

## Adding a New Behavioral Health Professional In the AHCCCS Provider Enrollment Portal (APEP)

Step	Action					
1.	Log into the APEP website at <a href="http://www.azahcccs.gov/APEP">http://www.azahcccs.gov/APEP</a> .					
2.	Under the domain dropdown, select the organization's name.					
3.	Under the Select Profile dropdown and select ' <b>Provider Enrollment Access</b> ', then "Go".					
4.	<ul> <li>Once in the Provider Profile</li> <li>Go to 'Provider' tab (at the top of the page)</li> <li>Select 'Manage Provider Information'</li> </ul>					



	AHCCCS ID:	Name:		
	Cose			
	Add     Provider Types: BH Outpatient Clinic, Behavioral Health Residential Facility	, and integrated Clinics must complete the Behavioral He	alth Professional List by adding information for all behavioral healt	n professionals working at the facility.
	Filter By	And Filter By	•	And Operational Status Active v O Co
	Behavioral Health Professional Name	Credentials NPI AHCCCS ID A* A* A*	SSN Start Date End Date Sta A* A* A* A* A* No Records Found 1	tus Operational Status Inactivation Date ΔΨ ΔΨ
	A closer look			
	AHCCCS ID:			
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	O Close			
	III Behavioral He	alth Professional Lis	•	
	O Add			
	Provider Types: BH Ou	tpatient Clinic, Behavior	al Health Residential Facility	, and Integrated Clinics must co
	Filter By	~		And Fi
	Behavioral Health Pr	ofessional Name		Credentials
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7.	A popup window will ope	n. Fill in the BHP	information in the p	opup window
			Name:	
	Add Behavioral Health Professional Work	ing at Facility	Nama	
	Add Behavioral Health Professional Worl     Provider Types: BH Outpatient Clinic, Behavioral He	ing at Facility ith Residential Facility, and Integrated Cili	Name:	h professionals working at the facility.
	NPI Add Behavioral Health Professional Worl Provider Types: BH Outpatient Clinic, Behavioral Health Behavioral Health Professional First Name:	ting at Facility atth Residential Facility, and Integrated City IAMES	Name: nics must add information for all behavioral healt Behavioral Mealth Professiona	h professionals working at the facility.
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	Click ok (on	the bottom right corner)				
	Back on the Modification window the BHP will show as being in review:					
	Behavioral Health Professional List     One     Provide Tensor Bit Constitut Clinic Rehavioral			^		
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	Provider Bed Information List			-		
	Repeat this proces	ss to disclose each BHP that	is working for your organization	า		
8.	Once all your BHP	have been added close out of	the screen.			
		AHCCCS ID:				
		O Close				
		III Behavioral Health Professional List				
		O Add				
		Provider Types: BH Outpatient Clinic, Behavioral Health Re	sidential Facility, and Integrated Clinics mus			
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	On the View/Update Provider Page Step 7 will show as updated.					
9.	On the View/Updat	<b>.</b> .				
9.	On the View/Updat	Optional 10.09/2024	07/21/2022 Complete Updated			
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9. DO viev u m	On the View/Update Step 7. Additional Information NOT STOP HERE - w and approval. If y compliance with the nust continue throu	The Modification application you do not continue and subr he requested disclosures and igh the next steps to submit to the disclosed BHP info	still needs to be submitted for some will no still needs to be submitted for some will no d could be at risk of termination the modification for the State to rmation.	Stat ot be rev		
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11.	In step 15 Submit Modification Request for Review: you must click the next button at the top.					
	AHCCCS ID: NPI:					
	O Close > Next					
	Final Submission					
	NPI:					
12.	Read and e-sign the PPA, and click submit for modification.					
	36 Any notice from AHCCCS concerning termination, suspension, offset, overpayment, penalty or any subpoena issued pursuant to A.R.S. § 36-2918 will be deemed to have been delivered and/or served upon the Provider if delivered to any address supplied by the Provider pursuant to 4.2 C.F.R. § 455.104, to any address where services are provided to AHCCCCS members, to any managing employee as defined by 42 C.F.R. § 455.101, to any person with an ownership or control interest as defined by 42 C.F.R. § 455.101, or to any agent authorized by appointment or by law to receive service. Delivery is deemed complete upon any one of the following as applicable: signature of a certified mail return receipt; refusal of delivery; the return of the laten as undeliverable despite being properly addressed; 5 days after mailing by USPS First Class if properly addressed; delivery in person to an aduit person at the applicable address; or by any other method reasonably calculated to effect actual notice.					
	37. The AHCCCS-OIG conducts investigations of claims and in such investigations may determine an overpayment amount by using statistical sampling studies. Such studies use a randomized process to identify a sample of claims for review. Errors found in such sample are extrapolated to a wider population of claims for determination of overpayments. Provider stpulates that a statistical sampling study determination of overpayment constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods. Provider stpulates that there can be multiple valid methods to conduct a statistical sampling study and any such study is not invalid even if it could have been performed using a different methodology.					
	I have read, understand, and having had an opportunity to review this Agreement with counsel, agree to abide by all the terms and conditions set forth in this Agreement. The undersigned attests that heishe is an authorized representative of the enrolling entity, has authority to sign and submit this agreement and has entered into an agreement effective on the date indicated below.					
	I affirm under penalty of law that the information 1 have provided on this form is true, accurate and complete to the best of my knowledge.					
	2 I have read, understand, and agree to abide by all the terms and conditions set forth in this Agreement.					
	Reis Name of Discharter ENM DOB					
	Authorized Representative					
	Signature Name of Disclosing Entity (Provider) or Date					
	Authorized Representative					
A red ba made w make c	anner will appear at top showing the modifications were submitted. Corrections can be /hile the red banner stating the request has been submitted is there. Click "Pull Back" to orrections.					
c	Close Oldo Update Pull Back					
т	he Modification Request has been submitted for State review. Click Pull Back to do any corrections before the request is assigned to a State staff. 🗴					
6	Print					
Once th made.	ne red banner changes to say that the request has been received changes can no longer be The "Pull Back" will be greyed out and cannot be clicked.					
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You	ar modification request has been received by AHCCCS and is currently assigned for review. Therefore, the Pull-Back option is not allowed. Please contact Provider Enrollment at (602) 417-7670 option 5 for assistance. 🛪					
Once th	ne modification has been reviewed and processed you will receive correspondence from CS by your preferred correspondence.					