



What to Expect When Applying in AHCCCS Provider Enrollment Portal (APEP)

What information do I need to prepare for the AHCCCS Provider application?

To prepare for the AHCCCS Provider application, have the following documentation available:

- National Provider Identifier (NPI);
- Completed Request for Taxpayer Identification Number and Certification (W9) tax form signed within the last 12 months;
- All disclosures regarding ownership must match the records for the Arizona Corporation Commission, the Arizona Department of Health Services, and the National Plan & Provider Enumeration System. If any of those records are incorrect, they must be modified. You may submit the modification request with your application as proof. Inaccurate disclosures may result in a denial or delay of your enrollment application.
- Current professional certifications or licensures;
- The signed [Provider Type Profile form](#), if required for your provider type; and
- Any supporting documentation.

More information about preparing for the application can be found [here](#).

What is the process when applying to be an AHCCCS Provider?

1. Create an Arizona AHCCCS account in the AHCCCS Provider Enrollment Portal (APEP), using the “User Registration” button on the [AHCCCS Provider Enrollment Applications and Revalidations](#) page.
2. Complete an application and provide any requested documentation. Each provider type has specific “Steps” which must be completed in the APEP system. The final “Step” in all applications is to submit the application. Each “step” must reflect as “complete” to be able to successfully submit the application. If a step is reflected as “incomplete”, revisit the step and ensure all required information is submitted. The “Upload Documents” step will usually require one document of each available type to be uploaded. If you experience barriers in the uploads, review the page to make sure you have uploaded one document of each type.
3. Complete any of the following that are required for your provider type:
 - Pay a Provider Enrollment Application Fee (not required for Individual providers),
 - A site visit (for moderate and high-risk providers), and
 - The Fingerprint-based Criminal Background Check (FCBC) – High Risk provider types only.

Most applications are processed within 60 days of submission. If additional information is needed to be able to process the application, you will be notified via your preferred correspondence method as indicated in APEP. An expedited processing request can be made. Examples of what may justify an expedited processing request and the steps to make the request can be found under [Processing Timeframes and Enrollment Effective Dates](#).

AHCCCS enrollment is effective on the date of approval. If a retroactive effective date is needed, it can be requested by following the steps found under [Enrollment Effective Dates](#).

What happens after I become an AHCCCS Provider?

AHCCCS providers are required to:

- Report any changes to your information using APEP, including but not limited to:
 - Changes in service, correspondence or pay-to addresses,
 - Changes in Tax Identification (TIN), National Provider Identification (NPI) or any other identifiers;

- Billing associations;
- Changes in licensure types or effective dates; or
- Change in ownership or managing employees, and
- Maintain current license and certifications and report any updates to licenses in APEP, and
- Respond to any requests from AHCCCS about your enrollment information.

Revalidation Requirements:

Providers must revalidate their enrollment every four years to maintain the privilege to bill Medicaid. AHCCCS reserves the right to request off-cycle revalidations. During this process, the provider is subject to the same screening and disclosures obtained during the initial enrollment which may include an enrollment fee, site visit, and fingerprint-based criminal background check.