

# Modification Request: Steps on how to complete a modification in APEP.

08/2021

This guide explains how to manage provider information and submit modification requests, when:

- A provider is approved within the AHCCCS Provider Enrollment Portal.
- A provider needs to report new information or a change of information.

A "Modification" is a change or update.

Some examples of a "Modification":

- A change in Correspondence, Pay-To, and Service location addresses.
- Group NPI/Tax ID Association
- Adding an owner or managing employee.
  - Updating a license/certificate

#### Beginning a Modification

To begin a modification, select the provider Domain and 'Provider Enrollment Access' profile:



**Note:** If you don't see the provider's name listed in the "Select Domain" dropdown menu, this is an indication that the user needs to obtain domain permissions to the provider's file. This can be done through a Domain request. Please send an email, include provider NPI and APEP username requesting domain permission. Email <u>APEPTrainingQuestions@azahcccs.gov</u>



From within the "Provider" drop-down option located along the top of the APEP landing page.

1. Select "Manage Provider Information" option



Note: Immediately after initial approval (or modification approval) APEP will reset the 'Complete Modification Checklist' step to incomplete.

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No action is needed when the 'Complete Modification Checklist' step is incomplete after initial approval (or modification approval).

#### **Enrollment Overview**

The process will demonstrate the steps to follow for submitting a "Modification Request "

- Blue font: indicates a hyperlink.
- All steps display in blue font indicating the step is ready for data entry.
- "Modification Status" column: This column will display blank. As modifications are made, this column will reflect the current status.
- Step Remark column: This column will alert you to any problems in completing the step.

• \* An asterisk indicates required fields. Required fields must be completed to advance forward.

**Note:** It's important to note multiple application steps can be modified and submitted at once. Once a "Modification Request" has been submitted, it is in review and has been assigned to a state worker for processing, another "Modification Request" cannot be submitted until the State has completed the submitted request. Modification requests not assigned, use the 'Pull Back' button. The 'pull back' button allows a user to pull the request back, apply corrections, and submit again. Contact Provider Enrollment if additional assistance is needed. The following examples will demonstrate two examples of how to modify (1.) the Correspondence Address and (2.) adding a Billing Association.

#### Example 1: Modification Request "Updating Correspondence Address" Part I: BPW Steps

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1. Select Step 3: Correspondence Address.

2. Select "Correspondence" in blue font on the Correspondence Address List.

**Note:** On the Correspondence Address List, the status will display as "Approved". This means that you can make modifications. If the status was "In review", changes aren't accepted until the changes are submitted to state and the state completes its review.

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3. On the "Manage Provider Correspondence Address" page, complete modifications to the address displayed.

4. Select the "Validate Address" option.

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5. On the "Correspondence Address Page "the status will display "In Review"



#### 6. Select "Close."

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7. Review the "BPW Steps" page for the current modification:

Step 3: Correspondence Address: "Modification Status" column will reflect as • "Updated"

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Step 11: Submit Modification Request for Review: "Step Remark" column • reflects "Modification Request has not been submitted"

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*Note*: Step 10: Complete Modification Checklist must be completed prior to submission on all modification requests.

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#### Part II

#### Step 11: Complete Modification Checklist

1. Select "Step 11: Complete Modification Checklist."

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Answer each question and provide any additional information in the Comments field.
 After reviewing the information, select "Save" and then "Close."

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4. Review the "Status" column. If any steps in the "Status" column display as "Incomplete" select the "incomplete" link to return and complete required information.



#### Part III

#### Step 12: Submit Modification Request for Review

1. Select "Step 12: Submit Modification Request for Review"

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Step 1 Provider Basic Information	Repared	06/03/2020	06/03/2920	Complete			
910p 2: Locations	Required	06/03/2020	06403/2020	Complete			
Step 3: Correspondence Address	Required	06/03/2020	06/03/2020	Complete			
Step 4. Provider Type/Specialities/Subspecialities	Required	06/03/2020	05/03/2020	Complete			
Step 5 Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete			
Step & Looren/Certification/Other	Required	06/03/2020	06/03/29/20	Complete			
Step 7: Provider Controlling Interest Ownership Details	Required	06/63/2020	06/63/2929	Complete			
Step 8 Taxonomy Details	Required	06/03/2029	06/05/2020	Complete			
Step 9 View Servicing Provider Details	Optional	06/05/2020	064032020	Complete			
Step 10 Uplical Documents	Required	06/03/2020	06/03/2020	Complete			
Step 11. Complete Modification Checkfel	Required	06/03/2020	05413(2020	Incomplete			
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3 Step 12: Submit Madification Request for Review							

2. Select "Next" to advance forward.

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	1 20199	that the information submitted as a part of the ap	plication is correct, (Pytwate and Confider	640			
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**							



3. Carefully review the Provider Participation Agreement.



- 4. Select the "Check box" indicating agreement with the Provider Participating Agreement. The signor's full name and Date will automatically display.
- 5. Select "Submit Application"





- 6. If you have successfully submitted the modification, you will see the message in red at the top of the page.
- 7. Select "Close" to exit from the application.

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Modification Request has been submitted for State review	w. Click Pull Back to do	any corrections before the requer	st is assigned to a Stat	te staff. ×			
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# Example 2: Modification Request "Add an Additional Billing Provider" Part I

To begin a modification, select the "Provider" drop-down option located along the top of the APEP landing page.

1. Select "Manage Provider Information" option

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#### Part II

#### Step 1: BPW Steps

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

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3 Step 2: Locations	Required	05/22/2020	05/22/2020	Complete			
Step 3 Correspondence Address	Required	05/22/2020	05/02/09/20	Complete			
Step 4 Provider Type Specialites Subspecialities	Required	95/22/2020	05/22/2020	Complete			
Step S Associate Billing Provider/Other Associations	Optional	05/22/2020	05/22/2020	Complete			
Step & Lowree/Cedification/Other	Required	95/22/2020	65/22/2829	Complete			
Step 7: Provider Controlling InterestiOurnership Details	Required	05/22/2020	05/22/2929	Complete			
Step & Taxonomy Details	Required	05/23/2020	45/22/2820	Complete			
Step 9: View Servicing Provider Defails	Optional	05/22/2020	05/22/2020	Complete			
Ship 19 Uplead Documents	Required	95/22/2829	65/22/2829	Complete			
Step 11. Complete Modification Checkfel	Required	95/22/2020	05/22/2020	Incomplete			
	Dennied	86,732,9839	66/22/2828	Complete			
3 Step 12 Submit Modification Request for Review	and address of the second seco						

2. Select "Add" on the Billing Provider/Other Associations List.

**Note:** On the Associate Billing Provider/Other Associations List, the status will display as "Approved". This means that you can make modifications. If the status is "In review", no changes could be made until the state completes its review.

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- On the "Associate Billing Provider/Other Associations" page, complete required fields to add the billing provider.
   Select "Confirm Provider" option.
- 5. Select "OK"

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Enter NPI/AHCCC 5 ID of Billing Provider/Other Associations and click "Confirm Provider."			
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6	The "Billing	Provider/Other	Association" list	"the status will	display '	"In Review"
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⊖ Confirm Provider ✔ Cik ⊗ Cancel

7. Select "Close"

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- 8. On the "Billing Provider/Other Association" list, "the status will display "In Review"
- 9. Select "Close"

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Step 3 Correspondence Address	Repired	05020020	05/22/2620	Complete						
Step 4. Provider Type Specialities Subspecialities	Required	85/22/2829	95/22/2629	Complete						
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Step 7: Provider Controlling Interest Ownership Details	Required	05/22/2020	05/22/2020	Complete						
Step 8 Taxonomy Details	Repared	05/23/2020	95/22/2626	Complete						
Step 9 View Servicing Provider Details	Optional	05/22/2020	95/22/2920	Complete						
Step 10 Upland Documents	Repired	05/22/2020	05/22/2620	Complete						
Step 11. Complete Modification Checkful	Required	85/22/2829	05/22/2020	Incomplete						
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10. Review the "BPW Steps" page for the current modification:

• Step 5: Associate Billing Provider/Other Associations: "Modification Status" column will reflect as "Updated"

*Note*:) Step 12: Complete Modification Checklist must be completed prior to submission on all modification requests.

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#### Part III

Step 11: Complete Enrollment Checklist

1. Select "Step 11: Complete Enrollment Checklist."

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2. Answer each question and provide any additional information in the Comments field.

3. After reviewing the information, select "Save" and then "Close"

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Do you wish to end date your envolvment? If yes, enter date in comment field.	No	×		
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program is comment field.	No	•		
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	No	*)		
Have you ever had a criminal or healthcave program-related conviction? If yes, provide type of conviction and date in comment field.	No	*)		
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field	No	*)[		
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	No	•		
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	No	*)[		
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	No	*		
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4. Carefully review the "Status" column. If any steps show "Incomplete" select the "incomplete" link to return and complete required information.

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#### Part IV

Step 12: Submit Modification Request for Review

1. Select "Step 12: Submit Modification Request for Review"

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3. Review the Provider Participation Agreement.

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> Provider Partat > Individual Modification			
AHCCCS ID: 203537 NPI: 1255410791	Name: DEMR, RICHARD H.		
O Submit for Modification			
II Final Submission			•
E Provider Participation Agreement			^
A.PURPOSE:			
This Agreement is made and Provider, as identified above, the health care services prov (Contractor) or who receive e Contractor) and (3) the regist Therefore, for and in consider and the Provider do hereby a B.GENERAL TERMS AND C	Intered into as of the date executed below by and between the Arizona Health Care Cost Containment System ("AHCCCS" or the unsuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern: (1) the registration of, and pay by the Provider to fee-for service eligible persons who are not enrolled with a Contractor who is providing member services un sergency services only, (2) the registration of and for the Provider to participate and deliver health care services to eligible persons tion of the Provider who wishes to participate and qualify under the one-time only waiver option tion of the mutual covenants, promises, representations and assurances contained in this Agreement, and for good and valuable inovidege and expressly agree as follows: NDITIONS:	e "Administration") and yment to, the Provider nder contract with AHC ns who are enrolled wit e consideration, AHCCO	the for CCS h a



- 4. Select the "Check box" indicating agreement with the Provider Participating Agreement. The signor's First and Last name, and Date will automatically display.
- G Identity Doub Service × Ø Welcome to MM/S × + σ ← → C ∩ # ac-uat-evo.c increase laun Bright NGC av \$ C APEP < My inbox \* Provider • 1. dar Portat 5 Industrial Modification AHCCCS ID: 203537 Name: DEMIR, RICHARD H NPI: 1255410791 O Game O Subral for Modification Provider as determined by AHCCCS-OIG or a law enforcement authority, unless the state determines that good cause exists not to suspend such payments. 33. Upon any termination of this Agreement, the Provider expressly agrees to assist in providing for the smooth and orderly transition of care for members assigned to the Provider. ELECTRONIC SIGNATURE: This Acknowledgement is to let you know that by submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you on behall of your organization. For purposes of the acknowledgement, a digital mark is considered a typed legal First and Last name (legal name may include middle name, initial or suffix) followed by the typed date. Any document requiring an electronic signature may contain a signature acknowledgment statement provided in the same area requiring the electronic signature AGREEMENT & ACKNOWLEDGEMENT! agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature. is not legally binding. Likewise, I, on behall of the organization that I am authorized to represent, consent to do business electronically. This electronic signature will function as acknowledgement that I am authorized to represent and bind the organization for which this documentation is submitted. An electronic record will be kept of the documentation with which the electronic signature is associated. This electronic record will be retained and capable of being reproduced for future use. It is also acknowledged that this electronic signature meets the standard identified in A.R.S. § 44-7031 for uniqueness, verification, sole control, and record linkage applicable for Arizona. The undersigned attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the enrolling entity has the authority to sign and submit this electronic agreement and to maintain enrollment information through AHCCCS Provider Registration. 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. ٠ First Name: Verbrica Last Name: valetzuela Date: 05/22/2029 Environment AZ\_UAT R10c-1.1 Page ID: pgSubmitModification(Provider) r Time: 06/22/2020 12 37 21 MST
- 5. Select "Submit Application"

6. If you have successfully submitted the modification, you will see the message in red at the top of the page.

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- × Ø Business Process Wizard Modific: × + Identity Cloud Service C O B az-uat-evo.cm -inc.com/evoBris/CNSICo ŵ APEP < My Inbox + Pro @ Exte mai Linka v 1.00 Note Pad \* 10/1 AHCCC\$ ID: 203537 Name: DEMIR, RICHARD H. NPI: 1255410791 O Close Condo Update O Pull Back The Modification Request has been submitted for State review. Click Pull Back to do any corrections before the request is assigned to a State staff. III ViewUpdate Provider Data - Individual Business Process Wizard - Provider Data Modification (Individual). Step Last Modification Date Last Review Date Status Step Re Step 1. Provider Basic Information 05/22/2020 05/22/2820 Required Complete Step 2: Locations 05/22/2020 05/22/2020 Complete Required Step 3 Corresp 65/22/2626 65/22/2626 Complete Step 4. Provider Type/Spe 05/22/2020 05/22/2020 Complete Step S: Associate Billing Provider/Other As 05/22/2020 06/22/2020 Complete In Review Optional Step 6 License/Certificatio 05/22/2020 05/22/2020 Complete Step 7: Provider Cont 06/22/2020 65/22/2020 Complete Step 8: Taxonomy Details 05/22/2020 05/22/2020 Complete Step 9: View Servicing Provider Details 05/22/2020 05/22/2020 Complete Optional Step 10: Uplead Docume Required 05/22/2020 05/22/2020 Complete e 11: Ce 06/22/2020 05/22/2020 Complete Page ID: pgEPWindwidualUpdate( Envir
- 7. Select "Close" to exit from the application.





**Note:** Once the modification has been submitted to the state for review, it can be cancelled for a short period of time using the "Pull Back" option. The "Pull Back" option becomes unavailable once the state has assigned the submitted document to complete the review. If you continue to need the document to be cancelled, Contact Provider Assistance at 602-417-7670 option 5 for assistance.

