Group Practice Enrollment
Group Enrollment

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

- Is a group biller or group billing organization; AND
- Has a National Provider Identifier (NPI)

Note: if a group biller does not have an NPI, select “Atypical (non-medical) provider.”

These providers include:
- Group billers
- Group billing organizations

Beginning an Application

To begin an application, select the “Group Practice (corporation, Partnership, LLC, etc.)” option, then select “Submit.”

Enrollment Overview

Each provider must complete steps 1 through 10 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.”

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

   - Legal Entity Name: As shown on the provider’s Income Tax Return
   - Entity Business Name: Provider’s “Doing Business Name”

Note: Your 10-digit National Provider Identifier (NPI) number is required. If you do not have an NPI number, cancel the enrollment by clicking the “Cancel” button at the bottom of the page, return to the Enrollment Type page, and choose “Atypical Agency” as your enrollment type.
3. **W-9 Entity Type:** IRS W-9 information provided must match IRS reports.  
   - Corporate-Charitable applies for non-profits  
   - Corporate-Non-Charitable applies for many private companies  
   - Profit Status: Non-Profit, For-Profit, and Closely Held are the most common Profit Status Codes that apply for non-profits and private companies.

4. **Once complete select, “Finish” to proceed forward.**

5. **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.
6. To continue with the application, select “OK”.

Step 2: Add Locations

1. Select “Step 2: Add Locations.”
2. Select “Add” to add a Primary Practice Location and a Pay To address for the location.
3. Select: Primary Practice Location” in the drop down menu. Complete all required fields, select “Validate Address.”
4. Every “Primary Practice Location” requires hours of operation. Fill in these fields as appropriate.
5. Select, “OK,” when complete.

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 populate and be validated by the information from the U.S. Postal Service.
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.”
7. Select “Add Address.”
8. **Type of Address:** Select “Pay To Address” in the drop-down menu. Carefully enter, review and click “Validate 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.”

9. The provider address will now display in the Address List.
Note: To add additional practice locations and pay to addresses, select “Add Address” and repeat steps 1 through 6. To continue without adding another service location, select “Save” and then select “Close” to proceed forward.

Step 3: Add Correspondence Address

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

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.
4. Carefully enter, review and click “Validate Address” option. When complete, select “OK.”
5. Select “Close” to proceed forward.

Step 4: Add Provider Type/Specialties/Subspecialties

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

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

7. When complete, select “OK” to proceed forward.
8. Select “Close.”

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

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

3. Enter the six-digit AHCCCS ID or 10-digit NPI of the billing provider then select “Confirm Provider.”

4. 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.
5. Select “Close” to proceed forward.

Step 6: Add Additional Information
1. Select “Step 6: Add License/Certification/Other.”
2. Select “Add.”

3. Enter the NPI and the valid Start date.
4. Select “Close” to proceed forward.

Step 7: Add Provider Controlling Interest/Ownership Details

1. Select “Step 7: Add Provider Controlling Interest/Ownership Details.”
2. Carefully read all information notated on this page to understand who should be reported.

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

**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 36 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 Numbers. 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, 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, 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-Non Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign Nonresident Alien for the designated Tax ID, then at least one 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 one additional ownership type that is not from among that list.
- For the Contractor/ICD Enrollment Type, 3 ownership records must be added:
  1. (1) Agent
  2. (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
  3. (1) 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, specify Owner Relationships, and provide details about Owners Adverse Action (if applicable).

4. Select “Add Owner” in the drop-down menu.
5. Select “Type”: in this example Individual Sole Proprietor is selected as owner type. Complete all required fields.

6. Select “OK.”

Note: The proprietor has 100% ownership and is the same individual as the Managing Employee.
7. Select “Owners Relationships” This option requires an action to proceed forward. Select “Actions” then select “Owners Relationship” to disclose and establish Owner’s Relationships.

8. Complete the drop-down fields to describe the relationship between provider owners.
Note: If owners have no familial relationship, clicking the “No” option to the question at the top will eliminate the drop-down menu. No relationship will need to be specified.
9. When all information has been entered, select “Save” then select “Close.”
10. For each provider owner, you must disclose any adverse actions taken. Select “Actions” then select “Owners Adverse Action.”

11. For each owner, indicate if any adverse actions have been taken by answering “Yes” or “No.”
12. 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.

13. Repeat this step for each Owner and Managing Employee then select “OK.”

14. Select “Close” to proceed forward.
Step 8: Add Taxonomy Details
This step is related to the provider’s National Provider Identifier (NPI) number.

Note: Taxonomy codes are reflective on the NPPES NPI Registry website; visit https://npiregistry.cms.hhs.gov/

1. Select “Step 8: Add Taxonomy Details.”
2. Select “Add”

3. Enter your taxonomy code and start date. A Taxonomy list is available for reference by selecting “Arrow” link next to the Taxonomy Code field.

4. Select “Confirm Taxonomy” and click “OK.”
5. Select “Close” to proceed forward.

Step 9: Upload Documents

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

1. Select “Step 9: Upload Documents”
2. Select “Add”
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” applicable for each 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.

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

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

Step 10: Complete Enrollment Checklist
1. Select “Step 10: Complete Enrollment Checklist.”

2. Answer each question and provide any additional information in the Comments field.
3. 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.
4. Carefully review the “Status” column. If any steps show “Incomplete” select the “Incomplete” link to return and complete required information.
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.

1. Select “Step 11: Submit Enrollment Application for Approval.”
2. Select “Next.”
Note: By selecting “Next” This indicates the information you are submitting is accurate.

3. Carefully review the Provider Participation Agreement.

Note: The image below is an example of a Provider Participation Agreement. Prior to submitting, each provider must review the Medicaid Provider Participation Agreement in its entirety.
4. Select the “Check box” indicating agreement with the Provider Participation Agreement. The signer’s full name and date will automatically display.

5. Select “Submit Application”

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.