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Contractor/Managed Care Organization (MCO) Enrollment

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

- Is a Managed Care Organization (MCO)
- Is a Correctional Facility
- Is a Tribal Behavioral Health Authority (TRBHA)
- Is a Department of Economic Security provider

Beginning an application

To begin an application, select the “Contractor/MCO” option, then select the most appropriate option to the entity enrolling. Select “Submit.”

The screenshot shows the APEP web application interface. At the top, there are navigation tabs: 'My Inbox', 'Admin', and 'Provider'. The 'Provider' tab is active. Below the tabs, there is a user profile section for 'Ellsworth, Kaitlin'. A toolbar contains links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays a list of provider types with radio buttons for selection:

- ☐ 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) i
 - ☐ 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 i
 - ☐ Individual
 - ☐ Organization/Agency
- ☐ One-Time Enrollment for Single Case i
 - ☐ Individual
 - ☐ Organization/Agency
- ☒ Contractor/MCO i
 - ☒ Managed Care Organization
 - ☐ Correctional Facilities
 - ☐ Tribal Behavioral Health
 - ☐ Department Of Economic Security

At the bottom left, a 'Submit' button is highlighted with a red box. At the bottom right, there is a 'Chat' icon.

Step 1: Provider Basic Information

- Select Step 1: “Provider Basic Information.”

* An Asterisk indicates required field must be complete before selecting “Finish.”

Application ID: 20260528553649 Name: Test

Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: Test LLC * (As shown on the Income Tax Return)

Entity Business Name: Test * (Doing Business As)

EIN/TIN: 981234323 *

First Name: Allen

Last Name: John

Middle Initial:

Suffix:

SSN: 601345345

Date of Birth: 12/08/1975

Tribal Type:

Gender: Male

W9 Information

W-9 Entity Type: Proprietary - Individual *

W-9 Entity Type (If Other):

Profit Status: FOR-PROFIT, CLOSELY HELD *

View Screening Result Finish Cancel

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
- NPI: Enter the organization's 10-digit National Provider Identifier (NPI)

Contractor/Managed Care Organization (MCO) 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:



- Complete “Legal Entity Name” as reported on the Income Tax Return.
- Complete “Entity Business Name” this is the provider’s “Doing Business As” name.
- Complete “EIN/TIN” field
- W-9 Entity Type IRS W-9 information must match IRS reports.
- Profit status: Non-Profit, For-Profit and Closely Held are the most common Profit Status Codes that apply for non-profits and private individuals.
- Once complete select, “Finish” to proceed forward.

Contractor/Managed Care Organization (MCO) 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 your Application ID. If you misplace the Application ID, check your email account used during the User Registration process to retrieve the email containing the Application ID.

- To continue with the application, select “OK.” This will proceed to “Step 2: Add Locations.”

Welcome to MMIS - Work - Microsoft Edge

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

Application ID: 20260512057334 Name: ABC

Basic Information

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

Your Application ID is: 20260512057334

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

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

Page ID: dlgAddBasicInformationStep3(Provider)

Ok

Chat

Contractor/Managed Care Organization (MCO) Enrollment

Step 2: Add Locations

- Select “Step 2: Add Locations”

Select “Add” to open up the details page to add a Contractor/MCO Location and Pay To Address for the location(s). Adding additional servicing locations is optional.

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Managed Care Organization Enrollment

Application ID: 20260528553649 Name: Test

Close Print

Enroll Provider - Contractor/MCO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Correspondence Contact Information	Required			Incomplete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

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

Chat

Note: If already enrolled with AHCCCS, you will see a list of your locations under the “Locations List.”

APEP My Inbox Admin Provider

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MyInbox > New Enrollment > Managed Care Organization Enrollment

Application ID: 20260528553649 Name: Test

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

Locations List

Filter By Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date	Location Code

No Records Found!

Chat

Contractor/Managed Care Organization (MCO) Enrollment

- Select: Contractor/MCO Location in the drop-down menu option. Complete all required fields then select “Validate Address” and “OK” to proceed forward.
- Every “Primary Practice Location” requires hours of operation.

9649 Name: Test

Location Type: Contractor/MCO Location *

Doing Business As: End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

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

Address validation successful

Address Line 1: 150 N 18th Ave *
(Enter Street Address or PO Box Only)

Address Line 2: *

City/Town: Phoenix *

County: Maricopa *

Zip Code: 85007 * 3232

State/Province: ARIZONA *

Country: UNITED STATES *

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

Web Page: *

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

Day	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closed	AM		PM
Monday:	08:00	AM	05:00	PM
Tuesday:	08:00	AM	05:00	PM
Wednesday:	08:00	AM	05:00	PM
Thursday:	08:00	AM	05:00	PM
Friday:	08:00	AM	05:00	PM
Saturday:	Closed	AM		PM

24 Hr Phone Number: *

In Person/Telehealth: In Person *

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

Handicap Accessible: No *

Choose Disability Accommodations: Accessible Examination Tables, Accessible Imaging Machines

Selected Disability Accommodations: *

OK Cancel

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”
- Select “OK” when complete.

Contractor/Managed Care Organization (MCO) Enrollment

- A message to add “Pay To Address” for the Contractor/MCO location will display. Click on the blue hyperlink to Add/Modify the Pay To Address.

The screenshot shows the APEP Contractor/MCO Enrollment page. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below the navigation bar, there is a message: 'Pay to address is required for Contractor/MCO Location. To Add/Modify Pay to address, click on Contractor/MCO Location hyperlink'. Below the message is a table titled 'Locations List'. The table has columns: 'Doing Business As', 'Location Type', 'Location Details', 'End Date', and 'Location Code'. The 'Location Type' column has a blue hyperlink 'Contractor/MCO Location' which is highlighted with an orange box. Below the table, there are pagination controls: 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

- Select “Add Address”

The screenshot shows the APEP Contractor/MCO Enrollment page. At the top, there is a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below the navigation bar, there is a message: 'Add Address'. Below the message is a form with fields for 'Language(s) Spoken', 'Start Date', 'End Date', and '24 Hr Phone Number'. Below the form is a table titled 'Address List'. The table has columns: 'Address Type', 'Address', and 'End Date'. The 'Address Type' column has a blue hyperlink 'Add Address' which is highlighted with an orange box. Below the table, there are pagination controls: 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Contractor/Managed Care Organization (MCO) Enrollment

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

Application ID: 20260528553649 Name: Test

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, DRAWNR 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:

City/Town: Phoenix *

State/Province: ARIZONA *

County: Maricopa *

Country: UNITED STATES *

Zip Code: 85007 * - 3232 Validate Address

OK Cancel

- Select “Save”

APEP

My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Managed Care Organization Enrollment > General

Application ID: 20260528553649 Name: Test

Close Save

Language(s) Spoken: English *
(For Multiple Selection, use Ctrl Key) Arabic Cantonese

Start Date: 05/28/2026 End Date: 12/31/2999

24 Hr Phone Number:

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

- Select “Close”

Contractor/Managed Care Organization (MCO) Enrollment

Step 3: Add Correspondence Contact Information

- Select “Step 3: Correspondence Contact Information”

The screenshot shows the APEP Business Process Wizard interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area displays a table of steps for provider enrollment. Step 3, 'Correspondence Contact Information', is highlighted with an orange border. The table shows the following steps:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required			Incomplete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

At the bottom of the wizard, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and navigation controls for 'First', 'Prev', 'Next', and 'Last'.

- Select “Add” to update correspondence information.

The screenshot shows the 'Contact Information' page in the APEP system. The top navigation bar is the same as the previous screenshot. The main content area contains a section titled 'Contact Information' with a table for adding contact details. The 'Add' button is highlighted with an orange box. Below the table, there is a red message: 'No Records Found!'.

Role	Contact Name	Company Name	Address	Email	Phone Number	Start Date	End Date
☐							

At the bottom of the page, there is a red message: 'No Records Found!'.

Contractor/Managed Care Organization (MCO) Enrollment

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

Application ID: 20260528553649 Name: Test

Add Contact Information

Contact User Type / Role: Provider Contact Information

Contact First Name: Allen * Contact Last Name: Smith *

Company Name: Test

Phone Number: (480) 555-6712 * Ext: Fax Number:

Communication Preference: Email only * Email Address: email@email.com *

Note: All communication is sent by email. You may choose to also receive the communication by U.S. Mail by selecting "Email and U.S. Mail" as your communication preference. If the provider selects the communication preference "Email only," they will also get U.S. mail when the biller or credentialist selects "Email and U.S. Mail."

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWN 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

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

Address validation successful

Address Line 1: 16705 E Avenue Of The Fountains *
(Enter Street Address or PO Box Only)

Address Line 2: Address Line 3: City/Town: Fountain Hills *
State/Province: ARIZONA * County: Maricopa *
Country: UNITED STATES * Zip Code: 85268 * 3815 **Validate Address**

☒ OK ☐ Cancel

- Select “Close” to proceed forward.

APEP My Inboxes Admin Provider

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Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Managed Care Organization Enrollment > General

Application ID: 20260528553649 Name: Test

Close Add

- The actual individual provider; or
- 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.

Contact Information

Role	Contact Name	Company Name	Address	Email	Phone Number	Start Date	End Date
☐ Provider	Smith, Allen	Test	16705 E Avenue Of The Fountains, Fountain Hills, ARIZONA 85268	email@email.com	4805556712	05/28/2026	12/31/2999

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

Chat

Step 4: Add Provider Controlling Interest Ownership Details

It is 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 keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
 - 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 “Step 4: Add Provider Controlling Interest/Ownership Details”

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

My Inbox > New Enrollment > Managed Care Organization Enrollment

Application ID: 20260528553649 Name: Test

Close Print

Enroll Provider - Contractor/MCO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/28/2026	05/28/2026	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

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

Chat

Contractor/Managed Care Organization (MCO) Enrollment

- Select, “Actions” Drop-down menu to add the name of each disclosed individual associated to the provider. (i.e., Agents, Board of Directors, Chief Executive Officers, Managing Employees)

Application ID: 20260219511187 Name: City Fire Protection District

Close Actions

Add Owner

Import Owner

Owners Relationships

Owners Adverse Action

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
No Records Found !								

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By

Go

Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

Chat

- Select an appropriate individual role in “Type” field, “Validate Address” and select “OK” to proceed forward.
- Select “Owners Relationships” in the “Actions” drop-down menu.

Application ID: 20260219511187 Name: City Fire Protection District

Close Actions

Add Owner

Import Owner

Owners Relationships

Owners Adverse Action

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
No Records Found !								

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By

Go

Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

Chat

- 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.
- Complete the drop-down fields to describe the relationship between provider owners.

Contractor/Managed Care Organization (MCO) Enrollment

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

Application ID: 20260219511187 Name: City Fire Protection District

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

Page ID: dlgAddModifyOwnerRelationship(Provider)

Save Close

- When all information has been entered, select “Save” then “Close.”
- For each provider owner, you must disclose any adverse actions taken. Select “Actions,” then select “Owners Adverse Action.”

Application ID: 20260219511187 Name: City Fire Protection District

Actions

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

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	Not Completed	100
601236791	Claus, Santa	Managing Employee	7030 W Pontiac Dr	02/19/2026	12/31/2999	Completed	Not Completed	0

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

Chat

- Select each owner and indicate if any adverse actions have been taken by answering “Yes” or “No” to the questions that appear.

Contractor/Managed Care Organization (MCO) Enrollment

If “Yes,” additional fields requiring a response to relevant details will populate. Click “OK” when complete.

- Repeat these steps for each disclosed Owner and Managing Employee.

Contractor/Managed Care Organization (MCO) Enrollment

Note: Adverse Action Column reflects “Completed” for each owner.

- Select “Close” to continue.

APEP My Inbox Admin Provider

Ellsworth, Kaitlin Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Managed Care Organization Enrollment > General

Application ID: 20260528553649 Name: Test

Close Actions

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
600123987	Fairy, Tooth	Agent	42 W Windsor Ave	05/15/2026	12/31/2999	Completed	Completed	0
601346574	Bunny, Easter	Chief Executive Officer	16705 E Avenue Of The Fountains	05/15/2026	12/31/2999	Completed	Completed	100
602123581	Claus, Santa	Managing Employee	21 N Plaza St	05/15/2026	12/31/2999	Completed	Completed	0

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

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address

Chat

Contractor/Managed Care Organization (MCO) Enrollment

Step 5: Upload Documents

- Select "Step 5: Upload Documents"

The screenshot shows the APEP Business Process Wizard for Contractor/MCO enrollment. The application ID is 20260528553649 and the name is Test. The wizard consists of seven steps. Step 5, "Upload Documents", is highlighted with an orange box. The status of the steps is as follows:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/28/2026	05/28/2026	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required	05/28/2026	05/28/2026	Complete	
Step 5: Upload Documents	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

At the bottom, there are navigation controls: View Page: 1, Go, Page Count, Save To XLS, Viewing Page: 1, and buttons for First, Prev, Next, Last. A Chat button is in the bottom right corner.

- Select "Add"

Note: There could potentially be two (2) documents required to upload in this step:

- IRS W-9 required for every provider enrolling under this enrollment type.
- RFP Section I – Exhibit I form only required if the Provider/Offeror is part of the RFP Section G process.

The screenshot shows the APEP Document List interface. The application ID is 20260512057334 and the name is ABC. The "Add" button is highlighted with an orange box. Below the button is a filter section with a "Filter By" dropdown, a "Go" button, and "Save Filters" and "My Filters" buttons. The document list table is empty, showing a message "No Records Found!". The table headers are:

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

Navigation controls at the bottom include a Chat button.

Contractor/Managed Care Organization (MCO) Enrollment

- Select Document Type “Tax” and in the Document Name field “Request for TIN and Certification”. Upload a current IRS W-9 form using current date. Select “OK.”

Application ID: 20260219511187 Name: City Fire Protection District

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: dlgEnrlmntAttachment(Provider)

- Select Document Type “Other” and in the Document Name field “Miscellaneous”. Upload the completed “RFP Section I - Exhibit I” form using current date.
- In the Remark section document the name of the form “RFP Section I - Exhibit I” and Select “OK”

Application ID: 20260528553649 Name: Test

Upload Document

Document Type: Other * Document Name: Miscellaneous *

File Name: Choose File No file chosen

Start Date: 05/28/2026

End Date: 12/31/2999

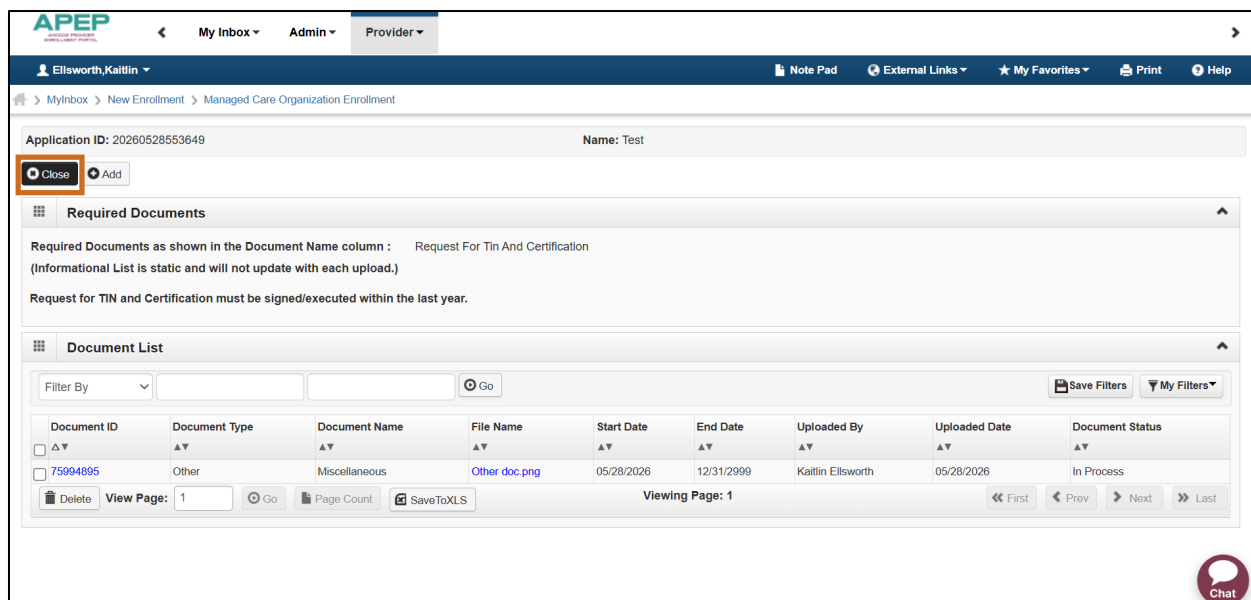
Remark: RFP Section 1 - Exhibit 1

✓ OK Cancel

Page ID: dlgEnrlmntAttachment(Provider)

Contractor/Managed Care Organization (MCO) Enrollment

- Select “Close” to continue.



APEP My Inbox Admin Provider

Ellsworth, Kaitlin

Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Managed Care Organization Enrollment

Application ID: 20260528553649 Name: Test

Close Add

Required Documents

Required Documents as shown in the Document Name column : Request For Tin And Certification
(Informational List is static and will not update with each upload.)

Request for TIN and Certification must be signed/executed within the last year.

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
75994895	Other	Miscellaneous	Other doc.png	05/28/2026	12/31/2999	Kaitlin Ellsworth	05/28/2026	In Process

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

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Contractor/Managed Care Organization (MCO) Enrollment

Step 6: Complete Enrollment Checklist

- Select “Step 6: Complete Enrollment Checklist”

Application ID: 20260528553649 Name: Test

Close Print

Enroll Provider - Contractor/MCO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/28/2026	05/28/2026	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required	05/28/2026	05/28/2026	Complete	
Step 5: Upload Documents	Required	05/28/2026	05/28/2026	Complete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

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- Provide a response and comment(s) (if applicable) to all questions.
- Select “Save”, then “Close.”

Application ID: 20260528553649 Name: Test

Close Save

Provider Checklist

Question

Are you currently excluded from any Arizona or other state program? If yes, provide state of exclusion and program in comment field.

Are you currently excluded from any federal program? If yes, provide the program and date in comment field.

Answer

No

No

Comments

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Step 7: Submit Enrollment Application for Approval

If a step is displaying “Incomplete” on a required step, please return to that step and complete all required fields.

- Select “Step 7: Submit Enrollment Application for Approval”

Application ID: 20260528553649 Name: Test

Enroll Provider - Contractor/MCO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/28/2026	05/28/2026	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required	05/28/2026	05/28/2026	Complete	
Step 5: Upload Documents	Required	05/28/2026	05/28/2026	Complete	
Step 6: Complete Enrollment Checklist	Required	05/28/2026	05/28/2026	Complete	
Step 7: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

Navigation: First, Prev, Next, Last

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

Contractor/Managed Care Organization (MCO) Enrollment

- Review the Provider Participation Agreement (PPA).

The image below is an example of a Provider Participation Agreement. On the final page, select the check box to confirm your agreement.

APEP My Inbox Admin Provider

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MyInbox > New Enrollment > FAO Enrollment

Application ID: 20260219511187 Name: City Fire Protection District

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:

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APEP My Inbox Admin Provider

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Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > FAO Enrollment

Application ID: 20260219511187 Name: City Fire Protection District

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

37. THE PROVIDER CONTRACTS HEREBY TO AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT BY SIGNING AND SUBMITTING THIS AGREEMENT TO THE APEP SYSTEM. THE PROVIDER'S SIGNATURE AND DATE MUST BE VERIFIED BY THE APEP SYSTEM. THE PROVIDER'S SIGNATURE AND DATE MUST BE VERIFIED BY THE APEP SYSTEM. THE PROVIDER'S SIGNATURE AND DATE MUST BE VERIFIED BY THE APEP SYSTEM.

38. Pursuant to 42 U.S.C. §1320a-7b(b), the Provider, or Provider's agents, officers, employees, and contractors are prohibited from knowingly and willfully soliciting or receiving or offering to pay, remuneration or compensation (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly in cash or in-kind, in exchange or as an inducement for a referral of any AHCCCS eligible person for any service, facility, item, or good for which payment is made in whole or in part by the AHCCCS Program.

39. The Provider shall not communicate with AHCCCS through the use of any telephone call, voice message, text message, electronic message, or other communication initiated or transmitted using artificial intelligence or other automated technology, including but not limited to, robocalls or bot-initiated communications.

I have read, understand, and having had an opportunity to review this Agreement with counsel, and agree to abide by all the terms and conditions set forth in this Agreement.

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.

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

City Fire EMS 991123456

Print Name of Disclosing Entity (Provider) or EIN DOB

Authorized Representative

Ellsworth, Kaitlin 05/07/2026

Signature Name of Disclosing Entity (Provider) or Date

Authorized Representative

Chat

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

Contractor/Managed Care Organization (MCO) Enrollment

- Select “Submit Enrollment”

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 reads 'MyInbox > New Enrollment > Managed Care Organization Enrollment'. The main content area displays 'Application ID: 20260528553649' and 'Name: Test'. A red box highlights the 'Submit Enrollment' button. Below this, a section titled 'Final Submission' contains a message: '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).' At the bottom, an 'Application Document Checklist' table is shown with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. A red message 'No Records Found!' is displayed in the table area.

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”

The screenshot shows the APEP web application interface after successful submission. A red box highlights a success message: 'Your Application Number 20260528553649 has been successfully submitted for State review. Return with this application number to track the status of your application.' Below this, a section titled 'Enroll Provider - Contractor/MCO' contains a table with the following data:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/28/2026	05/28/2026	Complete	
Step 2: Add Locations	Required	05/28/2026	05/28/2026	Complete	
Step 3: Correspondence Contact Information	Required	05/28/2026	05/28/2026	Complete	
Step 4: Add Provider Controlling Interest/Ownership Details	Required	05/28/2026	05/28/2026	Complete	
Step 5: Upload Documents	Required	05/28/2026	05/28/2026	Complete	
Step 6: Complete Enrollment Checklist	Required	05/28/2026	05/28/2026	Complete	
Step 7: Submit Enrollment Application for Approval	Required	05/28/2026	05/28/2026	Complete	

At the bottom, there's a 'View Page: 1' section with 'Go', 'Page Count', and 'SaveToXLS' buttons. A 'Viewing Page: 1' indicator and navigation buttons (First, Prev, Next, Last) are also present.