



## **Contractor/Managed Care Organization (MCO) Enrollment**



## Contractor/Managed Care Organization (MCO) Enrollment

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

- Is a Managed Care Organization (MCO)
- Is a Correctional Facility
- Is a Tribal Behavioral Health Authority (TRBHA)
- Is Department of Economic Security

### Beginning an application

To begin an application, select the “Contractor/MCO” option, then select the most appropriate option to the entity enrolling. Select “Submit.”

The screenshot displays the APEP web application interface. At the top, there is a navigation bar with the APEP logo and menu items: My Inbox, Admin, and Provider. Below this is a secondary navigation bar with icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Enrollment Type' and contains a form with the heading 'Select the Applicable Enrollment Type'. The form lists several options, each with a radio button. The 'Contractor/MCO' option is selected, and its sub-options are highlighted with a red box: Managed Care Organization, Correctional Facilities, Tribal Behavioral Health, and Department Of Economic Security. Other options include Individual/Sole Proprietor, Group Biller, Facility/Agency/Organization, Atypical (non-medical) provider, Referring, Ordering, Prescribing, Attending (ROPA) Medical Providers, and Organization/Agency. At the bottom left of the form, the 'Submit' button is highlighted with a red box. The footer of the page contains technical information: Page ID: pgNewEnrollBasicStep(Provider), Environment: AZ\_UAT R1-1.9.1, and Server Time: 02/01/2023 06:25:50 MST.

### Enrollment Overview

Each provider must complete steps 1 through 7 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.
- To skip steps, you must complete steps 1 through 4 in numerical order to make the remainder of the steps available.
- An asterisk indicates required fields. Required fields must be completed to advance forward.

## Step 1: Provider Basic Information

1. Select Step 1: "Provider Basic Information."

\* An Asterisk indicates required field must be complete before selecting "Finish."

Basic Information: Enter required fields and click Finish button.

**Basic Information**

Legal Entity Name:  \* (As shown on the Income Tax Return)

Entity Business Name:  \* (Doing Business As)

EIN/TIN:  \*

First Name:

Middle Initial:

Last Name:

Suffix:

Gender:

SSN:

Date of Birth:

Tribal Type:

**W9 Information**

W-9 Entity Type:  \*

W-9 Entity Type (If Other):

Profit Status:  \*

Page ID: dgAddBasicInformationStep1(Provider)

View Screening Results **Finish** Cancel

2. Complete "Legal Entity Name" as reported on the Income Tax Return.

3. Complete "Entity Business Name" this is the provider's "Doing Business As" name.

4. Complete "EIN/TIN" field

5. W-9 Entity Type IRS W-9 information must match IRS reports.

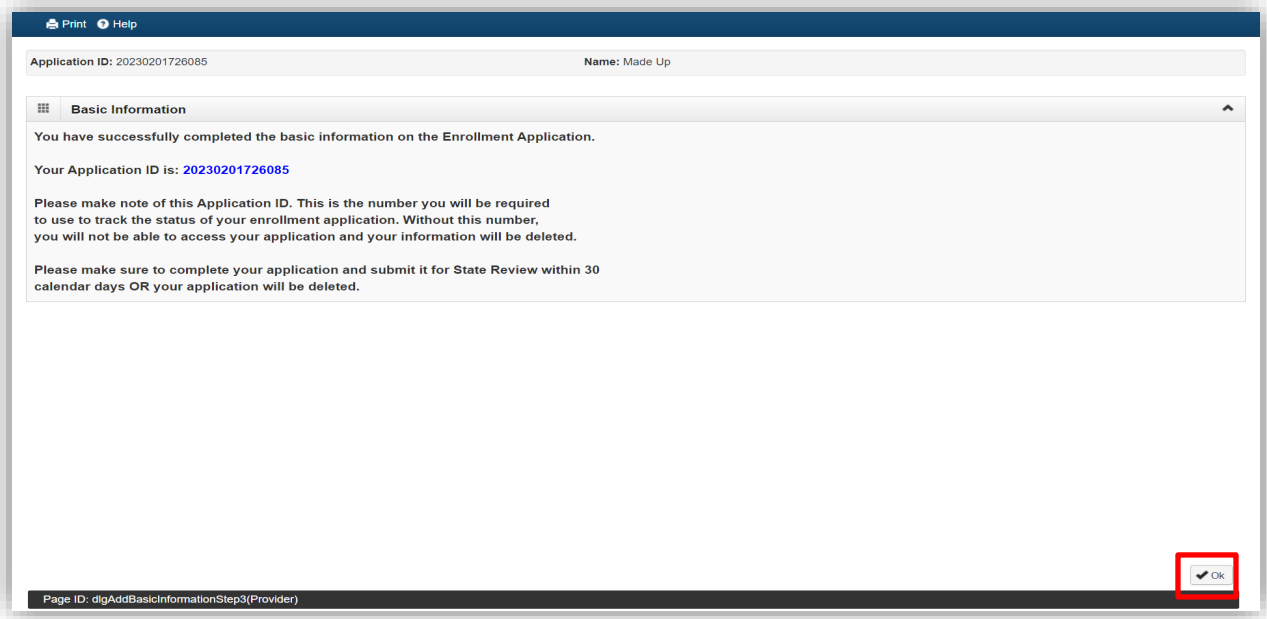
Profit status: Non-Profit, For-Profit and Closely Held are the most common Profit Status Codes that apply for non-profits and private individuals.

6. Once complete select, "Finish" to advance forward.

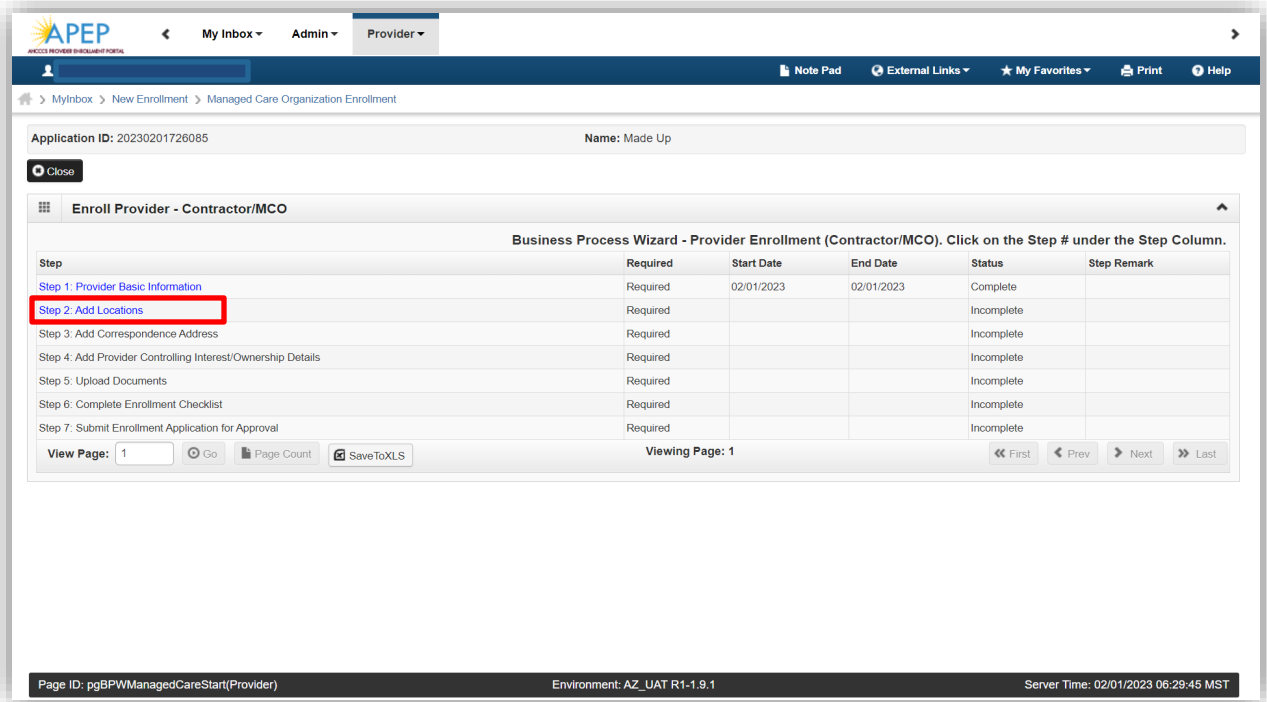
7. Once Step 1: "Provider Basic Information" is finished, a 14-digit Application ID will be provided. You will need this Application ID later if you choose to complete the application later. Once an application has been started, you will have thirty calendar days to complete and submit the application.

Note: Write down the 14-digit Application ID and keep it in a safe place for tracking purposes. If you misplace the Application ID, check your email account used during your Single Sign-On registration as this is email the Application ID will generate too. For additional questions email [APEPtrainingQuestions@azahcccs.gov](mailto:APEPtrainingQuestions@azahcccs.gov)

8. To continue with the application, select “OK.” This will advance to “Step 2: Add Locations.”



Select “ Step 2: Add Locations.”



1. Select "Add" to open the details page to add a Primary Practice Location and a Pay-to-Address for the location.

Note: If already enrolled with AHCCCS, you will see a list of your locations under the "Locations List."

The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below the navigation bar, the user's profile and application ID (20230201726085) are visible. A message box contains the text: 'Pay to address is required for Contractor/MCO Location. To Add/Modify Pay to address, click on Contractor/MCO Location hyperlink'. The 'Add' button in this message is highlighted with a red box. Below the message is a 'Locations List' section with a filter bar and a table. The table has columns for 'Doing Business As', 'Location Type', 'Location Details', 'End Date', and 'Location Code'. The table is currently empty, displaying 'No Records Found!'. At the bottom of the page, there is a footer with 'Page ID: pgLocationListForEnrImnt(Provider)', 'Environment: AZ\_UAT R1-1.9.1', and 'Server Time: 02/01/2023 06:30:02 MST'.

2. Select: Contractor/MCO Location in the drop-down menu option. Complete all required fields then select “Validate Address” and “OK” to advance forward.

Tip: By entering your street address in line 1 and your five-digit zip code and clicking “Validate Address.” The remainder of the address will populate if validated by the U.S. Postal Service.

Application ID: 20230201726085 Name: Made Up

**Add Provider Location**

Location Type: Contractor/MCO Location \*

Doing Business As: End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1: \* (Enter Street Address or PO Box Only)  
Address Line 2: \*  
Address Line 3: \*  
City/Town: OTHER \*  
State/Province: \*  
County: OTHER \*  
Country: UNITED STATES \*  
Zip Code: \* - \* Validate Address

Web Page: \*

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM

Page ID: digEnrAddLocation(Provider)

OK Cancel

3. Every Location requires hours of operation. Fill in these fields as appropriate. Note: If closed daily, this will need to be indicated daily.
4. Select, "OK," when complete.

Application ID: 20230201726085      Name: Made Up

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: OTHER  \*

State/Province:  \*

County: OTHER  \*

Country: UNITED STATES  \*

Zip Code:  \* -

Web Page:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	Thursday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *
Monday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	Friday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *
Tuesday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	Saturday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *
Wednesday:	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *	<input type="text"/> *	AM <input type="text"/> PM <input type="text"/> *					

24 Hr Phone Number:

Language(s) Spoken: English  Arabic  Cantonese

(For Multiple Selection, use Ctrl Key)

Handicap Accessible: No

Page ID: dgEnrAddLocation(Provider)

5. A message to add “Pay-to-Address for the Contractor/MCO location will display. Click on the blue hyperlink to Add/Modify the Pay-to-Address.

The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a message states: 'Pay to address is required for Contractor/MCO Location. To Add/Modify Pay to address, click on Contractor/MCO Location hyperlink'. Below the message is a 'Locations List' table. The table has columns for 'Doing Business As', 'Location Type', 'Address', 'End Date', and 'Location Code'. The first row shows 'Contractor/MCO Location' as the location type, with the address '801 E Jefferson St, Phoenix, ARIZONA 85034' and '01' as the location code. A red box highlights the 'Contractor/MCO Location' text in the first row. The footer of the page contains 'Page ID: pg.LocationListForEnrImnt(Provider)', 'Environment: AZ\_UAT R1-1.9.1', and 'Server Time: 02/01/2023 06:33:37 MST'.

Doing Business As	Location Type	Address	End Date	Location Code
	<a href="#">Contractor/MCO Location</a>	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31	01



6. Select "Add Address."

Application ID: 20230201726085 Name: Made Up

Close Save

Monday: 08:00 \* AM PM \* 05:00 \* AM PM \* Friday: 08:00 \* AM PM \* 05:00 \* AM PM \*

Tuesday: 08:00 \* AM PM \* 05:00 \* AM PM \* Saturday: Closer \* AM PM \* \*

Wednesday: 08:00 \* AM PM \* 05:00 \* AM PM \*

Handicap Accessible: No

Language(s) Spoken: English (For Multiple Selection, use Ctrl Key)

Start Date: 02/01/2023 End Date: 12/31/2999

24 Hr Phone Number: (602) 111-2222

Address List

Add Address

Address Type	Address	End Date
Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:33:53 MST

7. Type of Address: Select “Pay-To” in the drop-down menu. Enter, review and “Validate Address” the address. When complete, select “Ok” to proceed forward.

Application ID: 20230201726085 Name: Made Up

**Add Provider Location Address**

Type of Address: Pay To End Date: 12/31/2999

Location Address: Copy This Location Address

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 801 E Jefferson St \*  
/Enter Street Address or PO Box Only

Address Line 3: \*  
State/Province: ARIZONA \*  
Country: UNITED STATES \*

Address Line \*  
City/Town: Phoenix \*  
County: Maricopa \*  
Zip Code: 85034 \* - 2217

Validate Address

OK Cancel

Page ID: digEnrLocationAddress(Provider)

8. Select, "Save "

The screenshot displays the APEP (Arizona Provider Enrollment Portal) interface. At the top, there is a navigation bar with the APEP logo and menu items: My Inbox, Admin, and Provider. Below the navigation bar, the breadcrumb trail shows: MyInl > Managed Care Organization Enrollment > General. The main content area displays the following information:

- Application ID: 20230201726085
- Name: Made Up
- Buttons: Close, Save (highlighted with a red box)
- Schedule: Tuesday (08:00 AM - 05:00 PM), Wednesday (08:00 AM - 05:00 PM), Saturday (Closed)
- Handicap Accessible: No
- Language(s) Spoken: English (dropdown menu)
- Start Date: 02/01/2023
- End Date: 12/31/2999
- 24 Hr Phone Number: (602) 111-2222

Below the form is an 'Address List' section with an 'Add Address' button. The address list contains the following data:

Address Type	Address	End Date
Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999
Pay To	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

At the bottom of the page, there is a footer with the following information:

- Page ID: pgEnrollmentLocationGeneral(Provider)
- Environment: AZ\_UAT R1-1.9.1
- Server Time: 02/01/2023 06:35:25 MST

9. Select, "Close"

The screenshot displays the APEP (Arizona Provider Enrollment Portal) interface. At the top, there are navigation tabs for 'My Inbox', 'Admin', and 'Provider'. Below the navigation, the application ID is 20230201726085 and the name is 'Made Up'. A message states: 'Pay to address is required for Contractor/MCO Location. To Add/Modify Pay to address, click on Contractor/MCO Location hyperlink'. A 'Close' button is highlighted with a red box. Below the message is a 'Locations List' table with the following data:

Doing Business As	Location Type	Location Details	End Date	Location Code
<input type="checkbox"/>	Contractor/MCO Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2099	01

At the bottom of the page, there is a footer with the following information: Page ID: pgLocationListForEnrImnt(Provider), Environment: AZ\_UAT R1-1.9.1, and Server Time: 02/01/2023 06:35:37 MST.

Select, "Step 3: Add Correspondence Address"

The screenshot shows the APEP Business Process Wizard interface. At the top, the application ID is 20230201726085 and the name is Made Up. The wizard consists of seven steps. Step 3, "Add Correspondence Address", is highlighted with a red box. The status of Step 3 is "Incomplete".

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/01/2023	02/01/2023	Complete	
Step 2: Add Locations	Required	02/01/2023	02/01/2023	Complete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWManagedCareStart(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:35:57 MST

1. Select, "Add" to update correspondence information.

The screenshot shows the APEP Correspondence Address List interface. The application ID is 20230201726085 and the name is Made Up. The "Add" button is highlighted with a red box. The list is currently empty, displaying "No Records Found!".

Address Type	Address	End Date
No Records Found!		

Page ID: pgCorrespondenceListForEnrlnmt(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:36:07 MST

2. In the “Communication Preference” field, select “Standard Mail or “Email.” Only one option may be selected. All notices will go to the mailing or email address entered on this screen.

3. Review and “Validate Address” the address. When complete, select “Ok” to advance forward.

Application ID: 20230201726085 Name: Made Up

**Add Correspondence Address**

Phone Number: (602) 111-2222 \* Extn: 14 Fax Number: (602) 222-1111  
Communication Preference: Email \* Email Address: madeup@madeup.com \*

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 801 E Jefferson St \*  
(Enter Street Address or PO Box Only)

Address Line 3: \*  
State/Province: ARIZONA \*  
Country: UNITED STATES \*

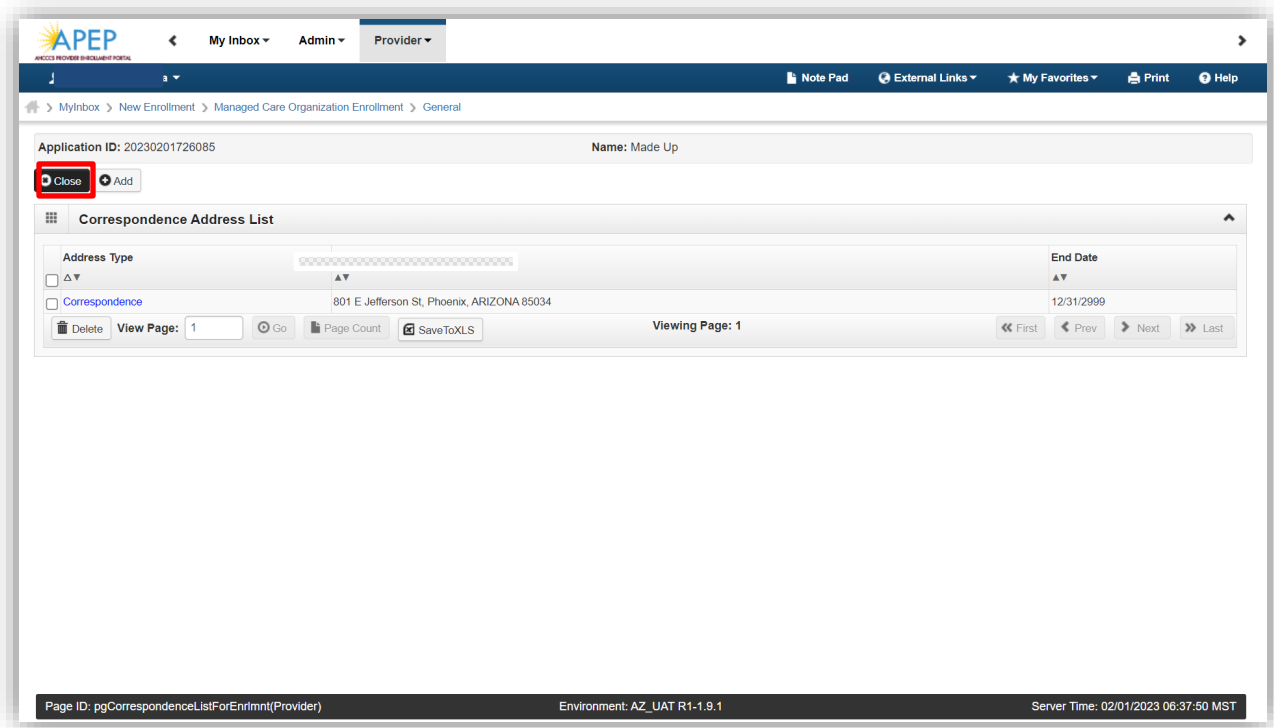
Address Lin: \*  
City/Town: Phoenix \*  
County: Maricopa \*  
Zip Code: 85034 \* - 2217

Validate Address

OK Cancel

Page ID: dlgEnrlCorrespondenceAddress(Provider)

4. Select “Close” to advance forward.



**Select "Step 4: Add Provider Controlling Interest Ownership Details."**

Note: The remainder of the Business Process Wizard hyperlink steps now reflect “Blue” which means the user can jump around out of order to complete. However, all required steps must reflect “Complete” in the Status column to submit the application.

Application ID: 20230201726085 Name: Made Up

Enroll Provider - Contractor/MCO

Business Process Wizard - Provider Enrollment (Contractor/MCO) Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/01/2023	02/01/2023	Complete	
Step 2: Add Locations	Required	02/01/2023	02/01/2023	Complete	
Step 3: Add Correspondence Address	Required	02/01/2023	02/01/2023	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWManagedCareStart(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:38:03 MST

1. Select, "Actions" Drop-down menu to add the name of each disclosed individual associated to the provider. (i.e., Agents, Board of Directors, Chief Executive Officers, Managing Employees)

Application ID: 20230201726085 Name: Made Up

Actions

- (1) Agent
- (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
- (3) Managing Employee

Owners List

Filter By [ ] Indicator [ ] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
No Records Found!								

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [ ] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found!		

Page ID: pgOwnerListForEnrImnt(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:38:15 MST



2. Select, an appropriate individual role in “Type” field. Complete all other required fields seen in screenshots (a) & (b), “Validate Address” and select “Ok” to advance forward.

Screenshot (a)

Application ID: 20230201726085      Name: Made Up

**Provider Controlling Interest/Ownership**

Type: --SELECT-- \* ⓘ

Percentage Owned:  \*

SSN:       EIN/TIN:

Legal Entity Name:       Entity Business Name:   
(As shown on the Income Tax Return)      (Doing Business As)

Owner NPI:

First Name:       Last Name:

Suffix:

DOB:  ⓘ

Phone Number:  \*      Extn:       Email:

Start Date:  ⓘ \*      End Date: 12/31/2999 ⓘ

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1:  \*      Address Line 2:   
(Enter Street Address or PO Box Only)

Address Line 3:       City/Town: OTHER  \*

Page ID: dgEnfmmnAddOwner(Provider)

Screenshot (b)

Application ID: 20230201726085 Name: Made Up

(As shown on the Income Tax Return) Business As

Owner: Mickey Mouse

First Name: Mickey \* Last Name: Mouse \*

Suffix: \* DOB: 01/01/1947 \*

Phone Number: (602) 417-7670 \* Ext: \* Email: \*

Start Date: 04/01/2022 \* End Date: 12/31/2999 \*

Please ensure providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 801 E Jefferson St \* Address Line 2: \*

(Enter Street Address or PO Box Only)

Address Line 3: \* City/Town: Phoenix \*

State/Province: ARIZONA \* County: Maricopa \*

Country: UNITED STATES \* Zip Code: 85034 \* - 2217

Page ID: digEnrImntAddOwner(Provider)

3. Select, "Owners Relationships" in the "Actions" drop-down menu.

APEP

My Inbox Admin Provider

MyInbox > New Enrollment > Managed Care Organization Enrollment > General

Application ID: 20230201726085 Name: Made Up

Close Actions

- Add Owner
- Import Owner
- Owners Relationships**
- Owners Adverse Action

not from among that list.

ent Type 3 ownership records must be added:

Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating

**Owners List**

Filter By [ ] Indicator [ ] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
112233441	Mouse, Mickey	Agent	801 E Jefferson St	04/01/2022	12/31/2999	Not Completed	Not Completed	0
112233441	Mouse, Mickey	Managing Employee	801 E Jefferson St	04/01/2022	12/31/2999	Not Completed	Not Completed	0
112233441	Mouse, Mickey	Chief Executive Officer	801 E Jefferson St	04/01/2022	12/31/2999	Not Completed	Not Completed	0

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Page ID: pgOwnerListForEnrImnt(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:42:38 MST

4. Select, "Yes or No" to the Add Relationship question asking if any of the Owners are related. Select "Save" and the "Pop-up" Question asks, "All owner relationships will be set to 'None.' Do you want to Continue? Select "OK."

Application ID: 20230201726085 Name: Made Up

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All

Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed
Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed
Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed

Page ID: dgAddModifyOwnerRelationship(Provider)

Application ID: 20230201726085

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners All

Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed
Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed
Selected Owner: Mickey, Mickey	SSN/EIN/TIN: 112233441	Status: Not Completed

Page ID: dgAddModifyOwnerRelationship(Provider)

azoci-uat-evo.cns-inc.com says

All owner relationships will be set to 'None'. Do you want to continue?

5. Select, "Save" and "Close."

Application ID: 20230201726085 Name: Made Up

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All

Selected Owner: Mouse, Mickey	SSN/EIN/TIN: 112233441	Status: Completed
Selected Owner: Mouse, Mickey	SSN/EIN/TIN: 112233441	Status: Completed
Selected Owner: Mouse, Mickey	SSN/EIN/TIN: 112233441	Status: Completed

Page ID: dgAddModifyOwnerRelationship(Provider)

Example of completed Relationship screen.

Application ID: 20230201726085 Name: Made Up

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All

Selected Owner: Mouse, Mickey SSN/EIN/TIN: 112233441 **Status: Completed**

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Mouse, Mickey	Relation to Assoc. Owner
Mouse, Mickey	112233441	Managing Employee	Self	Self
Mouse, Mickey	112233441	Chief Executive Officer	Self	Self

View Page: 1  Page Count  Viewing Page: 1

Selected Owner: Mouse, Mickey SSN/EIN/TIN: 112233441 Status: Completed

Selected Owner: Mouse, Mickey SSN/EIN/TIN: 112233441 Status: Completed

https://azoci-uat-evo.cns-inc.com/evobrix/CNS/ControlServlet#dgAddModifyOwnerRelationship\_Widget1\_accordions\_collapse1

6. Select "Owners Adverse Action" for each disclosed individual.

The screenshot shows the APEP application interface. At the top, there are navigation tabs: "My Inbox", "Admin", and "Provider". Below the navigation, the application ID is 20230201726085 and the name is "Made Up". A dropdown menu is open under the "Actions" button, with "Owners Adverse Action" highlighted in a red box. Below the menu is a table with columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains three rows for "Mouse, Mickey" with different owner types: Agent, Managing Employee, and Chief Executive Officer. At the bottom, there is a section for "List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare" with a filter and "Go" button.

7. Select each "Owners" name to begin the Adverse Action process. Select, "Ok."

The screenshot shows the "FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS" section. It includes a notification: "To exit full screen, swipe down from top of screen or press F11". Below this is a section titled "Owners with Adverse Action" with a table. The table has columns: Owner Name, SSN/EIN/TIN, and Adverse Action Status. The "Owner Name" column contains three entries of "Mouse, Mickey", each with a checkbox next to it. The "Adverse Action Status" column contains "Not Completed" for all three. A red circle highlights the checkboxes and names. At the bottom right, there is an "Ok" button highlighted in a red box. The page ID is pgEnrImntAdverseAction(Provider).

8. Respond to each question for each "Owner" disclosed. This is required for each disclosed owner to complete the step. Select, "Ok."

Application ID: 20230201726085 Name: Made Up

### Final Adverse Legal Actions/Convictions for Owner

1. Have any Responsive Entities, on or after August 21, 1996, been convicted (as defined in 42 C.F.R. § 1001.2, and including convictions that are the result of plea agreements, no contest plea, Alford plea, or nolo contendere plea) of any of the following:

- a. A federal or state felony;
- b. Any criminal offense, under federal or state law, related to the delivery of an item or service under Medicaid, Medicare, 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;
- c. Any criminal offense, under state or federal 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 C.F.R. § 1001.101(b);
- d. Any criminal offense, 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;
- e. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. § 1001.101 or 1001.201;
- f. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; or
- g. Any criminal offense related to public assistance or welfare fraud.

Yes  No

2. Have any Responsive Entities been terminated, denied enrollment, suspended, revoked, precluded, determined ineligible, restricted by Agreement, or otherwise sanctioned by Medicare, AHCCCS, a Medicaid program in any other state, or any other governmental or private medical insurance program?

Yes  No

3. Have any Responsive Entities had their business or professional license, certification, permit, or the licensure of an entity in which they had an ownership interest of 5% or more ever been revoked, suspended, terminated, surrendered, placed on probation, or restricted by Agreement by any licensing authority in any State?

Yes  No

4. Is there currently any pending proceedings, such as but not limited to an indictment, pending plea, or investigation, that could result in any sanction, conviction (as defined in 42 C.F.R. § 1001.2, and including convictions that are the result of plea agreements, no contest plea, Alford plea, or nolo contendere plea), or action for any Responsive Entity?

Yes  No

Page ID: digFinalAdverseActionsforOwner(Provider)

9. Select "Ok." Note: Adverse Action Column reflects "Completed" for each owner.

Application ID: 20230201726085 Name: Made Up

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information regarding actions, which include but are not limited to, conviction, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, or other adverse or potentially adverse action. All actions must be reported regardless of whether any records were expunged or otherwise removed or whether any appeals are pending.

Respond to the following questions on behalf of the following Responsive Entities: the applicant, the entity that the applicant represents; all individuals and entities with an ownership or control interest; all agents, managing employees and key personnel; and any entity in which the applicant (and the entity represented by the applicant) has a 5% or more ownership interest.

#### Owners with Adverse Action

Filter By: [ ] All [ ] Go [ ] Save Filters [ ] My Filters

Owner Name	SSN/EIN/TIN	Adverse Action Status
<input type="checkbox"/> Mouse, Mickey	112233441	Completed
<input type="checkbox"/> Mouse, Mickey	112233441	Completed
<input type="checkbox"/> Mouse, Mickey	112233441	Completed

View Page: 1 [ ] Go [ ] Page Count [ ] SaveToXLS Viewing Page: 1 [ ] First [ ] Prev [ ] Next [ ] Last

Page ID: pgEnrImntAdverseAction(Provider)

10. Select "Close" to advance forward.

The screenshot shows the APEP application interface. At the top, there are navigation tabs: "My Inbox", "Admin", and "Provider". Below the navigation, the application ID is 20230201726085 and the name is "Made Up". A "Close" button is highlighted with a red box. Below this, there is a list of ownership records. The "Owners List" section includes a table with columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains three rows of data for "Mouse, Mickey" with roles: Agent, Managing Employee, and Chief Executive Officer. At the bottom of the page, the footer shows "Page ID: pgOwner\_ListForEnrmtnt(Provider)", "Environment: AZ\_UAT R1-1.9.1", and "Server Time: 02/01/2023 06:46:58 MST".

Select "Step 5: Upload Documents."

The screenshot shows the APEP application interface. At the top, there are navigation tabs: "My Inbox", "Admin", and "Provider". Below the navigation, the application ID is 20230201726085 and the name is "Made Up". A "Close" button is visible. Below this, there is a "Business Process Wizard - Provider Enrollment (Contractor/MCO). Click on the Step # under the Step Column." section. The wizard consists of seven steps: Step 1: Provider Basic Information (Complete), Step 2: Add Locations (Complete), Step 3: Add Correspondence Address (Complete), Step 4: Add Provider Controlling Interest/Ownership Details (Complete), Step 5: Upload Documents (Incomplete), Step 6: Complete Enrollment Checklist (Incomplete), and Step 7: Submit Enrollment Application for Approval (Incomplete). The "Step 5: Upload Documents" step is highlighted with a red box. At the bottom of the page, the footer shows "Page ID: pgBPWManagedCareStart(Provider)", "Environment: AZ\_UAT R1-1.9.1", and "Server Time: 02/01/2023 06:47:22 MST".

1. Select "Add."

Note: There could potentially be two (2) documents required for upload in this step:

- IRS W-9 \*required for every provider enrolling under this enrollment type.
- RFP Section I – Exhibit I form Only required if the Provider/Offeror is part of the RFP Section G process.

The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. At the top, there is a navigation bar with the APEP logo and user information for Valenzuela, Veronica. Below this, the breadcrumb trail indicates the current location: MyInfl > Managed Care Organization Enrollment. The main content area displays application details: Application ID: 20230201726085 and Name: Made Up. A 'Close' button is visible. The 'Document List' section is expanded, showing an 'Add' button highlighted with a red box. Below the 'Add' button is a filter section with a 'Filter By' dropdown, input fields, and a 'Go' button. A table with columns for Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status is present. The table currently shows 'No Records Found!'. At the bottom of the page, there is a footer with Page ID: pgEnrflmntDocumentList(Provider), Environment: AZ\_UAT R1-1.9.1, and Server Time: 02/01/2023 06:47:47 MST.



2. Select Document Type “Tax” and in the Document Name field “Request for Tin and Certification”. Upload a current IRS W-9 form using current date. Select “Ok.”

Application ID: 20230201726085      Name: Made Up

**Upload Document**

**Document Type:** Tax \*      **Document Name:** Request For Tin And C \*

**File Name:** Choose File | W9 FORM (...RS LLC).pdf

**Start Date:** 02/01/2023

**End Date:** 12/31/2999

**Remark:**

Page ID: dgEnrImntAttachment(Provider)      **OK** Cancel

3. Select Document Type “Other” and in the Document Name field “Miscellaneous”. Upload the completed “RFP Section I -Exhibit I” form using current date. In the Remark section document the name of the form “RFP Section I – Exhibit I”, and Select “Ok.”

AHCCCS Name:

**Upload Document**

Document Type: Other \*  
Document Name: Miscellaneous \*

File Name: Choose File No file chosen  
Start Date: 05/19/2023  
End Date: 12/31/2999

Remark: RFP Section I - Exhibit I

OK Cancel

Page ID: dlgManageAttachment(Provider)

4. Select "Close" to advance forward.

The screenshot shows the APEP web application interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, the user's name 'Valenzuela, Veronica' is displayed. The main content area shows 'Application ID: 20230201726085' and 'Name: Made Up'. A red box highlights a 'Close' button. Below this is a 'Document List' section with a table of documents. The table has columns for Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status. One document is listed with ID 75503114, Type Tax, Name Request For Tin And Certification, File Name W9 FORM (Arizona DOCTORS LLC).pdf, Start Date 02/01/2023, End Date 12/31/2999, Uploaded By Veronica Valenzuela, and Status In Process. At the bottom of the page, there is a footer with 'Page ID: pgEnrInmtDocumentList(Provider)', 'Environment: AZ\_UAT R1-1.9.1', and 'Server Time: 02/01/2023 06:49:02 MST'.

Select "Step 6: Complete Enrollment Checklist."

The screenshot shows the APEP web application interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, the user's name 'Valenzuela, Veronica' is displayed. The main content area shows 'Application ID: 20230201726085' and 'Name: Made Up'. A 'Close' button is visible. Below this is an 'Enroll Provider - Contractor/MCO' section with a table titled 'Business Process Wizard - Provider Enrollment (Contractor/MCO). Click on the Step # under the Step Column.' The table has columns for Step, Required, Start Date, End Date, Status, and Step Remark. The steps are: Step 1: Provider Basic Information (Required, 02/01/2023, 02/01/2023, Complete), Step 2: Add Locations (Required, 02/01/2023, 02/01/2023, Complete), Step 3: Add Correspondence Address (Required, 02/01/2023, 02/01/2023, Complete), Step 4: Add Provider Controlling Interest/Ownership Details (Required, 02/01/2023, 02/01/2023, Complete), Step 5: Upload Documents (Required, 02/01/2023, 02/01/2023, Complete), Step 6: Complete Enrollment Checklist (Required, Incomplete), and Step 7: Submit Enrollment Application for Approval (Required, Incomplete). A red box highlights 'Step 6: Complete Enrollment Checklist'. At the bottom of the page, there is a footer with 'Page ID: pgBPWManagedCareStart(Provider)', 'Environment: AZ\_UAT R1-1.9.1', and 'Server Time: 02/01/2023 06:49:37 MST'.

1. Provide a response and comment(s) (if applicable) to all questions. Select “Save and “Close.”

Application ID: 20230201726085      Name: Made Up

**Close**   **Save**

### Provider Checklist

Question	Answer	Comments
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	Yes	Add comments if yes
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.	No	

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Page ID: pgProviderCheckList(Provider)   Environment: AZ\_UAT R1-1.9.1   Server Time: 02/01/2023 06:49:51 MST

**Select “Step 7: Submit Enrollment Application for Approval.”**

In this step the provider will be required to sign the Provider Participation Agreement (PPA) prior to submission. Review the PPA thoroughly as this document serves as the contract between the provider and AHCCCS. If the provider has any changes to make to the application, they can go back and click on any of the previous steps to make necessary changes.

Application ID: 20230201726085 Name: Made Up

Enroll Provider - Contractor/MCO

Business Process Wizard - Provider Enrollment (Contractor/MCO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/01/2023	02/01/2023	Complete	
<a href="#">Step 2: Add Locations</a>	Required	02/01/2023	02/01/2023	Complete	
<a href="#">Step 3: Add Correspondence Address</a>	Required	02/01/2023	02/01/2023	Complete	
<a href="#">Step 4: Add Provider Controlling Interest/Ownership Details</a>	Required	02/01/2023	02/01/2023	Complete	
<a href="#">Step 5: Upload Documents</a>	Required	02/01/2023	02/01/2023	Complete	
<a href="#">Step 6: Complete Enrollment Checklist</a>	Required	02/01/2023	02/01/2023	Complete	
<b>Step 7: Submit Enrollment Application for Approval</b>	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWManagedCareStart(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:50:24 MST

1. Select, "Submit Enrollment."

Application ID: 20230201726085 Name: Made Up

Submit Enrollment

Final Submission

Application ID: 20230201726085 EnrollmentType: Contractor/MCO

The information submitted for enrollment shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist:

Forms/Documents	Special Instructions	Source	Required
△ ▾	△ ▾	△ ▾	△ ▾
No Records Found !			

Page ID: pgSubmitEnrlnmtExempt(Provider) Environment: AZ\_UAT R1-1.9.1 Server Time: 02/01/2023 06:51:07 MST

2. Once the application has been successfully submitted a red message will display indicating the "application has been successfully submitted for state review."

XXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

The screenshot shows the APEP web application interface. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a breadcrumb trail reads 'MyInbox > New Enrollment > Managed Care Organization Enrollment'. A notification banner at the top states: 'Application ID: 20230201726085 Name: Made Up' and 'Your Application Number 20230201726085 has been successfully submitted for State review. Return with this application number to track the status of your application.' This notification is circled in red. Below the notification is a 'Close' button. The main content area is titled 'Enroll Provider - Contractor/MCO' and contains a 'Business Process Wizard - Provider Enrollment (Contractor/MCO). Click on the Step # under the Step Column.' table. The table lists seven steps, all of which are marked as 'Complete'. At the bottom of the wizard, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons. The footer of the page displays 'Page ID: pgBPWManagedCareStart(Provider)', 'Environment: AZ\_UAT R1-1.9.1', and 'Server Time: 02/01/2023 06:51:28 MST'.

**Finished!**