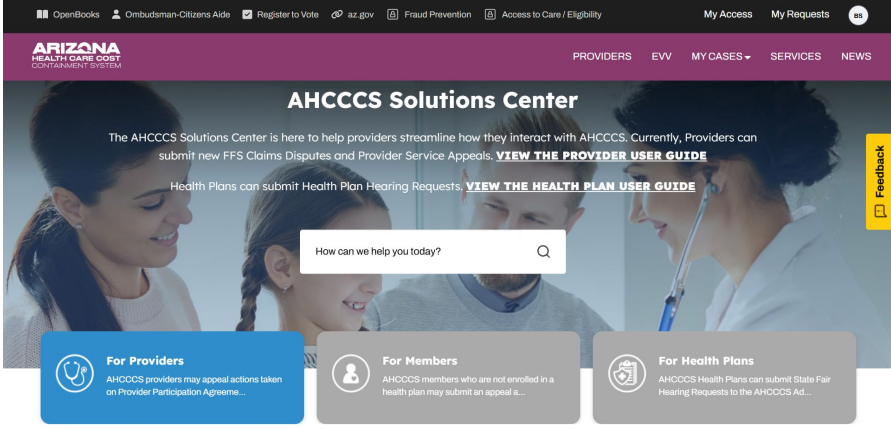
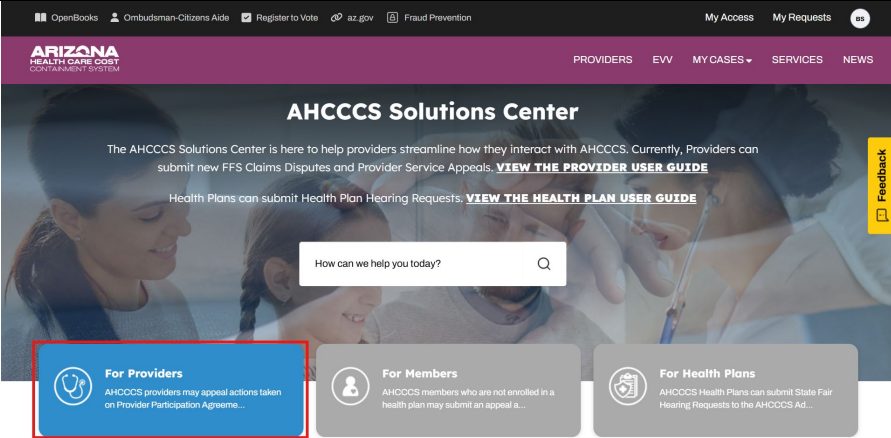
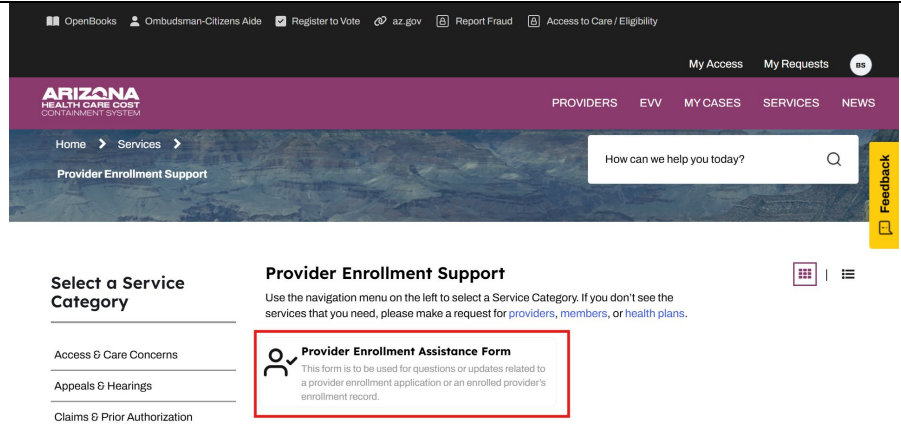
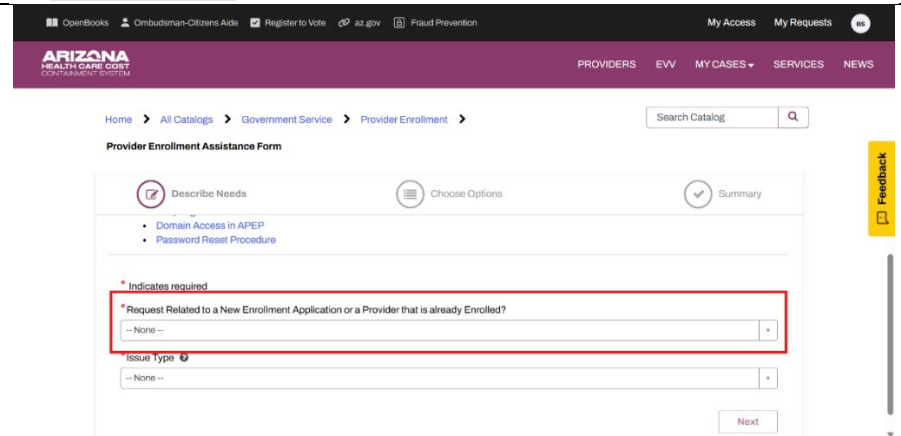


Instruction	Example
<p>1. Navigate to the AHCCCS Solutions Center website and login.</p>	
<p>2. Click on the “For Providers” button.</p>	
<p>3. Find and select the “Provider Enrollment Support.”</p>	<p>Select a Service Category</p> <ul style="list-style-type: none"> Access & Care Concerns Access Request Appeals & Hearings Claims & Prior Authorization Fraud Prevention Health Plan Provider Inquiries IT Services Member and Provider Services Payment & Billing Preadmission Screening Resident Review Level 1 Provider Enrollment Support Tribal Services

4. Open the “Provider Enrollment Assistance Form.”



5. Open the drop-down menu for whether the request is related to a New Enrollment Application or a Provider that is Already Enrolled.



*Depending on what is selected, you will be prompted to enter either the Application ID (if a new enrollment) or Provider name (if already enrolled)

*Request Related to a New Enrollment Application or a Provider that is already Enrolled?
 Provider that is already enrolled

*Provider

*Request Related to a New Enrollment Application or a Provider that is already Enrolled?
 New Enrollment Application

*APEP Application ID

6. Identify the Issue Type and (if applicable) the Issue Category. See the table on the next page for the issue type and categories.

*Issue Type ?
 -- None --

*Issue Category
 --None--

Issue Type						
Domain Transfer*	Issues Logging Into APEP	Retroactive Enrollment Date Request*	Enrollment Application and Revalidation Questions/APEP Issues	Provider Maintenance and APEP Updates	Verify Provider Enrollment Status	
Issue Category	N/A	N/A	N/A	APEP Step Incomplete: Assistance Required	Add Category of Service	Appealing Enrollment Decision
				Fee Payment Assistance	Add NPI to a Provider Profile	Provider Exclusion Checks
				Fingerprint Based Criminal Background Check	Address Change	Provider Verification for Enrollment Outside Arizona
				Rendering, Ordering, Prescribing, Attending (ROPA)	Change of Ownership	
				Site Visit	Change Provider Type	
					Provider Name Change*	
					Tax ID or Legal Entity Name Change*	
*Indicates when accompanying documentation to support request is required						

7. Once all fields are complete, click “Next” to go to the Request Information page.

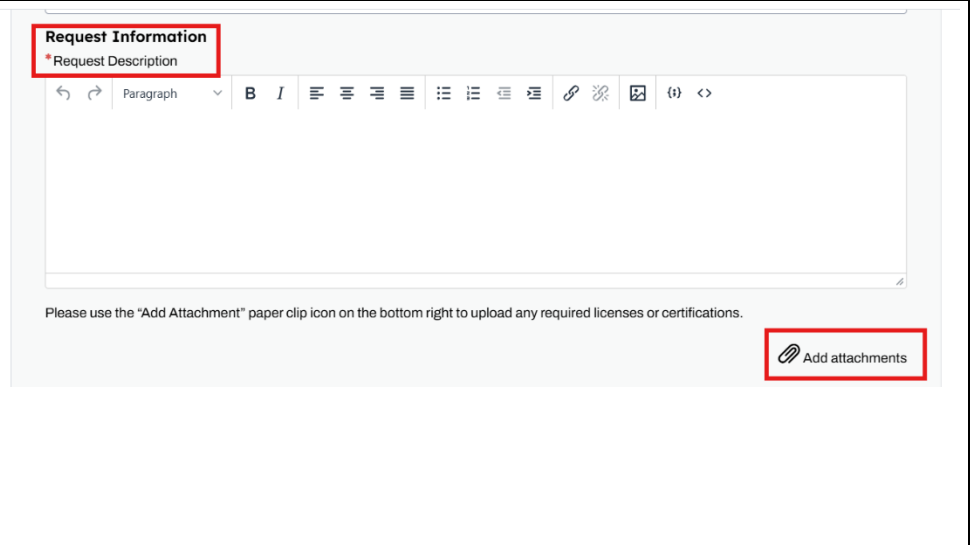
The screenshot shows the AHCCS Provider Enrollment Assistance Form. The form is titled "Provider Enrollment Assistance Form" and is currently on the "Describe Needs" step. The form includes the following fields:

- *Request Related to a New Enrollment Application or a Provider that is already Enrolled?**: New Enrollment Application
- *APEP Application ID**: 20261234567891011
- *Issue Type**: Enrollment Application and Revalidation Questions/APEP Issues
- *Issue Category**: APEP Step Incomplete: Assistance Required

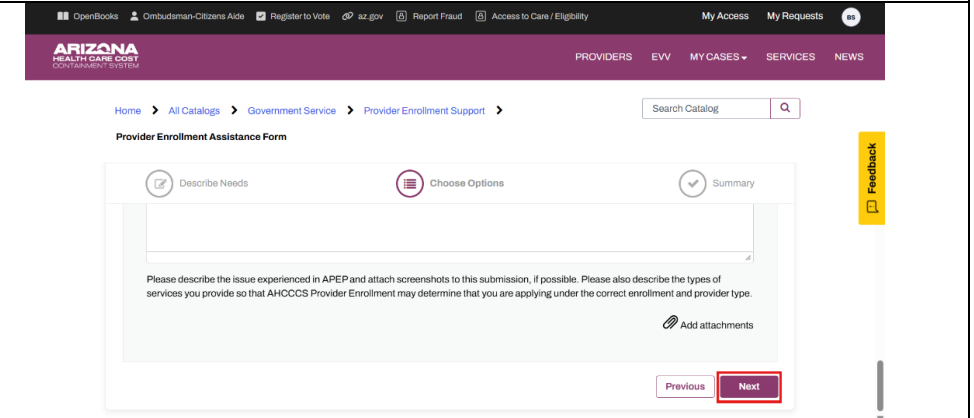
A "Next" button is highlighted in red at the bottom right of the form. The form also includes a "Feedback" button on the right side.

<p>8. Complete the Provider Representative Information.</p>	
<p>9. Open the drop-down for Enrollment Type and select the appropriate type.</p>	
<p>10. New boxes for information will appear and will depend on the Enrollment Type Selected. Enter all information accordingly.</p>	<p style="text-align: center;">For Facility and Group Billers Enrollment Types:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Provider Information</p> <p>*Enrollment Type: Facility (including atypical provider types)</p> <p>*Tax ID: <input type="text"/></p> <p>*Entity Name: <input type="text"/></p> <p>Email: <input type="text"/> Enter an email address for additional communications ✕</p> <p>Provider NPI: <input type="text"/></p> </div> <p style="text-align: center;">For Individual Enrollment Types:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Provider Information</p> <p>*Enrollment Type: Individual (including atypical and ROPA provider types)</p> <p>*Provider SSN: <input type="text"/> Please enter either the Provider SSN or Tax ID ✕</p> <p>*Provider Name: <input type="text"/></p> <p>*Provider Tax ID: <input type="text"/></p> <p>Provider NPI: <input type="text"/></p> <p>Email: <input type="text"/> Enter an email address for additional communications ✕</p> </div>

11. Complete the Request Information with as much detail as possible to help the staff that will process your request. Add accompanying documentation when necessary or required using the “Add Attachments” button. *Some issue types may have additional questions in this area

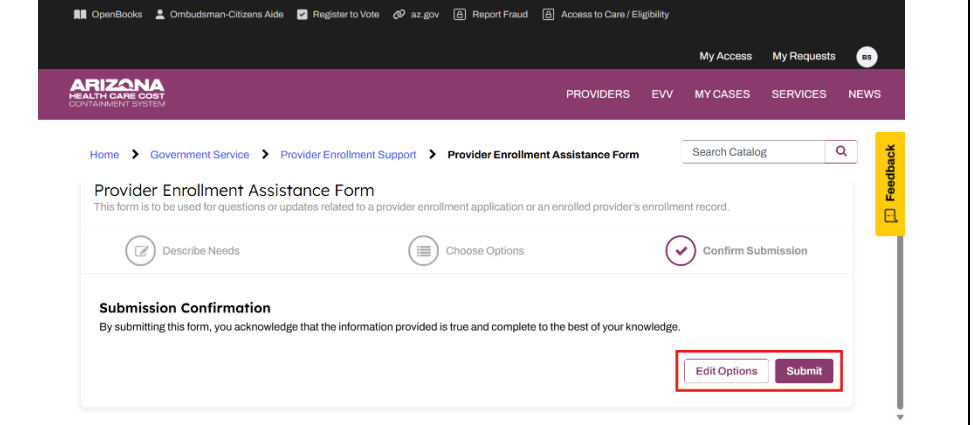


12. Click “Next” to go to the Summary page.

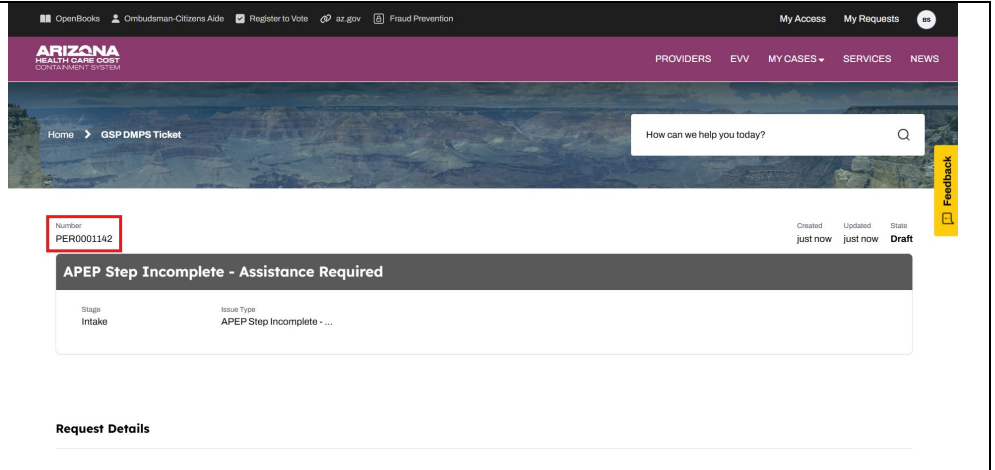


11. If ready to submit, click the submit button. If more details are needed, click “Edit Options.”

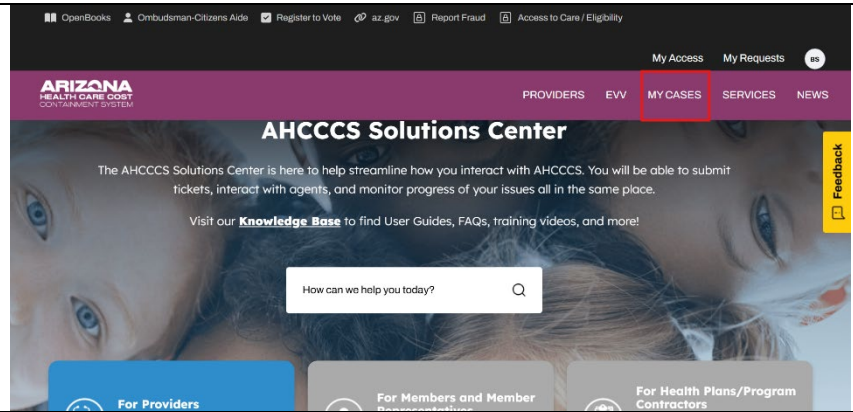
*NOTE: This request is NOT fully submitted until the Submit button on this page is clicked.



12. You will be redirected to the submission page showing the confirmation and the request number for reference. An email will be sent to the email provided confirming receipt of the request ticket.



13. Once a ticket is submitted, you can view any active cases by clicking on the “My Cases.”



14. If you have any further questions, review the FAQ page that is linked on the form or on the [AHCCCS website here](#).

