

**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

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**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:

<b>AHCCCS/OFFICE OF INSPECTOR GENERAL (OIG)</b>	<b>CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)</b>	<b>CONTRACTOR</b>
<b>CREDIBLE ALLEGATION OF FRAUD</b>	<b>MEMBER</b>	<b>PROVIDER</b>

**III. POLICY**

**A. AHCCCS REGISTRATION**

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

All providers of AHCCCS-covered services, for both managed care and FFS shall:

1. Enroll with AHCCCS, which includes but is not limited to, signing and submitting to AHCCCS, the Provider Participation Agreement (“PPA”) or Group Biller Participation Agreement (“GBPA”), as applicable.
2. Comply with all Federal, State, and local laws, rules, regulations, executive orders, and agency policies governing performance of the Provider’s duties under the PPA or GBPA.

3. As specified in 42 CFR 455 Subpart B, provider is required to disclose with submission of its provider application, upon execution of the provider agreement, and upon request by AHCCCS during re-validation of enrollment or otherwise upon written request the following:
  - a. The identity of any individual or entity who:
    - i. Has an ownership or control interest in the provider, or is an agent or managing employee of the provider, and
    - ii. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
  - b. Consistent with 42 CFR 455.104, for any provider that is not an individual practitioner or a group of practitioners, the following disclosures shall be made:
    - i. 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, and
      - b) Whether the individual is related to another person with ownership or control interest in the provider as spouse, parent, child, or sibling.
    - ii. 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 P.O. Box address for the entity, and
      - d) The entity's tax identification number.
    - iii. 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, provider shall disclose the entity's tax identification number,
    - iv. 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, 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,
    - v. The name of any other disclosing entity in which an owner of the provider has an ownership or control interest, and
    - vi. The name, address, DOB, and social security number of any managing employee of the provider.
  - c. 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
  - d. 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.
4. Sign any attestations during initial enrollment, reenrollment, revalidation, or recertification specified by provider type.
5. Comply with the AHCCCS requirements specific to the provider type applied for, including but not limited to:
  - a. Requirements relating to professional licensure,
  - b. Certification, or
  - c. Registration as specified in Attachment A, current Medicare certification.

6. The provider shall disclose with submission of its provider application; upon executing the provider agreement; and the provider has an ongoing obligation to disclose to AHCCCS within 24 hours: 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, and/or certification 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.
7. Complete enrollment application online in the AHCCCS Provider Enrollment Portal (APEP). Access links and training materials are available on the AHCCCS website.
8. For institutional and other designated provider types specified in Attachment A, submit an enrollment fee.
9. For specific provider types, shall grant access to AHCCCS/Division of Member and Provider Services (AHCCCS/DMPS), or its designee, to complete a site visit prior to enrollment as specified in Attachment A. Providers are subject to unannounced post-enrollment site visits as well.
10. As applicable, and as a condition of enrollment, certain provider types based on risk category and individuals identified in the FCBC One Pager available on the AHCCCS APEP webpage at [https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC\\_OnePager.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC_OnePager.pdf) shall consent to complete a Fingerprint-based Criminal Background Check (FCBC) , which requires the submission of fingerprints to complete a criminal background check. Failure to do so shall result in application denial or enrollment terminated as specified in 42 CFR 455.450(d).
11. AHCCCS may, in its sole discretion, conduct criminal background checks and/or fingerprint checks of the provider or any employees or contractors of the provider.
12. AHCCCS has the discretion to deny a provider enrollment application or terminate a provider based on criminal history or any adverse action relating to any licensure, permit, and/or certification, including but not limited any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.
13. AHCCCS has the discretion to deny a provider 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, and to ensure members can receive necessary services within Arizona.
14. The provider shall report in APEP any change in hours of operation at least five days prior to the effective date of the change. In case of an emergency that results in a facility closure, a provider shall provide AHCCCS written notice within 24 hours of the emergency. The closure and the reason for closure shall be posted at the entrance of the facility.

15. The provider shall report in APEP a change in 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.

**B. AHCCCS PROVIDER ENROLLMENT PORTAL**

AHCCCS/DMPS provider enrollment application is automated and shall be completed in the APEP. Links and training tutorials to access the online application or learn how to maneuver through the online system are available on the AHCCCS website. Click on the “Plans/Providers” tab, select AHCCCS Provider Enrollment Portal (APEP) for a variety of provider enrollment links, including APEP access, Provider updates, APEP Training as well as other provider enrollment requirements.

**C. AHCCCS PROVIDER TYPES**

Providers are enrolled with AHCCCS under a provider type (e.g., hospital, nursing home, MD-Physician) established by AHCCCS. Refer to Attachment A for a list of AHCCCS Provider Types enrollment requirements, and the regulatory organization(s) for each provider type. The AHCCCS/DMPS Provider Enrollment Unit is available to assist providers in identifying the most appropriate provider type, based on the provider's license/certification and other documentation submitted by the provider.

**D. SCREENING OF PROVIDERS BASED ON CATEGORICAL RISK**

As part of the provider screening, and other enrollment requirements under Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) as specified in 42 CFR Parts 424, 430, 438, 455, and 457, Centers for Medicare and Medicaid Services (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 provider 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 Attachment B.
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 Attachment B “High-Risk Providers” tab for applicable screening requirements.

4. “High” risk provider types and individuals identified in the FCBC One Pager, located on the AHCCCS APEP webpage at [https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC\\_OnePager.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC_OnePager.pdf), shall submit fingerprints to complete FCBC Refer to Attachment B “High Risk Providers” tab for applicable screening requirements.
5. AHCCCS shall 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 date of Medicare’s last screening (revalidation or new enrollment) of the subject provider shall have occurred within the last five years,
  - b. The provider is the “same” in Medicaid and Medicare. A provider is the same when AHCCCS is able to match the data elements listed in the Table 1 below,
  - c. The Medicare enrollment is in an “Approved” status, and
  - d. The Medicare risk category is equal or exceeds the Medicaid risk category for that provider, with the exception of prospective Home Health Agency (HHA) or Durable Medical Equipment (DME) providers.

**TABLE 1**

	RISK CATEGORY	NAME	NPI	SSN (LAST 4 DIGITS)	TIN	PRACTICE LOCATION (S)	ALL 5% OR MORE OWNERS
<b>INDIVIDUAL PROVIDER</b>	“Limited”	X	X	X			
	“Moderate”	X	X	X		X	
	“High”	X	X	X		X	
<b>ORGANIZATIONAL PROVIDER</b>	“Limited”	X			X		X
	“Moderate”	X			X	X	X
	“High”	X			X	X	X

**E. RISK ASSESSMENT AND CRITERIA FOR RISK ADJUSTMENT**

As specified in 42 CFR 455.450, AHCCCS/Office of the Inspector General (OIG) 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.

AHCCCS/DMPS 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. The AHCCCS/DMPS Provider Enrollment unit will notify the provider with a 15-day notification letter to remind the provider of the fingerprint background requirement. If a “High” risk provider type or an individual identified in the FCBC One Pager, located on the AHCCCS APEP webpage at [https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC\\_OnePager.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/APEP/FCBC_OnePager.pdf) fails to submit sets of fingerprints to complete the FCBC in the form and manner requested by AHCCCS/DMPS within 30 calendar days from request, AHCCCS shall terminate the enrollment or deny the 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 provider’s application or the termination of a provider’s enrollment. The notice will include appeal rights in accordance with A.R.S. § 36-2903.01(B)(4) and A.R.S. § 41-1092.01 et seq.

Refer to the AHCCCS website for additional information regarding provider registration requests.

#### **F. CONFLICTS OF INTEREST**

All providers shall not permit any individual who is currently receiving AHCCCS services from that provider from serving in any capacity for that provider, including, but not limited to, working as an employee, independent contractor, or volunteer for that provider.