

Atypical Agency Enrollment

Contents

Atypical Agency Enrollment	1
Beginning an Application	2
<i>Step 1: Provider Basic Information</i>	3
<i>Step 2: Add Locations</i>	6
<i>Step 3: Add Correspondence Address</i>	10
<i>Step 4: Add Provider Type Specialties/Subspecialties</i>	12
<i>Step 5: Associate Billing Provider/Other Associations</i>	14
<i>Step 6: Add License/Certification/Other</i>	16
<i>Step 7: Add Additional Information</i>	18
<i>Step 8: Add Provider Controlling Interest/Ownership Details</i>	20
<i>Step 9: Add Taxonomy Details</i>	24
<i>Step 10: Fee Payment</i>	24
<i>Step 11: Employee Details</i>	27
<i>Step 12: Add Populations Served</i>	30
<i>Step 13: Upload Documents</i>	32
<i>Step 14: Complete Enrollment Checklist</i>	34
<i>Step 15: Submit Enrollment Application for Approval</i>	36

Atypical Agency Enrollment

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

- Is a Facility/Agency/Organization (FAO), providing health care or support services;
- Does not have a National Provider Identifier (NPI)

For a comprehensive list of Atypical Agencies see the [Screening Glossary](#). Common examples include NEMT, Habilitation Providers, or Group Home.

Beginning an Application

To begin an application, select the “Atypical (non-medical)” option, then select “Submit.”

APEP Enrollment Portal

My Inbox ▾ Admin ▾ Provider ▾

Ellsworth, Kaitlin ▾ Note Pad External Links ▾ My Favorites ▾ Print Help

MyInbox > New Enrollment

Enrollment Type

If you need more information on which Enrollment Type below matches to your Provider Type, please click the link below:
<https://www.azahcccs.gov/PlansProviders/Downloads/apep/PEP-903.xlsx>

Select the Applicable Enrollment Type

- ☐ Individual Sole Proprietor or Rendering/Service Provider
- ☐ Group Biller (Provider Type 01) (An organization electing to act as a financial representative for any provider or group of providers.)
- ☐ Facility/Agency/Organization (FAO-For example, Hospital, Nursing Facility, Pharmacy, Laboratory, Clinic, Hospice, FQHC)
- ☒ 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.)
- ☐ Referring, Ordering, Prescribing, Attending (ROPA) Medical Providers ⓘ
 - ☐ Individual
 - ☐ Organization/Agency
- ☐ One-Time Enrollment for Single Case ⓘ
 - ☐ Individual
 - ☐ Organization/Agency
- ☐ Contractor/MCO ⓘ

☒ Submit

Chat

Atypical Agency Enrollment

Step 1: Provider Basic Information

- Select Step 1: “Provider Basic Information.”

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

The screenshot shows a web browser window with the URL <https://azoci-trn-evo.acentra.com/evoBrix/CNSIControlServlet>. The page title is "Welcome to MMIS - Work - Microsoft Edge". The main content area is titled "Basic Information: Enter required fields and click Finish button." and contains two sections: "Basic Information" and "W9 Information".

Basic Information Section:

- Legal Entity Name: * (As shown on the Income Tax Return)
- Entity Business Name: * (Doing Business As)
- EIN/TIN: *
- Tribal Type: (dropdown menu)
- Who bills for your services?: *
- Who is completing this application?: *

W9 Information Section:

- W-9 Entity Type: *
- W-9 Entity Type (If Other):
- Profit Status: *

At the bottom of the form, there are buttons: "View Screening Result", "Confirm", "Finish", and "Cancel". The page ID is displayed as "Page ID: digAddBasicInformationStep1(Provider)".

Enter the provider's basic information.

- Legal Entity Name: As shown on the organization's IRS 147C letter and the Request for Taxpayer Identification Number and Certification (IRS W9)
- Entity Business Name: The Provider's "Doing Business As" (DBA) name shown on the organization's license.
- EIN/TIN: Enter the organization's Tax Identification Number (TIN) as shown on the organization's 147C.
 - Tribal Type: Select the applicable dropdown option. Leave blank when not applicable.
 - IHS-Indian Health Service
 - Privately owned on tribal land
 - Tribally owned on tribal land
- Who bills for your services: In-house, or outside biller
- Who is completing this application: Employee of this provider, or outside credentialing agent

Atypical Agency Enrollment

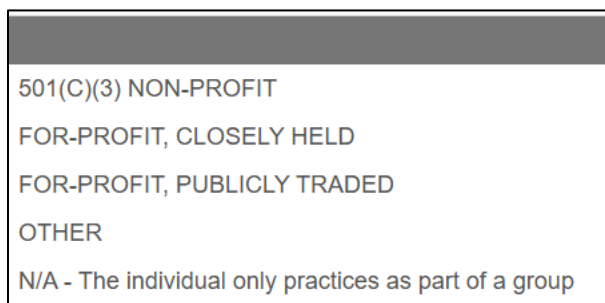
- W-9 Entity Type: The information selected should most closely match the details reported to the IRS on your W-9. If you are unsure refer to your tax advisor. Select from the following:



A dropdown menu showing various entity types for W-9 reporting. The options are:

- Voluntary - Non-Profit - Religious Organizations
- Voluntary - Non-Profit - Other
- Voluntary - multiple owners
- Proprietary - Individual
- Proprietary - Corporation
- Proprietary - Partnership
- Proprietary - Other
- Proprietary - multiple owners
- Government - Federal
- Government - State
- Government - City
- Government - County
- Government - City-County
- Government - Hospital District
- Government - State and City/County
- Government - other multiple owners
- Voluntary /Proprietary
- Proprietary/Government
- Voluntary/Government
- Other

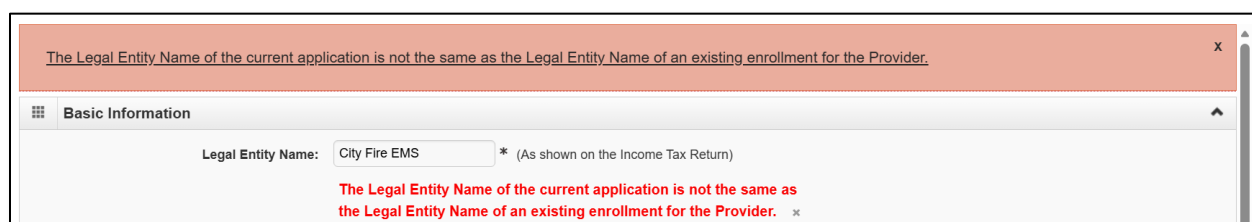
- Profit Status: If you are unsure refer to your tax advisor. Select from the following:



A dropdown menu showing various profit status options. The options are:

- 501(C)(3) NON-PROFIT
- FOR-PROFIT, CLOSELY HELD
- FOR-PROFIT, PUBLICLY TRADED
- OTHER
- N/A - The individual only practices as part of a group

- Once complete select, “Confirm”



The screenshot shows a warning message at the top: "The Legal Entity Name of the current application is not the same as the Legal Entity Name of an existing enrollment for the Provider." Below this, the "Basic Information" section is visible, showing the "Legal Entity Name" field with the value "City Fire EMS". A red error message at the bottom states: "The Legal Entity Name of the current application is not the same as the Legal Entity Name of an existing enrollment for the Provider."

Atypical Agency Enrollment

- Once the Basic Information is complete, an Application ID will be provided. You will need this Application ID 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.

Take note of the Application ID. If the Application ID is misplaced, check the email account used during the User Registration process to retrieve the email containing the Application ID.

- To continue with the application, select “OK”.

The screenshot shows a web browser window with the URL <https://azoci-trn-evo.acentra.com/evoBrix/CNSIControlServlet>. The page title is "Welcome to MMIS - Work - Microsoft Edge". The page content includes a header with "Application ID: 20260512057334" and "Name: ABC". Below this is a section titled "Basic Information" with a sub-header "You have successfully completed the basic information on the Enrollment Application." The main content area displays "Your Application ID is: 20260512057334" in a red box. Below this, there are two paragraphs of text: "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." and "Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted." At the bottom right, there is a red "OK" button with a checkmark icon. The page ID at the bottom is "Page ID: dlgAddBasicInformationStep3(Provider)".

Atypical Agency Enrollment

Step 2: Add Locations

Fields with an asterisk are required fields and must be completed to move to the next step.

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

Application ID: 20260512057334 Name: ABC

Close Add

• Pay To Address is required for Primary Practice Location if available. To Add/Modify Pay To Address, click on Primary Practice Location hyperlink.

• For any applications selecting the following Provider Types, please key only one Primary Practice Location and DO NOT key any Other Servicing Locations.

03 Pharmacy	30 DME supplier	78 Mental Health RTC	B3 Residential treatment center non-secure (17+ Beds)	NE NEMT Equine
04 Laboratory	35 Hospice	79 Vision Center	B5 Subacute facility (1-16 Beds)	NA NEMT Non-ambulance air
05 Clinic	36 Assisted Living Home	81 EPD HCBS	B6 Subacute facility (17+ Beds)	NT NEMT transportation network company
06 Emergency Transportation	41 Dialysis Clinic	83 Free standing birth center	B8 BHRF	OR Prescribing/Ordering Only
22 Nursing home	43 Ambulatory surgical Center	95 Non-medicare certified home health agency	C2 FQHC	TS Travel services
23 Home Health Agency	49 Assisted living center	A3 Community service agency	C4 Specialty per diem hospital	
25 Group Home	50 Adult foster care home	A5 BH therapeutic Home	C5 638 FQHC	
27 Adult Day Health	55 Hotel	A6 Rural substance abuse transitional agency	E1 Independent testing facility	
28 Non-Emergency Transportation	56 Boarding home	B1 Residential treatment center secure	ED freestanding ED	
29 Community Rural Health Center	77 BH outpatient clinic	B2 Residential treatment center non-secure (1-16 Beds)	IC Integrated clinic	

Chat

Atypical Agency Enrollment

- Select: “Primary Practice Location” in the drop down menu. Complete all required fields, then select “Validate Address” and “OK” to proceed forward.

Welcome to MMIS - Work - Microsoft Edge
https://azoci-trn-evo.acentra.com/evoBrix/CNSIControlServlet

Application ID: 20260512057334 Name: ABC

Location Type: Primary Practice Location

Phone Number: (480) 555-9876 * Extn: * Email Address: * End Date: 12/31/2999

Doing Business As: * Address validation successful

Address Line 1: 150 N 16th Ave * Address Line 2: * City/Town: Phoenix * County: Maricopa * State/Province: ARIZONA * Zip Code: 85007 * 3232 * Validate Address

Reason for out-of-state registration in Medicaid: *

Office hours table:

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

Accepting New Medicaid Patients: Yes * In Person/Telehealth: In Person *

Handicap Accessible: No *

Choose Disability Accommodations: Accessible Examination Tables, Accessible Imaging Machines, Accessible Offices, Accessible Scales, Communication Aids(Braille), Patient Lifts

Selected Disability Accommodations: *

Page ID: dgEntAddLocation(Provider)

Enter the street address on Address line 1 and the five-digit Zip Code, then click “Validate Address.” The remainder of the address fields will automatically populate and be validated by the information from the U.S. Postal Service.

If the address is not found with Address Line 1 and Zip Code entered, validate your address using the USPS link:

- Proceed to Enter State, City and County
- Select “Validate Address”
- Select “OK”
- A pop up will generate stating “Please confirm Address Line 1 and Zip Code are correct. Address cannot be validated with the US Postal Service. Please press OK to continue OR press Cancel and revalidate the address.”
- Select “OK”

Atypical Agency Enrollment

Every “Primary Practice Location” requires hours of operation.

- Select “OK” when complete.
- Select the “Primary Practice location” link to add a Pay To Address. The link will display in Blue font under the “Location Type” field.

The screenshot shows the APEP web application interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a breadcrumb trail shows 'MyInbox > New Enrollment > Atypical Agency Enrollment'. The main content area has a header with 'Application ID: 20260512057334' and 'Name: ABC'. Below this is a grid of agency types, including '22 Nursing home', '43 Ambulatory surgical Center', '95 Non-medicare certified home health agency', 'C2 FQHC', and 'TS Travel services'. A 'Locations List' table is also present, with columns for 'Doing Business As', 'Location Type', 'Location Details', 'End Date', and 'Location Code'. The 'Location Type' column contains a blue link labeled 'Primary Practice Location', which is highlighted with an orange box. The table also shows '150 N 18th Ave, Phoenix, ARIZONA 85007' and '12/31/2999'. At the bottom, there are pagination controls showing 'Viewing Page: 1' and a 'Chat' button.

Atypical Agency Enrollment

- Select “Add Address.”
- Type of Address: Select “Pay To Address” in the drop-down menu. 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: 20260512057334 Name: ABC

Add Provider Location Address

Type of Address: Pay To End Date: 12/31/2999

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 Line 1: * (Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

State/Province: *

City/Town: OTHER *

County: OTHER *

Country: UNITED STATES *

Zip Code: * - *

Validate Address

OK Cancel

- The Provider Practice Location(s) will now display in the Address list.

APEP

My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > General

Application ID: 20260512057334 Name: ABC

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

Start Date: 05/12/2026 End Date: 12/31/2999

Offers American Sign Language: No * Language(s) Spoken: English Arabic Cantonese *

Address List

Add Address

Address Type	Address	End Date
☐ Location	150 N 18th Ave, Phoenix, ARIZONA 85007	12/31/2999
☐ Pay To	150 N 18th Ave, Phoenix, ARIZONA 85007	12/31/2999

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

First Prev Next Last Chat

Atypical Agency Enrollment

Step 3: Add Correspondence Address

- Select “Step 3: Add Correspondence Address”

The screenshot shows the APEP Business Process Wizard - Provider Enrollment (Atypical Agency). The application ID is 20260512057334 and the name is ABC. The wizard consists of 13 steps. Step 3, "Correspondence Contact Information", is highlighted with an orange box. The status of Step 3 is "Incomplete".

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	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 Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Add Populations Served	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	

- Select “Add”

The screenshot shows the APEP Business Process Wizard - Provider Enrollment (Atypical Agency) at Step 3: Correspondence Contact Information. The "Add" button is highlighted with an orange box. Below the button, there is a list of roles: Provider, Biller, and Credentialist. The "Biller" role is selected. The text explains that the provider must collect correspondence information for various individuals who need to get information regarding the provider's enrollment. The following roles may be required:

- Individual Contact - Either:**
 - For enrolling organizations, the person responsible for making decisions on behalf of the organization. Examples of a key individual include a Principal Officer, Executive Director, Chief Executive Officer, and/or President.
- Biller** - A biller is an individual or a company who intends to bill on behalf of the applying provider.
- Credentialist** - A person who manages or maintains the provider's enrollment profile. If the person completing this application works for the enrolling organization, use this role to enter contact information for this person to ensure timely notifications about the application and enrollment status.

Pursuant to 42 C.F.R. § 455.416, AHCCCS must deny or terminate a provider's enrollment if they fail to submit accurate information. It is very important to provide correspondence information for the actual roles as specified above. Failure to provide accurate correspondence information may result in denial or termination of enrollment.

The "Contact Information" table is shown below:

Role	Contact Name	Company Name	Address	Email	Phone Number	Start Date	End Date
No Records Found !							

Atypical Agency Enrollment

- In the “Communication Preference” field, select “Email and US Mail” or “Email Only.”
 - Only one option may be selected. All notices will go to the mailing address or email address entered on this screen.
- Review and click “Validate Address” option. When complete, select “OK.”

- Select “Close” to proceed forward.

Atypical Agency Enrollment

Step 4: Add Provider Type Specialties/Subspecialties

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

Application ID: 20260512057334 Name: ABC

Close Print

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	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	Required			Incomplete	Please add required License/Certification.
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Employee Details	Optional			Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.

Chat

- Select “Add”

Application ID: 20260512057334 Name: ABC

Close Add

Provider Type/Specialty/Subspecialty List

Filter By [] [] Go Save Filters My Filters

Specialty/Subspecialty	Provider Type	End Date
No Records Found !		

Chat

- Select the “Provider Type” in the drop-down option.
- Select the “Specialty” in the drop-down option, or “No Specialty” if applicable. Subspecialty will default to “No Subspecialty”

Atypical Agency Enrollment

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

- When complete, select “OK” to proceed forward.

Application ID: 20260512057334 Name: ABC

Add Provider Type/Specialty

Provider Type: ---SELECT--- *

Specialty: *
Select 'No Specialty' if applicable.

End Date: 12/31/2999

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

No Subspecialty

Select 'No Subspecialty' if applicable.

Page ID: dlqEnrAddSpecialties(Provider)

OK Cancel

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

Application ID: 20260512057334 Name: ABC

Add Provider Type/Specialty

Provider Type: ASSISTED LIVING CENTER *

Specialty: NO SPECIALTY REQUIRED *

Select 'No Specialty' if applicable.

End Date: 12/31/2999

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

No Subspecialty

Select 'No Subspecialty' if applicable.

Page ID: dlqEnrAddSpecialties(Provider)

OK Cancel

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

Atypical Agency Enrollment

Step 5: Associate 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.

To complete Step 5:

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

The screenshot shows the APEP Business Process Wizard for Provider Enrollment (Atypical Agency). The application ID is 20260512057334 and the name is ABC. The wizard consists of 13 steps. Step 5, "Associate Billing Provider/Other Associations", is highlighted with an orange box. The status of Step 5 is "Incomplete".

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	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 Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Employee Details	Optional			Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.

- Select “Add”

The screenshot shows the APEP Billing Provider/Other Associations List. The application ID is 20260512057334 and the name is ABC. The "Add" button is highlighted with an orange box. Below the list, it says "No Records Found!".

NPI/AHCCCS ID	Provider Individual Name	Provider Legal Entity Name	Provider Entity Business Name (Doing Business As)	Start Date	End Date	Status
No Records Found !						

Atypical Agency Enrollment

- 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 - Work - Microsoft Edge
https://azoci-trn-evo.acentra.com/evoBrix/CNSIControlServlet

Application ID: 20260512057334 Name: ABC

Associate Billing Provider/Other Associations

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

Type: *

ID: *

Start Date: *

End Date: 12/31/2999

Provider Individual Name:

Provider Legal Entity Name:

Provider Entity Business Name (Doing Business As):

Confirm Provider OK Cancel

Page ID: digBillingProviderID(Provider)

- Select “Close” to advance forward

APEP

My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

My Inbox > New Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Close Add

Billing Provider/Other Associations List

Filter By Go Save Filters My Filters

NPI/AHCCCS ID	Provider Individual Name	Provider Legal Entity Name	Provider Entity Business Name (Doing Business As)	Start Date	End Date	Status
☐ 1124369368/115628		GENERATIONS HOUSE CLL PROVIDRS	GENERATIONS HOUSE CALL	02/18/2026	12/31/2999	Not Approved

Delete View Page: 1 Go Page Count Save To XLS Viewing Page: 1

First Prev Next Last

Chat

Atypical Agency Enrollment

Step 6: Add License/Certification/Other

- Select “Step 6: Add License/Certification/Other”

The screenshot shows the APEP application form for 'Ellsworth, Kaitlin'. The application ID is 20260512057334 and the name is ABC. A table lists 15 steps. Step 6, 'Add License/Certification/Other', is highlighted with an orange box. It is marked as 'Required' and 'Incomplete' with the remark 'Please add required License/Certification.'.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Employee Details	Optional			Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

- Select “Add”

The screenshot shows the 'Add License/Certification/Other List' section. The 'Add' button is highlighted with an orange box. Below the button is a table with columns for License/Cert/Other Type, License/Cert/Other #, Valid Flag, Effective Date, and End Date. The table is currently empty, displaying 'No Records Found!'.

License/Cert/Other Type	License/Cert/Other #	Valid Flag	Effective Date	End Date
No Records Found !				

Note: Licensing/documents entered here will need to be uploaded in Step 13.

- Enter the License/Certification/Other List Information. Once complete, select “Confirm License/Certification”, and Select “OK.” Repeat for each available License/Certification.

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

Atypical Agency Enrollment

- Enter the License/Certification/Other List Information. Once complete, select “Confirm License/Certification”, and Select “OK.” Repeat for each available License/Certification.

Application ID: 20260512057334 Name: ABC

Add License/Certification/Other

License/Certification/Other Type: Department of Health Services * License/Certification/Other #: A1234 * State: Arizona *

Valid Flag: Electronic Verification Date: License Classification Type: L-License

Effective Date: 05/10/2026 * End Date: 05/01/2040 *

This license has no expiration date: ☐

Confirm License/Certification/Other OK Cancel

Page ID: digEnrImntAddLicense(Provider)

- Select “Close” to proceed forward.

Application ID: 20260512057334 Name: ABC

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	A1234	No	05/10/2026	05/01/2040

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

Atypical Agency Enrollment

Step 7: Add Additional Information

This step is optional for most providers for Atypical Agencies and allows information about bed types to be added.

- Select “Step 7: Add Additional Information”

The screenshot shows the APEP Business Process Wizard interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The user is logged in as 'Ellsworth, Kaitlin'. The breadcrumb trail is 'MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment'. The application ID is '20260512057334' and the name is 'ABC'. The 'Enroll Provider - Atypical Agency' section displays a table of steps. Step 7, 'Add Additional Information', is highlighted with an orange border.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Employee Details	Optional			Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.

- Select “Add” under Bed Information to bring up details window for bed information.

The screenshot shows the 'Bed Information' window in the APEP system. The top navigation bar is the same as the previous screenshot. The breadcrumb trail is 'MyInbox > Track Application > Atypical Agency Enrollment'. The application ID is '20260512057334' and the name is 'ABC'. The 'Bed Information' section has an 'Add' button highlighted with an orange border. Below the 'Add' button is a filter section with a 'Filter By' dropdown, a search box, and a 'Go' button. There are also 'Save Filters' and 'My Filters' buttons. The table below the filter section has columns for 'Bed Type', 'Bed(s)/Unit(s)', 'Start Date', and 'End Date'. The table is currently empty, and a red message 'No Records Found !' is displayed at the bottom of the table area.

Bed Type	Bed(s)/Unit(s)	Start Date	End Date
No Records Found !			

Atypical Agency Enrollment

- Select “Bed Type” drop-down option.
- Select “Bed Unit(s): insert the number of beds.
- Select “Calendar” option and add “Start Date” for bed type.
- Click “OK.”

Application ID: 20260512057334 Name: ABC

Add Bed Information

Bed Type: ---SELECT--- *
 Bed(s)/Unit(s): *
 Start Date: *
 End Date: 12/31/2999

Page ID: dlgEnrImntAddBedInfo(Provider)

OK Cancel

- Select “Close” to proceed forward.

APEP

My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

MyInbox > Track Application > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Close

Bed Information

Add

Filter By Go Save Filters My Filters

Bed Type	Bed(s)/Unit(s)	Start Date	End Date
Acute Care Bed(s)	10	05/04/2026	12/31/2999

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

Chat

Atypical Agency Enrollment

Step 8: Add Provider Controlling Interest/Ownership Details

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

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

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

REQUIRED DISCLOSURE INFORMATION

Providers (including but not limited to individual providers, rendering service providers, fiscal agents and managed care entities) are required to disclose the following information on ownership and control, key personnel, managing employees, and agents, directors., 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.
- Home 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.

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 key 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.
 - All directors must be disclosed
 - While the requirement to complete this application step is that at least one of these roles must be disclosed; any person who holds any of these roles must also be disclosed. (For example, if there are several members on the board of directors, a CEO and a CFO, each of those people must be disclosed)

- 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.

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

The screenshot shows the APEP web application. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below it, a breadcrumb trail reads: 'MyInbox > New Enrollment > FAO Enrollment > General > FAO Enrollment > FAO Enrollment > General'. The main content area shows 'Application ID: 20260219511187' and 'Name: City Fire Protection District'. A 'Close' button and an 'Actions' dropdown menu are visible. The 'Actions' menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. Below this, there are two tables. The first table, 'Owners', has columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. It shows 'No Records Found!'. The second table, 'Other Owned Entity', has columns: Other Owner EIN/TIN, Other Owner Information, and Address. It also shows 'No Records Found!'. A 'Chat' button is in the bottom right corner.

- Select “Type”
- Complete all required fields.
- Select “OK”

Atypical Agency Enrollment

You must disclose all Directors, Chief Executive Officers, and Presidents listed publicly on the Arizona Corporation Commission Entity Information page under the Principal Information Section. Disclosure Provider Enrollment Information, including home and business addresses, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, key personnel, directors, etc.). There are no exceptions for voluntary board status or non-profit status.

Welcome to MMIS - Work - Microsoft Edge
https://azoci-trn-evo.acentra.com/evoBrix/CNSIControlServlet

Application ID: 20260512057334 Name: ABC

Type: Individual/Sole Proprietor * Percentage Owned: 100 *

SSN: 600123456 * EIN/TIN: *

Legal Entity Name: * Entity Business Name: *

(As shown on the Income Tax Return) (Doing Business As)

Owner NPI: * DOB: * *

First Name: Easter * Middle Name: G * *

Individual has no Middle Name. *

Last Name: Bunny * Suffix: *

Phone Number: * Extn: * Email: *

Start Date: * End Date: 12/31/2999 *

Page ID: digEnrmtAddOwner(Provider) OK Cancel

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 USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 16705 E Avenue Of The F * Address Line 2: *

(Enter Street Address or PO Box Only)

Address Line 3: * City/Town: Fountain Hills *

State/Province: ARIZONA * County: Maricopa *

Country: UNITED STATES * Zip Code: 85268 * - 3815 *

Validate Address

Page ID: digEnrmtAddOwner(Provider) OK Cancel

Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

board of directors, a CEO and a CFO, each of those people must be disclosed)

- If the same individual has more than 1 Ownership Type, then the total Percentage Owned should be added only for the first record, and the Percentage Owned for all remaining records should be 0%.
- 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

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
600123406	Bunny,Easter	Individual/Sole Proprietor	16705 E Avenue Of The Fountains	02/19/2026	12/31/2999	Not Completed	Completed	100
601236791	Claus,Santa	Managing Employee	7030 W Pontiac Dr	02/19/2026	12/31/2999	Not Completed	Completed	0

Viewing Page: 1

- Select “Owner’s Relationships.” This option requires an action to proceed forward. Select “Actions” then select “Owners Relationship” to disclose and establish Owner’s Relationships.

Application ID: 20260512057334 Name: ABC

board of directors, a CEO and a CFO, each of those people must be disclosed)

- If the same individual has more than 1 Ownership Type, then the total Percentage Owned should be added only for the first record, and the Percentage Owned for all remaining records should be 0%.
- 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

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
600123406	Bunny,Easter	Individual/Sole Proprietor	16705 E Avenue Of The Fountains	02/19/2026	12/31/2999	Not Completed	Completed	100
601236791	Claus,Santa	Managing Employee	7030 W Pontiac Dr	02/19/2026	12/31/2999	Not Completed	Completed	0

Viewing Page: 1

Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

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 Go Save Filters My Filters

Selected Owner: Claus, Santa SSN/EIN/TIN: 601236791 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Claus, Santa	Relation to Assoc. Owner
Bunny, Easter	600123466	Individual/Sole Proprietor		

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

Save Close

Page ID: digAddModifyOwnerRelationship(Provider)

- Complete the drop-down fields to describe the relationship between provider owners.
- If owners have no familial relationship, clicking the “No” option to the questions at the top will eliminate the drop-down menu.

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

Application ID: 20260512057334 Name: ABC

Close Actions

board of directors, a CEO and a CFO, each of those people must be disclosed)

- If the same individual has more than 1 Ownership Type, then the total Percentage Owned should be added only for the first record, and the Percentage Owned for all remaining records should be 0%.
- 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 Indicator Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
☐ 600123466	Bunny, Easter	Individual/Sole Proprietor	16705 E Avenue Of The Fountains	02/19/2026	12/31/2999	Completed	Completed	100
☐ 601236791	Claus, Santa	Managing Employee	7030 W Pontiac Dr	02/19/2026	12/31/2999	Completed	Completed	0

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

Chat

Atypical Agency Enrollment

Step 9: Add Taxonomy Details

This step does not apply to the Atypical Agency enrollment type because it relates to the provider's National Provider Identifier (NPI) number.

Step 10: Fee Payment

States are required to collect a "Fee Payment" on Institutional providers prior to execution of the Provider Participation Agreement.

- Select "Step 10: Fee Payment"

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Close Print

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Required	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 11: Add Populations Served	Optional			Incomplete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	

Chat

- Select "Add"

Atypical Agency Enrollment

APEP < My Inbox ▾ Admin ▾ Provider ▾

Ellsworth, Kaitlin ▾ Note Pad External Links ▾ My Favorites ▾ Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Close Add

Fee Payment List

Filter By ▾ Go Save Filters My Filters ▾

Payment Id ▴ ▾	Payment Reason ▴ ▾	Payment Amount ▴ ▾	Fee Option ▴ ▾	Payment Made To ▴ ▾	Payment Status ▴ ▾	Confirmation Number ▴ ▾	Payment Date ▴ ▾
No Records Found !							

Chat

- Select applicable “Fee Payment” option.
 - Note: Fee payment can be made 72 hours after the application is submitted.

With the exception of “Pay Fee,” all other options selected are subject to federal and state approval and could require additional information.

Note: Do not select “AHCCCS Prior Payment”

- Select “OK” to proceed forward.

Atypical Agency Enrollment

PrintHelp

Application ID: 20260512057334Name: ABC

Fee Payment

Payment Reason: New Enrollment

Payment Id:

Options	Description
☐ Pay Fee	Select this option in order to pay fee to AHCCCS. Once the AHCCCS Provider ID is received via correspondence or if there is an existing AHCCCS Provider ID, please pay the fee in the payment gateway using the following link: https://www.azahcccs.gov/PlansProviders/NewProviders/EnrollmentFee/makefeekeepayment.html
☐ Fee Paid to Medicare	Select this option if you have paid the enrollment fee to the Centers for Medicare Services. This is subject to federal and state approval.
☐ Medicaid in Another State	Select this option if you can supply documentation demonstrating that you have already paid the enrollment fee to the Medicaid program of another state. Select the program name and payment date in the section below. Upload your receipt or documentation of payment in the "Upload Documents" step. This is subject to federal and state approval.
☐ Request Hardship Waiver	Select this option to request "Hardship Waiver" from the Provider Registration unit. A "Hardship Letter" must be written and uploaded in the "Upload Documents" step. You can continue submitting the enrollment application/modification request. This is subject to federal and state approval.
☐ AHCCCS Prior Payment	Select this option if you have paid the fee to AHCCCS within the last 12 months from the current date for a related provider entity within your organization.
☐ Issue Refund	Select this option to apply a refund for fees paid.

Fee Paid To:

Provider Refund Request Date:

Refund Reason:

PES Refund Request Date to DBF:

Payment Status:

Refund/Payment Date:

OkCancel

Page ID: digFeePayment(Provider)

Atypical Agency Enrollment

Step 11: Employee Details

Depending on the Provider Type selected in Step 4, the Employee Details Step will be required.

These provider types are Community Health Worker, Non-Emergency Medical Transportation (NEMT), Statewide Housing Administrator, and Attendant Care.

- Select “Step 11: Employee Details”

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Optional	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	Please add Fee Payments.
Step 11: Employee Details	Optional			Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.

- Download the template

Download Template

Community Health Worker, Non-Emergency Medical Transportation (NEMT), Statewide Housing Administrator, and Attendant Care providers are required to report all employees that will provide services to Medicaid members during the initial enrollment process, revalidation and/or upon a change. To complete this process, download the template above, add employee information as horizontal line rows, and upload the completed file. The template columns and fields must be used in the exact format provided. To avoid application delays do not create an alternate template or modify template columns/fields. Any changes and/or updates to the organization's employee roster currently on file must be reported within 30 days. If an update is required please upload a new template containing newly added and/or terminated employees. This information must be provided as a condition of participation in federal and state Medicaid programs.

Template Instructions:

- Please upload a full roster of employees when submitting application.
- File upload can be done through an excel file, only with an extension of .xls or .xlsx.
- A file can have maximum of 6000 rows. If the employee information exceeds 6000 rows, then split the information in multiple excel workbooks and upload the data.
- Employee template can have multiple worksheets with or without data but only first worksheet (Columns A to P) will be checked for batch job validation.
- Employee template must have the default headers in the same sequential order.
- Required columns highlighted in green cannot be blank.
- The employee details template cannot be uploaded blank without information.
- Employee template cannot have blank rows in-between employee data.
- Downloaded Employee template from eveBrix will have specific dropdown list embedded on the columns > Add/Modify, Gender, State/Province and Country. Upload will not be accepted if any of these column values are not in the predefined dropdown list.
- Column A cannot have the value "Modify" for a new Application.
- Date values must be entered in mm/dd/yyyy.
- If any unwanted spaces entered at the suffix/prefix of the column values will be trimmed.

- [illegible]

- 

My Inbox ▾

Admin ▾

Provider ▾

Ellsworth, Kaitlin ▾

Note Pad

External Links ▾

My Favorites ▾

Print

Help

MyInbox >

Track Application >

Atypical Agency Enrollment

Application ID: 20260512057334

Name: ABC

Close

Upload

Employee Date Update Guide

Download Template

Community Health Worker, Non-Emergency Medical Transportation (NEMT), Statewide Housing Administrator, and Attendant Care providers are required to report all employees that will provide services to Medicaid members during the initial enrollment process, revalidation and/or upon a change. To complete this process, download the template above, add employee information as horizontal line rows, and upload the completed file. The template columns and fields must be used in the exact format provided. To avoid application delays do not create an alternate template or modify template columns/fields. Any changes and/or updates to the organization's employee roster currently on file must be reported within 30 days. If an update is required please upload a new template containing newly added and/or terminated employees. This information must be provided as a condition of participation in federal and state Medicaid programs.

Template Instructions:

 - Please upload a full roster of employees when submitting application.
 - File upload can be done through an excel file, only with an extension of .xls or .xlsx.
 - A file can have maximum of 6000 rows. If the employee information exceeds 6000 rows, then split the information in multiple excel workbooks and upload the data.
 - Employee template can have multiple worksheets with or without data but only first worksheet (Columns A to F) will be checked for batch job validation.
 - Employee template must have the default headers in the same sequential order.
 - Required columns highlighted in green cannot be blank.
 - The employee details template cannot be uploaded blank without information.
 - Employee template cannot have blank rows in-between employee data.
 - Downloaded Employee template from evdBox will have specific dropdown list embedded on the columns > Add/Modify, Gender, State/Province and Country. Upload will not be accepted if any of these column values are not in the predefined dropdown list.
 - Column A cannot have the value "Modify" for a new Application.
 - Date values must be entered in mm/dd/yyyy.
 - If any unwanted spaces entered at the suffix/prefix of the column values will be trimmed.

Employee Document List

Chat

Atypical Agency Enrollment

- Select “OK”, then “Close”

Application ID: 20260512057334 Name: ABC

Employee Document Detail

File Name: No file chosen *

Remarks:

Page ID: digEmployeeUploadDocument(Provider)

APEP
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

My Inbox Admin Provider

Elsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > Track Application > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Template Instructions:

- Please upload a full roster of employees when submitting application.
- File upload can be done through an excel file, only with an extension of .xls or .xlsx.
- A file can have maximum of 6000 rows. If the employee information exceeds 6000 rows, then split the information in multiple excel workbooks and upload the data.
- Employee template can have multiple worksheets with or without data but only first worksheet (Columns A to P) will be checked for batch job validation.
- Employee template must have the default headers in the same sequential order.
- Required columns highlighted in green cannot be blank.
- The employee details template cannot be uploaded blank without information.
- Employee template cannot have blank rows in-between employee data.
- Downloaded Employee template from evobrix will have specific dropdown list embedded on the columns > Add/Modify, Gender, State/Province and Country. Upload will not be accepted if any of these column values are not in the predefined dropdown list.
- Column A cannot have the value "Modify" for a new Application.
- Date values must be entered in mm/dd/yyyy.
- If any unwanted spaces entered at the suffix/prefix of the column values will be trimmed.

Employee Document List

Filter By

Document ID	File Name	Uploaded By	Uploaded Date	Document Status
☐ ▲▼	▲▼	▲▼	▲▼	▲▼

Chat

Atypical Agency Enrollment

Step 12: Add Populations Served

This step is optional.

Application ID: 20260512057334 Name: ABC

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Optional	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	Please add Fee Payments.
Step 11: Employee Details	Optional	05/12/2026	05/12/2026	Complete	
Step 12: Add Populations Served	Optional			Complete	
Step 13: Upload Documents	Required			Incomplete	Please upload required documents.

Application ID: 20260512057334 Name: ABC

Populations Served List

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

Population Served	Population Indicator	Start Date	End Date
No Records Found !			

Atypical Agency Enrollment

PrintHelp

Application ID: 20260512057334Name: ABC

Add Populations Served

Available Populations Served

Transition Aged Youth
Dementia Care
Eating Disorder
Female Only
First Episode Psychosis
Intellectual/Developmental Disabilities
Justice Involved
LGBTQ
Male Only
Medication Assisted Treatment (MAT)

»
«

Associated Populations Served *

☐ Accept Population

☐ Center of Excellence

☐ Specialized Population

Start Date: *End Date: 12/31/2999

✓ OKCancel

Page ID: dlgAddPopulationsServed(Provider)

Atypical Agency Enrollment

Step 13: Upload Documents

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

- Select “Step 13: Upload Documents”

The screenshot shows the APEP Business Process Wizard - Provider Enrollment (FAO) interface. The user is logged in as Ellsworth, Kaitlin. The application ID is 20260512057334 and the name is ABC. The wizard consists of 13 steps. Step 12, "Upload Documents", is highlighted with an orange box. The status of Step 12 is "Incomplete" with a remark "Please upload required documents.".

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Add Correspondence Address	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Required	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	Please add Fee Payments.
Step 11: Add Populations Served	Optional	05/12/2026	05/12/2026	Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	

- Select “Add”

The screenshot shows the APEP Document List interface. The user is logged in as Ellsworth, Kaitlin. The application ID is 20260512057334 and the name is ABC. The "Add" button is highlighted with an orange box. Below the button is a table with columns: Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status. The table is currently empty, and a message "No Records Found !" is displayed below it.

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

Atypical Agency Enrollment

- Select the applicable Document Type and Document Name. Select “Browse” to find the document.
 - Document types that may be uploaded include PDF, Word, Excel, PNG, and JPEG.
- Select “OK”

Application ID: 20260512057334 Name: ABC

Upload Document

Document Type: ---SELECT--- * Document Name: *
 File Name: Choose File No file chosen
 Start Date: 05/06/2026
 End Date: 12/31/2999
 Remark:
 OK Cancel

Page ID: digEnrlmntAttachment(Provider)

- Repeat these steps for each document to upload.
- Once “Upload Documents” has been completed, each Uploaded Document will display with document name and start/end dates.
- Select “Close”

APEP

My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

Close Add

Document List

Filter By [] [] Go Save Filters My Filters

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
75994834	License	Department of Health Services	ADHS License.pdf	02/19/2026	12/31/2999	Kaitlin Ellsworth	02/19/2026	In Process
75994835	Tax	Request For Tin And Certification	W-9.pdf	02/19/2026	12/31/2999	Kaitlin Ellsworth	02/19/2026	In Process

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

Chat

Atypical Agency Enrollment

Step 14: Complete Enrollment Checklist

- Select “Step 14: Complete Enrollment Checklist”

The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. The user is logged in as Ellsworth, Kaitlin. The breadcrumb trail is: MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment. The application ID is 20260512057334 and the name is ABC. The 'Enroll Provider - FAO' wizard is displayed, showing a table of steps. Step 13, 'Complete Enrollment Checklist', is highlighted with an orange border and is currently 'Incomplete'.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Required	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	
Step 11: Add Populations Served	Optional	05/12/2026	05/12/2026	Complete	
Step 12: Upload Documents	Required	05/12/2026	05/12/2026	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	

- Answer each question and provide any additional information in the comments field. After reviewing the information, select “Save” and then select “Close.”
- Any “Yes” answer will require additional documentation to be uploaded for review.

The screenshot shows the 'Provider Checklist' form in the APEP system. The user is logged in as Ellsworth, Kaitlin. The breadcrumb trail is: MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment. The application ID is 20260512057334 and the name is ABC. The 'Close' and 'Save' buttons are highlighted with orange borders. The checklist contains several questions regarding retroactive enrollment, exclusions, and civil monetary penalties.

Question	Answer	Comments
Do you need to request a retroactive enrollment date? If yes, put the date requested in the comments AND upload documents to support the request. This is not a guarantee of retroactive enrollment date. AHCCCS will review the request and determine if you meet the criteria for the retroactive enrollment date.	Not Completed	
Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	Not Completed	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date in comment field.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field	Not Completed	
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	Not Completed	
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.	Not Completed	

Atypical Agency Enrollment

If any of the questions show “Not Completed”, select the “Not Completed” dropdown to complete the required information.

The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. The user is logged in as 'Eltsworth, Kaitlin'. The breadcrumb trail is: MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment. The application ID is 20260512057334 and the name is ABC. The 'Provider Checklist' section contains a table with questions and answers. The 'Answer' column has a dropdown menu with options: No, Not Completed, and Yes. The 'Not Completed' option is selected for the question: 'Are you currently excluded from any federal program? If yes, provide the program and date in comment field.' The 'Comments' column has a text area for each question. A 'Close' button and a 'Save' button are located above the checklist. A 'Chat' button is in the bottom right corner.

Question	Answer	Comments
Do you need to request a retroactive enrollment date? If yes, put the date requested in the comments AND upload documents to support the request. This is not a guarantee of retroactive enrollment date. AHCCCS will review the request and determine if you meet the criteria for the retroactive enrollment date.	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.	Not Completed	
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.	No	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	No	
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	No	
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	

- After reviewing the information, select “Save” and then select “Close”

This screenshot shows the same APEP interface as the previous one, but with the 'Save' and 'Close' buttons highlighted with a red box. The 'Provider Checklist' table is now empty, indicating that all questions have been answered. The 'Close' button is located to the left of the 'Save' button. The 'Chat' button remains in the bottom right corner.

Atypical Agency Enrollment

Step 15: Submit Enrollment Application for Approval

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

- Select “Step 15: Submit Enrollment Application for Approval.”

Step	Required	Start Date	End Date	Status	Step Number
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/12/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Required	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	
Step 11: Add Populations Served	Optional	05/12/2026	05/12/2026	Complete	
Step 12: Upload Documents	Required	05/12/2026	05/12/2026	Complete	
Step 13: Complete Enrollment Checklist	Required	05/12/2026	05/12/2026	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

By selecting “Next” this indicates the information you are submitting is accurate.

Final Submission

Application ID: 20260512057334 EnrollmentType: Atypical Agency Provider

The information submitted for enrollment shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.
I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Atypical Agency Enrollment

- Review the Provider Participation Agreement.

The image below is an example of a Provider Participation Agreement.

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

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

PROVIDER PARTICIPATION AGREEMENT

Between

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

And Provider

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 persons enrolled with AHCCCS but who are not enrolled with a managed care entity under contract with AHCCCS (Contractor); (2) the registration of 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:

Chat

- Select the check box indicating agreement with the Provider Participation Agreement. The signor's full name and date will automatically display.
- Select "Submit Application"

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Agency Enrollment > Atypical Agency Enrollment

Application ID: 20260512057334 Name: ABC

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

The undersigned attests that he/she is an authorized representative of the enrolling entity, has authority to sign and submit this agreement and has entered into an agreement effective on the date indicated below.

I affirm under penalty of law that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

I understand that I must notify AHCCCS, Provider Registration of any changes to the group billing arrangements 30 days in advance. Notification must include the effective date of change.

☒ **I have read, understand, and agree to abide by all the terms and conditions set forth in this Agreement.**

An Assisted Living	994194922	
Print Name of Disclosing Entity (Provider) or Authorized Representative	EIN	DOB
Ellsworth, Kaitlin	05/12/2026	
Signature Name of Disclosing Entity (Provider) or Authorized Representative	Date	

Chat

Atypical Agency Enrollment

A message should display stating the application has been successfully submitted. Return to APEP to track the status of the application with the Application ID number.

- Select “Close”

Application ID: 20260512057334 Name: ABC

Your Application Number 20260514986936 has been successfully submitted for State review. Return with this application number to track the status of your application.

Close Print

Enroll Provider - Atypical Agency

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/12/2026	05/12/2026	Complete	
Step 2: Add Locations	Required	05/12/2026	05/12/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/12/2026	05/14/2026	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	05/12/2026	05/12/2026	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	05/12/2026	05/12/2026	Complete	
Step 6: Add License/Certification/Other	Required	05/12/2026	05/12/2026	Complete	
Step 7: Add Additional Information	Optional	05/12/2026	05/12/2026	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/12/2026	05/12/2026	Complete	
Step 9: Add Taxonomy Details	Optional	05/12/2026	05/12/2026	Complete	
Step 10: Fee Payment	Required	05/12/2026	05/12/2026	Complete	
Step 11: Employee Details	Optional	05/12/2026	05/12/2026	Complete	
Step 12: Add Populations Served	Optional	05/12/2026	05/14/2026	Complete ★	