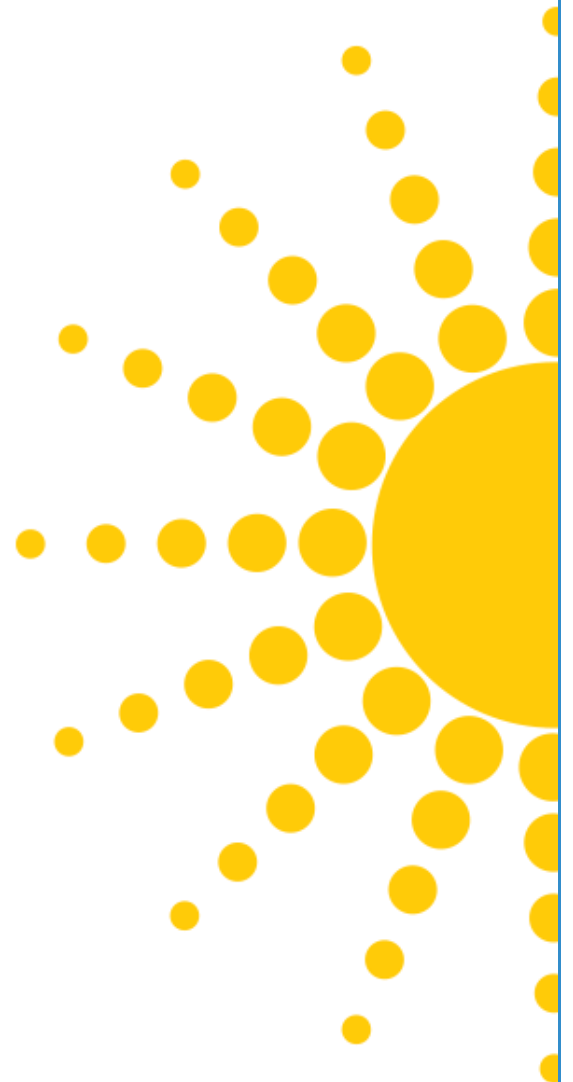




Individual Enrollment



Individual

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

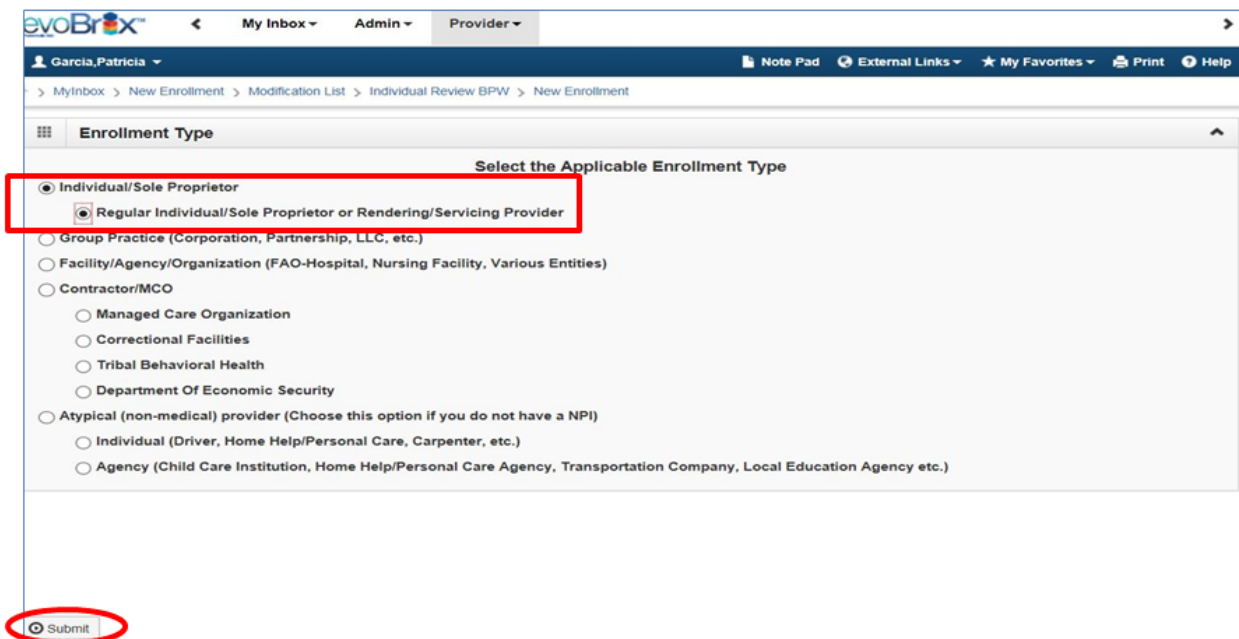
- Is an Individual or Sole Proprietor operating his/her own medical/health care practice
- Has a National Provider Identifier (NPI) number

These providers include:

- Individual Doctors and Physicians in Private Practice
- Nurse-Practitioner's and Physician Assistants in Private Practice
- Another provider (Individual or Organization) Rendering Servicing Only providers – This would be Individuals with an NPI, but rendering/servicing as a parent physician or medical group conducting all billing on your behalf
- Psychologists
- Audiologists
- Dentists
- Chiropractors
- Occupational or Physical Therapists that have a NPI number operating independently

Beginning an Application

To begin an application, select the “Individual/Sole Proprietor or Rendering /Servicing” option, then select “Submit.”



The screenshot shows the evoBrix web application interface. The user is logged in as Garcia, Patricia. The navigation menu includes My Inbox, Admin, and Provider. The breadcrumb trail is: MyInbox > New Enrollment > Modification List > Individual Review BPW > New Enrollment. The main content area is titled "Enrollment Type" and "Select the Applicable Enrollment Type". The following options are listed:

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Servicing Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Contractor/MCO
 - Managed Care Organization
 - Correctional Facilities
 - Tribal Behavioral Health
 - Department Of Economic Security
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

The "Submit" button is located at the bottom left of the form.

Enrollment Overview

Each provider must complete steps 1 through 11 to submit the application.

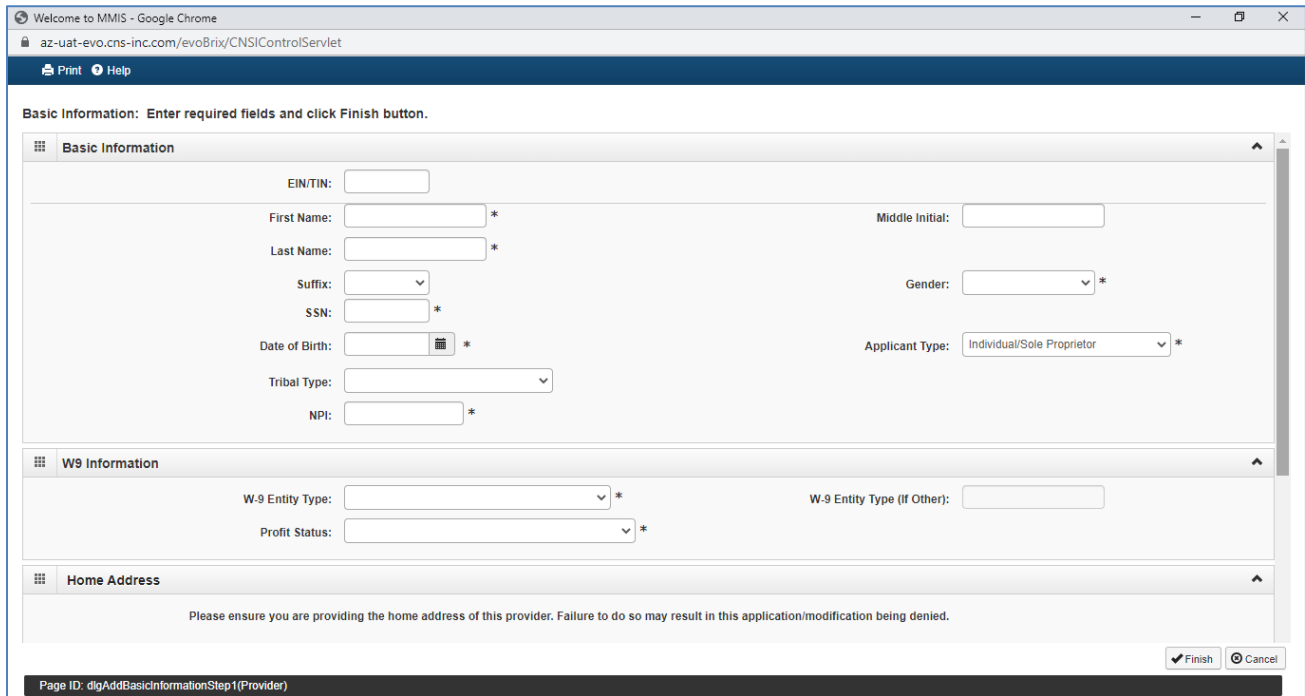
- Status column: This column will change from “Incomplete” to “Complete” as steps are completed.
- Step Remark column: This column will alert you to any problems in completing the step.
- Blue font: indicates a hyperlink.
- Steps display in blue font when the step is ready for data entry.
- In order to skip steps, you must first complete steps 1 through 4 in numerical order to make the remainder of steps available.
- * An asterisk indicates required fields. Required fields must be completed to advance forward.

NOTE: It is important to ensure all data entered is accurate and valid.

Step 1: Provider Basic Information

1. Select Step 1: “Provider Basic Information.”

Note: * An asterisk indicates required response prior to selecting “Finish.”



Basic Information: Enter required fields and click Finish button.

Basic Information

EIN/TIN:

First Name: *

Last Name: *

Suffix:

SSN: *

Date of Birth: *

Tribal Type:

NPI: *

Middle Initial:

Gender: *

Applicant Type: Individual/Sole Proprietor *

W9 Information

W-9 Entity Type: *

W-9 Entity Type (If Other):

Profit Status: *

Home Address

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

Page ID: dgAddBasicInformationStep1(Provider)

Finish Cancel

2. Basic Information: Enter the provider’s basic information.

- Applicant Type:

- Rendering/Service Only: Select this option if a billing provider is billing on your behalf.
- Individual/Sole Proprietor: Select this option if you are a sole proprietor and own the tax ID number.

☰ **Basic Information** ▲

EIN/TIN: <input style="width: 100%;" type="text"/>	
First Name: <input style="width: 90%;" type="text"/> *	Middle Initial: <input style="width: 100%;" type="text"/>
Last Name: <input style="width: 90%;" type="text"/> *	
Suffix: <input style="width: 90%;" type="text"/> ▼	Gender: <input style="width: 100%;" type="text"/> ▼ *
SSN: <input style="width: 90%;" type="text"/> *	
Date of Birth: <input style="width: 90%;" type="text"/> 📅 *	Applicant Type: <input style="width: 100%;" type="text"/> ▼ *
Tribal Type: <input style="width: 100%;" type="text"/> ▼	
NPI: <input style="width: 90%;" type="text"/> *	

3. W-9 Entity Type: IRS W-9 information must match IRS reports.
 - Sole Proprietor will apply for most individuals.
 - Profit Status: Non-Profit, For-Profit and Closely Held are the most common Profit Status Codes that apply for non-profits and private individuals.

☰ **W9 Information** ▲

W-9 Entity Type: <input style="width: 90%;" type="text"/> ▼ *	W-9 Entity Type (if Other): <input style="width: 100%;" type="text"/>
Profit Status: <input style="width: 90%;" type="text"/> ▼ *	

4. Home Address: Enter the home address of the Provider.
 Note: Most addresses are validated through USPS. The Address Submission only requires Address Line 1 and Zip Code, click the “Validate Address” button. The remaining address fields will be populated.
 - Begin with updating the address within the “Address Line 1” field and enter Zip Code; Click the “VALIDATE ADDRESS” option and the message of “Address is validated,” the County, City and State fields will populated.
5. Once complete select, “Finish,” to advance forward.



Home Address

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

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: OTHER ▾ *

County: OTHER ▾

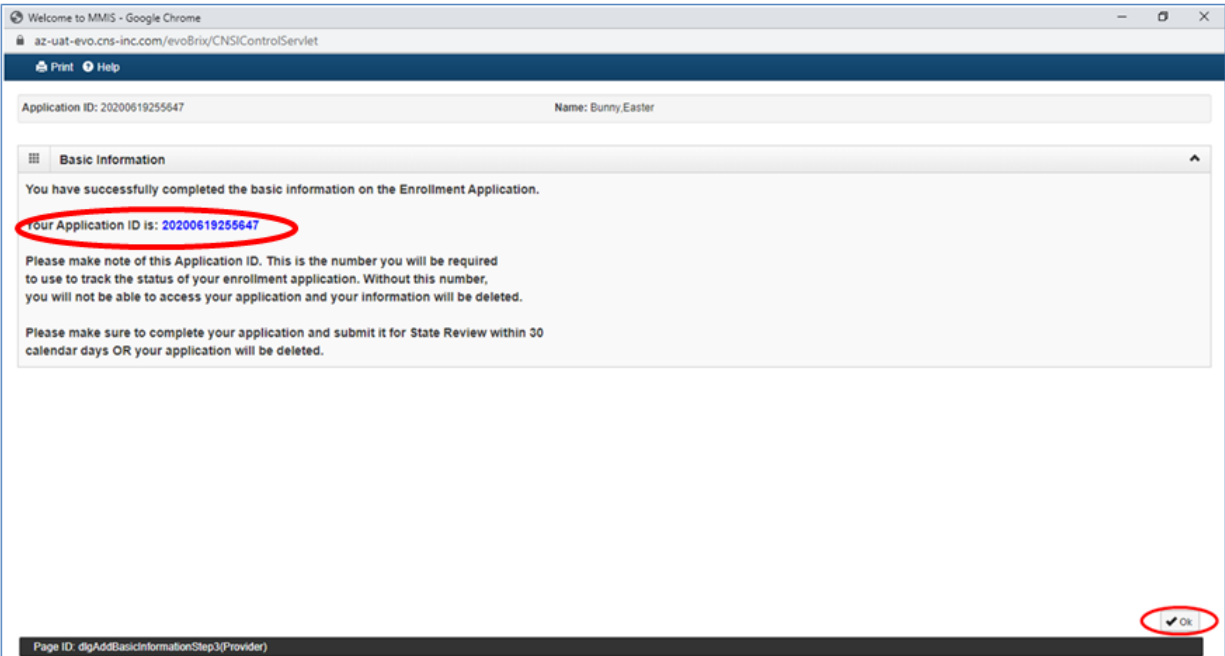
Country: UNITED STATES ▾ *

Zip Code: -

- Once the Basic Information is complete, an Application ID will be provided. You will need this Application ID later if you choose to complete the application at a later time. Once an application has been started, you will have 30 calendar days to complete and submit the application.

TIP: Write down your Application ID and keep it in a safe place. If you misplace the Application ID, check your email account used during the User Registration process to retrieve the email containing the Application ID. If you are unable to locate the email containing the Application ID, please contact the AHCCCS Provider Enrollment team.

- To continue with the application, select "OK". By selecting "OK", this will take you to "Step 2: Add Locations". This step is required prior to submission of the application.



Welcome to MMIS - Google Chrome

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Print Help

Application ID: 20200619255647 Name: Bunny, Easter

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20200619255647

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

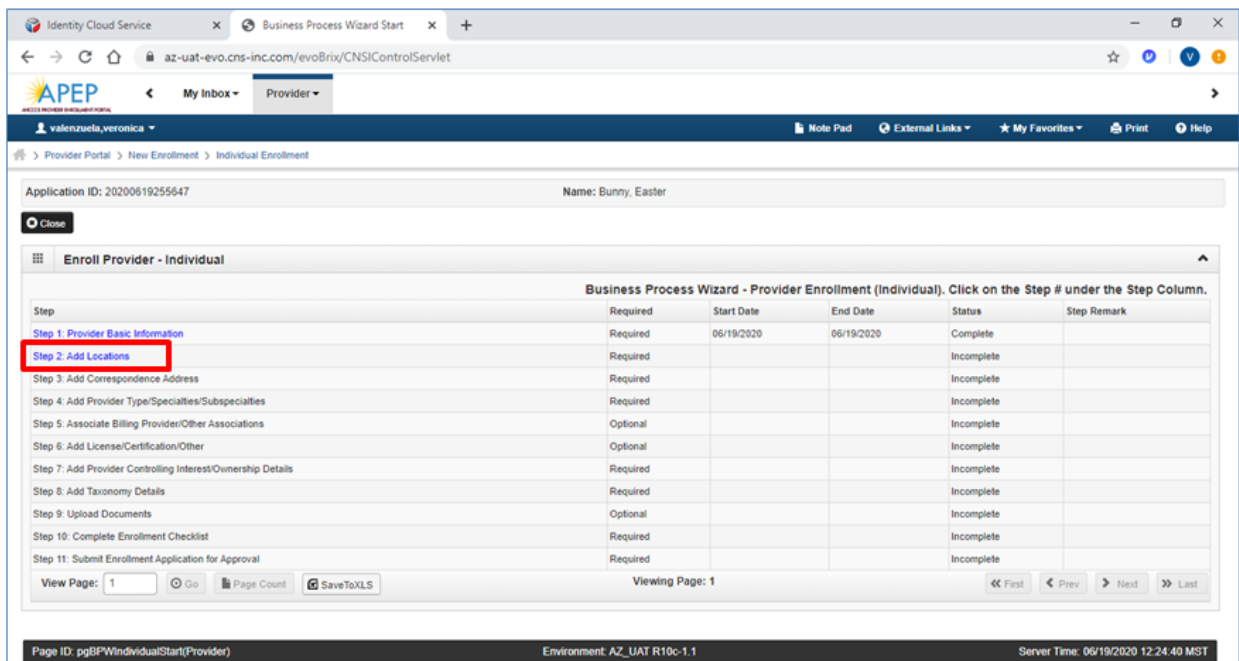
Page ID: digAddBasicInformationStep3(Provider)

8. Once the application has been established, you will be brought to the “Business Process Wizard or BPW.” This page breaks down the full application into multiple steps. Step 1, Provider Basic Information has already been completed which will be indicated in the “Status” column.
 - The “Required” column tells you which of the steps are “required” and which are “optional” to submit the application.

Note: To complete the next step, “Click” the blue hyperlink. Currently, only Step 2 has a hyper link. However, once you complete Step 4, every step will display a hyper link, allowing you to complete the steps in any order.

Step2: Add Locations

1. Select “Step 2: Add Locations.”



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

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

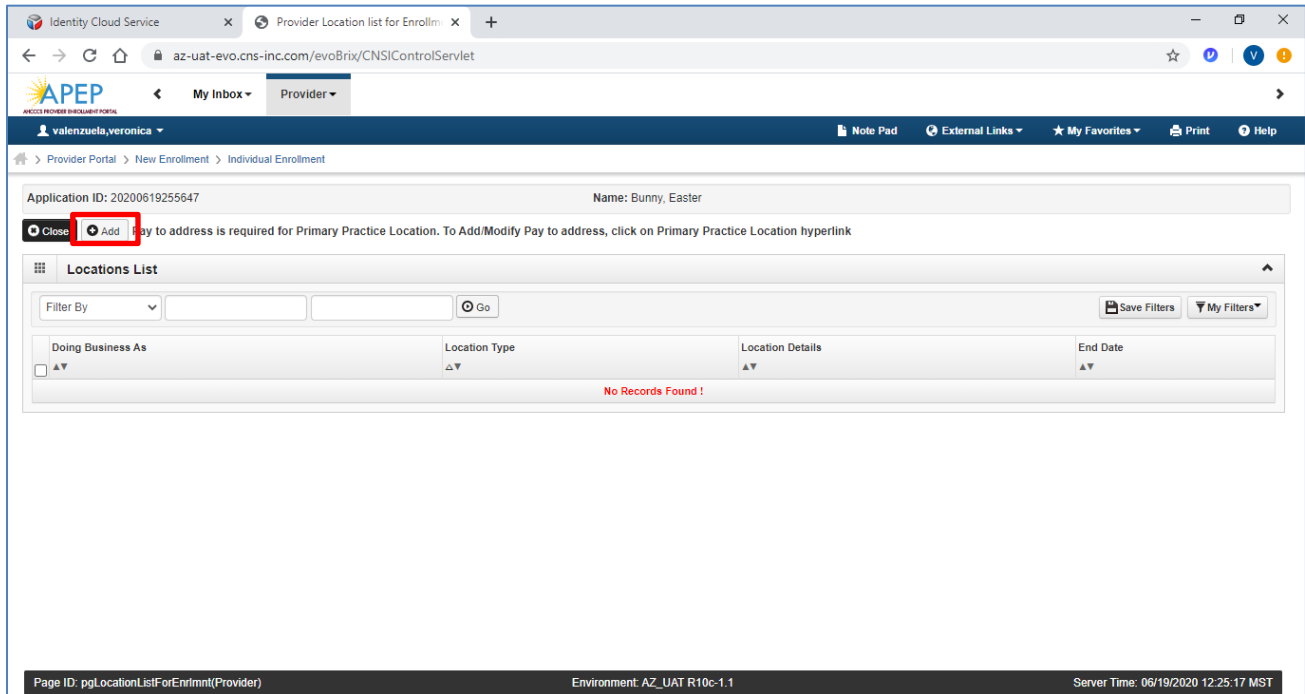
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:24:40 MST

2. Select “Add” to open up the details page to add a Primary Practice Location and a Pay-To-Address for the location(s). Adding additional servicing locations are optional.

Note: If you are already registered with AHCCCS, you will see a list of your locations under the “Locations List.” For a new enrollment, this list will be empty.



3. Select: "Primary Practice Location" in the drop down menu. Complete all required fields then select "Validate Address" and "OK" to advance forward.

Note: Enter your street address on Address line 1 and your five-digit zip code, then "Click," "Validate Address." The remainder of the address fields will automatically populated and be validated by the information from the U.S. Postal Service.

4. Every "Primary Practice Location," requires hours of operation. Fill in these fields as appropriate.
5. Select, "OK," when complete.

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evobrix/CNSControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

Add Provider Location

Location Type: Primary Practice Location *
 Doing Business As: End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWN 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 2:
 Address Line 3:
 State/Province: ARIZONA *
 Country: UNITED STATES *
 City/Town: Phoenix *
 County: Maricopa *
 Zip Code: 85034 * - 2217

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

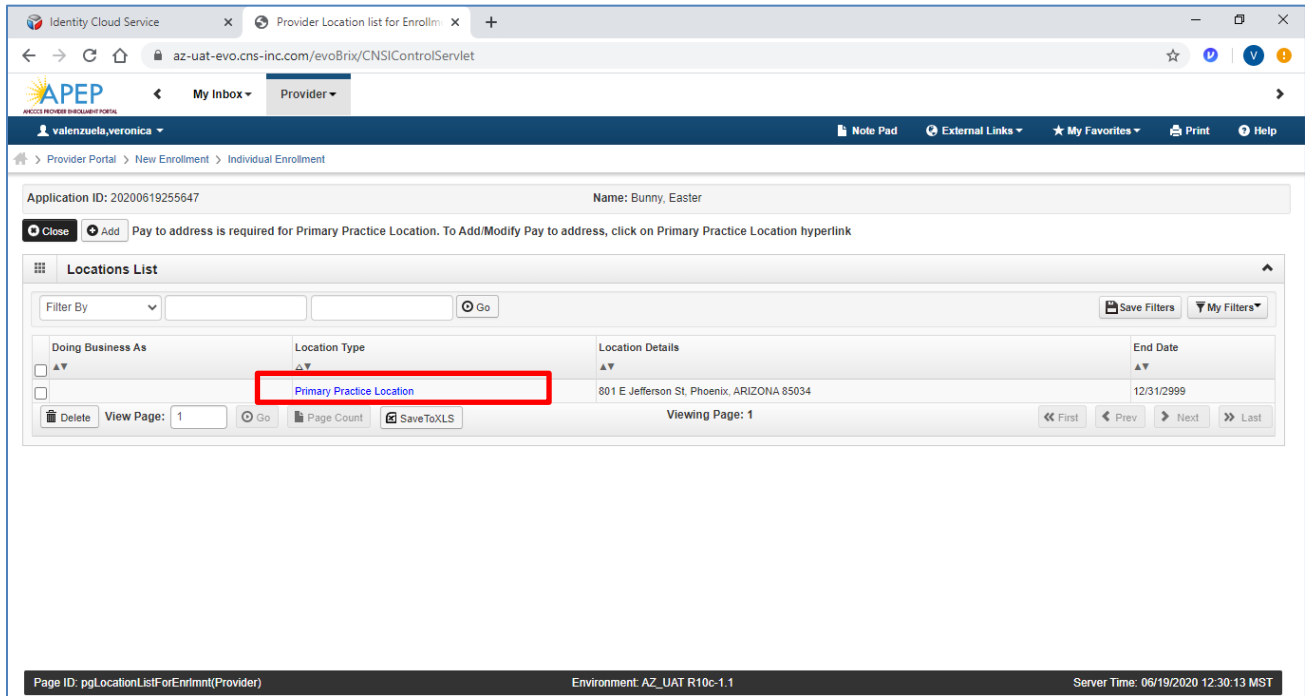
Day	Open At:	AM/PM	Close At:	AM/PM	Day	Open At:	AM/PM	Close At:	AM/PM
Sunday:	<input type="text"/>	AM/PM	<input type="text"/>	AM/PM	Thursday:	<input type="text"/>	AM/PM	<input type="text"/>	AM/PM
Monday:	<input type="text"/>	AM/PM	<input type="text"/>	AM/PM	Friday:	<input type="text"/>	AM/PM	<input type="text"/>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

Accepting New Clients: Maximum Clients:
 Offers OB-Gyn Services: Pediatric Services:
 Handicap Accessible: No FQHC:
 Language(s) Spoken: English, Arabic, Cantonese (For Multiple Selection, use Ctrl Key)

Page ID: dlgEntAddLocation(Provider)

6. Select the “Primary Practice location” link to Add Pay-To Address. The link will display in Blue font under the “Location Type” field.

Note: A message at the top will indicate a “Pay to Address is required for the Primary Practice Location. To Add/Modify Pay to Address, click on the Primary Practice Location hyperlink.”



Identity Cloud Service | Provider Location list for Enrollm...

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela,veronica

Provider Portal > New Enrollment > Individual Enrollment

Application ID: 20200619255647 Name: Bunny, Easter

Close Add Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink

Locations List

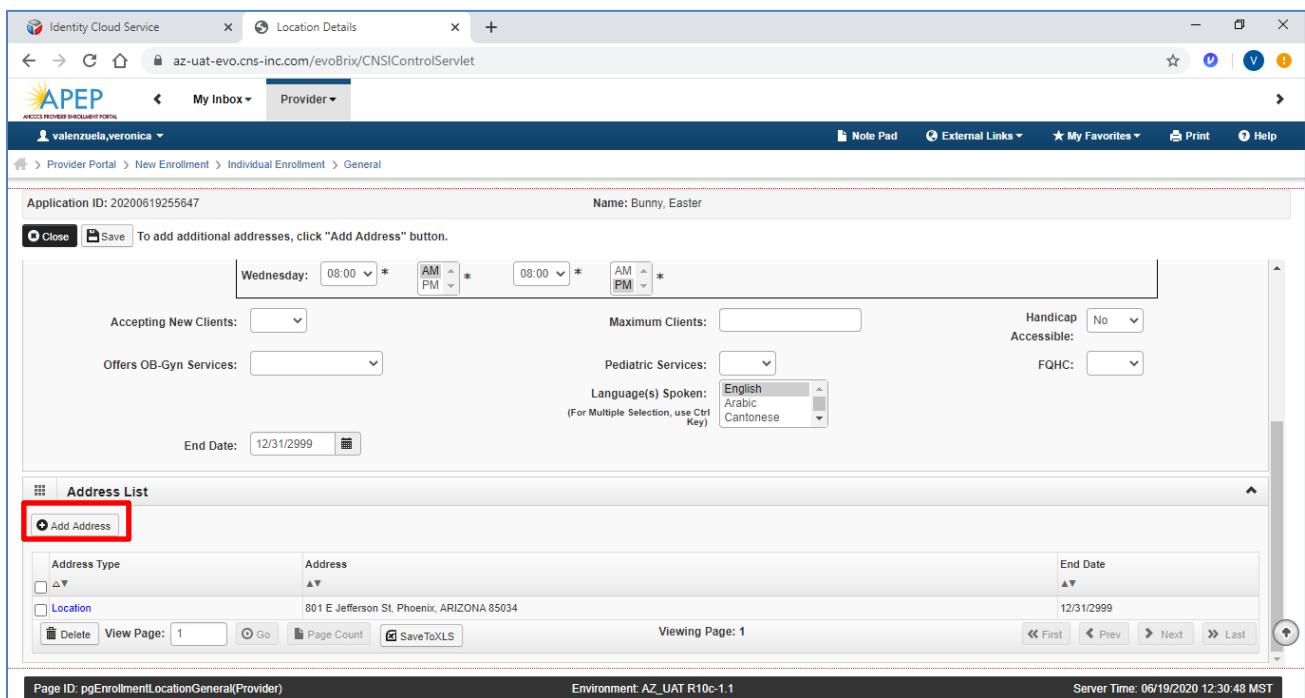
Filter By [] [] Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
	Primary Practice Location	801 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Delete View Page: 1 Go Page Count Save ToXLS Viewing Page: 1 << First < Prev > Next >> Last

Page ID: pgLocationListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:30:13 MST

7. Select "Add Address."



Identity Cloud Service | Location Details

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela,veronica

Provider Portal > New Enrollment > Individual Enrollment > General

Application ID: 20200619255647 Name: Bunny, Easter

Close Save To add additional addresses, click "Add Address" button.

Wednesday: 08:00 * AM PM * 08:00 * AM PM *

Accepting New Clients: [] Maximum Clients: [] Handicap Accessible: [No]

Offers OB-Gyn Services: [] Pediatric Services: [] FQHC: []

Language(s) Spoken: English Arabic Cantonese

End Date: 12/31/2999

Add Address

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

Delete View Page: 1 Go Page Count Save ToXLS Viewing Page: 1 << First < Prev > Next >> Last

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:30:48 MST

- Type of Address: Select "Pay-To-Address" in the drop-down menu. Carefully enter, review and "Validate Address" the address. When complete, select "OK" to proceed forward.

Note: If the “Pay to Address” is the same as the Primary Practice Location, Click the “Location Address: radio button Copy this Location Address” to copy the address. Then click “OK.”

Application ID: 20200619255647 Name: Bunny, Easter

Add Provider Location Address

Type of Address: End Date:

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, DRAWER 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: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

Country: *

Zip Code: * - Validate Address

Page ID: dgEnrILocationAddress(Provider)

9. The provider address will now display in the Address list.

Application ID: 20200622158341 Name: City Fire Protection District

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:

Web Page:

Location Type: Primary Practice Location

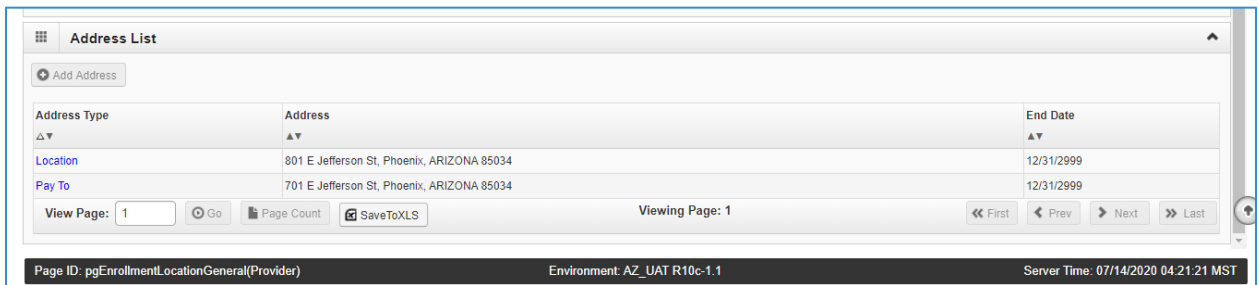
Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At:	AM/PM	Close At:	AM/PM	Day	Open At:	AM/PM	Close At:	AM/PM
Sunday:	12:00	AM/PM	11:59	AM/PM	Thursday:	12:00	AM/PM	11:59	AM/PM
Monday:	12:00	AM/PM	11:59	AM/PM	Friday:	12:00	AM/PM	11:59	AM/PM
Tuesday:	12:00	AM/PM	11:59	AM/PM	Saturday:	12:00	AM/PM	11:59	AM/PM
Wednesday:	12:00	AM/PM	11:59	AM/PM					

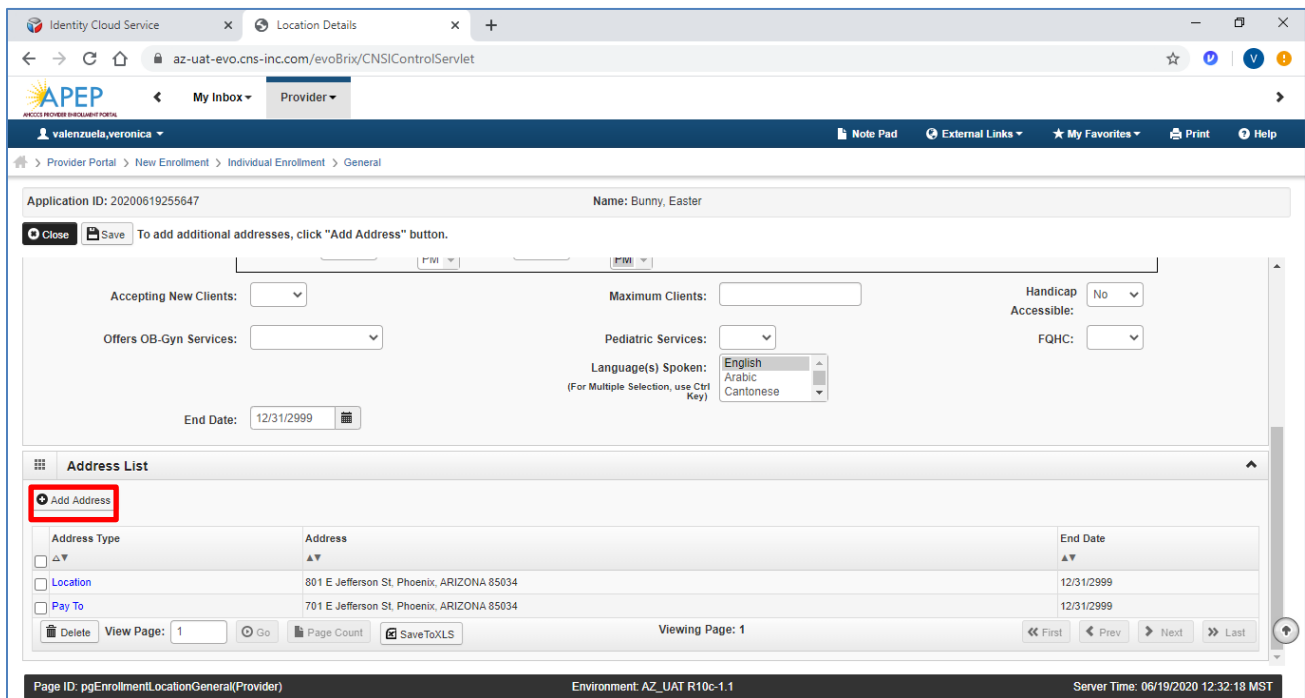
Handicap Accessible:

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

End Date:

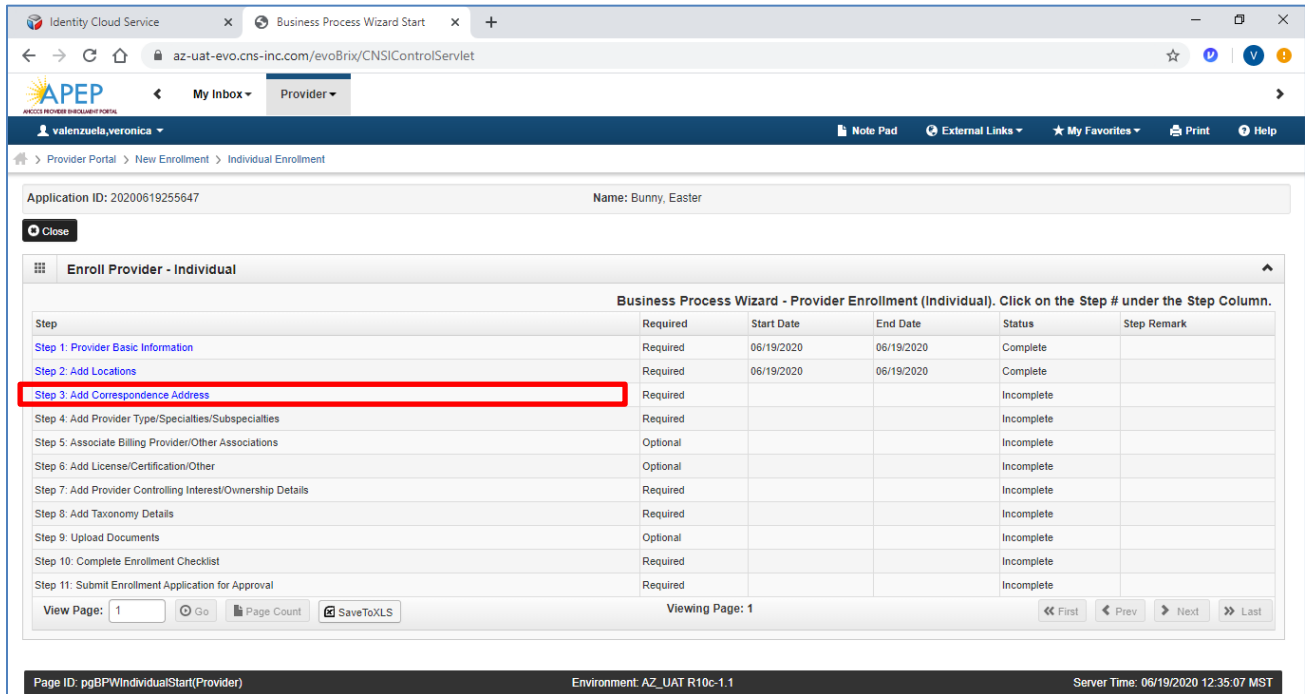


10. To add another service location, select “Add Address” and repeat steps 1 though 8. To continue without adding another service location, select “save” and then select “Close” to advance forward.



Step 3: Add Correspondence Address

1. Select “Step 3”: Add Correspondence Address.”



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

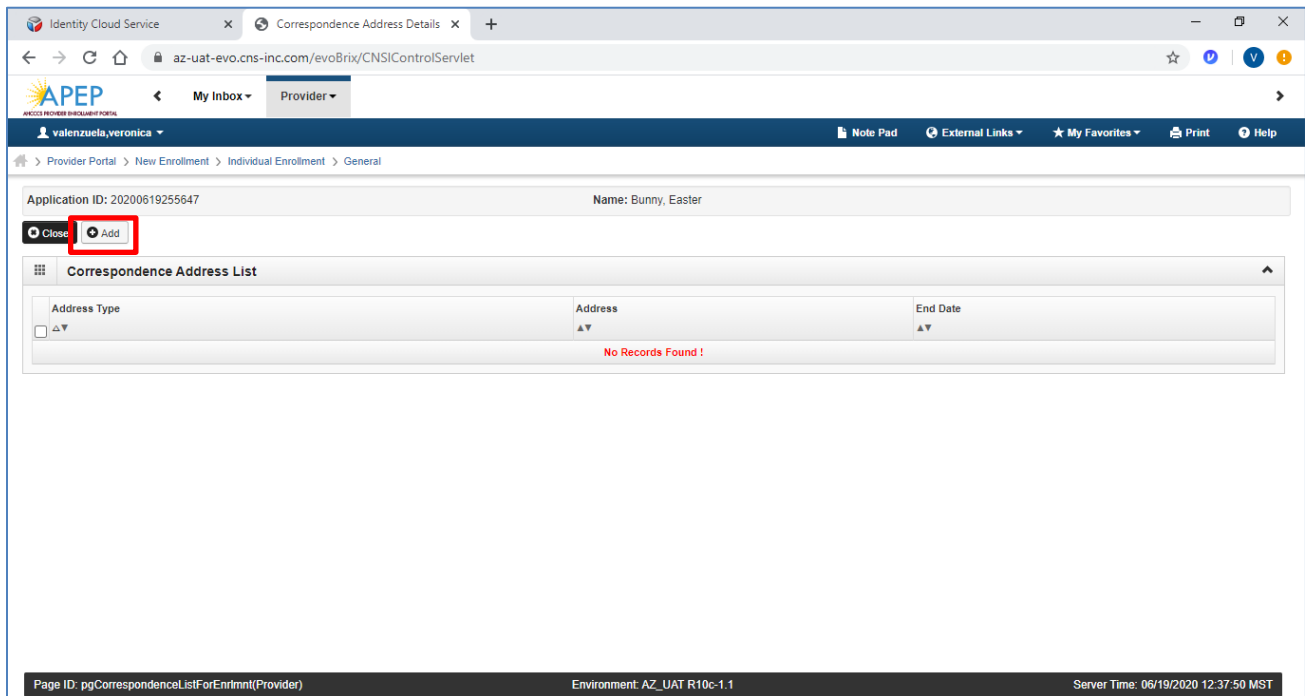
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:35:07 MST

2. Select "Add."



Application ID: 20200619255647 Name: Bunny, Easter

Correspondence Address List

Address Type	Address	End Date
<input type="checkbox"/>		

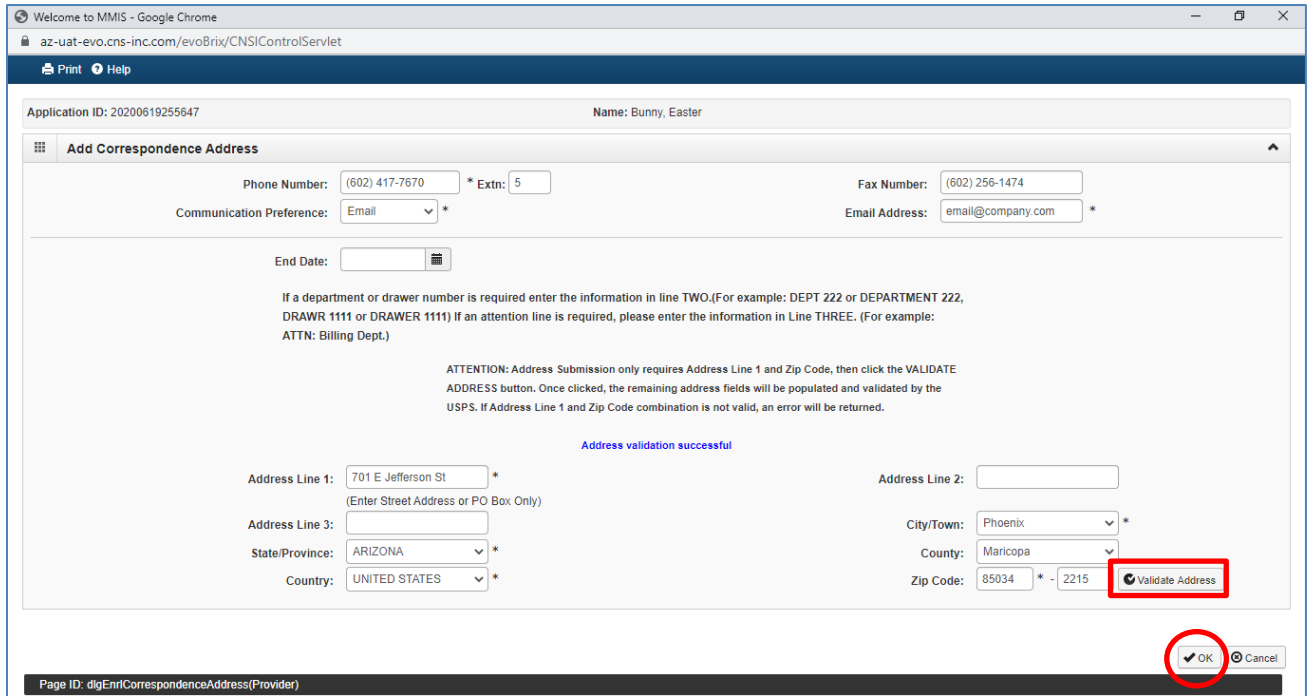
No Records Found!

Page ID: pgCorrespondenceListForEnrlnmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:37:50 MST

3. In the "Communication Preference" field, select "Standard Mail" or "Email."

Note: Only one option may be selected. All notices will go to the mailing address or email address entered on this screen.

- Carefully enter, review and “Validate Address” the address. When complete, select “OK” to advance forward.



Application ID: 20200619255647 Name: Bunny, Easter

Add Correspondence Address

Phone Number: (602) 417-7670 * Extn: 5 Fax Number: (602) 256-1474
 Communication Preference: Email * Email Address: email@company.com *

End Date:

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.)

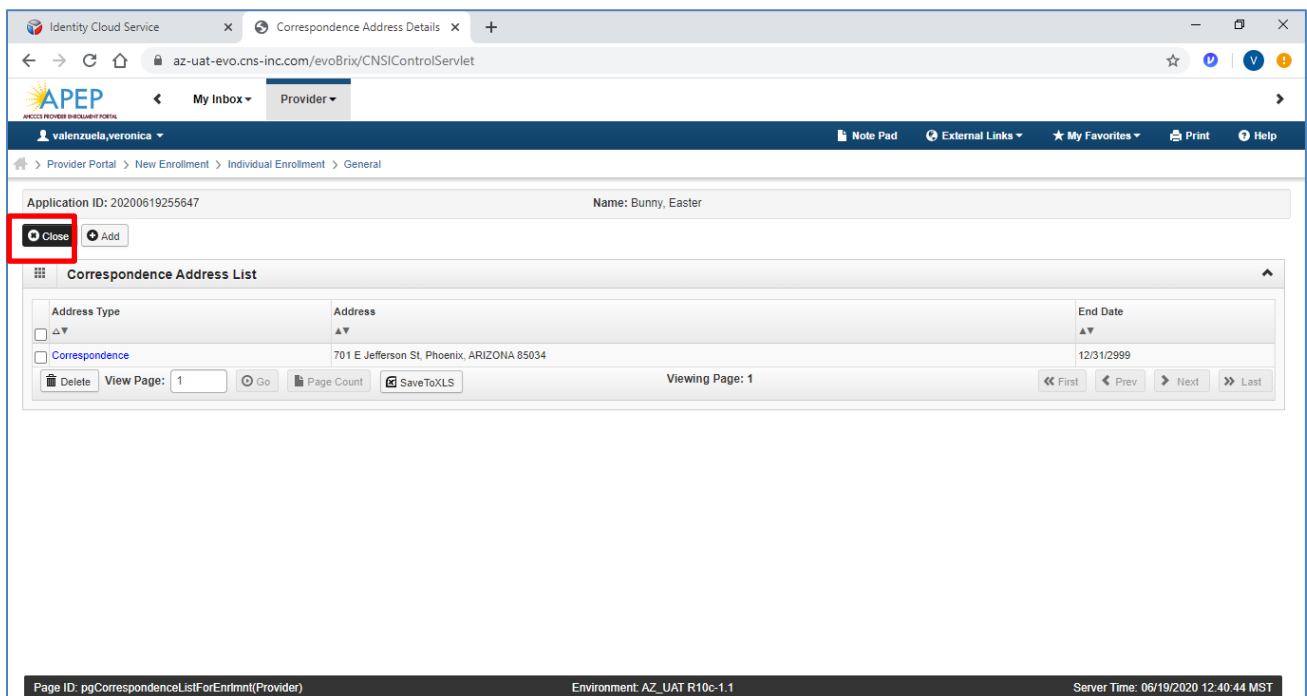
ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 701 E Jefferson St *
 (Enter Street Address or PO Box Only)
 Address Line 2:
 Address Line 3:
 State/Province: ARIZONA *
 Country: UNITED STATES *
 City/Town: Phoenix *
 County: Maricopa *
 Zip Code: 85034 * - 2215

Page ID: dlqEnrCorrespondenceAddress(Provider)

- Select “close” to advance forward.



Identity Cloud Service x Correspondence Address Details x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Individual Enrollment > General

Application ID: 20200619255647 Name: Bunny, Easter

Correspondence Address List

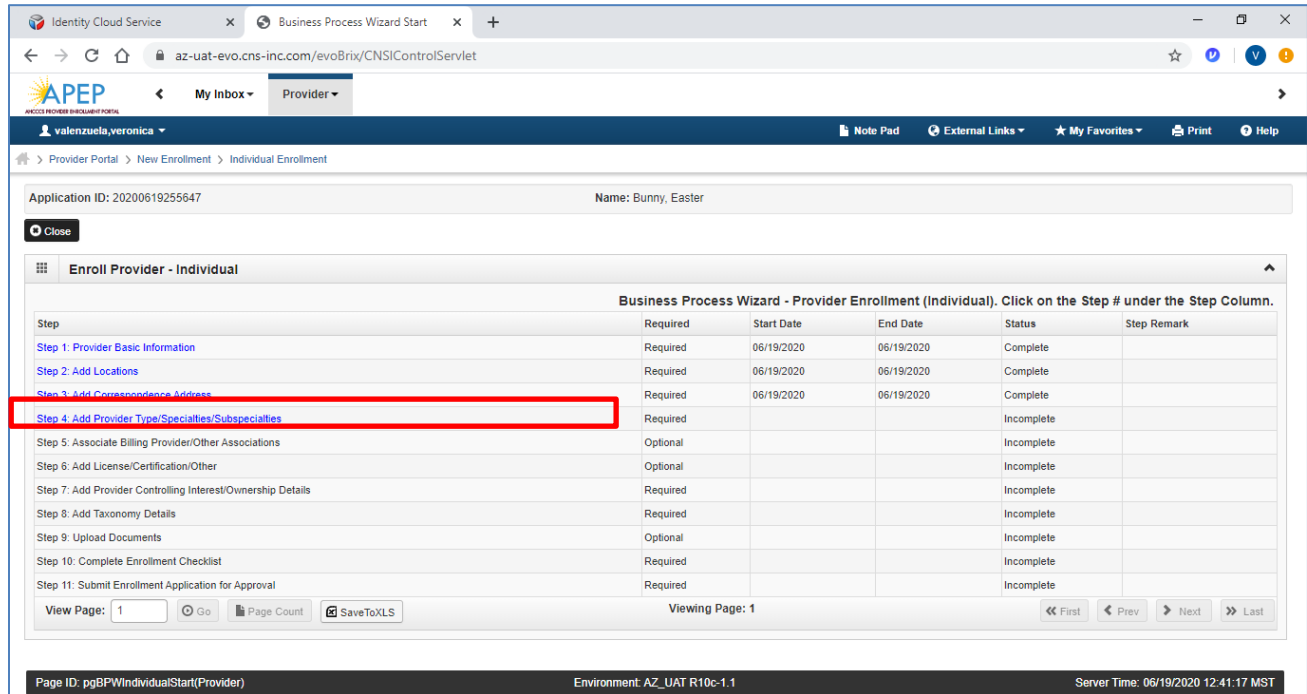
Address Type	Address	End Date
Correspondence	701 E Jefferson St, Phoenix, ARIZONA 85034	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Page ID: pgCorrespondenceListForEnrImnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:40:44 MST

Step 4: Add Provider Type Specialties/Subspecialties

1. Select “Step 4: Add Provider Type Specialties/Subspecialties.”



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

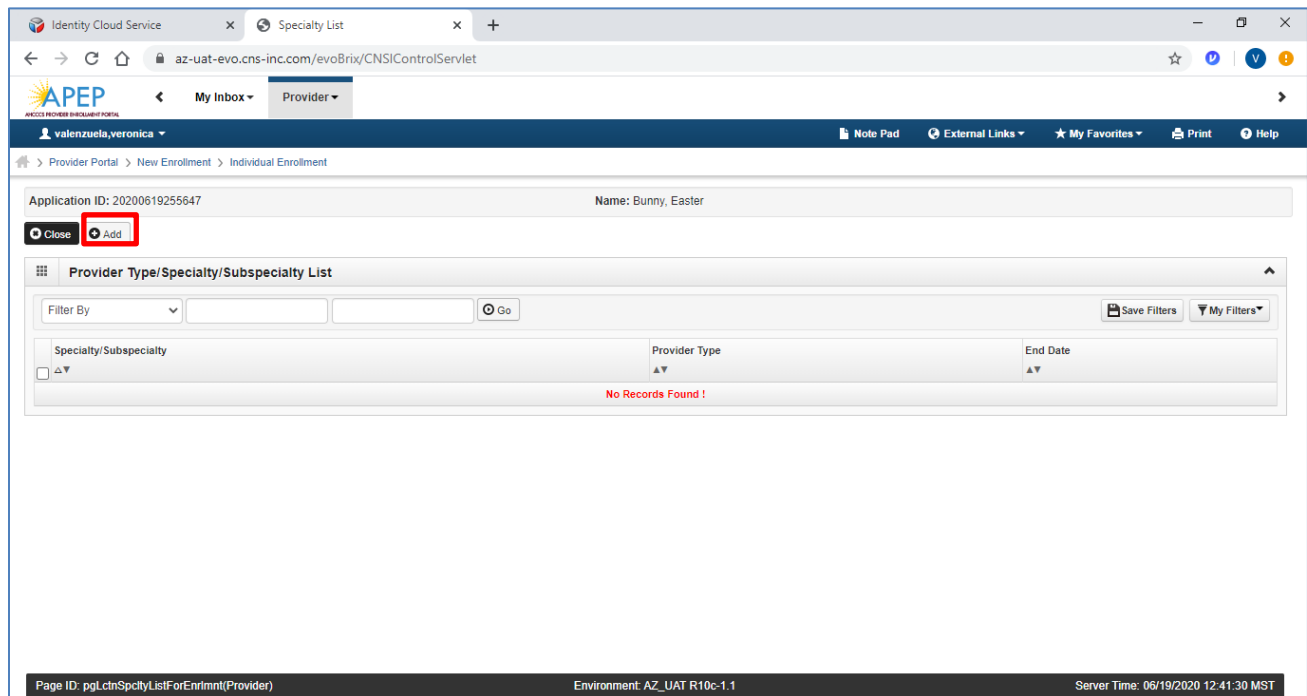
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Optional			Incomplete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:41:17 MST

2. Select “Add.”



Application ID: 20200619255647 Name: Bunny, Easter

Provider Type/Specialty/Subspecialty List

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

Specialty/Subspecialty	Provider Type	End Date
No Records Found !		

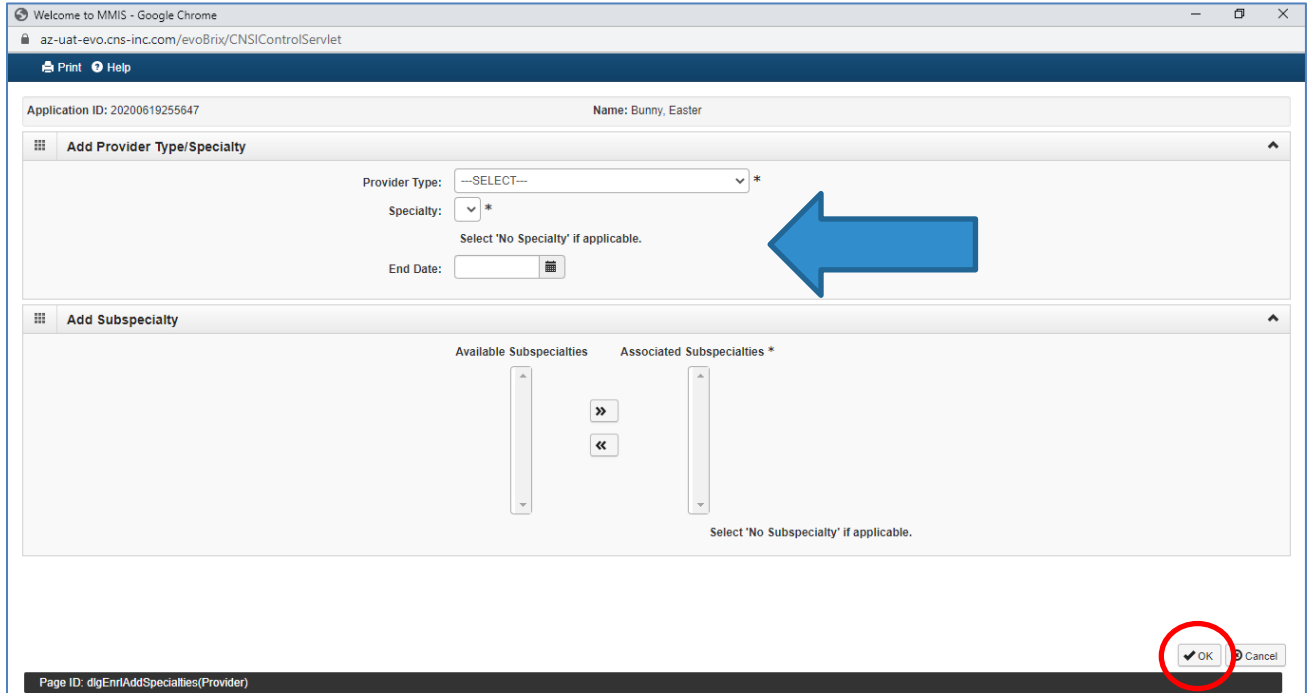
Page ID: pg.clnSpcltyListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:41:30 MST

3. Complete the “Add Provider Type/Specialty” and “Add Subspecialty” fields as appropriate.
4. Select, appropriate “Provider Type” in the drop-down option.

5. Select, the “Specialty” in the drop-down option, or “No Specialty” if applicable.
6. Add “Subspecialty”:
 - Select, “Associated Subspecialty”: “No Subspecialty”

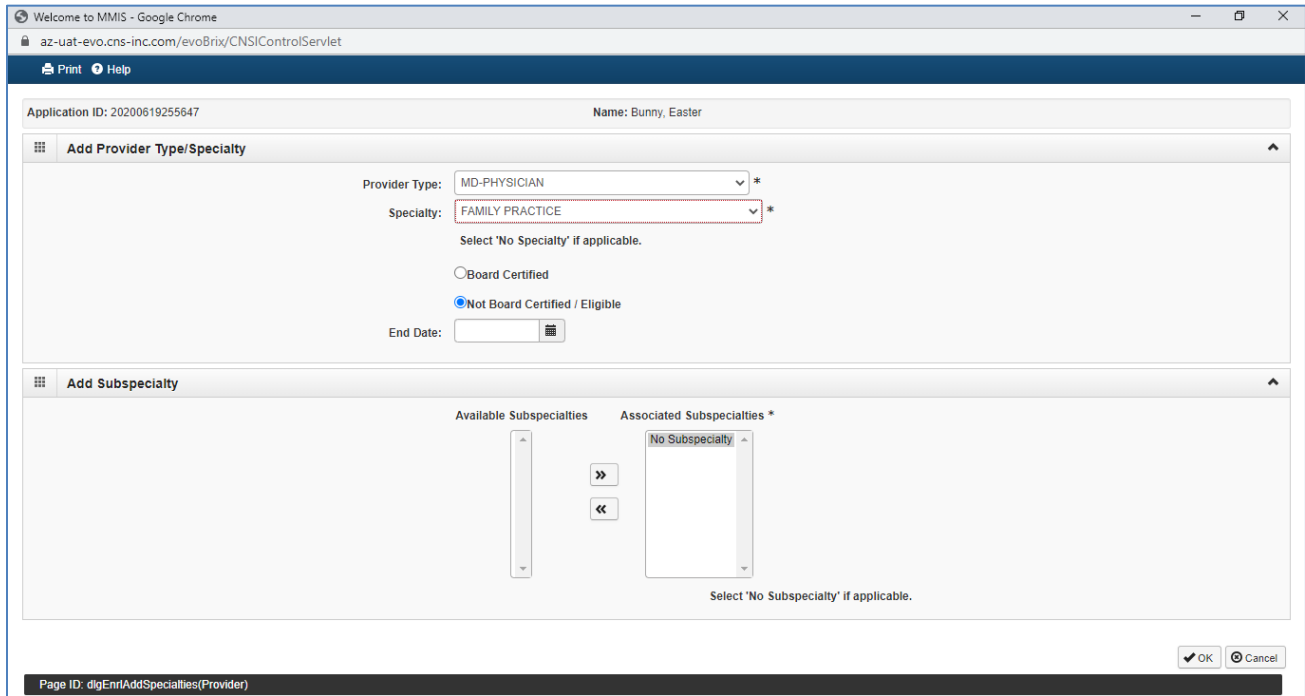
Note: For new enrollments, the “Add Provider Type/Specialty & Add Subspecialty” fields will display empty.

7. When complete, select “OK” to advance forward.



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Welcome to MMIS - Google Chrome". The application ID is 20200619255847 and the name is Bunny, Easter. The "Add Provider Type/Specialty" section contains a "Provider Type" dropdown menu (set to "--SELECT--"), a "Specialty" dropdown menu (set to "--SELECT--"), and an "End Date" field. A blue arrow points to the "Specialty" dropdown menu. The "Add Subspecialty" section contains two columns: "Available Subspecialties" and "Associated Subspecialties *", each with a vertical scrollbar and a "Select 'No Subspecialty' if applicable." instruction. The "OK" button is circled in red.

The image below is an example of a completed provider type.



Application ID: 20200619255647 Name: Bunny, Easter

Add Provider Type/Specialty

Provider Type: MD-PHYSICIAN *

Specialty: FAMILY PRACTICE *

Select 'No Specialty' if applicable.

Board Certified

Not Board Certified / Eligible

End Date:

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

No Subspecialty

Select 'No Subspecialty' if applicable.

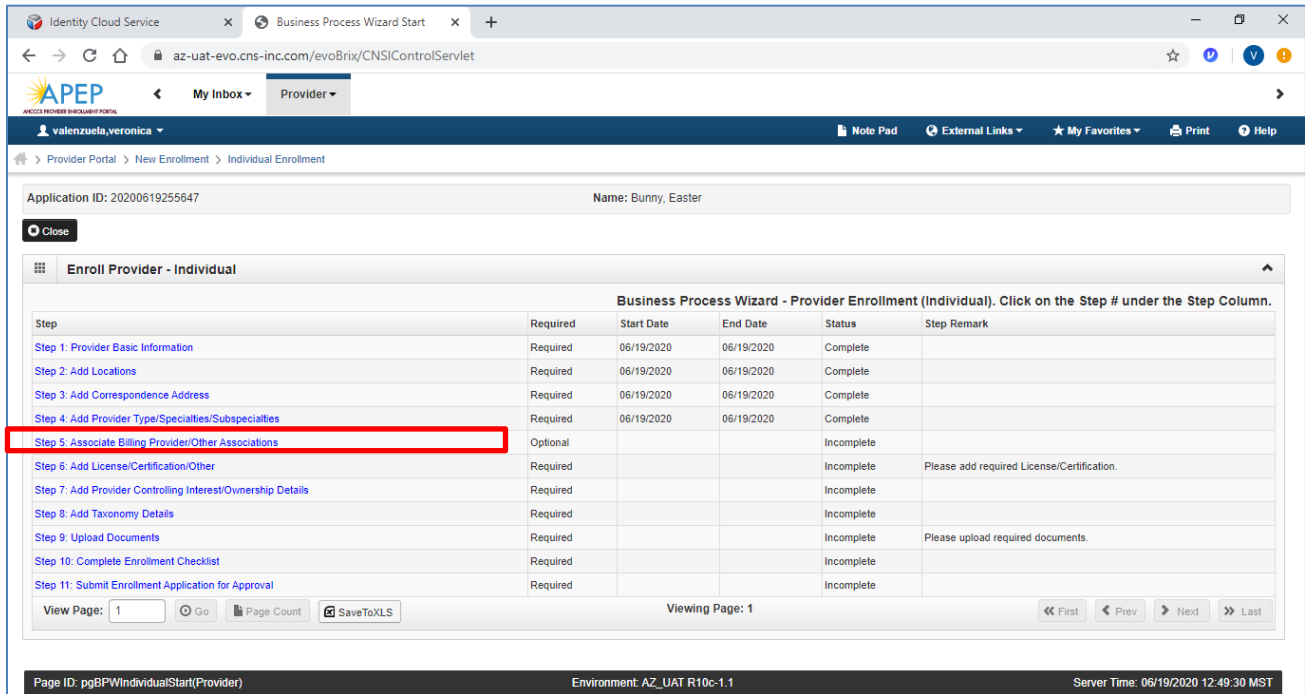
Page ID: dlgEntAddSpecialties(Provider)

Note: Once Step 4 is completed, the rest of the enrollment steps become available and may be completed in any order prior submission.

Step 5: Association Billing Provider/Other Associations

The next step is Step 5, which is marked as “Optional.” This step is for an Associate Billing Provider, in other words, an employee of the facility, agency, or organization that has already started an application with AHCCCS. If this does not apply to you skip, to Step 6.

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



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

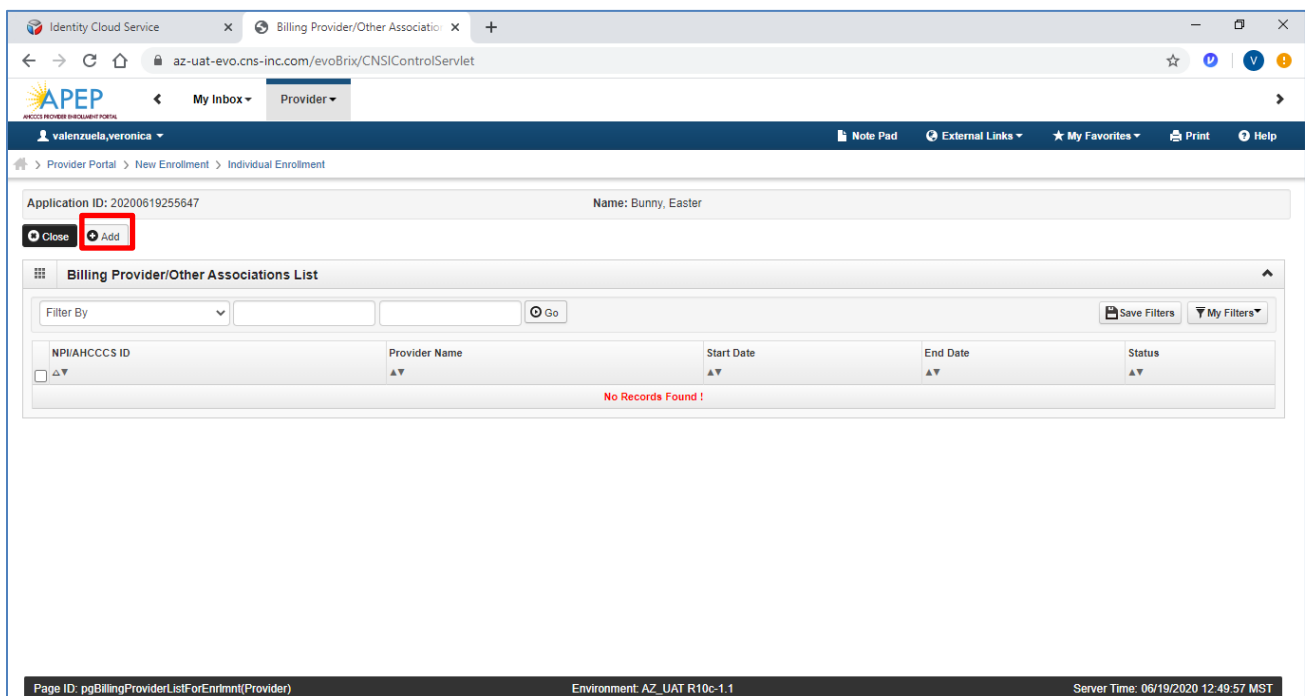
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:49:30 MST

2. Select "Add."



Application ID: 20200619255647 Name: Bunny, Easter

Billing Provider/Other Associations List

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

NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status
No Records Found !				

Page ID: pgBillingProviderListForEnrmtnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:49:57 MST

3. Enter the six-digit AHCCCS ID or 10-digit NPI of the billing provider. Select "Confirm Provider."

Once the provider is confirmed, select "OK" to complete the association.

Note: If your provider is known to AHCCCS, the Provider Name field is auto-populated.

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

Associate Billing Provider/Other Associations

Enter NPI/AHCCCS ID of Billing Provider/Other Associations and click "Confirm Provider."

Type: AHCCCS ID *
 ID: 079634 *
 Start Date: 06/19/2020 *
 Provider Name: P3 VHS OF PHOENIX INC
 End Date: *

Confirm Provider OK Cancel

Page ID: dlqBillingProviderID(Provider)

4. Select, "Close", to advance forward

Identity Cloud Service x Billing Provider/Other Associati... x

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Track Application > Individual Enrollment

Application ID: 20200619255647 Name: Bunny, Easter

Close Add

Billing Provider/Other Associations List

Filter By [] [] Go Save Filters My Filters

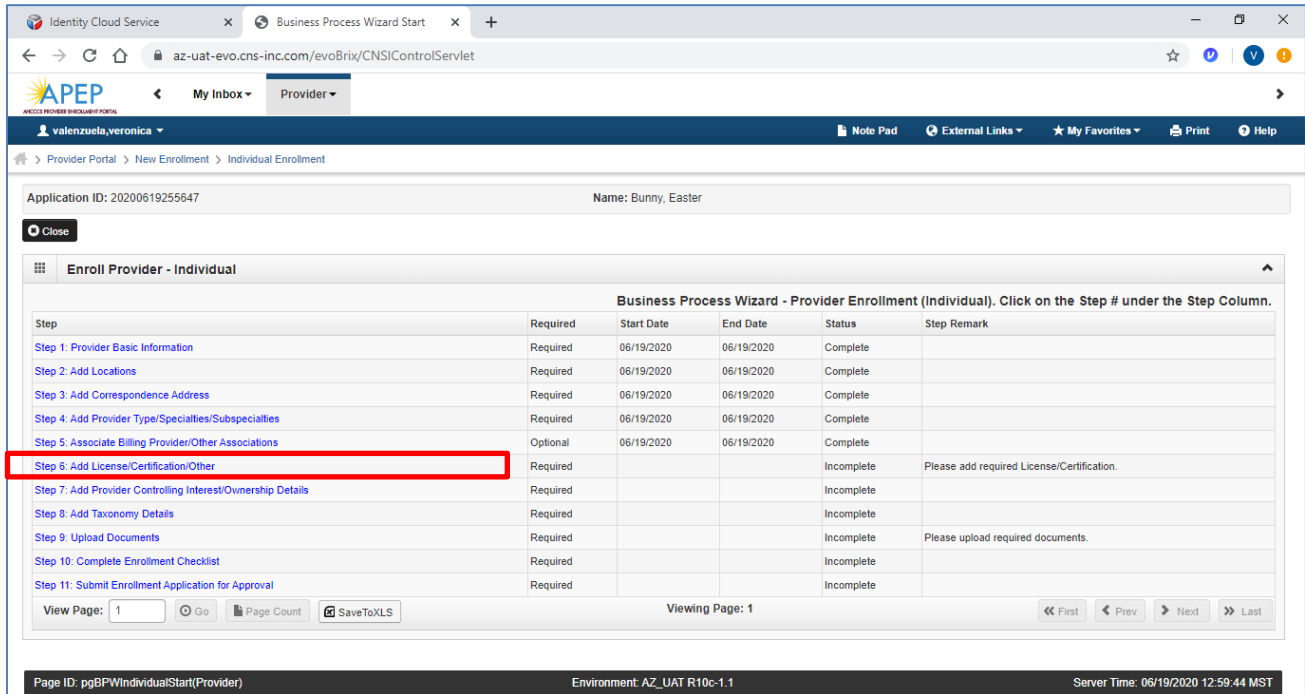
NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status
1568663250	P3 VHS OF PHOENIX INC	06/19/2020	12/31/2999	Approved

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

Page ID: pgBillingProviderListForEnrlmnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 07/15/2020 07:09:28 MST

Step 6: Add License/Certification/Other

1. Select "Step 6: Add License/Certification/Other."



Application ID: 20200619255647 Name: Bunny, Easter

Close

Enroll Provider - Individual

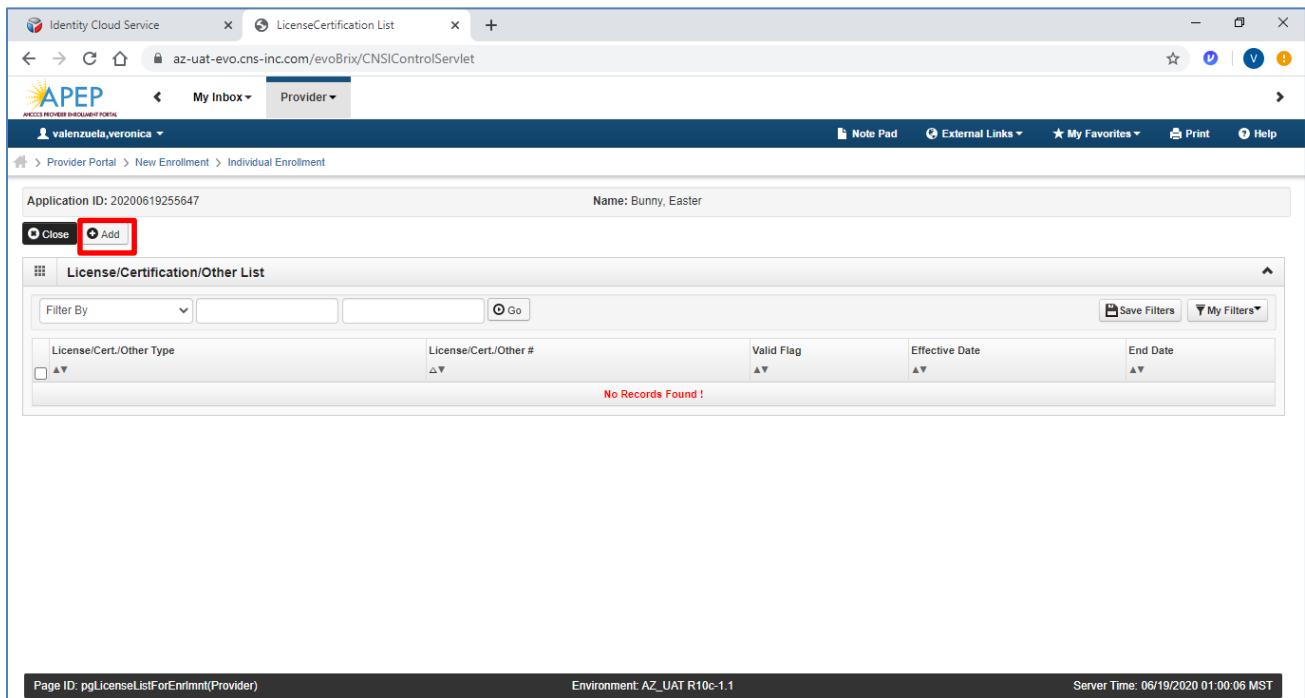
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save To XLS Viewing Page: 1 First Prev Next Last

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 12:59:44 MST

2. Select "Add."



Application ID: 20200619255647 Name: Bunny, Easter

Close Add

License/Certification/Other List

Filter By [] [] Go Save Filters My Filters

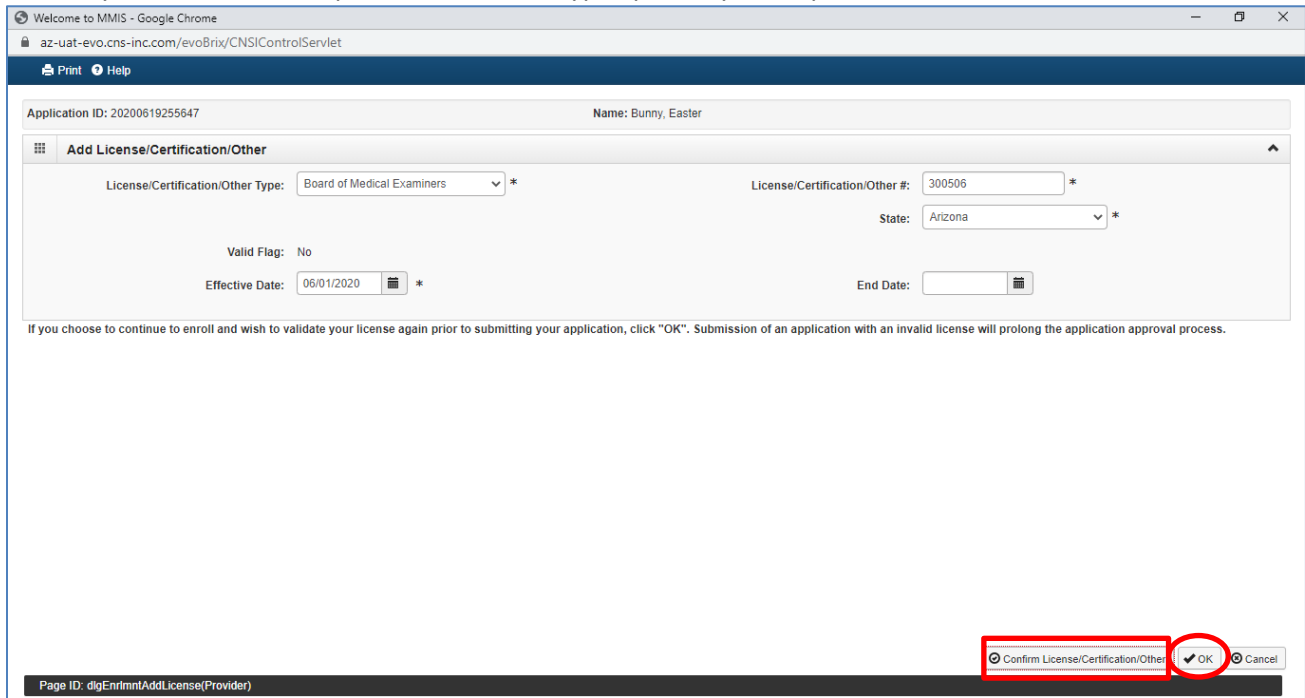
License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Page ID: pgLicenseListForEnrImnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:00:06 MST

3. Carefully enter the License/Certification/Other List Information. Once complete, select "Confirm License/Certification", select "OK." Repeat for each available License/Certification.

Note: The licenses and certifications listed in the drop-down menu are based on the specialty you indicated in Step 4: Add Provider Type Specialty/Sub-Specialties.



Application ID: 20200619255647 Name: Bunny, Easter

Add License/Certification/Other

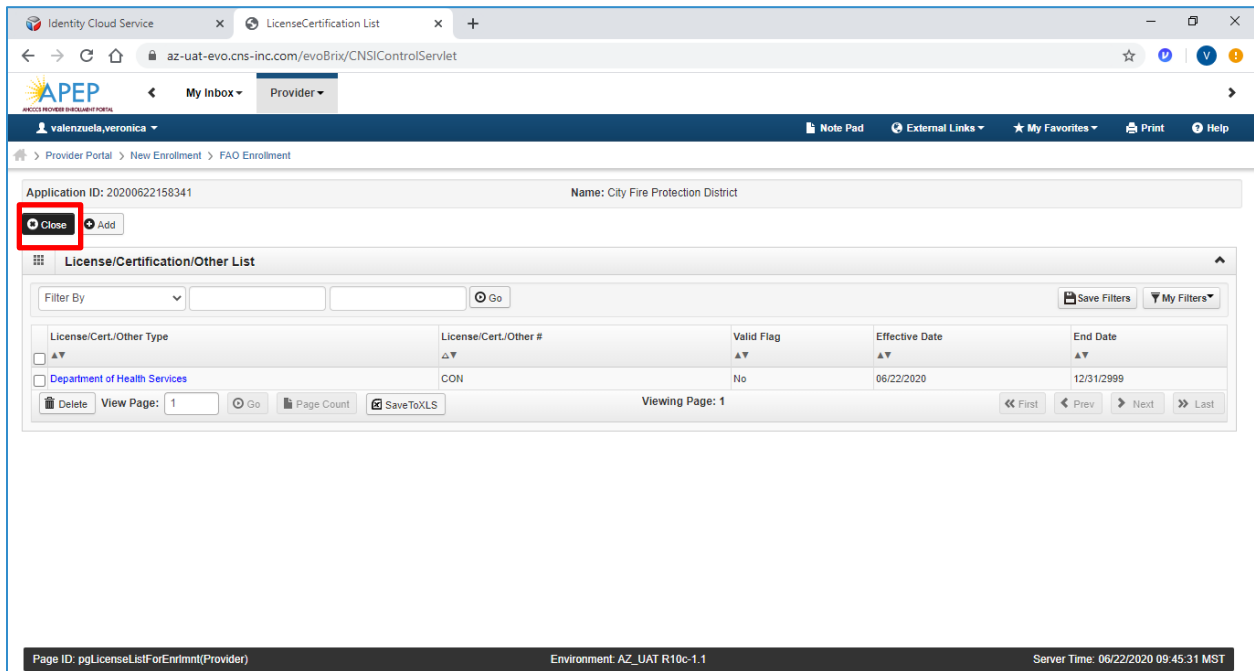
License/Certification/Other Type: Board of Medical Examiners * License/Certification/Other #: 300506 *
 State: Arizona *
 Valid Flag: No
 Effective Date: 06/01/2020 * End Date: *

If you choose to continue to enroll and wish to validate your license again prior to submitting your application, click "OK". Submission of an application with an invalid license will prolong the application approval process.

Confirm License/Certification/Other OK Cancel

Page ID: digEnrImntAddLicense(Provider)

4. Select, "Close", to proceed forward.



Application ID: 20200622158341 Name: City Fire Protection District

Close Add

License/Certification/Other List

Filter By [] [] Go Save Filters My Filters

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
Department of Health Services	CON	No	06/22/2020	12/31/2999

Delete View Page: 1 Go Page Count Save To XLS Viewing Page: 1 << First Prev Next >> Last

Page ID: pgLicenseListForEnrImnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 09:45:31 MST

Step 7: Add Provider Controlling Interest/Ownership Details

Note: It's important that all information notated on this page is carefully read.

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

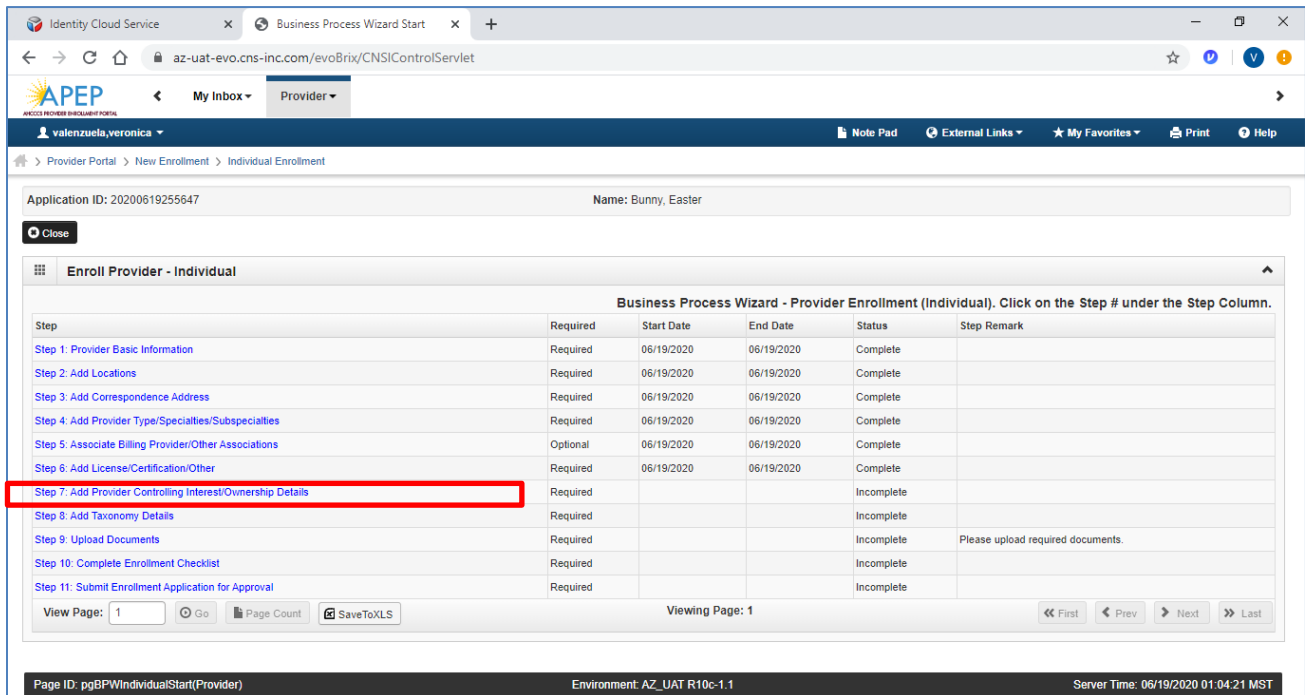
Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501(c)3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - Agent
 - Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - Managing Employee

1. Select "Step 7: Add Provider Controlling/Ownership Details."



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Page ID: pgBPWIndividualStart(Provider) | Environment: AZ_UAT R10c-1.1 | Server Time: 06/19/2020 01:04:21 MST

2. Clicking the link takes you to a page that describes who exactly should provide details of pownership or controlling interest.

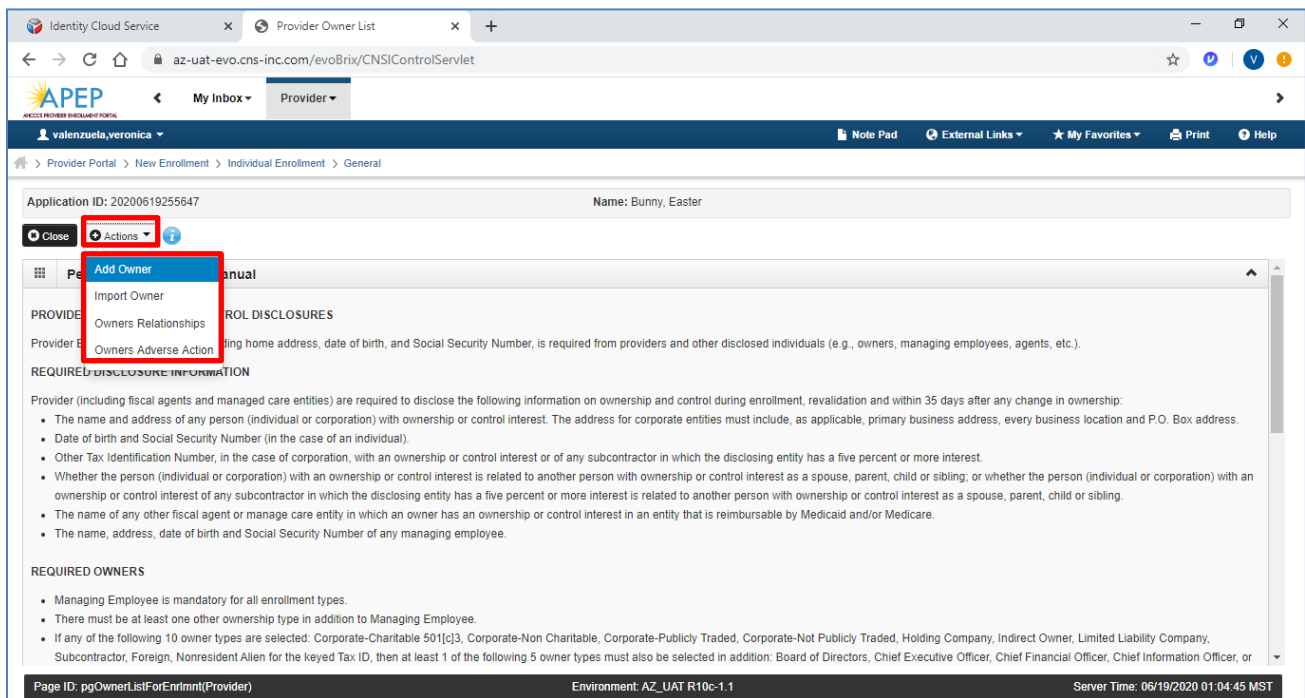
REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501[c]3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the Keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - (1) Agent
 - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - (3) Managing Employee

3. Select “Actions” then select “Add Owner” to add ownership information. Repeat this step if there are multiple owners.

Note: The “Actions” drop-down menu offers you the option to Add an Owner, Import Owner, specify Owner Relationships, and provide details about Owners Adverse Action (if applicable).

4. Select, “Add Owner,” in the drop-down menu.



5. Carefully read through the Provider owner control and disclosure requirements. Complete required fields as needed. When complete, select “OK.”

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

SSN: 020030444 * EIN/TIN:

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

Owner NPI:

First Name: Santa * Last Name: Claus *

Suffix: DOB: 12/25/1999 *
 Phone Number: (602) 000-0000 * Ext: Email:

Start Date: 06/19/2020 * End Date:

Please ensure you are 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 U.S.P.S. 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 2:

Address Line 3:

City/Town: Phoenix *
 State/Province: ARIZONA * County: Maricopa *
 Country: UNITED STATES * Zip Code: 85034 * - 2217

Page ID: dgEnrmtAddOwner(Provider)

6. Select "Owner's Relationships." This option requires an action to proceed forward. Select "Actions," then select "Owners Relationship" to disclose and establish if Owner's Relationships.

Identity Cloud Service x Provider Owner List x
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

My Inbox Provider

valenzuela,veronica

Provider Portal > New Enrollment > Individual Enrollment > General

Application ID: 20200619255647 Name: Bunny, Easter

REQUIRE

- Add Owner
- Import Owner
- Owners Relationships

• Managing Employee for all enrollment types.
 • There must be at least one ownership type in addition to Managing Employee.
 • If any Owners Adverse Action types are selected: Corporate-Charitable 501(c)3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien, at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
 • If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
 • For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 (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 And

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 010020333	Bunny,Easter	Individual/Sole Proprietor	801 E Jefferson St	06/19/2020	12/31/2999	Not Completed	Not Completed	100
<input type="checkbox"/> 020030444	Claus,Santa	Managing Employee	801 E Jefferson St	06/19/2020	12/31/2999	Not Completed	Not Completed	0

Viewing Page: 1

Page ID: pgOwnerListForEnrmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:10:59 MST

7. Complete the drop-down fields to describe the relationships between provider owners
 Note: The Managing Employee can be the owner, if an Individual Sole Proprietor was selected.

8. When all information has been entered, select “Save” Then “Close”.

Application ID: 20200619255647 Name: Bunny, Easter

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 Save Filters My Filters

Selected Owner: Claus, Santa SSN/EIN/TIN: 020030444 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Claus, Santa	Relation to Assoc. Owner
Bunny, Easter	010020333	Individual/Sole Proprietor	Sibling	Sibling

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Selected Owner: Bunny, Easter SSN/EIN/TIN: 010020333 Status: Completed

Page ID: digAddModifyOwnerRelationship(Provider)

9. For each provider owner, you must disclose any adverse actions taken. Select “Actions,” then select “Owners Adverse Action.”

Application ID: 20200619255647 Name: Bunny, Easter

Actions

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

Provider Owner List

Filter By And Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 010020333	Bunny, Easter	Individual/Sole Proprietor	801 E Jefferson St	06/19/2020	12/31/2999	Completed	Not Completed	100
<input type="checkbox"/> 020030444	Claus, Santa	Managing Employee	801 E Jefferson St	06/19/2020	12/31/2999	Completed	Not Completed	0

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

List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By Save Filters My Filters

Page ID: pgOwnerListForEnrntmt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:13:56 MST

1. For each owner, indicate if any adverse actions have been taken by answering “Yes” or “No.”

Owners with Adverse Action - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

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"/> Bunny.Easter	010020333	Not Completed
<input type="checkbox"/> Claus.Santa	020030444	Not Completed

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

Page ID: pgEnfimtAdverseAction(Provider) Ok

2. If yes, additional fields requiring a response to relevant details will populate. Select “OK” when complete.

Welcome to MMIS - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

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 federal or state felony;
- 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;
- 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);
- 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;
- 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;
- Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; or
- 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

If yes, identify select or add all sanctions, conviction, or other actions that may result from the pending proceeding:

Medicare

Termination from Medicare
 Denial of enrollment by Medicare

Page ID: dgFinalAdverseActionsforOwner(Provider)

Owners with Adverse Action - Google Chrome
 az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

Application ID: 20200619255647 Name: Bunny, Easter

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

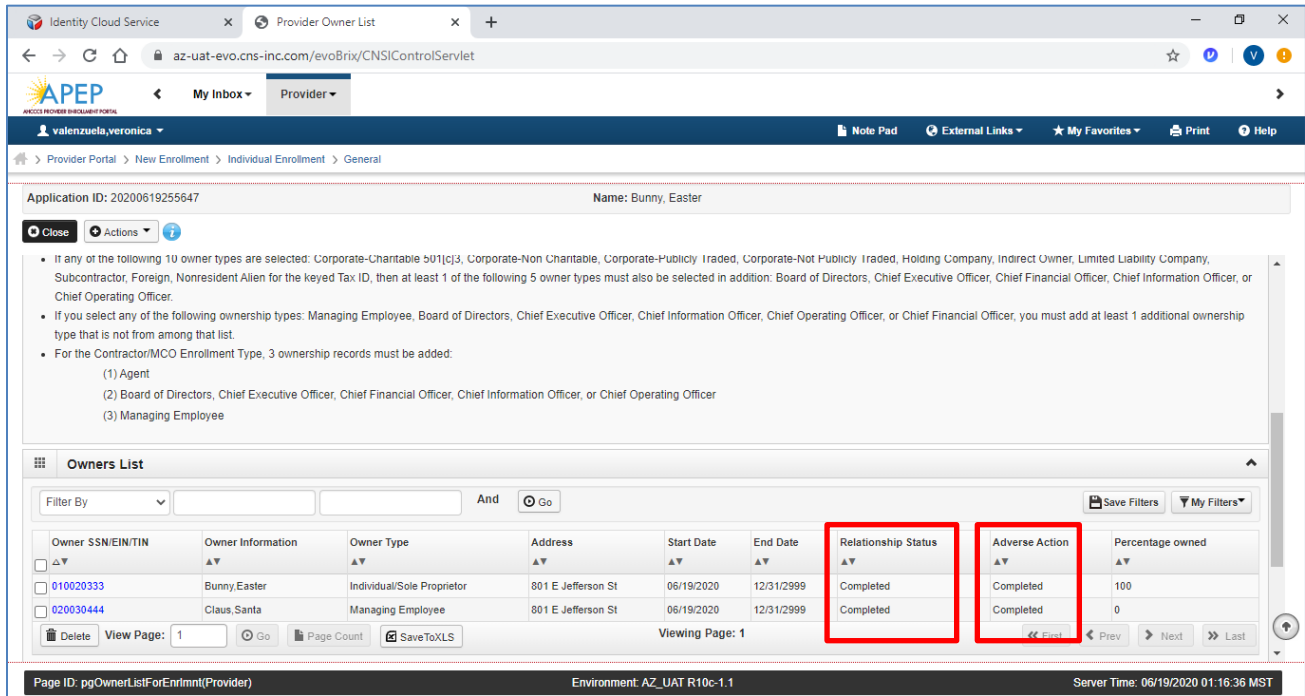
Filter By: [] All [Go] Save Filters My Filters

Owner Name	SSN/EIN/TIN	Adverse Action Status
<input type="checkbox"/> Bunny, Easter	010020333	Completed
<input type="checkbox"/> Claus, Santa	020030444	Completed

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

Page ID: pgEnfimtAdverseAction(Provider)

Note: This is an example of a completed Provider Controlling Interest/Owners Detail page. Note: The “Relationship Status” and Adverse Action” columns reflect as “Completed” for all disclosed Owner Types allowing you to proceed forward.



Application ID: 20200619255647 Name: Bunny, Easter

- If any of the following 10 owner types are selected: Corporate-Charitable 501(c)3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - (1) Agent
 - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - (3) Managing Employee

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
010020333	Bunny, Easter	Individual/Sole Proprietor	801 E Jefferson St	06/19/2020	12/31/2999	Completed	Completed	100
020030444	Claus, Santa	Managing Employee	801 E Jefferson St	06/19/2020	12/31/2999	Completed	Completed	0

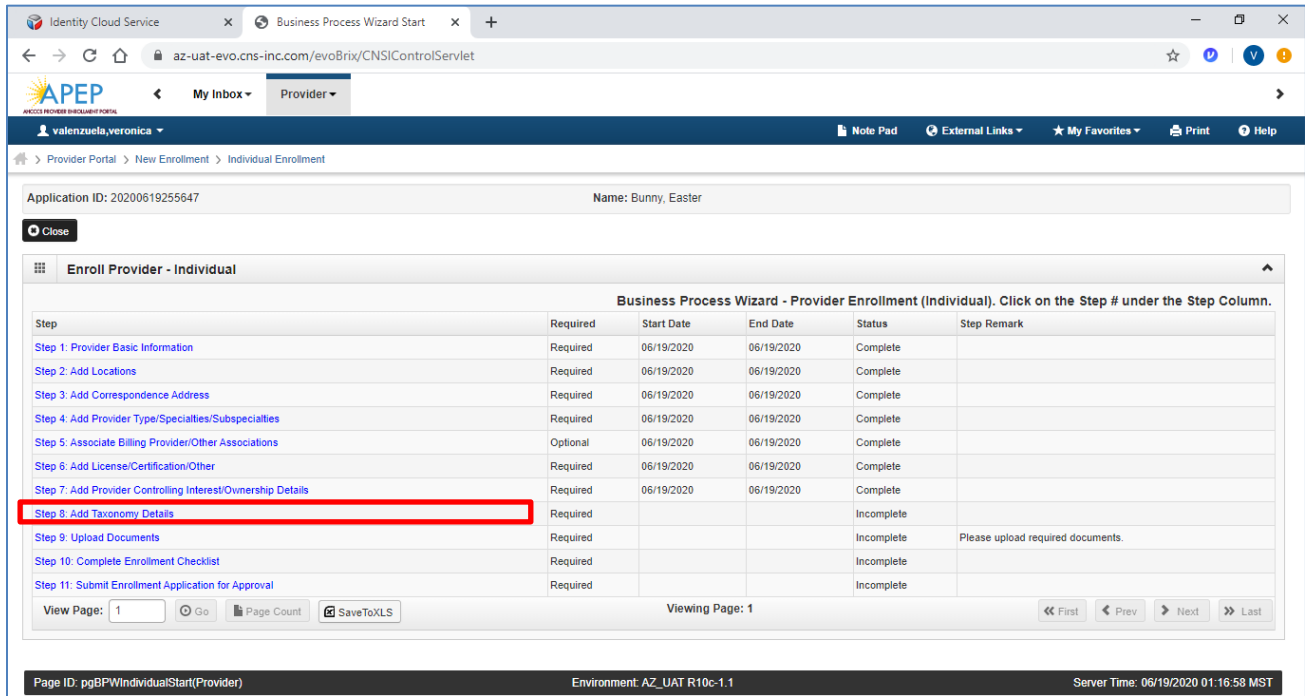
Step 8: Add Taxonomy Details

This step is related to the providers' National Provider Identifier (NPI) number and is optional.

Note: Taxonomy codes are reflective on the NPPES NPI Registry website; visit

<https://npiregistry.cms.hhs.gov/>

1. Select "Step 8: Add Taxonomy Details."



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

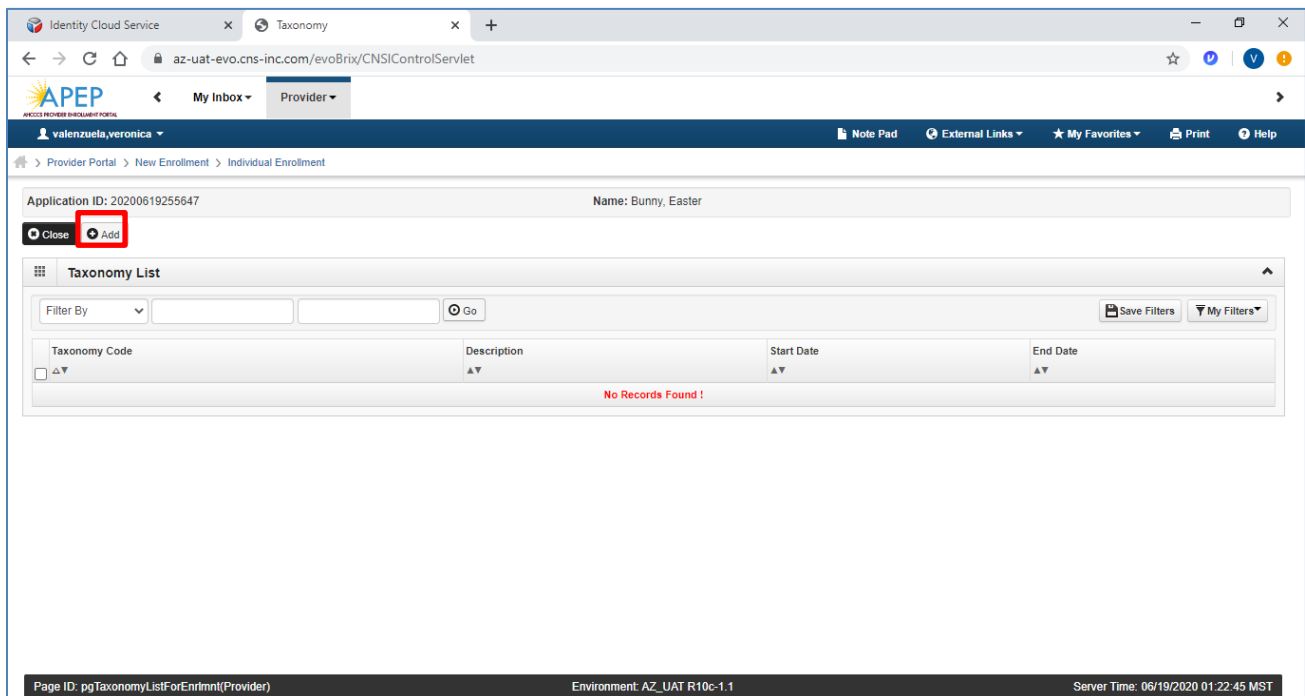
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | Navigation: First, Prev, Next, Last

Page ID: pgBPWIndividualStart(Provider) | Environment: AZ_UAT R10c-1.1 | Server Time: 06/19/2020 01:16:58 MST

2. Select "Add."



Application ID: 20200619255647 Name: Bunny, Easter

Taxonomy List

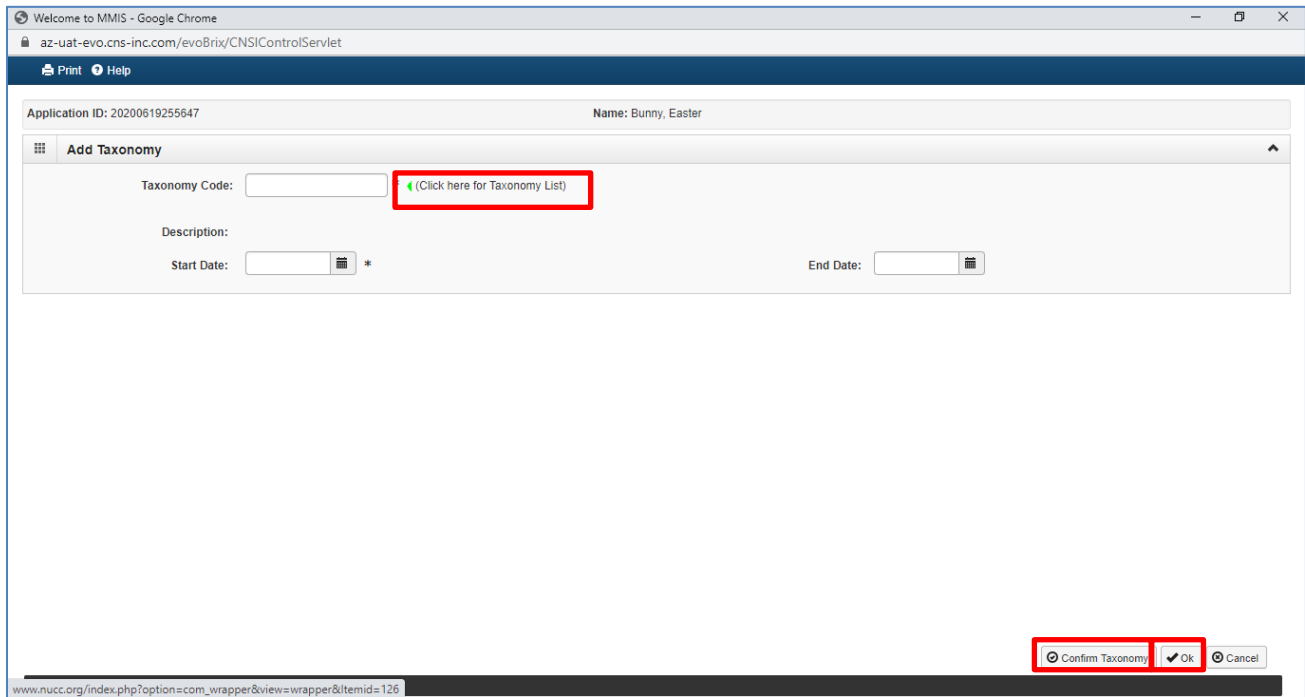
Filter By: [] [] Go | Save Filters | My Filters

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

Page ID: pgTaxonomyListForEnrImnt(Provider) | Environment: AZ_UAT R10c-1.1 | Server Time: 06/19/2020 01:22:45 MST

- Enter your taxonomy code and start date. A Taxonomy list is available for reference by selecting, "Arrow" link next the Taxonomy Code field.

4. Select "OK."



Application ID: 20200619255647 Name: Bunny, Easter

Add Taxonomy

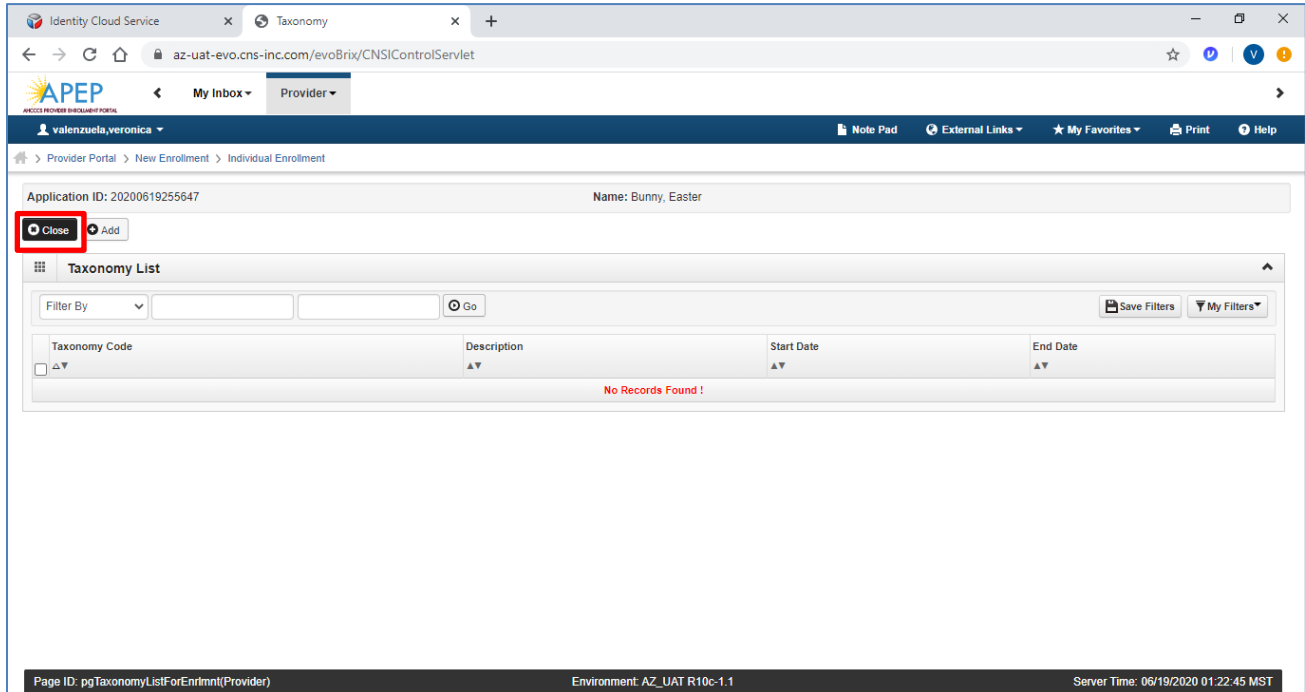
Taxonomy Code: [\(Click here for Taxonomy List\)](#)

Description:

Start Date: * End Date:

www.nucc.org/index.php?option=com_wrapper&view=wrapper&Itemid=126

5. Select "Close," to proceed forward.



Identity Cloud Service Taxonomy

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Individual Enrollment

Application ID: 20200619255647 Name: Bunny, Easter

Taxonomy List

Filter By

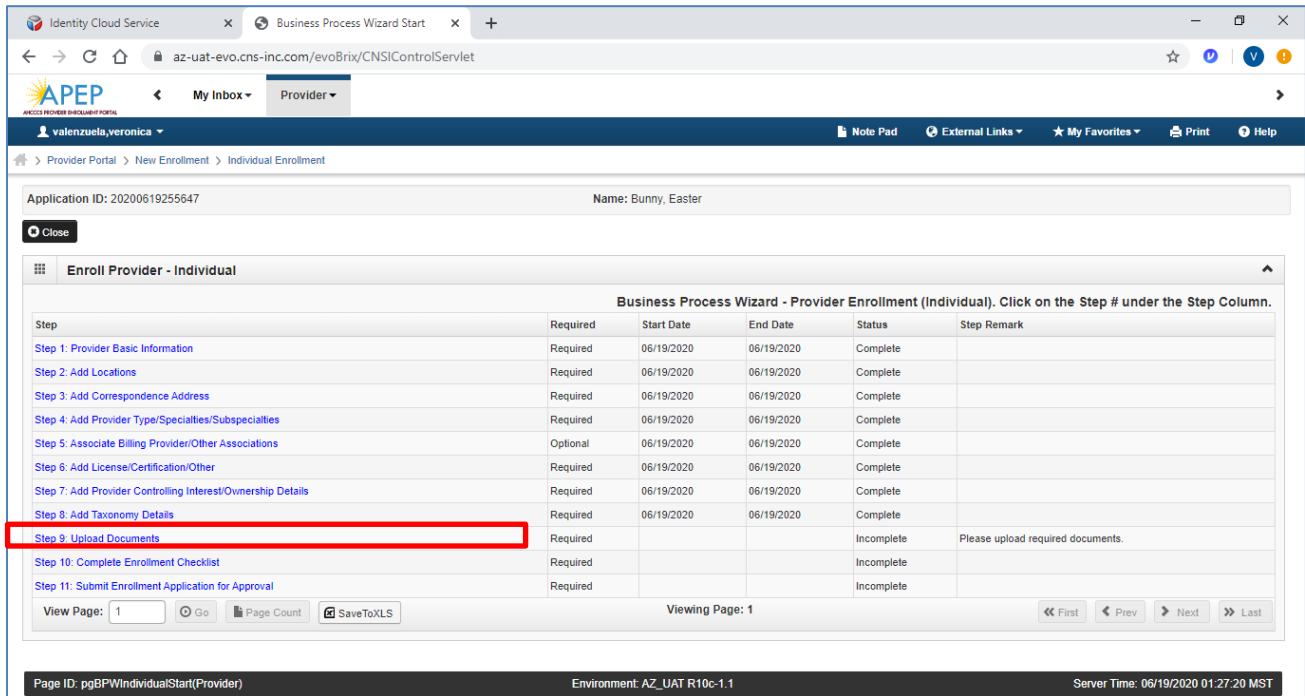
Taxonomy Code	Description	Start Date	End Date
No Records Found !			

Page ID: pgTaxonomyListForEnrlmnt(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:22:45 MST

Step 9: Upload Documents

Providers must upload an electronic copy of all applicable licenses, certifications and W-9 forms in this step.

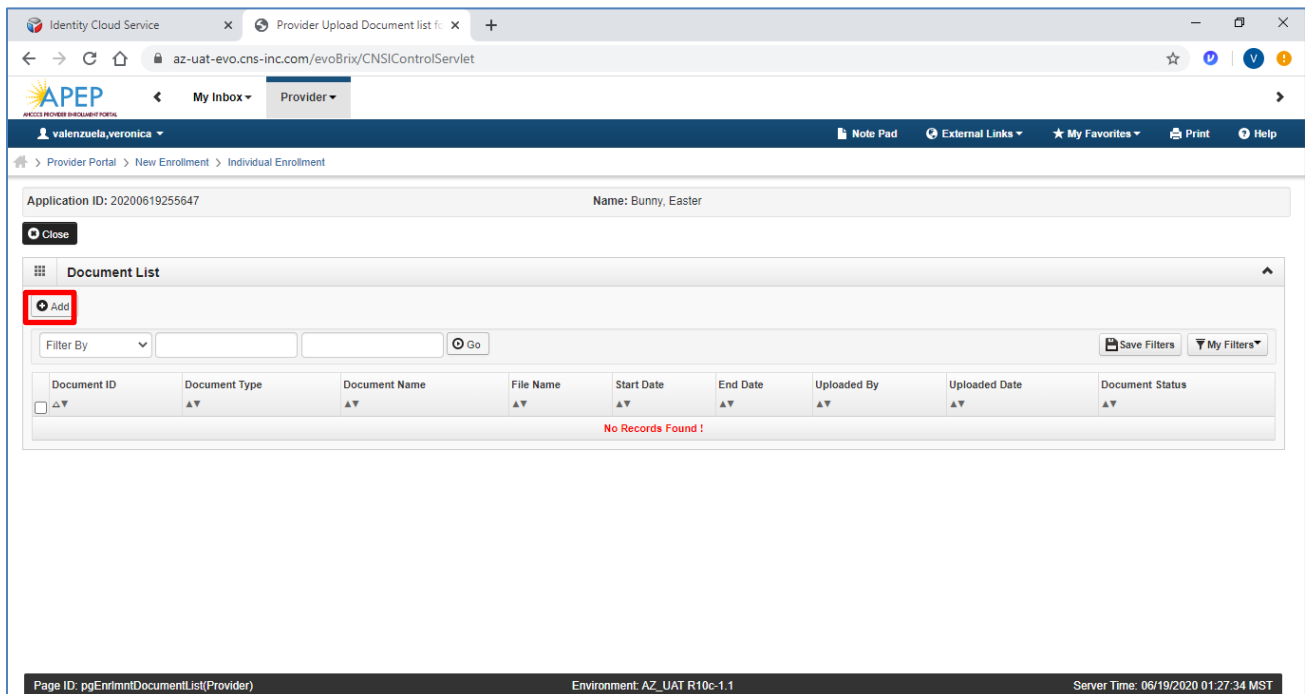
1. Select "Step 9: Upload Documents."



The screenshot shows the 'Enroll Provider - Individual' wizard. The table below lists the steps and their completion status:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required			Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

2. Select "Add."



The screenshot shows the 'Document List' screen. The 'Add' button is highlighted with a red box. Below the button is a filter section and a table with the following columns:

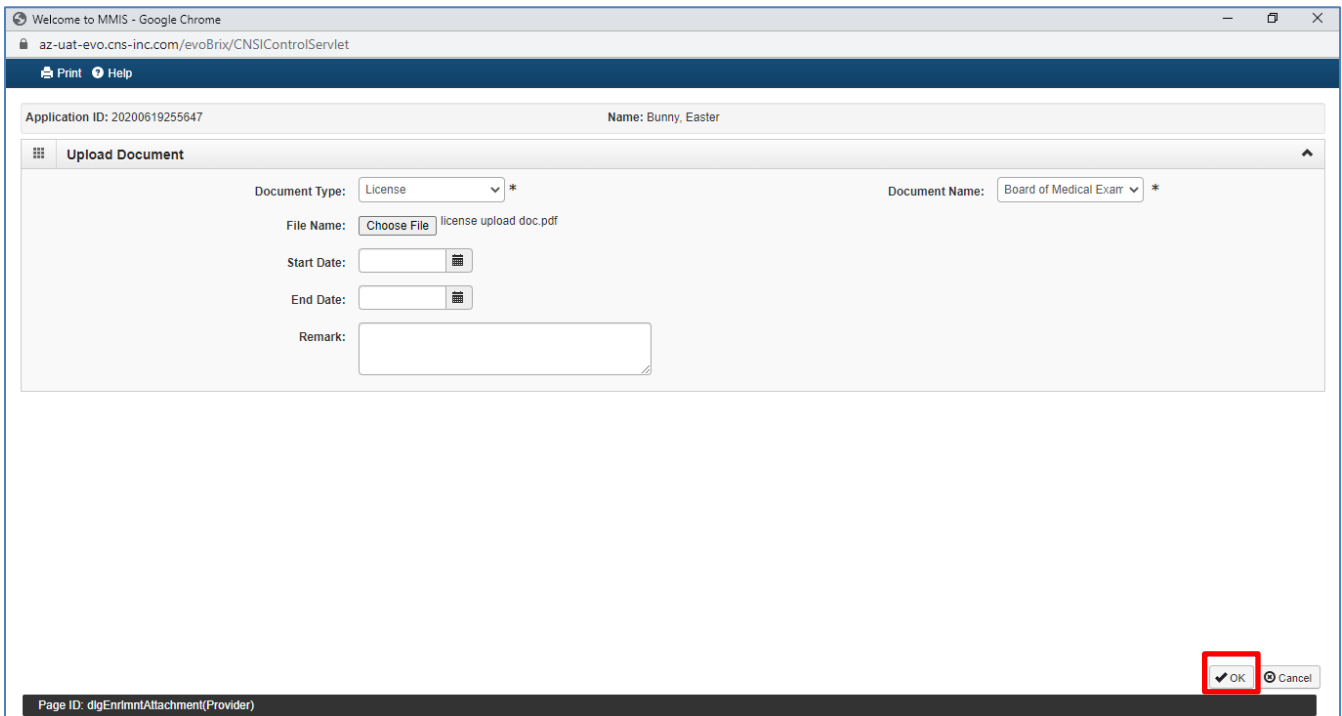
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
No Records Found !								

3. Select the applicable Document Type and Document Name. Select “Browse” to find the document on your machine.
4. Select, a “Start Date” and “End Date” for each uploaded document.

Note: The “Start Date” is the license/certificate date of issuance. If the license/certificate has a renewal date, this date will serve as the “End Date.” If the license/certificate does not have a renewal date, the “End Date” can be left blank.

Note: Document types that may be uploaded include PDF, Word, Excel, and photo formats such as PNG and JPEG.

5. Select “OK.”



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Welcome to MMIS - Google Chrome". The application header shows "Application ID: 20200619255647" and "Name: Bunny, Easter". The main content area is titled "Upload Document" and contains the following fields:

- Document Type: License (dropdown menu)
- Document Name: Board of Medical Exam (dropdown menu)
- File Name: Choose File (button) license upload doc.pdf
- Start Date: (calendar icon)
- End Date: (calendar icon)
- Remark: (text input field)

At the bottom right of the form, there are two buttons: "OK" (checked) and "Cancel". The "OK" button is highlighted with a red box. The footer of the page displays "Page ID: dgEnrImntAttachment(Provider)".

6. Repeat steps 1 through 5 for each document to upload.
7. Once “Upload Documents” has been completed, each Uploaded Document will display with document name and start/end dates. Select “Close” To proceed forward.

Application ID: 20200619255647 Name: Bunny, Easter

Close

Document List

Filter By

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
<input type="checkbox"/> 75056132	License	Board of Medical Examiners	license upload doc.pdf	06/19/2020	12/31/2999	veronica valenzuela	06/19/2020	In Process
<input type="checkbox"/> 75056133	Tax	Request For Tin And Certification	w9 upload doc.pdf	06/19/2020	12/31/2999	veronica valenzuela	06/19/2020	In Process

View Page: 1 Viewing Page: 1

Page ID: pgEnrInmDocumentList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:28:46 MST

Step 10: Complete Enrollment Checklist

1. Select "Step 10: Complete Enrollment Checklist."

Application ID: 20200619255647 Name: Bunny, Easter

Close

Enroll Provider - Individual

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

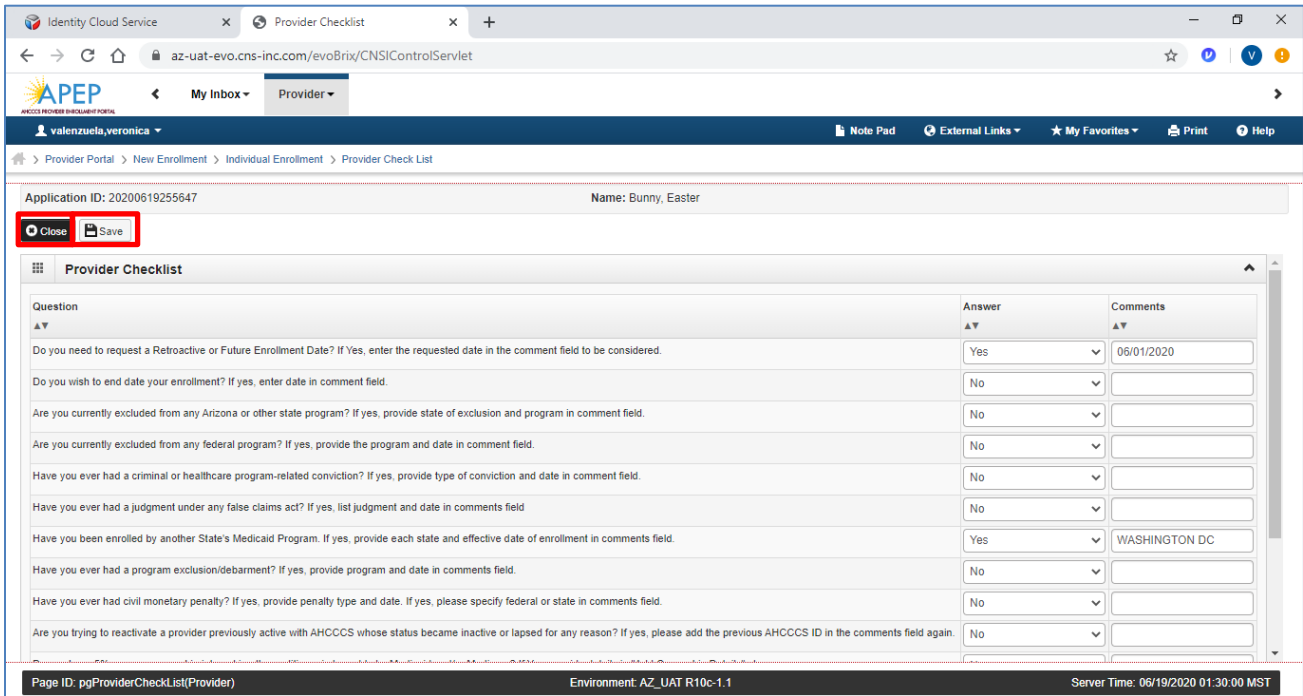
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required	06/19/2020	06/19/2020	Complete	
Step 10: Complete Enrollment Checklist	Required			Incomplete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:29:29 MST

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

Note: Specific questions could result in additional information needed, resulting in potential completed steps requiring review and an action taken by the provider prior to submission.



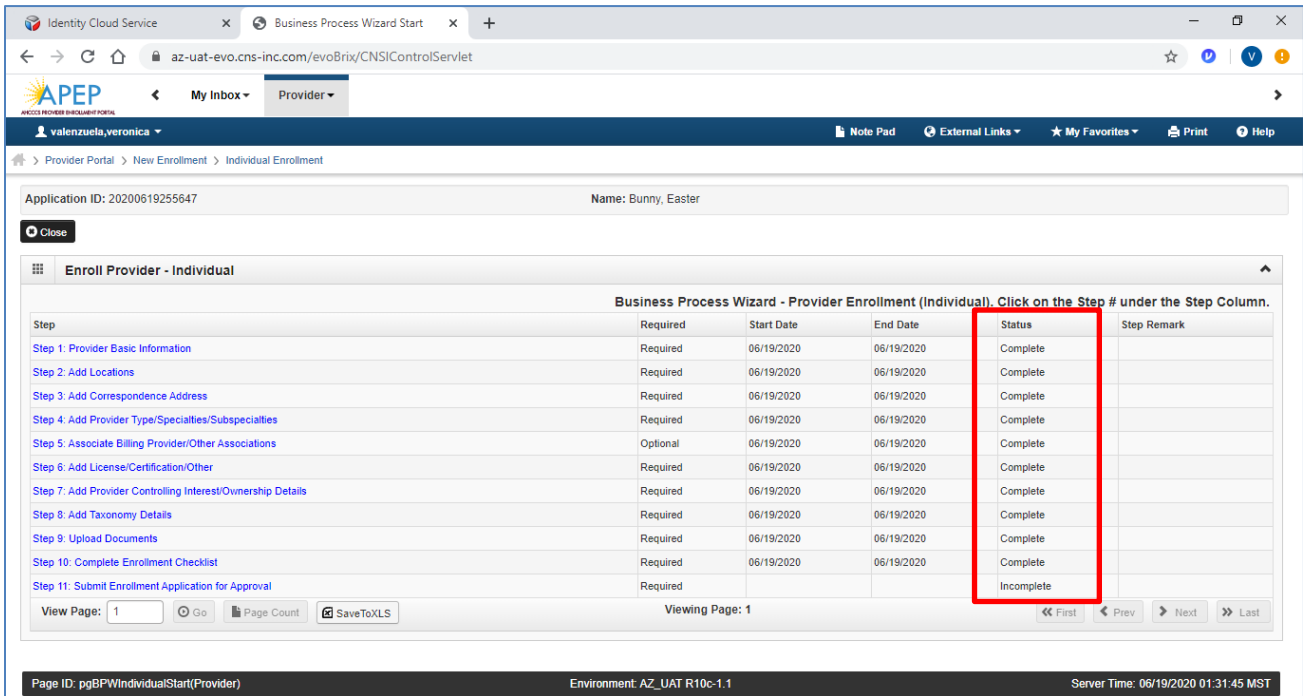
Application ID: 20200619255647 Name: Bunny, Easter

Close Save

Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	Yes	06/01/2020
Do you wish to end date your enrollment? 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 in 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 healthcare 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.	Yes	WASHINGTON DC
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	
Are you trying to reactivate a provider previously active with AHCCCS whose status became inactive or lapsed for any reason? If yes, please add the previous AHCCCS ID in the comments field again.	No	

Page ID: pgProviderCheckList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:30:00 MST

3. Carefully review the "Status" column. If any steps show "Incomplete," select the "Incomplete" link to return and complete required information.



Application ID: 20200619255647 Name: Bunny, Easter

Close

Enroll Provider - Individual

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

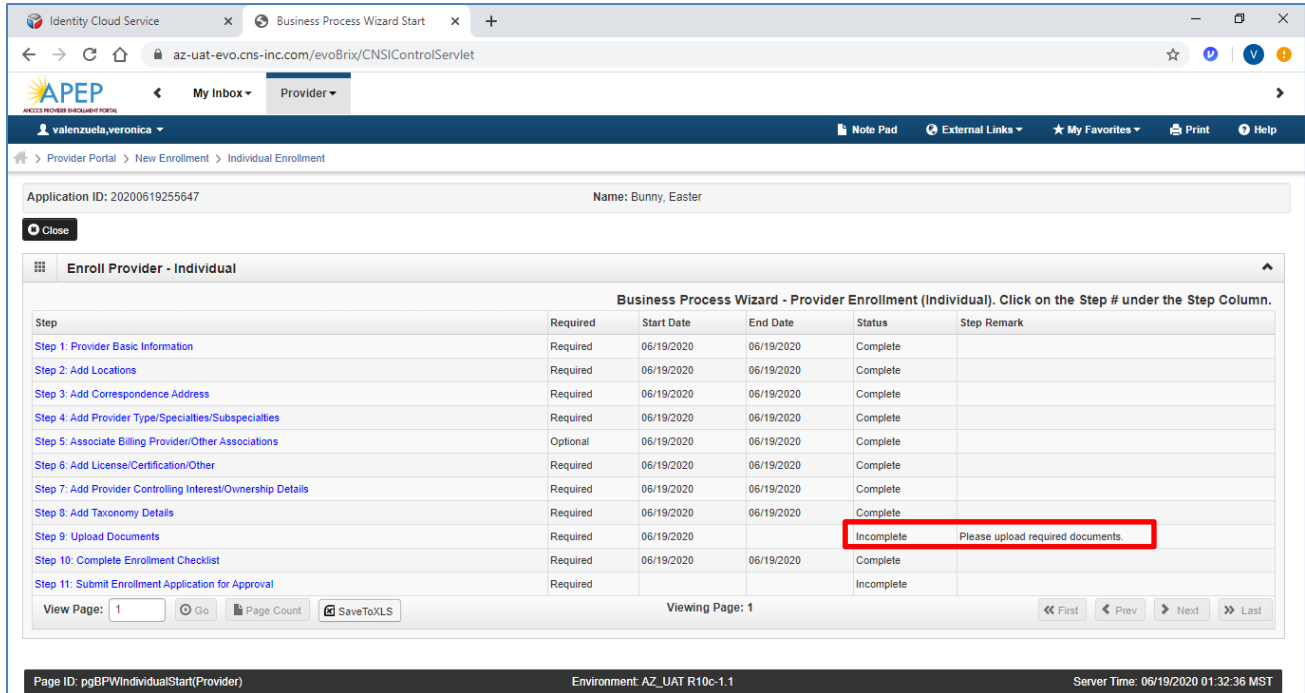
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required	06/19/2020	06/19/2020	Complete	
Step 10: Complete Enrollment Checklist	Required	06/19/2020	06/19/2020	Complete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

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

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:31:45 MST

Step 11: Submit Enrollment Application for Approval

Note: If a step is displaying “Incomplete” in the Status column, Please return to that step and complete all required fields.



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

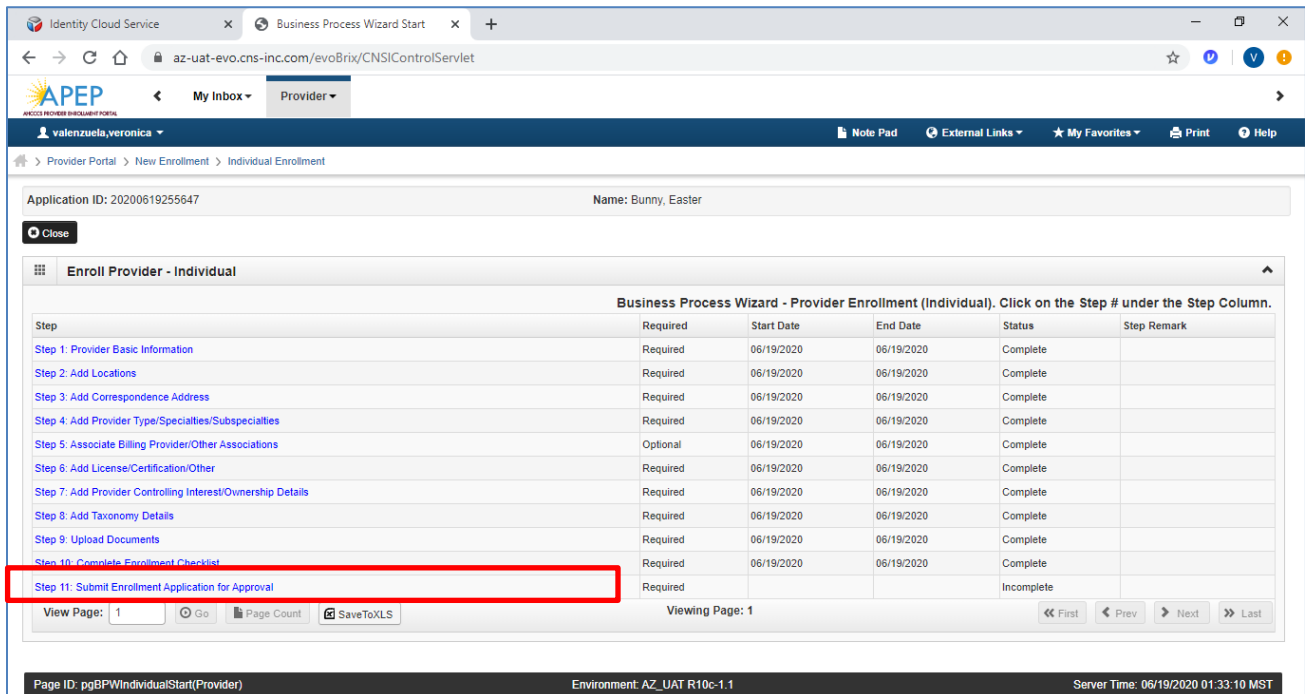
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required	06/19/2020		Incomplete	Please upload required documents.
Step 10: Complete Enrollment Checklist	Required	06/19/2020	06/19/2020	Complete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:32:36 MST

1. Select “Step 11: Submit Enrollment Application for Approval.”



Application ID: 20200619255647 Name: Bunny, Easter

Enroll Provider - Individual

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

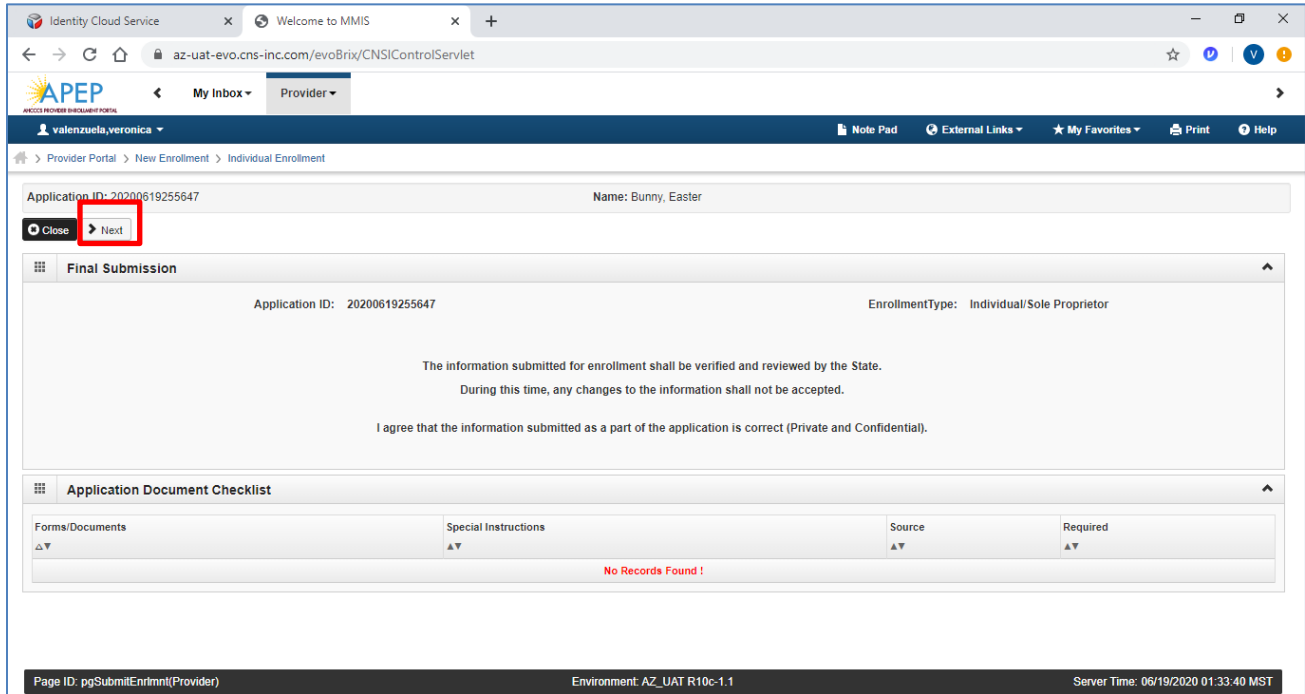
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required	06/19/2020	06/19/2020	Complete	
Step 10: Complete Enrollment Checklist	Required	06/19/2020	06/19/2020	Complete	
Step 11: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualStart(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:33:10 MST

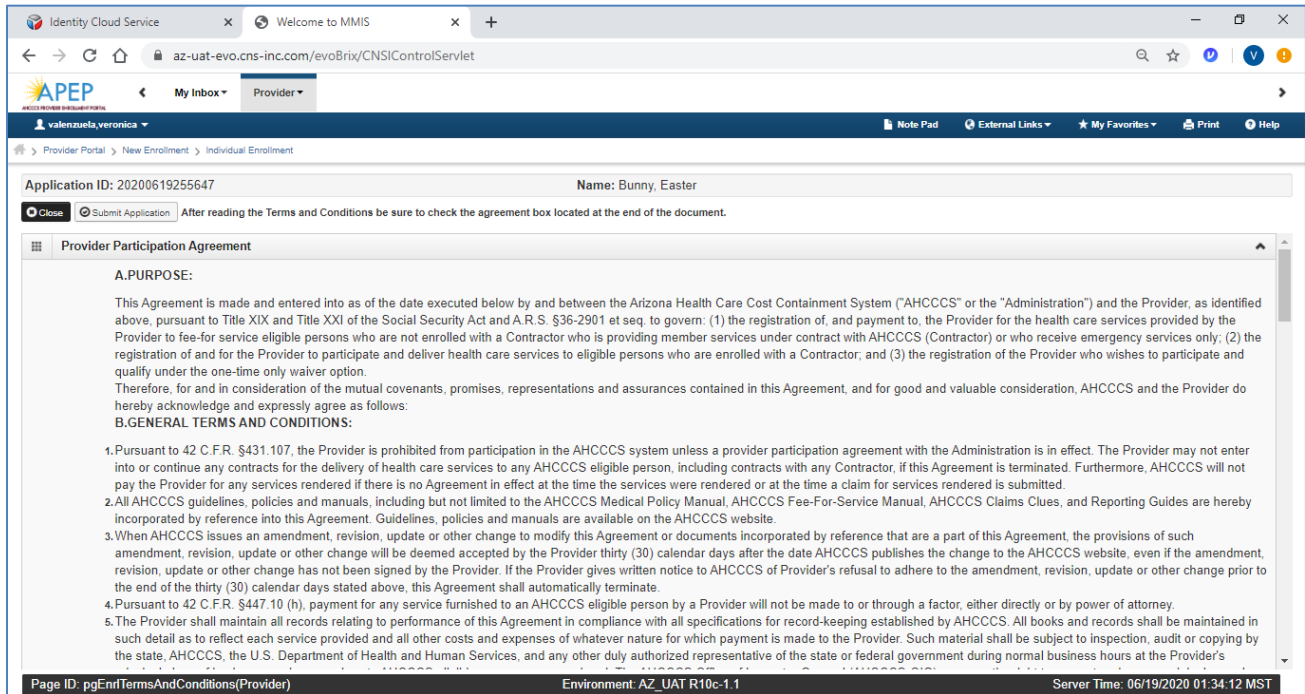
2. Select, “Next.”

Note: Selecting “Next,” this indicates the information you are submitting is correct.



3. Carefully review the Provider Participation Agreement.

Note: The image below is an example of a Provider Participation Agreement. Prior to submission, each provider must review the Medicaid Provider Participation Agreement in its entirety.



Application ID: 20200619255647 Name: Bunny, Easter

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Provider Participation Agreement

A.PURPOSE:

This Agreement is made and entered into as of the date executed below by and between the Arizona Health Care Cost Containment System ("AHCCCS" or the "Administration") and the Provider, as identified above, 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 of, and payment to, the Provider for the health care services provided by the Provider to fee-for service eligible persons who are not enrolled with a Contractor who is providing member services under contract with AHCCCS (Contractor) or who receive emergency services only; (2) the registration of and for the Provider to participate and deliver health care services to eligible persons who are enrolled with a Contractor; and (3) the registration of the Provider who wishes to participate and qualify under the one-time only waiver option.

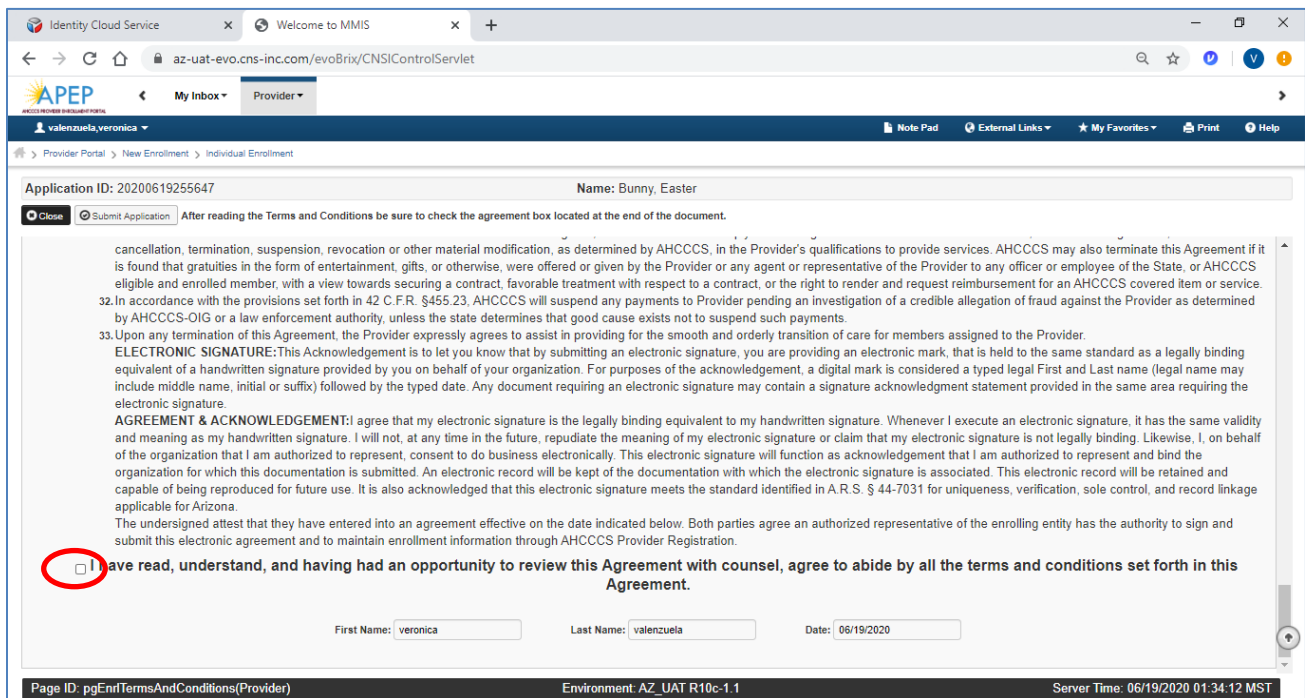
Therefore, for and in consideration of the mutual covenants, promises, representations and assurances contained in this Agreement, and for good and valuable consideration, AHCCCS and the Provider do hereby acknowledge and expressly agree as follows:

B.GENERAL TERMS AND CONDITIONS:

1. Pursuant to 42 C.F.R. §431.107, the Provider is prohibited from participation in the AHCCCS system unless a provider participation agreement with the Administration is in effect. The Provider may not enter into or continue any contracts for the delivery of health care services to any AHCCCS eligible person, including contracts with any Contractor, if this Agreement is terminated. Furthermore, AHCCCS will not pay the Provider for any services rendered if there is no Agreement in effect at the time the services were rendered or at the time a claim for services rendered is submitted.
2. All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-For-Service Manual, AHCCCS Claims Clues, and Reporting Guides are hereby incorporated by reference into this Agreement. Guidelines, policies and manuals are available on the AHCCCS website.
3. When AHCCCS issues an amendment, revision, update or other change to modify this Agreement or documents incorporated by reference that are a part of this Agreement, the provisions of such amendment, revision, update or other change will be deemed accepted by the Provider thirty (30) calendar days after the date AHCCCS publishes the change to the AHCCCS website, even if the amendment, revision, update or other change has not been signed by the Provider. If the Provider gives written notice to AHCCCS of Provider's refusal to adhere to the amendment, revision, update or other change prior to the end of the thirty (30) calendar days stated above, this Agreement shall automatically terminate.
4. Pursuant to 42 C.F.R. §447.10 (h), payment for any service furnished to an AHCCCS eligible person by a Provider will not be made to or through a factor, either directly or by power of attorney.
5. The Provider shall maintain all records relating to performance of this Agreement in compliance with all specifications for record-keeping established by AHCCCS. All books and records shall be maintained in such detail as to reflect each service provided and all other costs and expenses of whatever nature for which payment is made to the Provider. Such material shall be subject to inspection, audit or copying by the state, AHCCCS, the U.S. Department of Health and Human Services, and any other duly authorized representative of the state or federal government during normal business hours at the Provider's

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4. Select the "Check box" indicating agreement with the Provider Participation Agreement. The signor's First, Last and Date will automatically display.



Application ID: 20200619255647 Name: Bunny, Easter

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

cancellation, termination, suspension, revocation or other material modification, as determined by AHCCCS, in the Provider's qualifications to provide services. AHCCCS may also terminate this Agreement if it is found that gratuities in the form of entertainment, gifts, or otherwise, were offered or given by the Provider or any agent or representative of the Provider to any officer or employee of the State, or AHCCCS eligible and enrolled member, with a view towards securing a contract, favorable treatment with respect to a contract, or the right to render and request reimbursement for an AHCCCS covered item or service.

32. In accordance with the provisions set forth in 42 C.F.R. §455.23, AHCCCS will suspend any payments to Provider pending an investigation of a credible allegation of fraud against the 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 behalf 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: I 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 behalf 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.

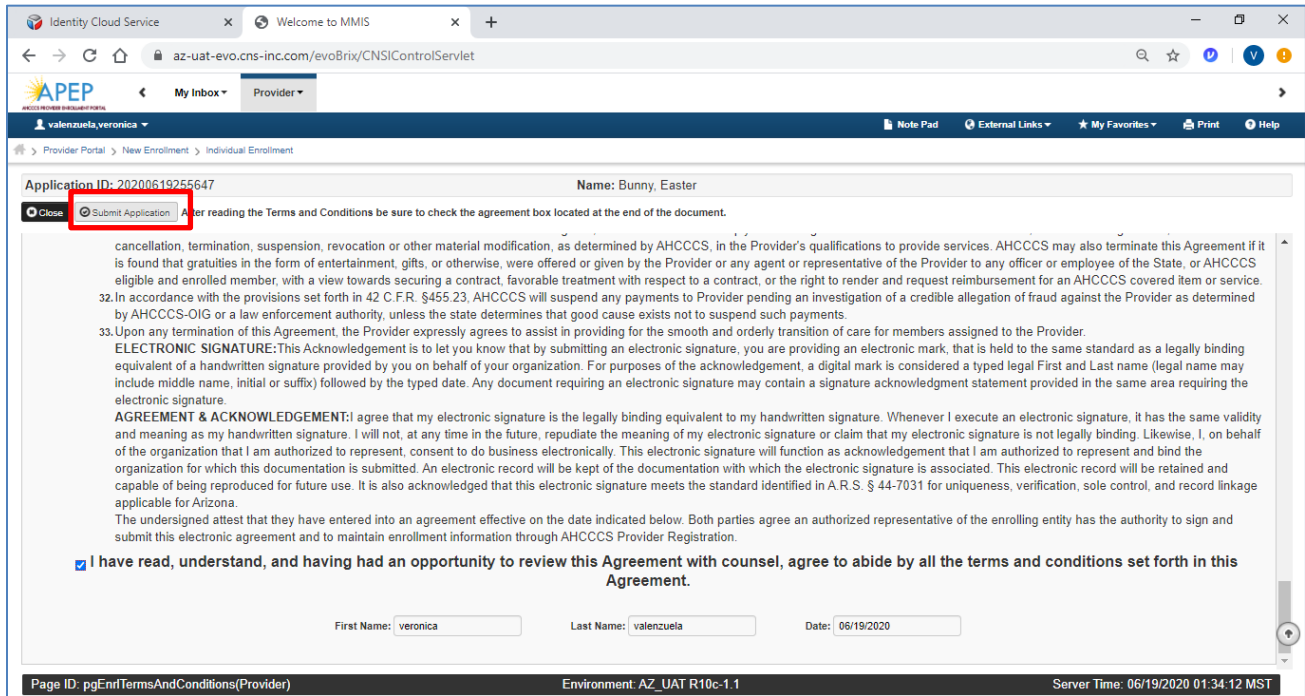
The undersigned attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the enrolling entity has the authority to sign and submit this electronic agreement and to maintain enrollment information through AHCCCS Provider 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.

First Name: veronica Last Name: valenzuela Date: 06/19/2020

Page ID: pgEnrTermsAndConditions(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:34:12 MST

5. Select "Submit Application."



Identity Cloud Service x Welcome to MMIS x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela.veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Individual Enrollment

Application ID: 20200619255647 Name: Bunny, Easter

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

cancellation, termination, suspension, revocation or other material modification, as determined by AHCCCS, in the Provider's qualifications to provide services. AHCCCS may also terminate this Agreement if it is found that gratuities in the form of entertainment, gifts, or otherwise, were offered or given by the Provider or any agent or representative of the Provider to any officer or employee of the State, or AHCCCS eligible and enrolled member, with a view towards securing a contract, favorable treatment with respect to a contract, or the right to render and request reimbursement for an AHCCCS covered item or service.

32. In accordance with the provisions set forth in 42 C.F.R. §455.23, AHCCCS will suspend any payments to Provider pending an investigation of a credible allegation of fraud against the 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 behalf 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: I 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 behalf 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.

First Name: veronica Last Name: valenzuela Date: 06/19/2020

Page ID: pgEnfTermsAndConditions(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/19/2020 01:34:12 MST

Note: This returns you back to the BPW. A message should display letting you know your application has been successfully submitted. You can return back to APEP to track the status of your application with the Application ID number. You are also provided with your AHCCCS ID.

6. Select, "Close."

Identity Cloud Service x Business Process Wizard Start x +

az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet

APEP My Inbox Provider

valenzuela,veronica Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Individual Enrollment

Application ID: 20200619255647 Name: Bunny, Easter

Your Application Number 20200619255647 has been successfully submitted for State review. Return with this application number to track the status of your application. x

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/19/2020	06/19/2020	Complete	
Step 2: Add Locations	Required	06/19/2020	06/19/2020	Complete	
Step 3: Add Correspondence Address	Required	06/19/2020	06/19/2020	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	06/19/2020	06/19/2020	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	06/19/2020	06/19/2020	Complete	
Step 6: Add License/Certification/Other	Required	06/19/2020	06/19/2020	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/19/2020	06/19/2020	Complete	
Step 8: Add Taxonomy Details	Required	06/19/2020	06/19/2020	Complete	
Step 9: Upload Documents	Required	06/19/2020	06/19/2020	Complete	
Step 10: Complete Enrollment Checklist	Required	06/19/2020	06/19/2020	Complete	
Step 11: Submit Enrollment Application for Approval	Required	06/19/2020	06/19/2020	Complete	

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