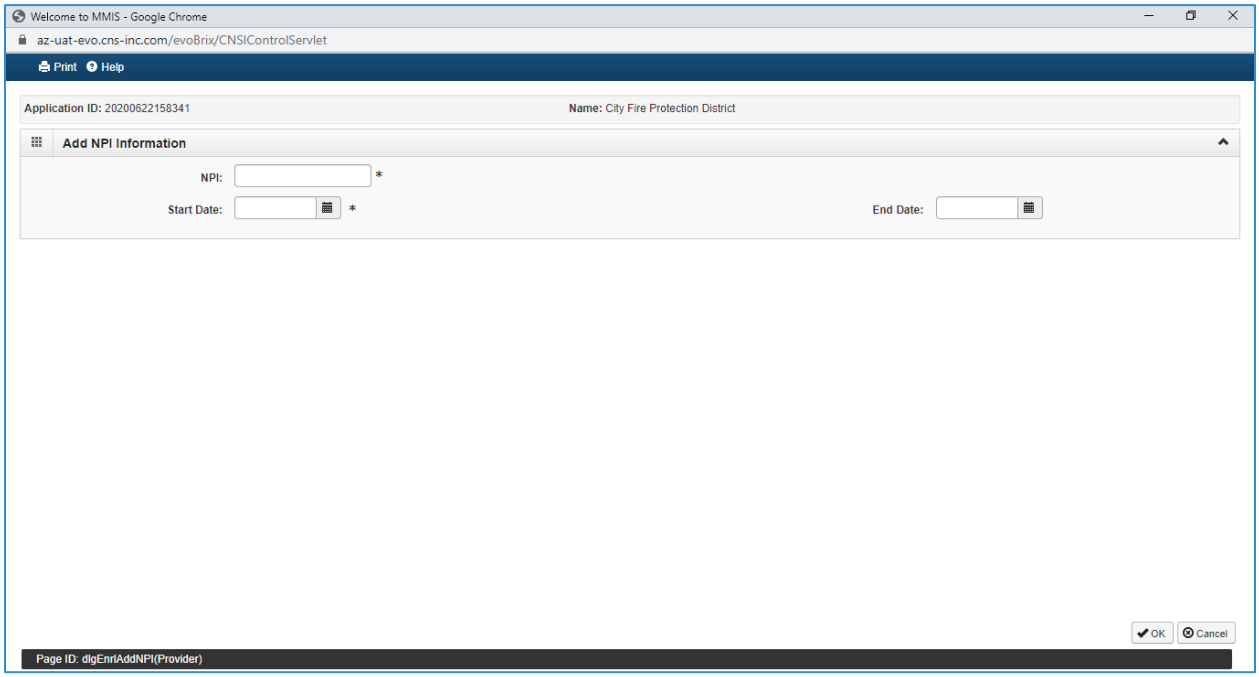
2. Select, “Add,” under Bed Information to bring up details window for bed information.

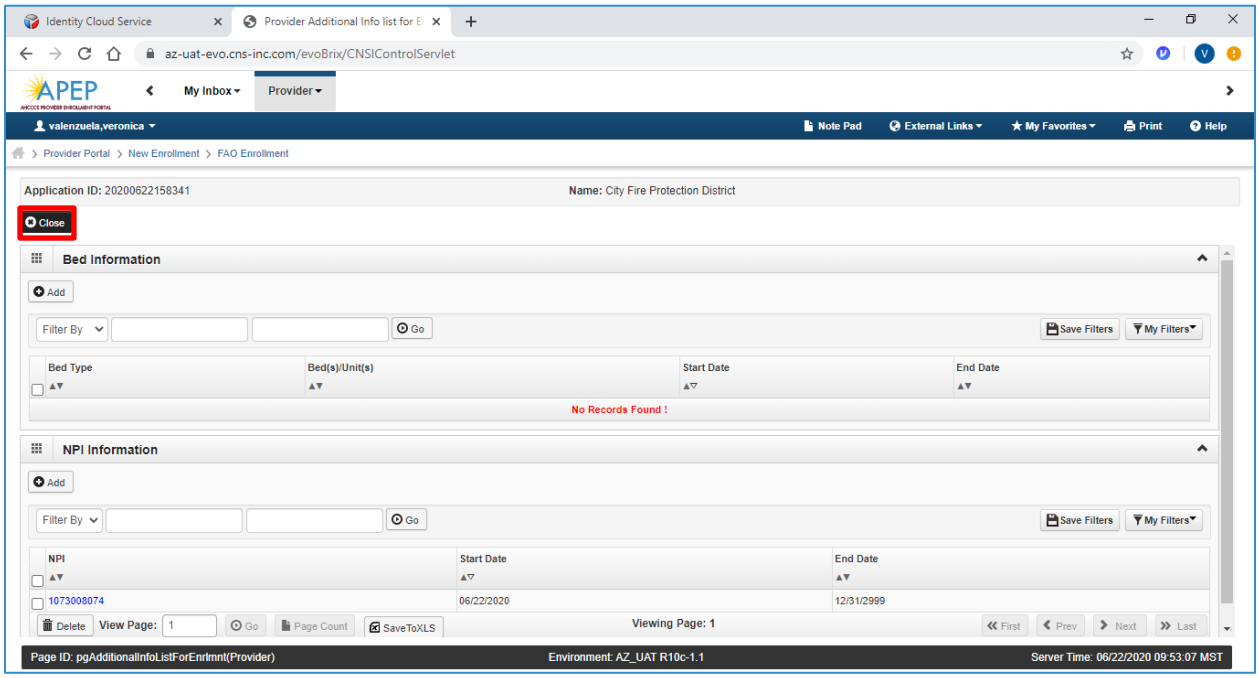


3. Select, “Bed Type,” drop-down option.
4. Select, “Bed Unit(s): insert the number of beds.
5. Select, “Calendar” option, add “Start Date” for bed type.
6. Click “OK.”



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





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

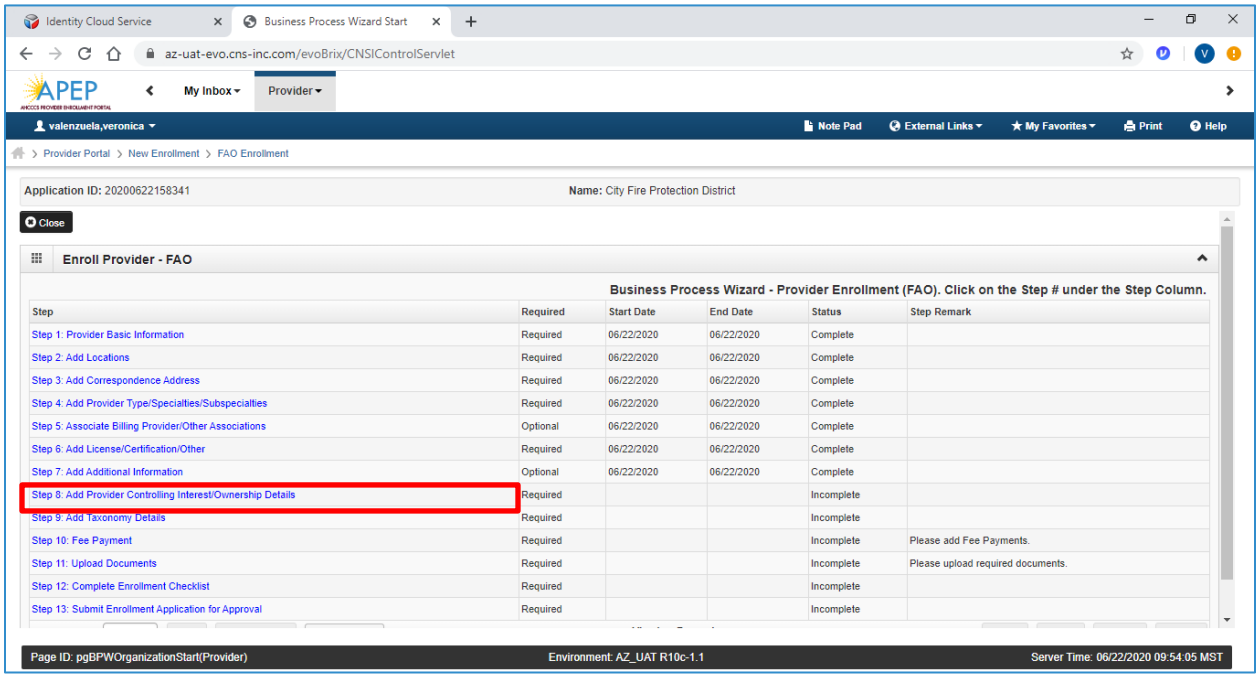
Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- 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.

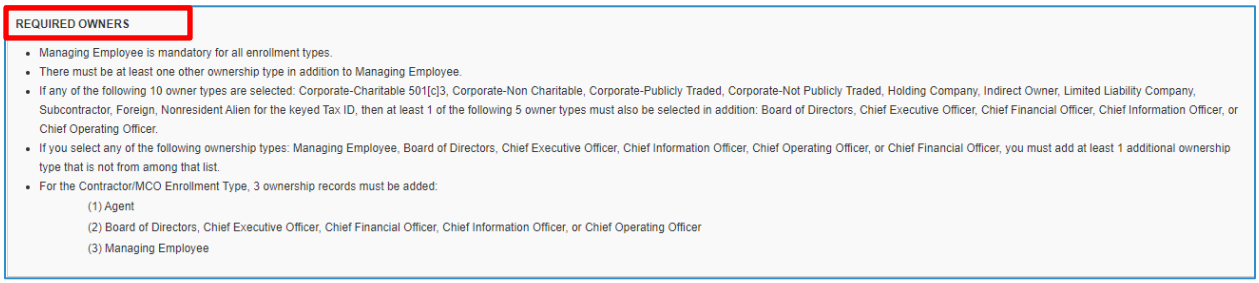
REQUIRED OWNERS

- 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"



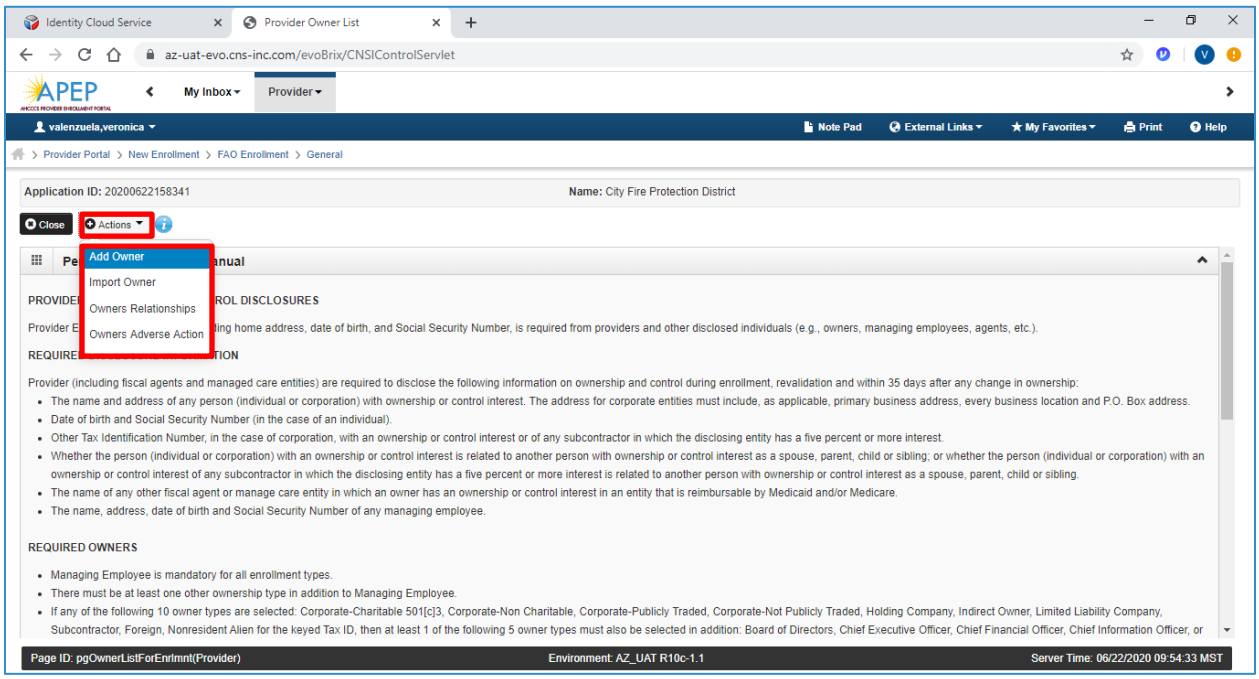
2. Clicking the link takes you to a page that describes who should provide details of ownership or controlling interest.



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).

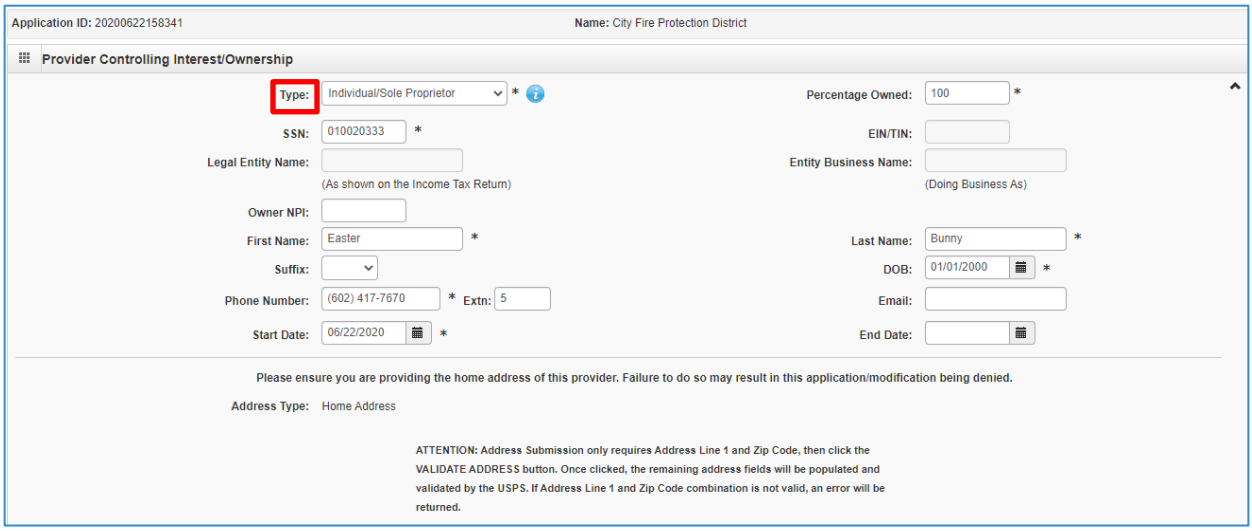
4. Select, “Add Owner,” in the drop-down menu.

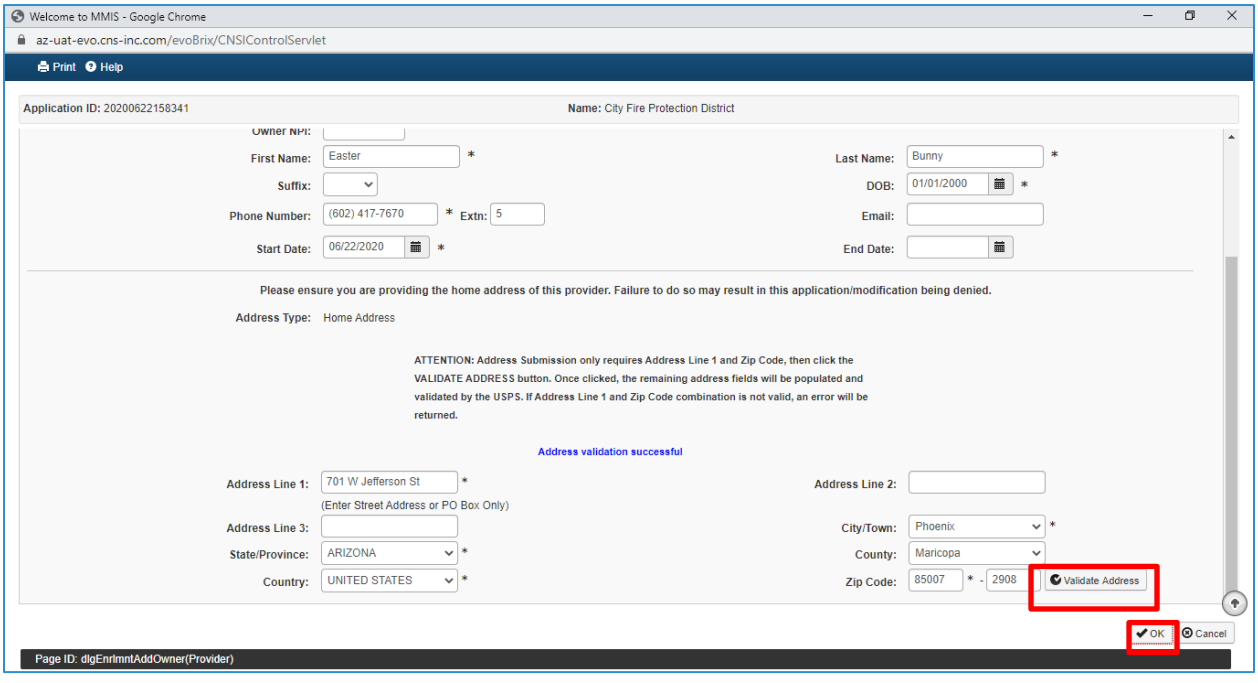


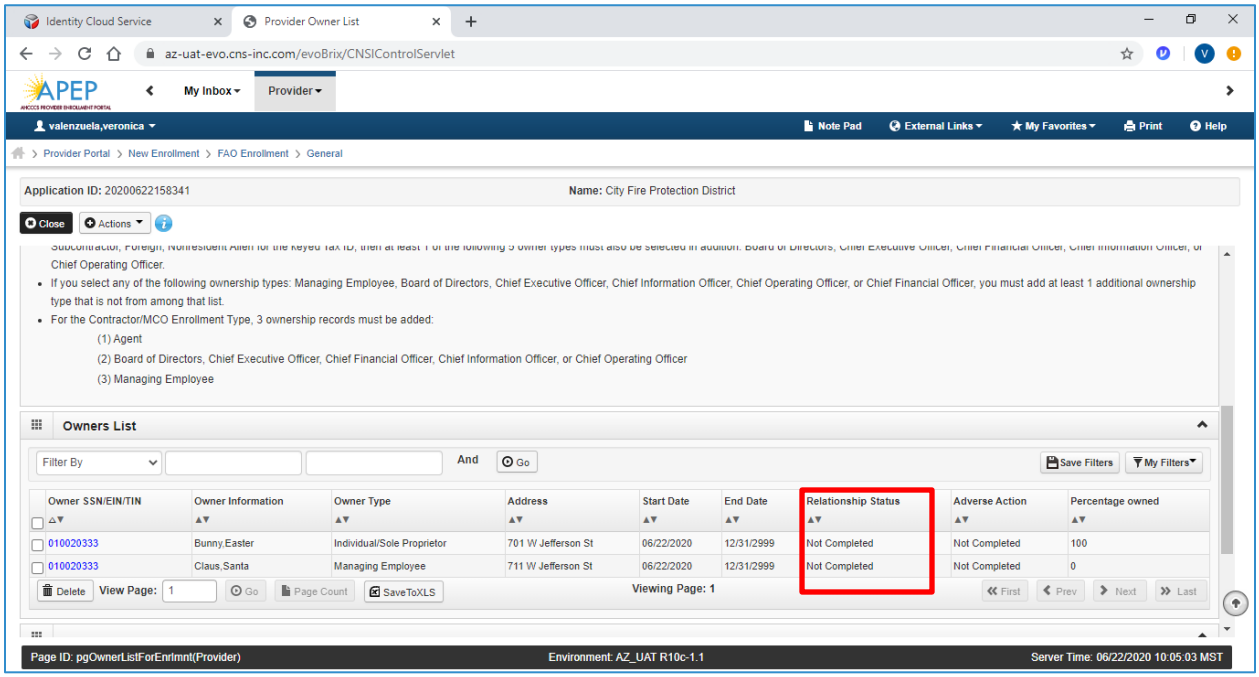
5. Select, “Type,” In this example Individual Sole Proprietor is selected as owner type. Complete all required fields.

6. Select, “OK.”

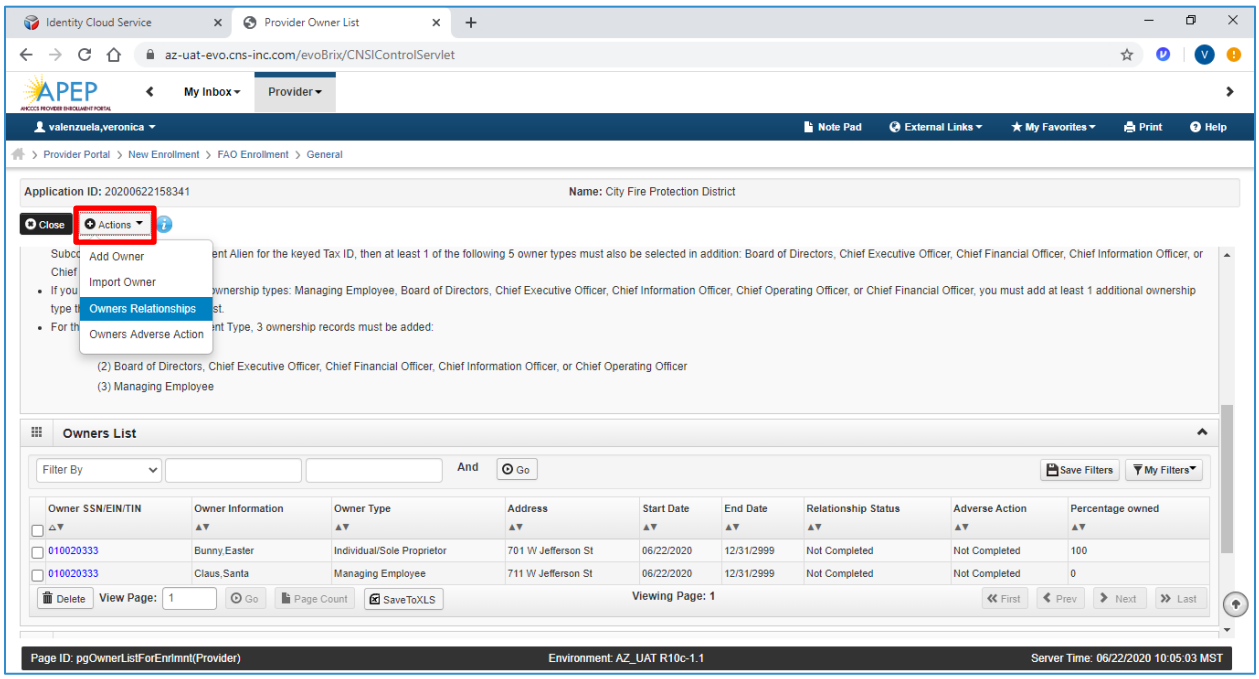
Note: The proprietor has 100% ownership and is the same individual as the Managing Employee.







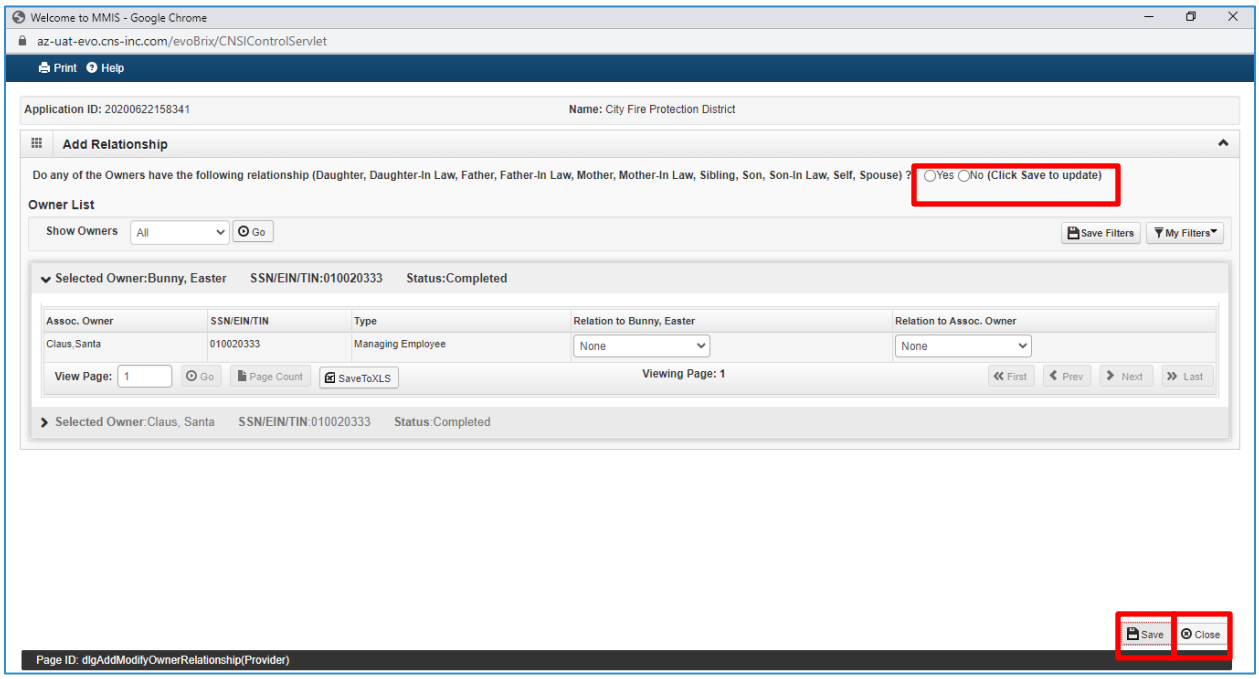
6. Select “Owner’s Relationships.” This option requires an action to proceed forward. Select “Actions,” then select “Owners Relationship” to disclose and establish Owner’s Relationships.



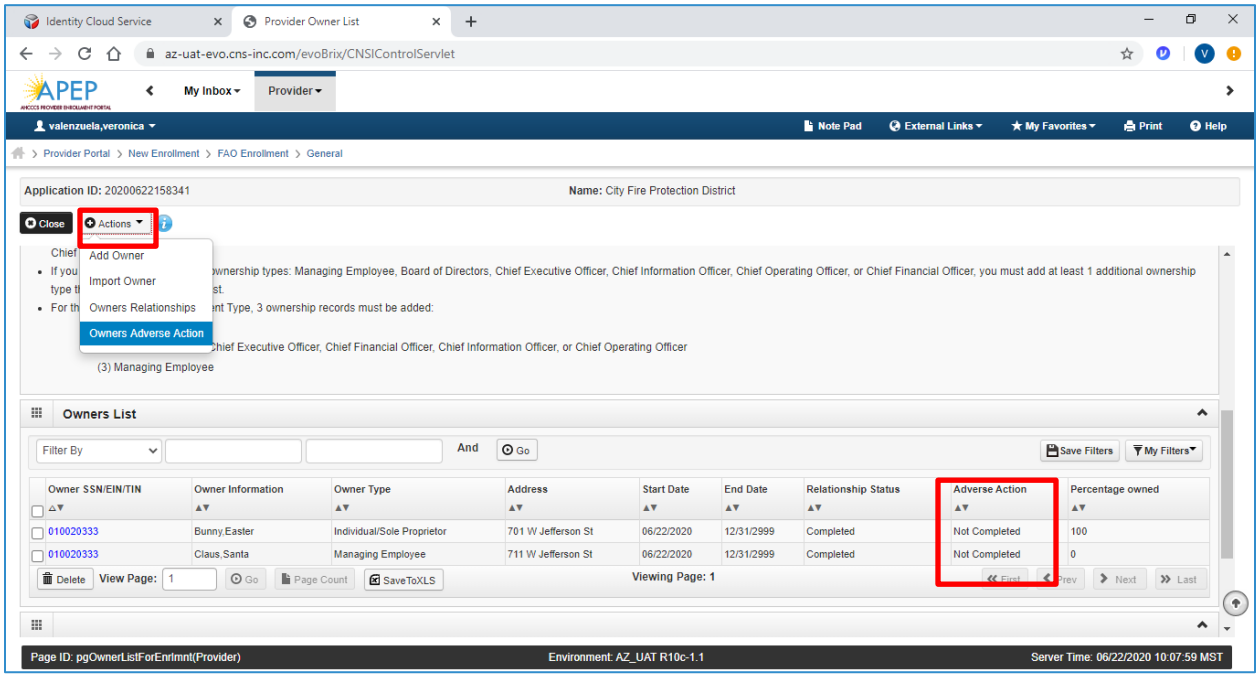
7. Complete the drop-down fields to describe the relationship between provider owners.

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.

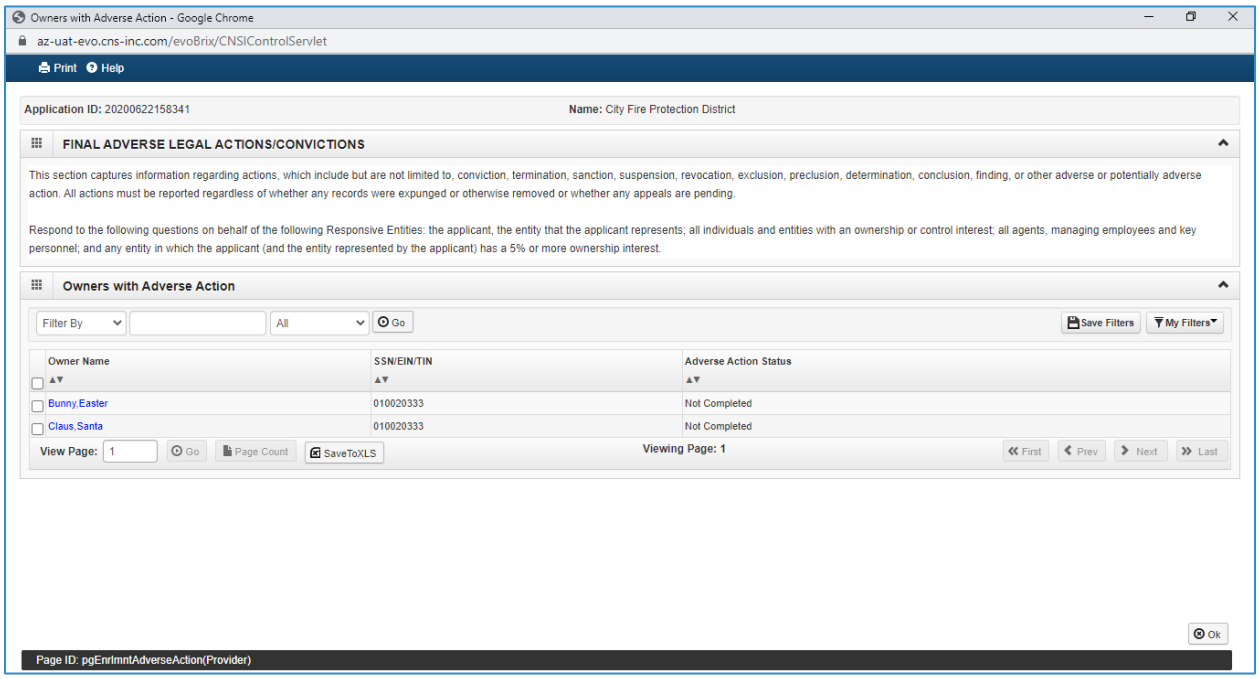
8. When all information has been entered, select “Save” then “Close.”



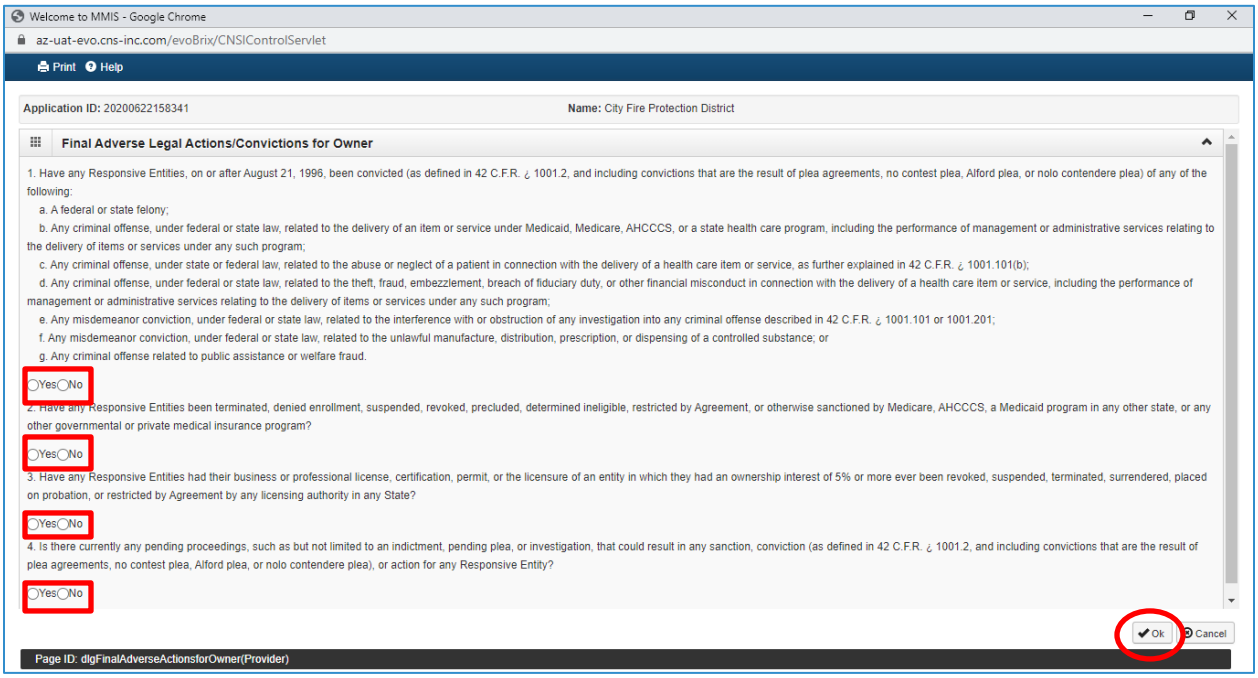
9. For each provider owner, you must disclose any adverse actions taken. Select “Actions,” then select “Owners Adverse Action.”



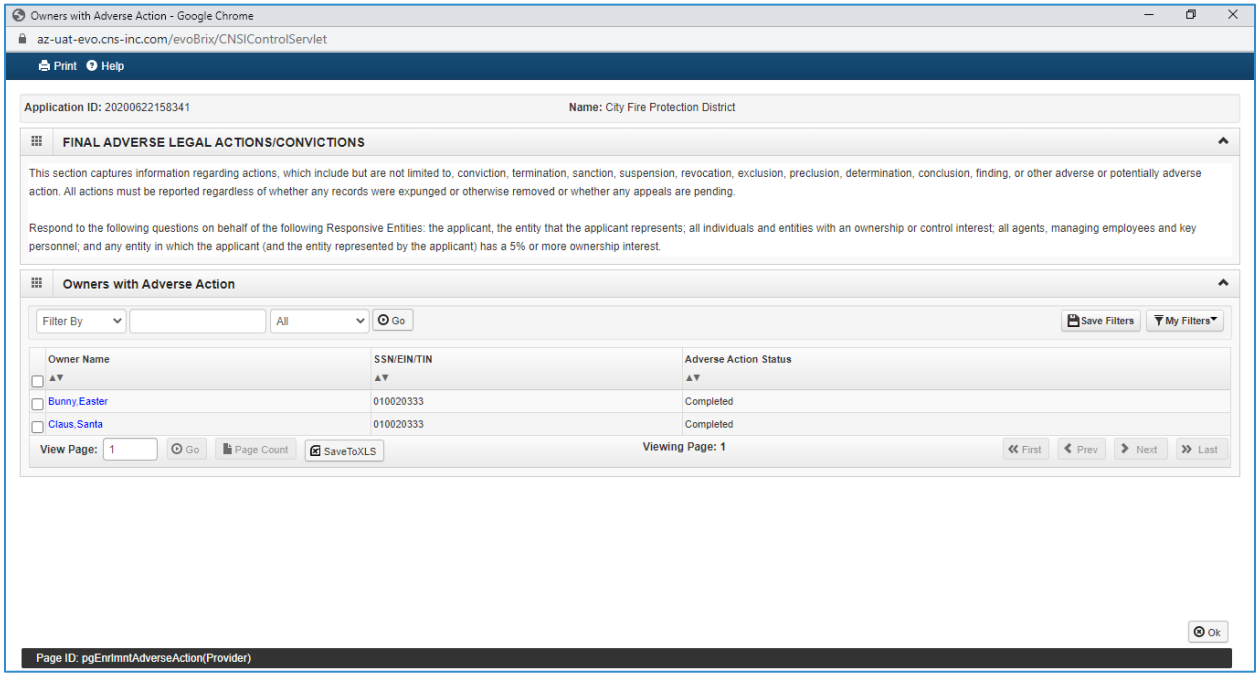
10. For each owner, indicate if any adverse actions have been taken by answering “Yes” or “No.”



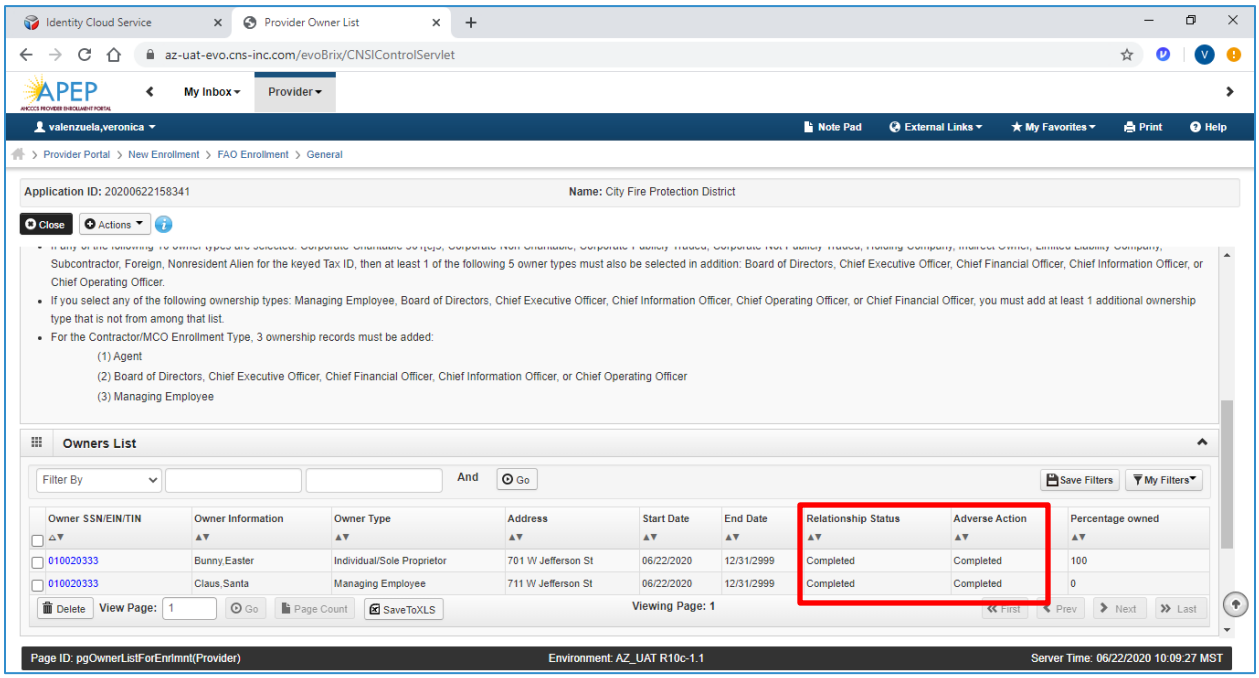
11. If “YES,” additional fields requiring a response to relevant details will populate. Click “OK” when complete.



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



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.

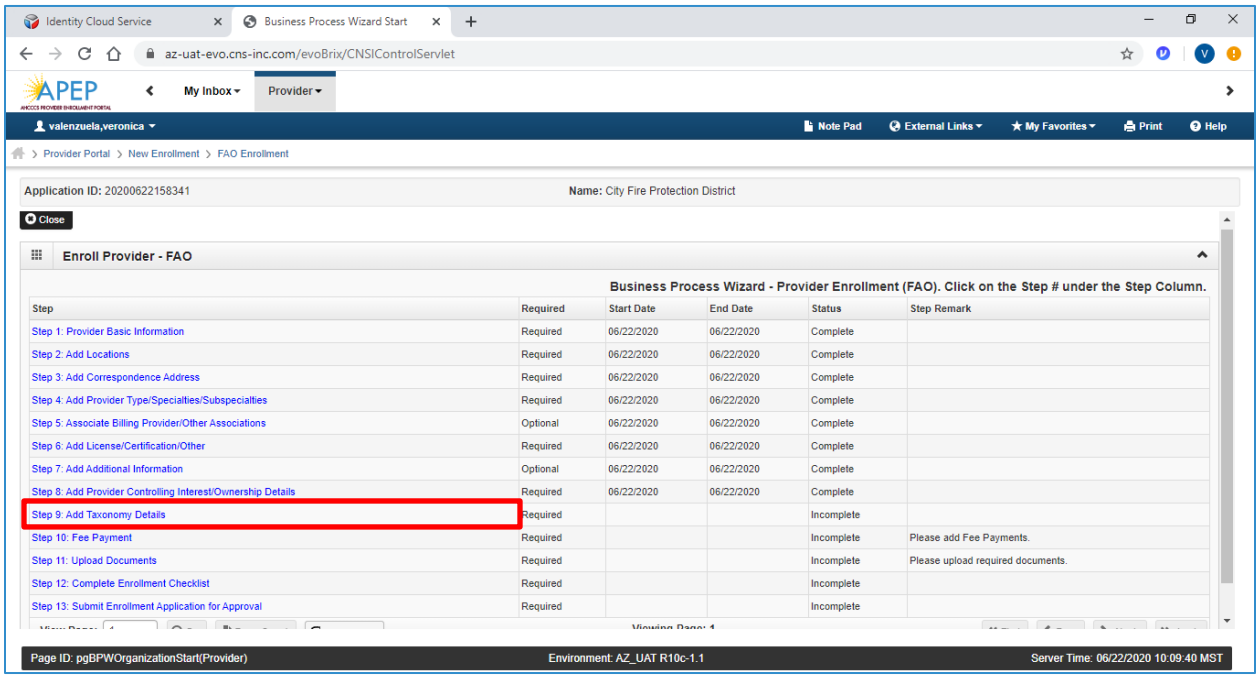


Step 9: Add Taxonomy Details

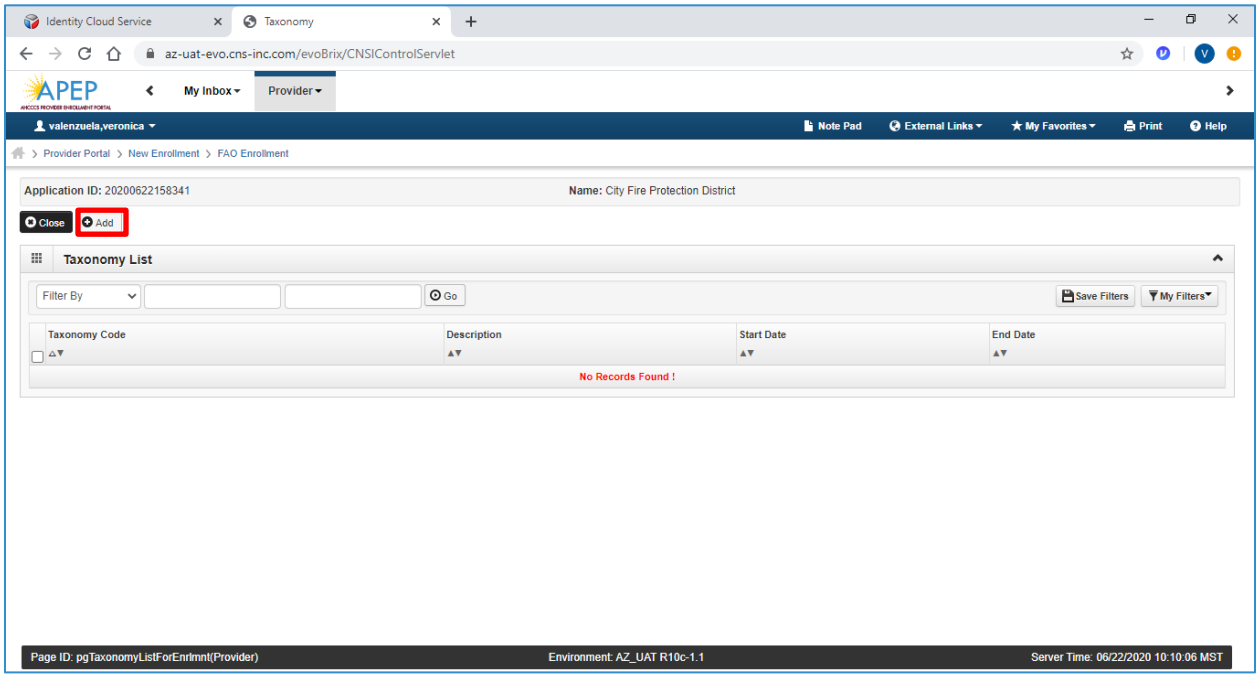
This step is related to the providers' National Provider Identifier (NPI) number.

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

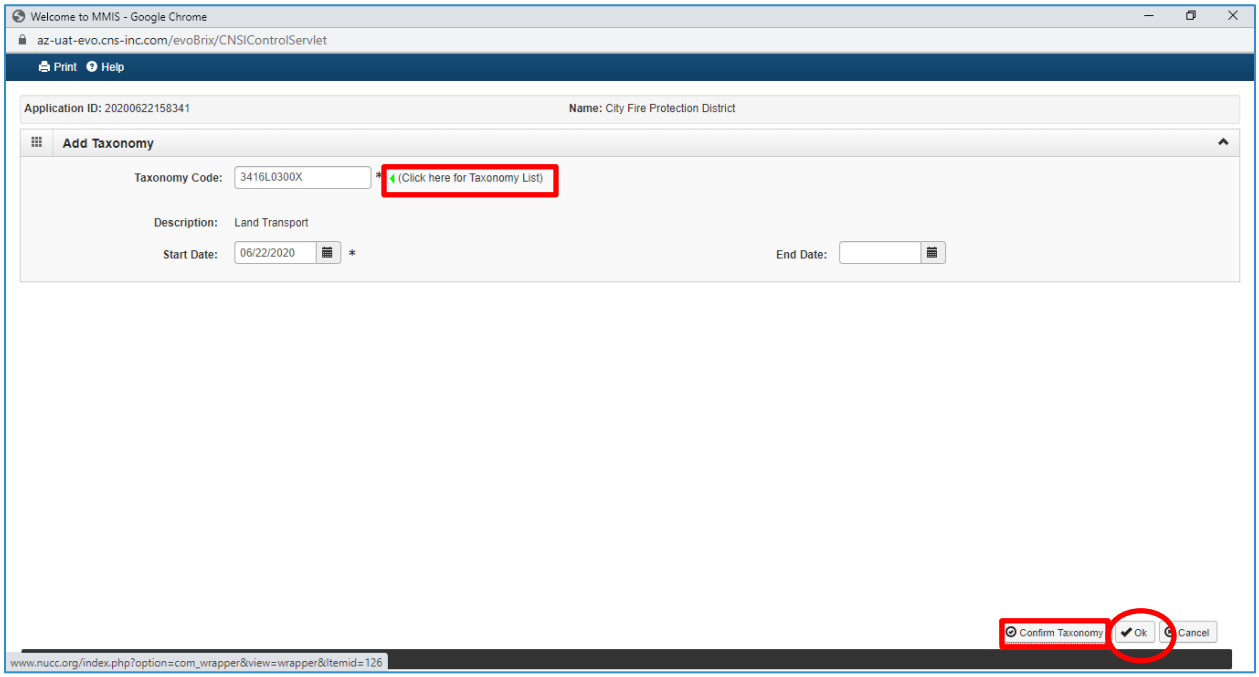
1. Select "Step 9: Add Taxonomy Details."



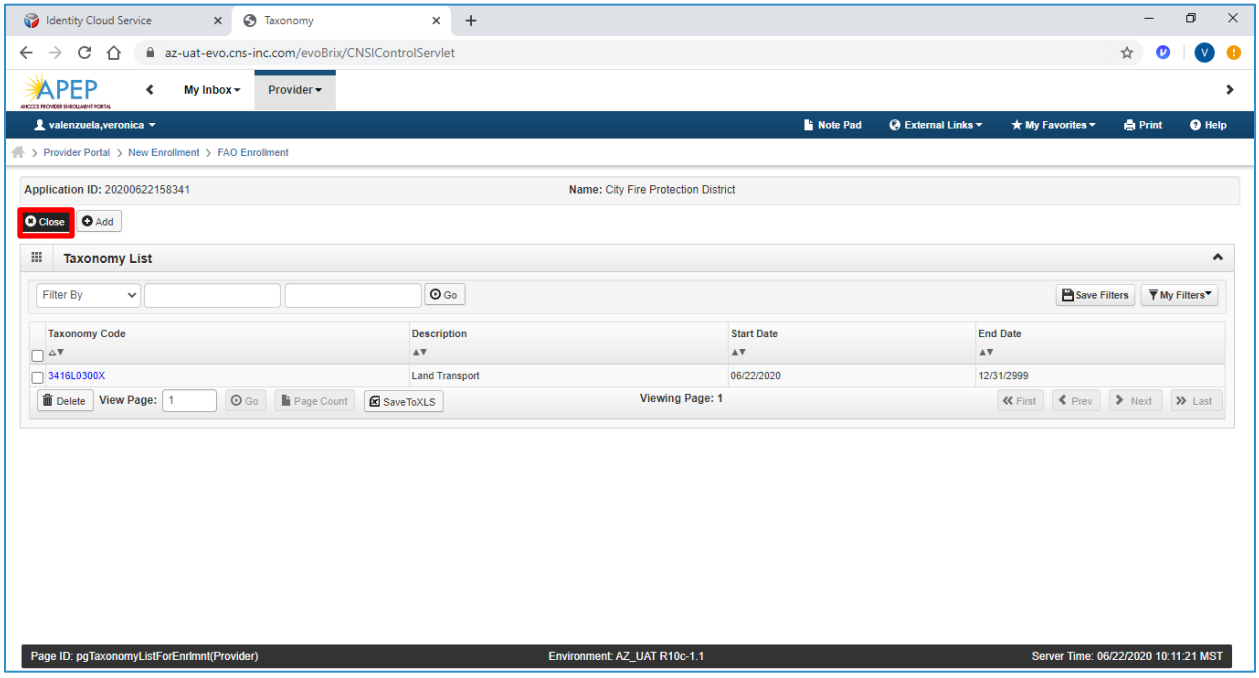
2. Select, "Add."



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."



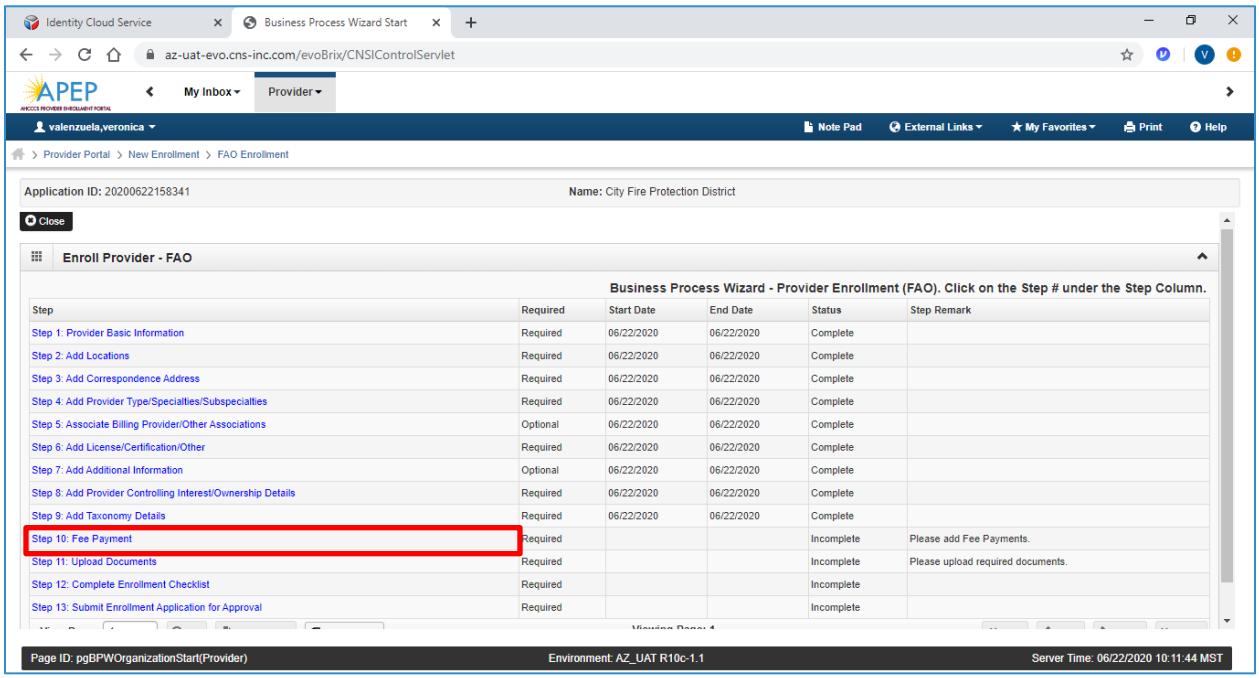
5. Select “Close,” to proceed forward.



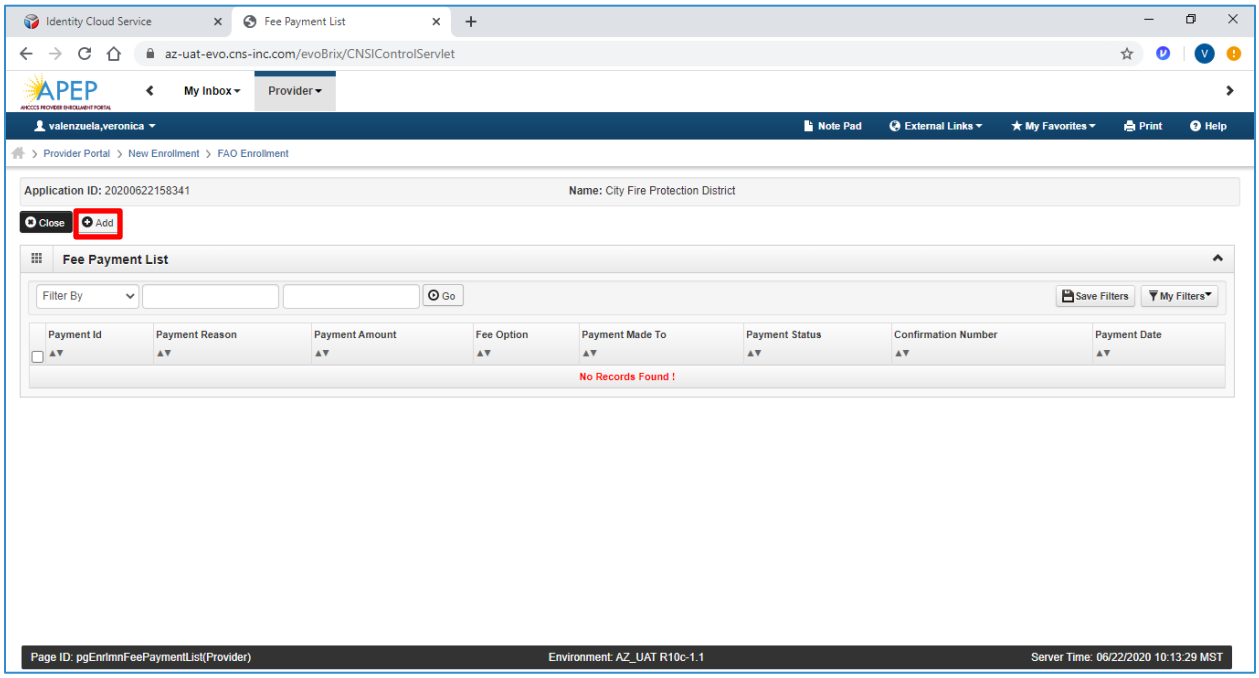
Step 10: Fee Payment

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.”



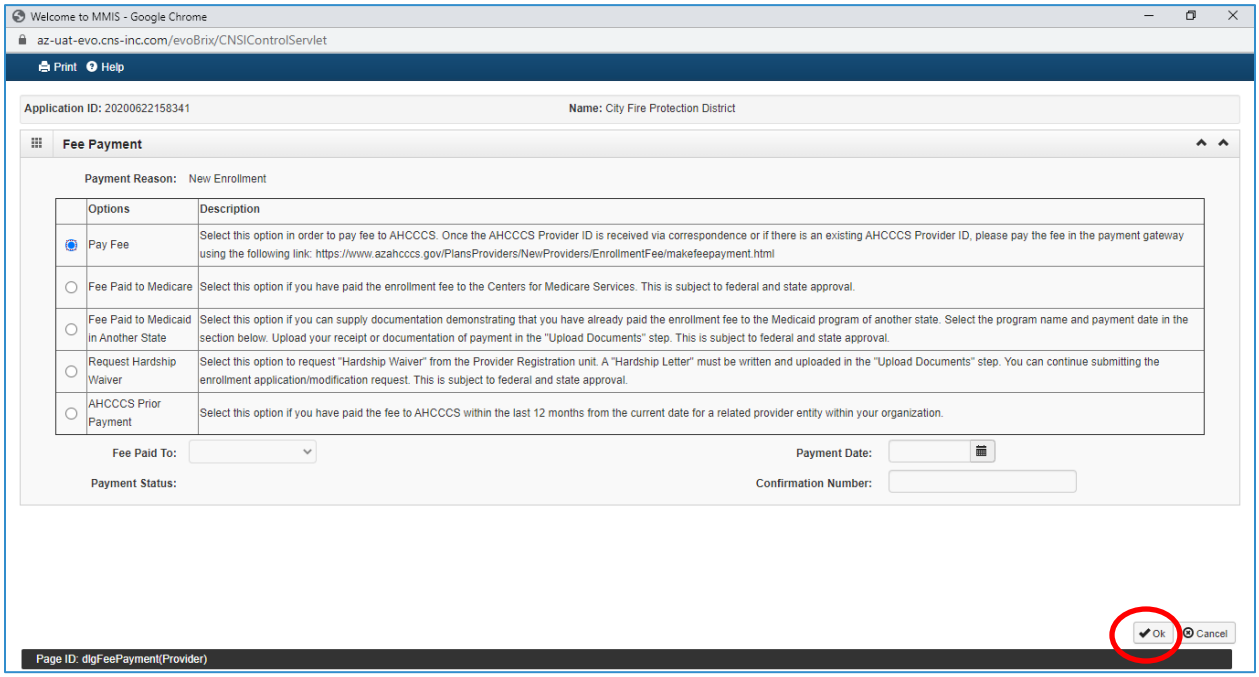
1. Select, “Add.”



2. Select applicable “Fee Payment” option.

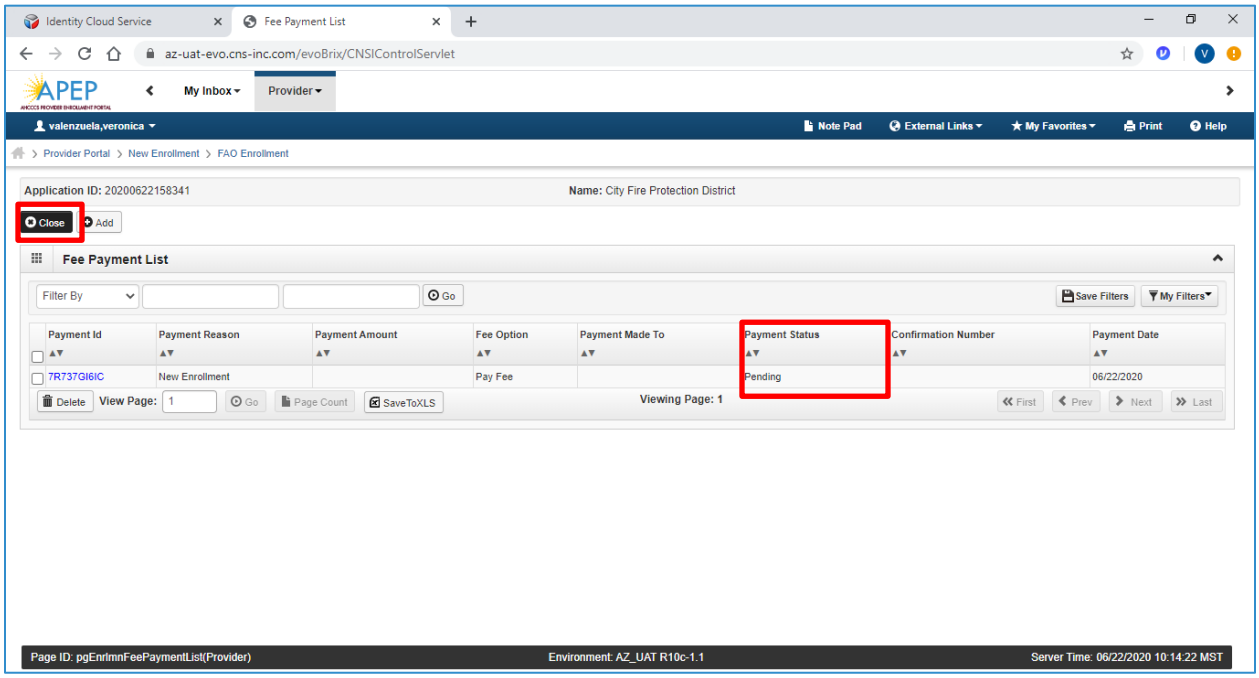
Note: With the exception of “Pay Fee”, all other options selected are subject to federal and state approval and could require additional information.

3. Select, “OK” to proceed forward.



4. Select, “Close” to proceed forward.

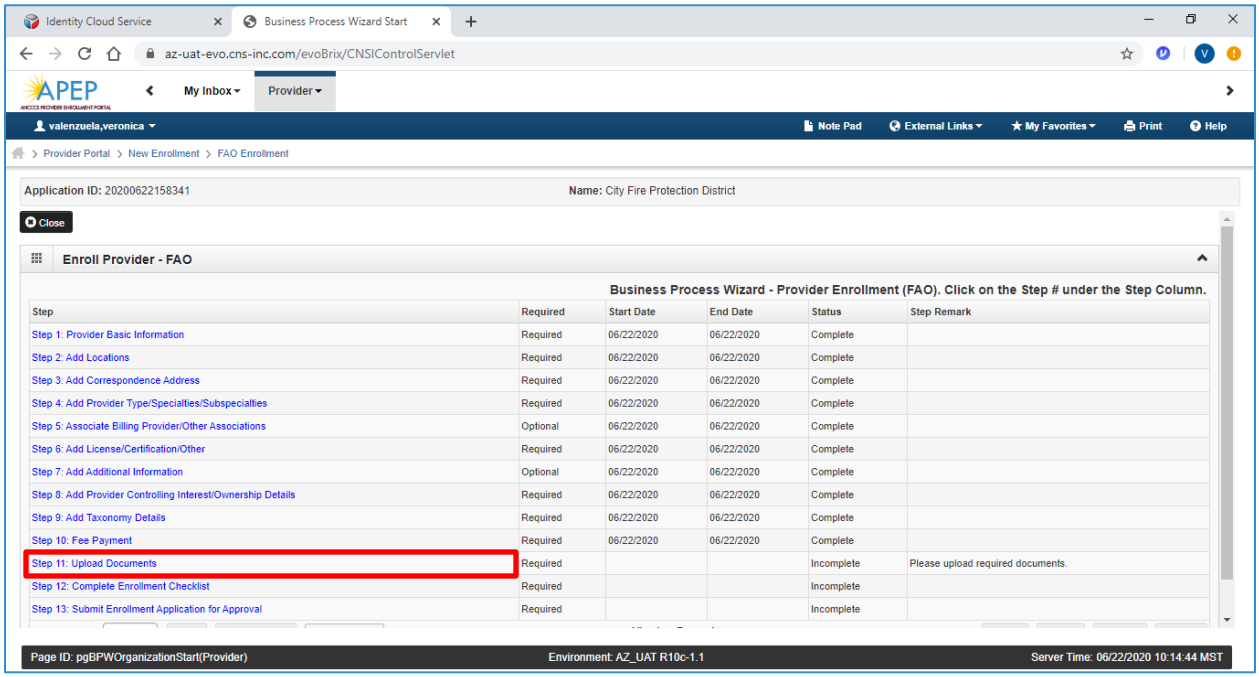
Note: The “Payment Status” column now indicates that the fee payment is pending.



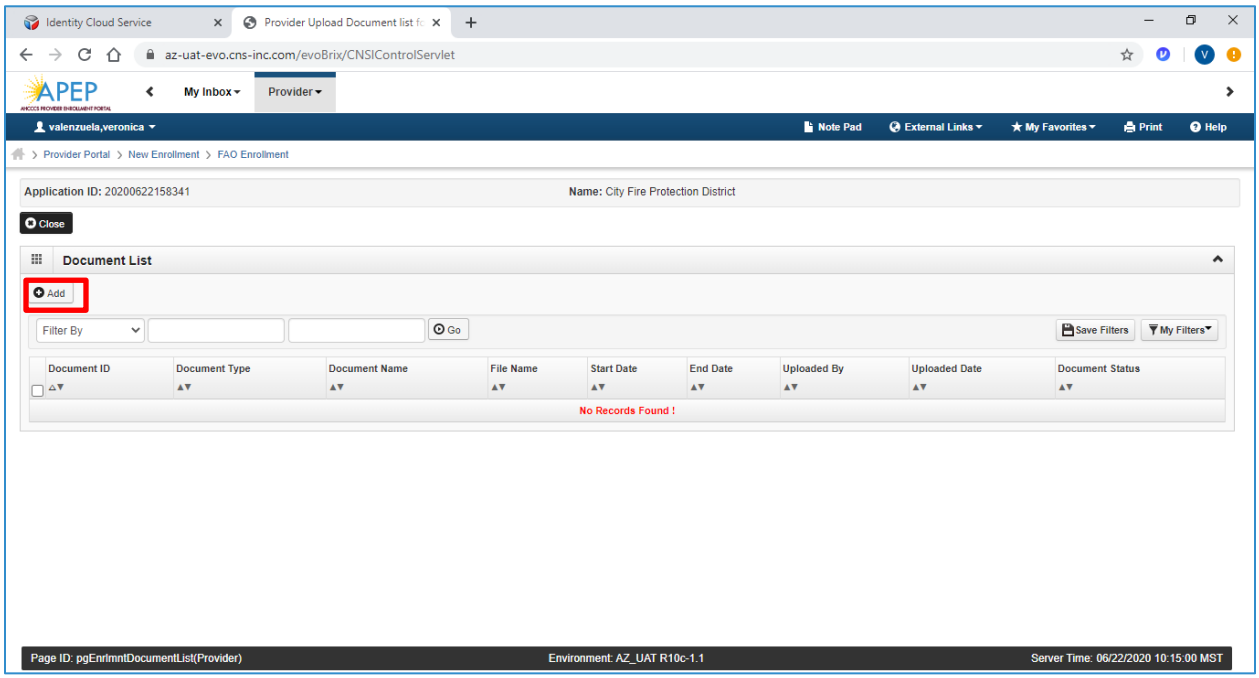
Step 11: Upload Documents

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
Business Process Wizard Start
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
Step 2: Add Locations
Step 3: Add Correspondence Address
Step 4: Add Provider Type/Specialties/Subspecialties
Step 5: Associate Billing Provider/Other Associations
Step 6: Add License/Certification/Other
Step 7: Add Additional Information
Step 8: Add Provider Controlling Interest/Ownership Details
Step 9: Add Taxonomy Details
Step 10: Fee Payment
Step 11: Upload Documents
Step 12: Complete Enrollment Checklist
Step 13: Submit Enrollment Application for Approval
Please upload required documents.
Page ID: pgBPWOrganizationStart(Provider)
Environment: AZ_UAT R10c-1.1
Server Time: 06/22/2020 10:14:44 MST

2. Select “Add.”

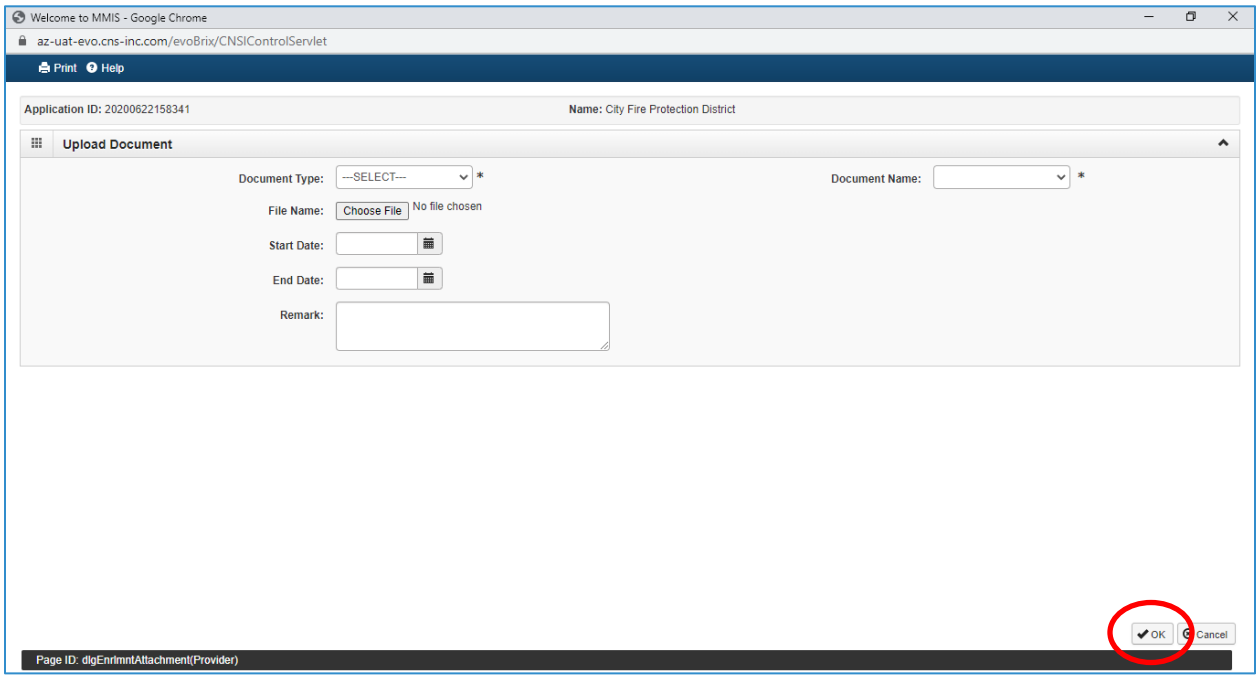

Identity Cloud Service
Provider Upload Document list f
az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet
APEP
My Inbox
Provider
valenzuela,veronica
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > New Enrollment > FAO Enrollment
Application ID: 20200622158341
Name: City Fire Protection 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: pgEnrlmntDocumentList(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.

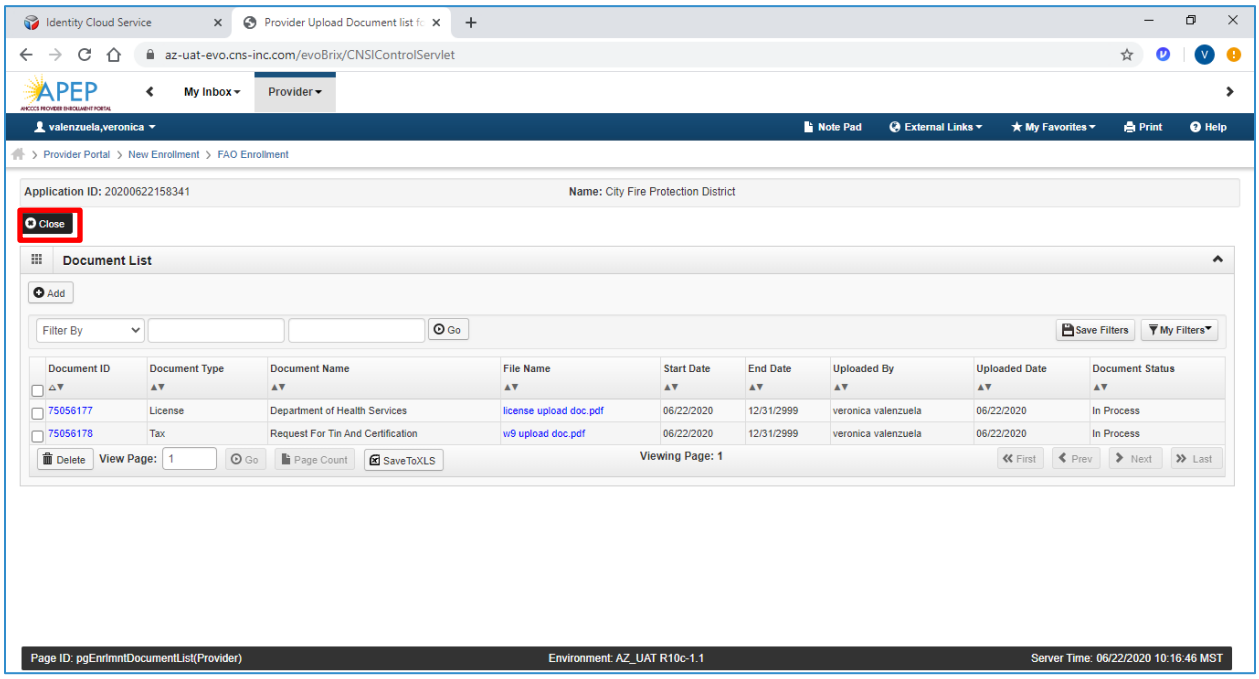
Note: The “Start Date” is the license/certificate date of issuance. If the license/certificate has a renewal date, this date will serve as the “End Date.” If the license/certificate does not have a renewal date, the “End Date” can be left blank.

5. Select “OK.”

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

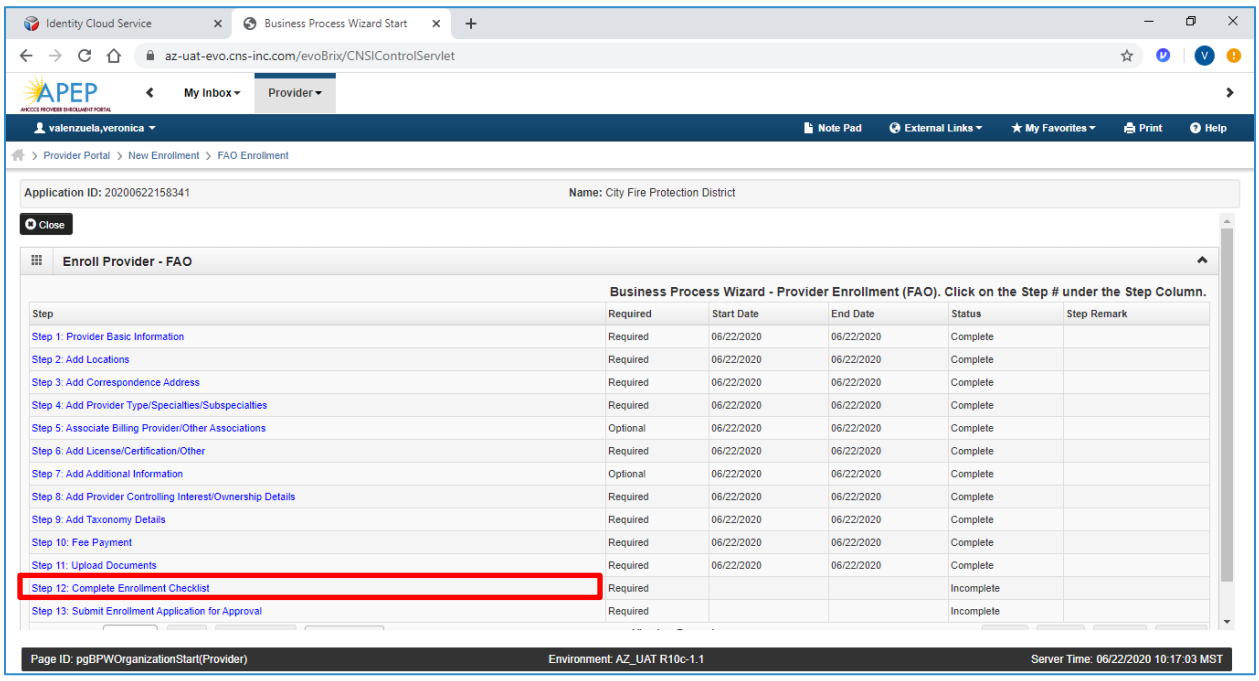


6. Repeat steps 1 through 5 for each document to upload.
7. Once “Upload Documents” has been completed, each Uploaded Document will display with document name and start/end dates.
8. Select “Close” to proceed forward.



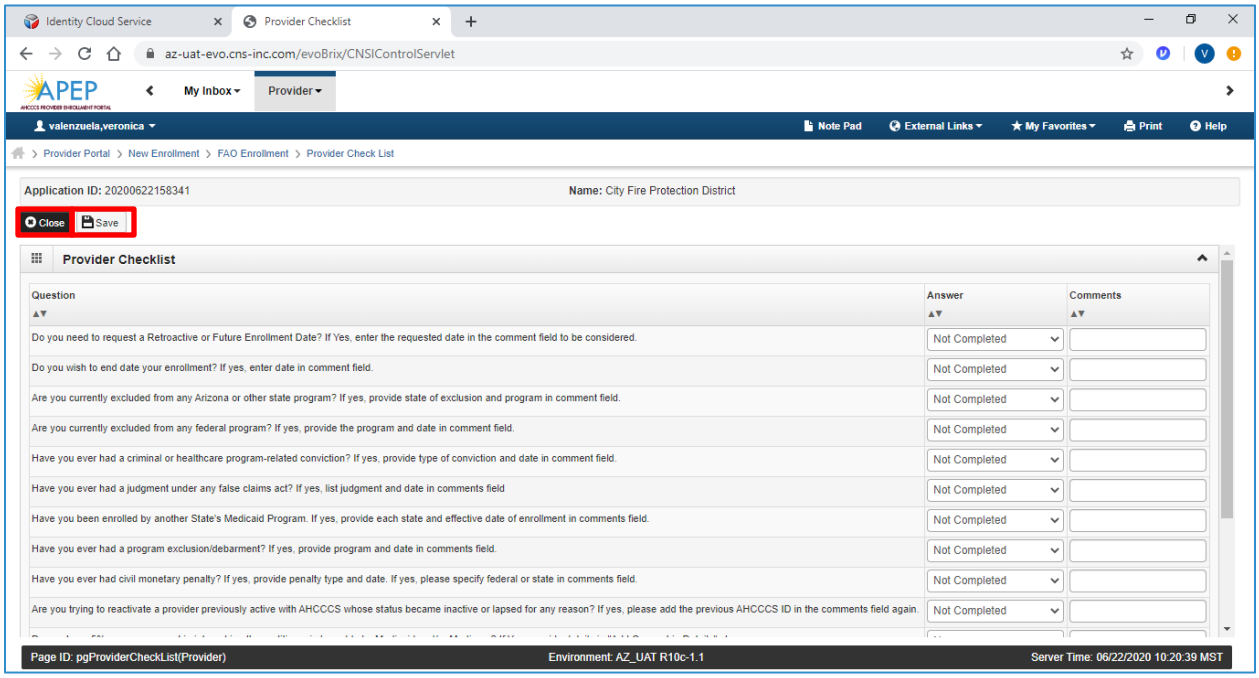
Step 12: Complete Enrollment Checklist

1. Select “Step 12: Complete Enrollment Checklist.”

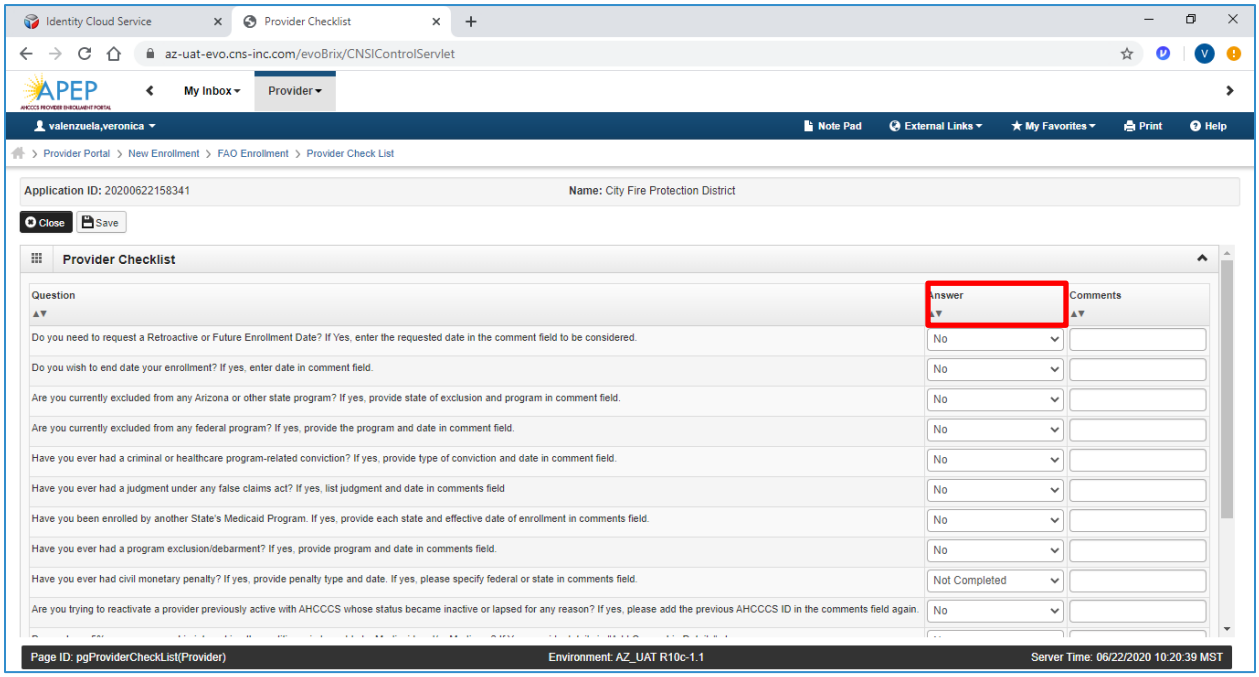


2. Answer each question and provide any additional information in the comments field. After reviewing the information, select “Save” and then select “Close.”

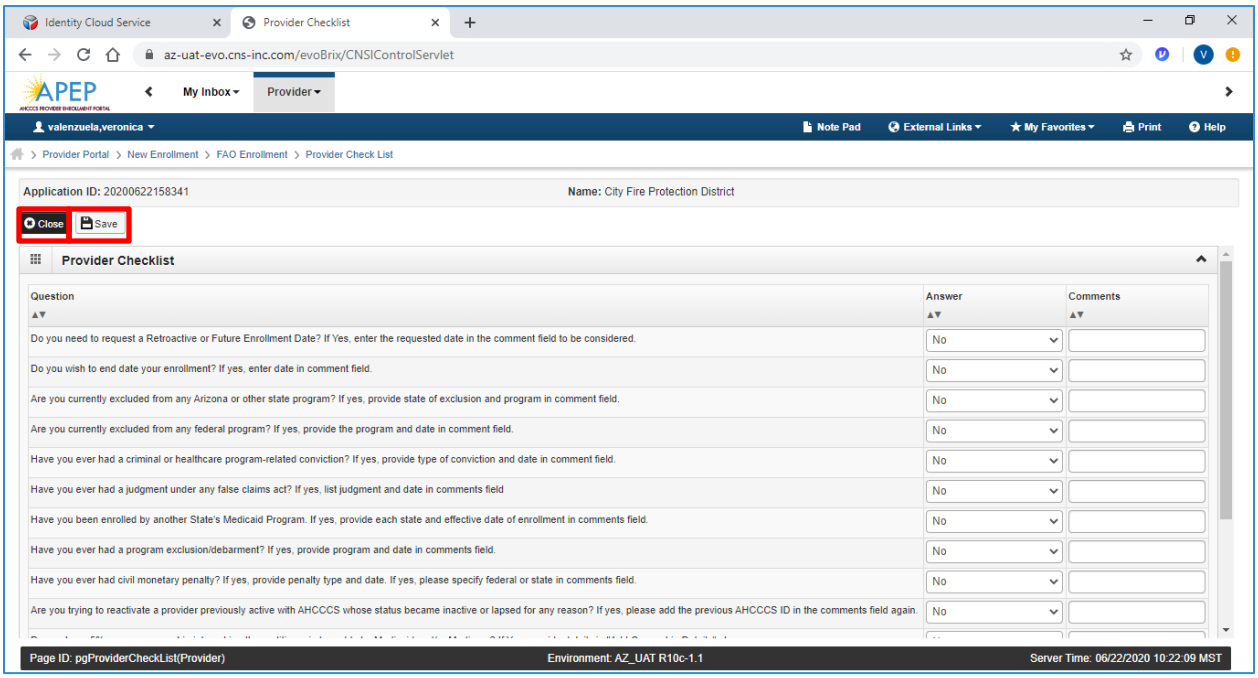
Note: Specific questions could result in additional information needed, resulting in potential completed steps requiring review and an action taken by the provider prior to submission.



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



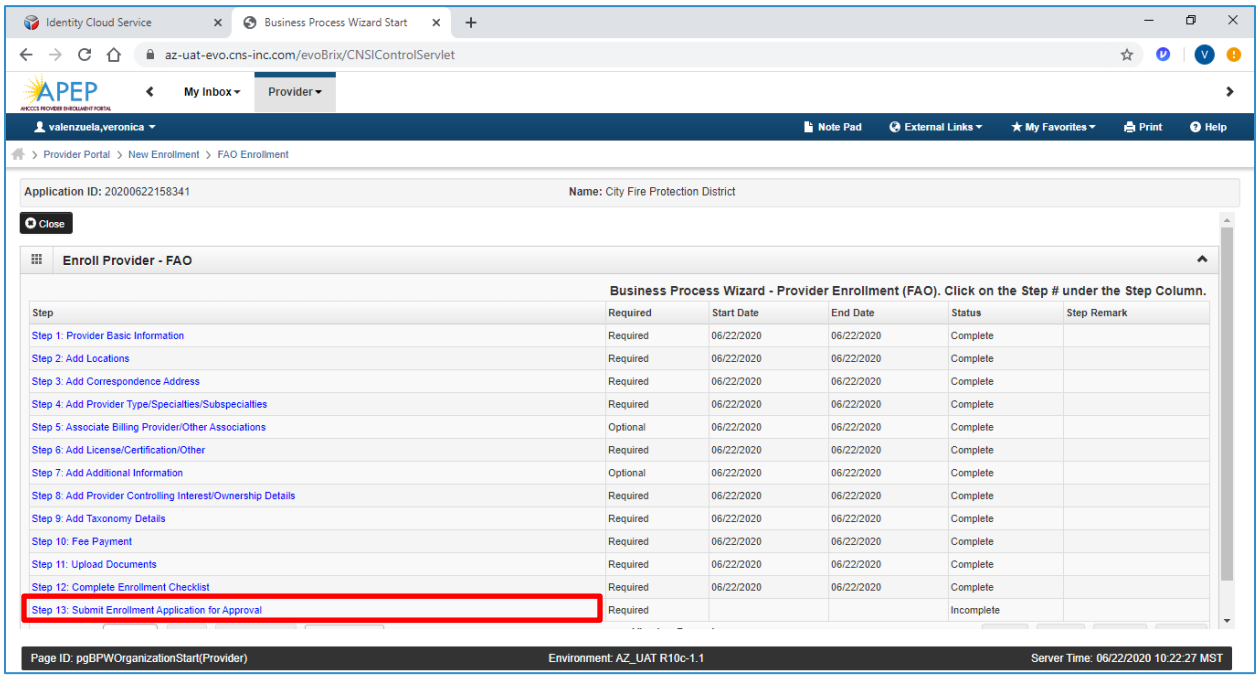
4. After reviewing the information, select “Save” and then select “Close.”



Step 13: Submit Enrollment Application for Approval

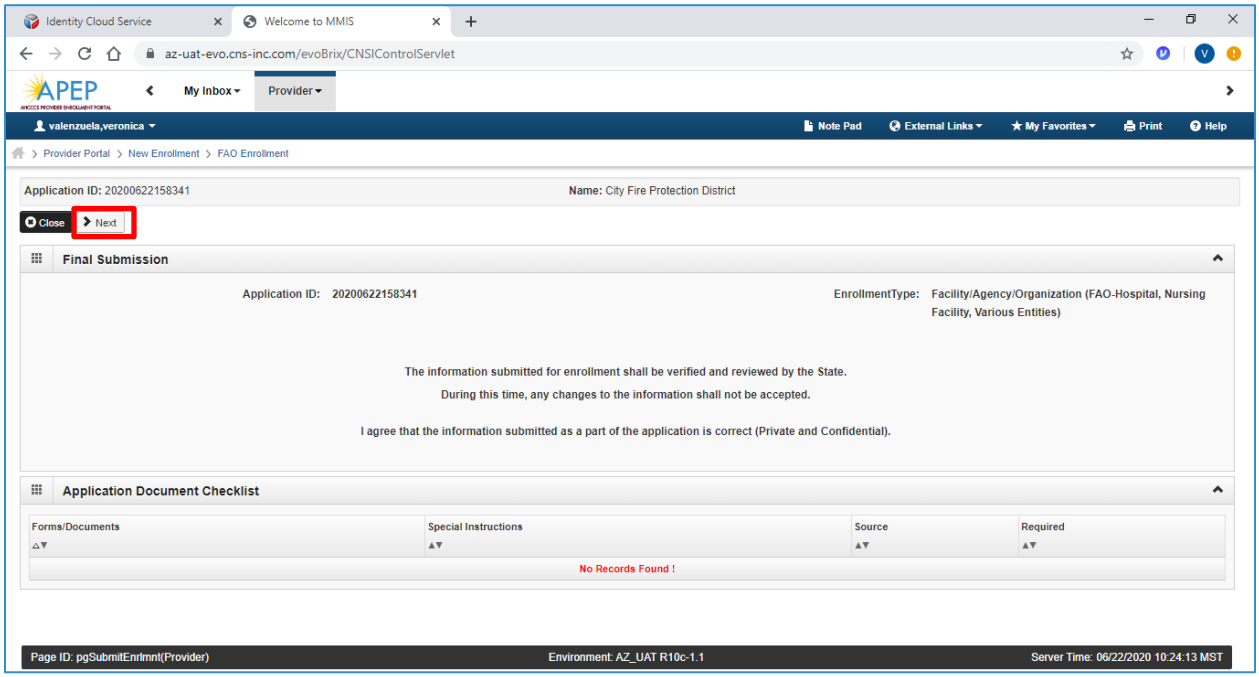
Note: If a step is displaying “Incomplete” in the Status column, Please return to that step and complete all required fields.

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



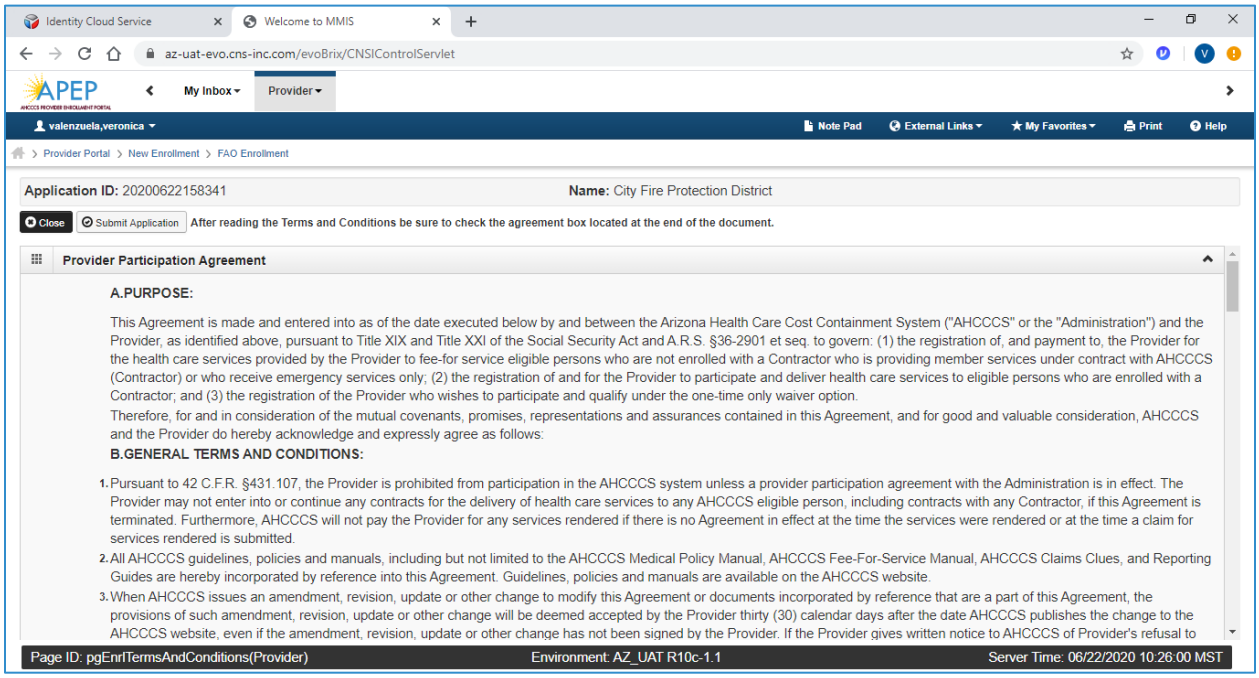
2. Select, “Next.”

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



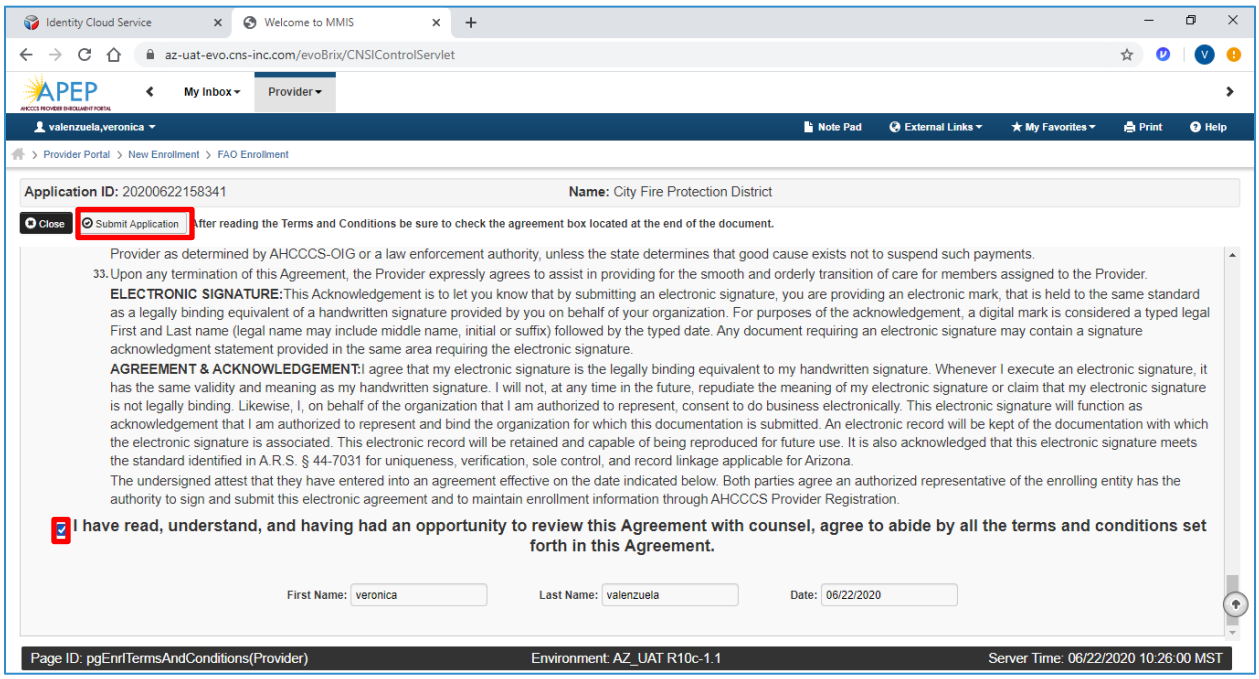
3. Carefully review the Provider Participation Agreement.

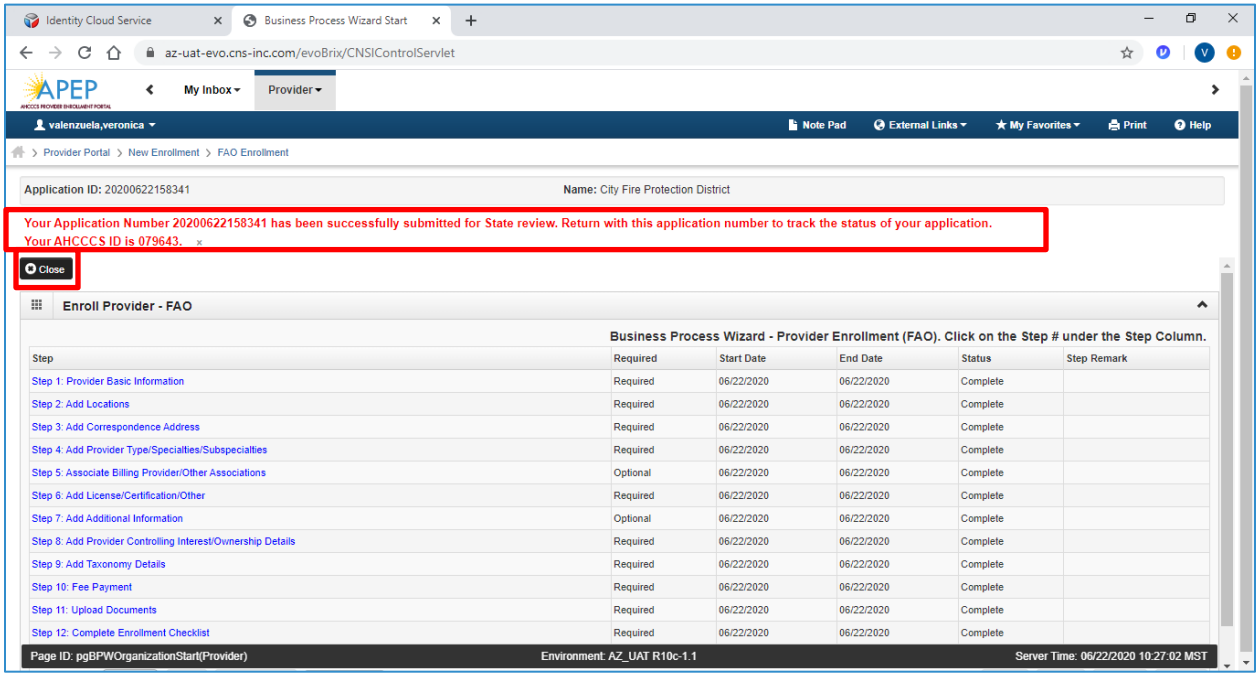
Note: The image below is an example of a Provider Participation Agreement. Prior to submission, each provider must review the Medicaid Provider Participation Agreement in its entirety.



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.”



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.”