AHCCCS Provider Enrollment Portal (APEP) Overview and Basic Provider Information

June 2023

About This Presentation

These materials are designed for the Fee-for-Service (FFS) programs, including the American Indian Health Program (AIHP), DD Tribal Health Program (DD-THP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).

Information found in this presentation includes, AHCCCS Provider Enrollment Portal (APEP), Provider Participation Agreement, FFS provider billing manuals and more. This presentation provides general guidance on the process and does not cover all aspects of provider enrollment.

If you have any questions about this presentation, email providertrainingffs@azahcccs.gov

Provider Enrollment Overview

Topics:

- AHCCCS Provider Enrollment Portal (APEP)

- Provider Services Unit

- Provider Registration Materials

- AHCCCS Provider Enrollment Application Fees

- Provider Type Profile Attestation

- Provider Participation Agreement (PPA)

- Fee-for-Service Provider Resources and Manuals

- Fee-for-Service Rates Information

AHCCCS Provider Enrollment Portal (APEP)

AHCCCS Provider Enrollment Portal (APEP)

The AHCCCS Provider Enrollment Portal (APEP) is an online portal that offers a secure streamlined provider enrollment process.

Questions regarding provider-related enrollment, policy, or APEP user issues email Provider Enrollment at: APEPTrainingQuestions@azahcccs.gov

Your email will automatically create a service ticket for Provider Enrollment to review and resolve.

AHCCCS Provider Enrollment Portal (APEP)

The AHCCCS Provider Enrollment Portal allows providers to:

- Enroll as an AHCCCS provider,
- Update information (contact information, telephone number),
- Make changes to correspondence/service and billing addresses,
- Add additional providers to the group, and
- Upload and/or update licenses and certifications.

Provider Self Enrollment Using APEP

Enrolling via APEP is an easy process. Providers must register for a Single-Sign-On (SSO) to access the APEP system. All users within a provider's organization who require access to information within

- APEP must obtain a user ID and password.
- APEP applications are submitted to AHCCCS in "real time" via APEP.

APEP will generate a ***14-digit temporary application ID number*** that is used by the single sign on user to access the enrollment application which is used to make corrections and or changes to the provider's information.

APEP Assistance

For more information regarding the Single-Sign-On (SSO), such as "Forgot User ID" a Service Ticket is required to complete additional research with the APEP online vendor.

To initiate a service ticket:

- Email **APEPTrainingQuestions@azahcccs.gov** or,
- Contact Provider Assistance **(602) 417-7670**.

Please have the email address associated with the SSO user available.

The Provider Assistance Call Center cannot assist with APEP password reset requests.

AHCCCS Provider Enrollment Portal (APEP)

For training inquiries on how to use the APEP system, the Provider Enrollment Unit has established a web page with training materials for providers.

- Please visit APEP Training Videos Web Page to view the videos and training materials available online.

If you have additional questions about APEP that are not addressed in those materials, please contact the APEP team at:

- APEPTrainingQuestions@azahcccs.gov

Provider Registration Information

New Providers

Any person or company may participate as an AHCCCS registered provider, if the person/company is qualified to render AHCCCS covered service and complies with all AHCCCS policies and procedures for provider participation.

New provider information can be found on the AHCCCS website at: https://www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollmentApplication.html

Provider Registration Materials

New Providers

All providers of AHCCCS-covered services (either Fee-For-Service or managed care) must:

- Register with the AHCCCS Administration which requires signing the Provider Agreement that includes Federal requirements under 42 CFR Part 431.107.

- Meet AHCCCS requirements for professional licensure, certification or enrollment.

- Complete all applicable enrollment forms.

AHCCCS
Arizona Health Care Cost Containment System

Provider Services Unit

Provider Services Unit
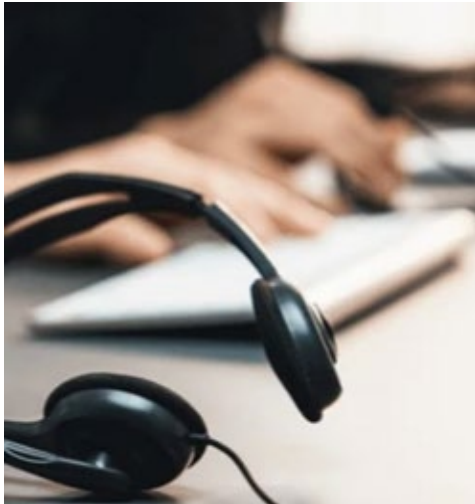
Provider Assistance (PA) is an option for providers to speak with a Level 1 customer service representative. Our PA representatives are skilled to provide help to many basic enrollment questions.

Provider Services Unit: (602) 417-7670

Provider Services Unit

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions.

Provider Services Call Center (602) 417-7670.
Call Center Hours of Operation:
Monday-Friday from 7:30 A.M. - 5:00 P.M.

Providers should not call the Provider Services if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims. Providers should refer to the AHCCCS Website Plans/Providers for more information.

Other Service Units

If You Need Assistance With the Following Services

Questions about warrants, paper EOBs, or Electronic Fund Transfers (EFT) please contact the Division of Business & Finance (DBF)
at ahcccswarrantinquiries@azahcccs.gov or,
Call (602) 417-5500. Hours: 10:00 AM – 4:00 PM Arizona Time.

To check the status of your Electronic Fund Transfer (EFT) please email the Division of Business & Finance (DBF) at ahcccsfinanceeft@azahcccs.gov

Questions related to electronic transactions or to request an 835/ERA transaction setup email servicedesk@azahcccs.gov or contact (602) 417-4451.
Hours: 7:00 AM – 5:00 PM Arizona Time.

AHCCCS Provider Enrollment/Application Fee

Provider Registration Materials

New Providers

- Effective January 1, 2012, Institutions (companies/facilities) are required to pay an enrollment fee.

- Specific provider types will require an Office of Inspector General (OIG) site visit prior to enrollment, and are ***subject to unannounced post enrollment site visits*** (Required Fee and-or Site Visit by Provider Type).

- Once registered, providers are encouraged to use the following checklist to assist them in working with AHCCCS: Provider Office Check List.

- AHCCCS uses a variety of resources to help providers understand policies, prior authorization, claim submission, and changes to the program.

Provider Registration Materials

New Providers

- Once registered, providers are encouraged to use the following checklist to assist them in working with AHCCCS: [Provider Office Check List](#).

- AHCCCS uses a variety of resources to help providers understand policies, prior authorization, claim submission, and changes to the program.

AHCCCS Provider Enrollment/Application Fee

- Making an Online Provider Enrollment/Application Fee payment is a free service offered through AHCCCS. This service is designed in accordance with the Affordable Care Act, effective January 1, 2012, for AHCCCS Administration to collect an enrollment/application fee for required provider types.

Payment Options

- You can use a Visa, Master Card, American Express, Credit/Debit Card, or enter a bank account number to make a payment. For the bank account payment option, you will need your account number and the bank routing number. ***Cash, checks and money orders are not acceptable forms of payment.***

Other Method of Payment – AHCCCS Online Bill Pay

AHCCCS Online Bill Pay – Provider Application

- AHCCCS offers a new online bill payment service. Please note that all providers will need to enroll for this new service if you have not already enrolled.

- [AHCCCS Online Payment Service](#)

Online payment

Provider Type Profile Attestation

Provider Type Profile Attestations

- If enrolling as one of the following provider types listed on the next slide, the additional Provider Type Profile is required as part of the enrollment process.

- Select the link for your provider type to view the "Provider Type Profile" document which is found at [APEP Provider Enrollment Application](#)

- Review the "Special instructions" section outlined in the Provider Type Attestation form. Download the form and make sure to sign and date the form and upload the completed form in the AHCCCS Provider Enrollment Portal (APEP).

- This step can be completed under the Upload Document step as "Document Type-License" under "Document Name-AHCCCS Provider Registration."

Provider Types That Require Additional Application Requirements

Provider Types With Additional Application Requirements			
Attendant Care/Company **(PT40)**	Affiliated Practice Hygienists **(PT 54)**	Homemaker – applying as a company **(PT 37)**	Independent Testing Facility **(PT E1)**
Nurse/Midwife **(PT 09)**	Physician Assistant **(PT 18)**	School Based Bus Transportation **(PT 92)**	Naturopath **(PT 17)**
NEMT Provider **(PT 28)**	NEMT Transportation Network Company **(PT NT)**	NEMT Equine **(PT NE)**	

Provider Registration Materials

New Providers

Submit All Supporting Documentation:

- In addition to a complete application, each provider is required to submit all applicable supporting documentation at the time of submission to avoid processing delays.

A Certified W9 form must be on file:

- Any provider who will be receiving state/federal funds for services rendered or provided to Medicaid recipients must have a certified W9 tax form on file with the State.

Provider Registration Materials

- The National Provider Identifier (NPI) number is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers.
- The NPI is a unique(10-digit identification number) for covered health care providers.
- If a provider has a valid NPI, the NPI must be used in lieu of the 6-digit AHCCCS assigned provider identification number.
- The federal government requires that providers who administer "medical and other health services" should obtain a NPI number.

Provider Registration Materials

The National Provider Identifier (NPI) Number *(if required based on the Provider Type).*

- For more information visit the National Plan and Provider Enumeration System (NPPES) webpage at https://nppes.cms.hhs.gov or contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.
- Ensure a Certified W9 is On File – Any provider who will be receiving state/federal funds for services rendered or provided to Medicaid recipients must have a certified W9 tax form on file with the State.

Provider Participation Agreement (PPA)

Provider Participation Agreement

Provider Participation Agreement

The Provider Participation Agreement (PPA) is an agreement between AHCCCS and the Provider, pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern:

(1) the registration and payment for the health care services provided by the Provider to fee for service eligible persons who are not enrolled with a Contractor under contract with AHCCCS (Contractor) or who receive emergency services only,

(2) the registration for a Provider to participate and deliver health care services to eligible persons who are enrolled with a Contractor, and

(3) the registration of a Provider who wishes to participate and qualify under the one time only waiver option.

Provider Participation Agreement (PPA)

Provider Participation Agreement

All providers, both Fee-for-Service and providers for MCO members, must sign the PPA. The PPA requires that providers adhere to all AHCCCS guidelines, policies and manuals, including but not limited to:

- The AHCCCS Medical Policy Manual (AMPM);
- The AHCCCS Fee-For-Service Manuals;

    Note: This refers to the Fee-for-Service Provider Billing Manual and the IHS/Tribal Provider Billing Manual;

- AHCCCS Claims Clues; and
- Reporting Guides.

AHCCCS Fee-for-Service

Provider Resources and Manuals

Fee-For-Service Provider Billing Manual

The Fee-For-Service (FFS) Provider Billing Manual is intended to outline billing requirements for providers who are billing the AHCCCS Division of Fee-for-Service Management (DFSM) unit for reimbursement.

It includes chapters on the following:

- Member eligibility;
- Provider records & registration;
- General billing rules; Instructions for billing on the UB-04, ADA 2012 and CMS 1500 claim forms;
- Prior authorization;
- Medicare and Third Party liability and more.

Fee-for-Service Provider Billing Manual

It includes chapters on the following (continued):

- Individual practitioner services (detailing important information pertaining to individual provider types);
- Hospital/inpatient billing;
- Billing for pharmacy, transportation, DME, free standing birthing centers, FESP members, home health care, nursing facilities, hospice services, transplants, and behavioral health services;
- Arizona Long Term Care Services (ALTCS);
- Claims processing and correcting claims errors; and
- Understanding the remittance advice.

IHS/Tribal Provider Billing Manual

Indian Health Services (IHS) / Tribal Provider Billing Manual

The IHS/Tribal Provider Billing Manual contains similar information to the FFS Provider Billing Manual. However, it is customized to assist IHS/638 providers with billing for the All Inclusive Rate (AIR).

The IHS/Tribal Billing manual contains an additionally billing chapter specifically for the 638 Federally Qualified Health Center (FQHC) (C5) provider type.

AHCCCS Medical Policy Manual (AMPM)

The **AHCCCS Medical Policy Manual (AMPM)** provides information to Contractors and Providers regarding services that are covered within AHCCCS programs. The AMPM is applicable to Managed Care and Fee-For-Service members.

The AMPM should be referenced in conjunction with State and Federal regulations, other agency manuals such as the AHCCCS Contractors' Operations Manual (ACOM), the AHCCCS Fee-For-Service Provider Billing Manuals, and applicable contacts.

Medical Coding Resources Unit

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules.

- https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html

This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc. email: CodingPolicyQuestions@azahcccs.gov

- o NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

Billing And Coding Resources

FFS Fee Schedules by Procedure Code

A ***Procedure Code Lookup Tool*** is available on the AHCCCS website, and it can be found here:

[FFS Rate Lookup By Provider and Procedure Code](#)

The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. AHCCCS covered procedures can be viewed in the AHCCCS Medical Policy Manual (AMPM). AHCCCS covered services can differ based upon enrollment.

This tool is meant to assist providers in looking up rates by procedure codes.

AHCCCS FFS Provider Resources and Manuals

- The AHCCCS Medical Policy Manual (AMPM) can be found at: https://www.azahcccs.gov/shared/MedicalPolicyManual/

- The AHCCCS Contractors Operations Manual can be found at: https://www.azahcccs.gov/shared/ACOM/

- The AHCCCS Fee-for-Service Health Plans web page.

DFSM Provider Education and Training Unit

DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers in the following:

- AHCCCS Online Provider Portal Training:
    - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

The DFSM Provider Training Team can be reached at
ProviderTrainingFFS@azahcccs.gov

Did You Know!

- Questions on AHCCCS Fee-for-Service rates email FFSRates@azahcccs.gov
- Questions on AHCCCS Coding email CodingPolicyQuestions@azahcccs.gov
- Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

  o NOTE: The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc, should be directed to your organization's coder/biller for guidance.

Thank You.