Contents

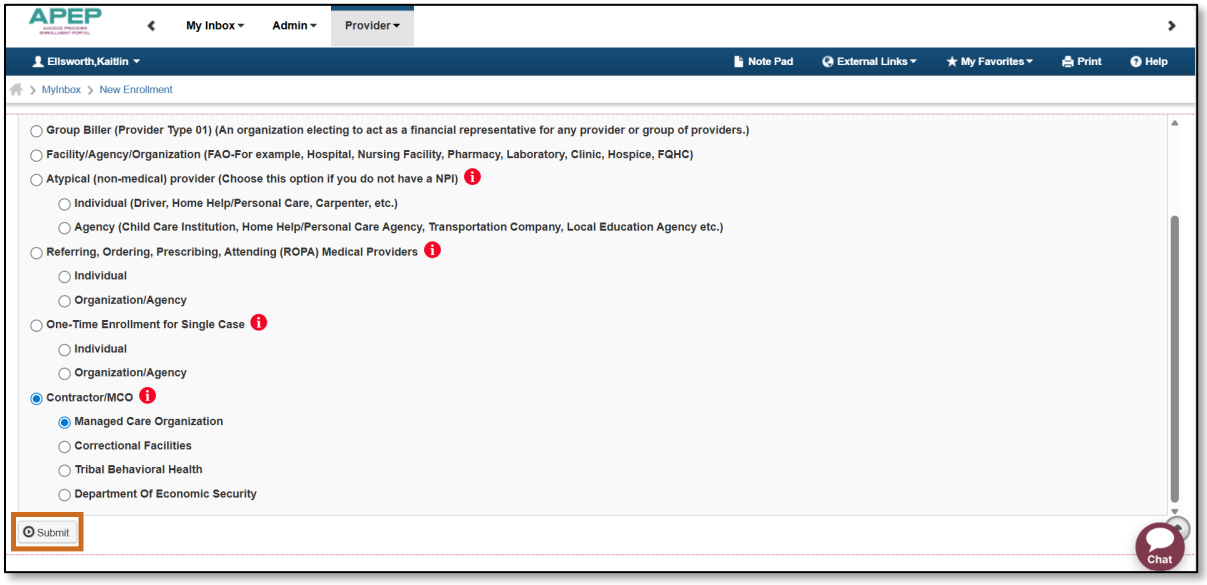
Contractor/Managed Care Organization (MCO) Enrollment

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

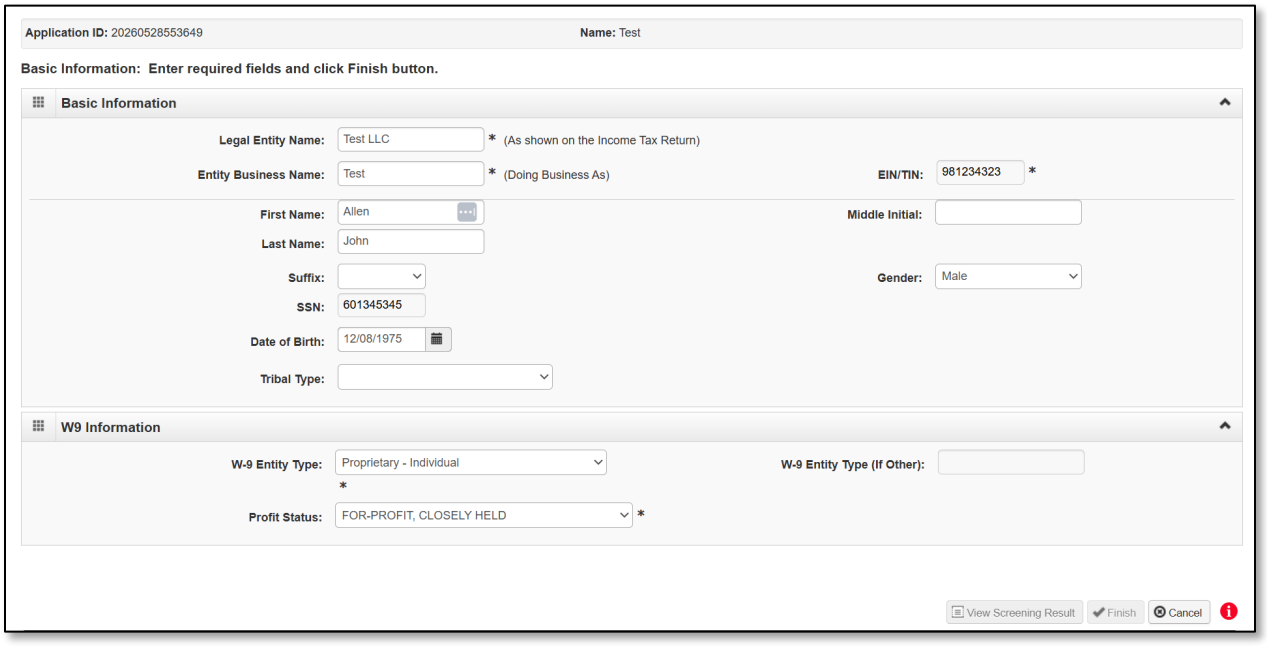
To begin an application, select the “Contractor/MCO” option, then select the most appropriate option to the entity enrolling. Select “Submit.”



Step 1: Provider Basic Information

- Select Step 1: “Provider Basic Information.”

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



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)

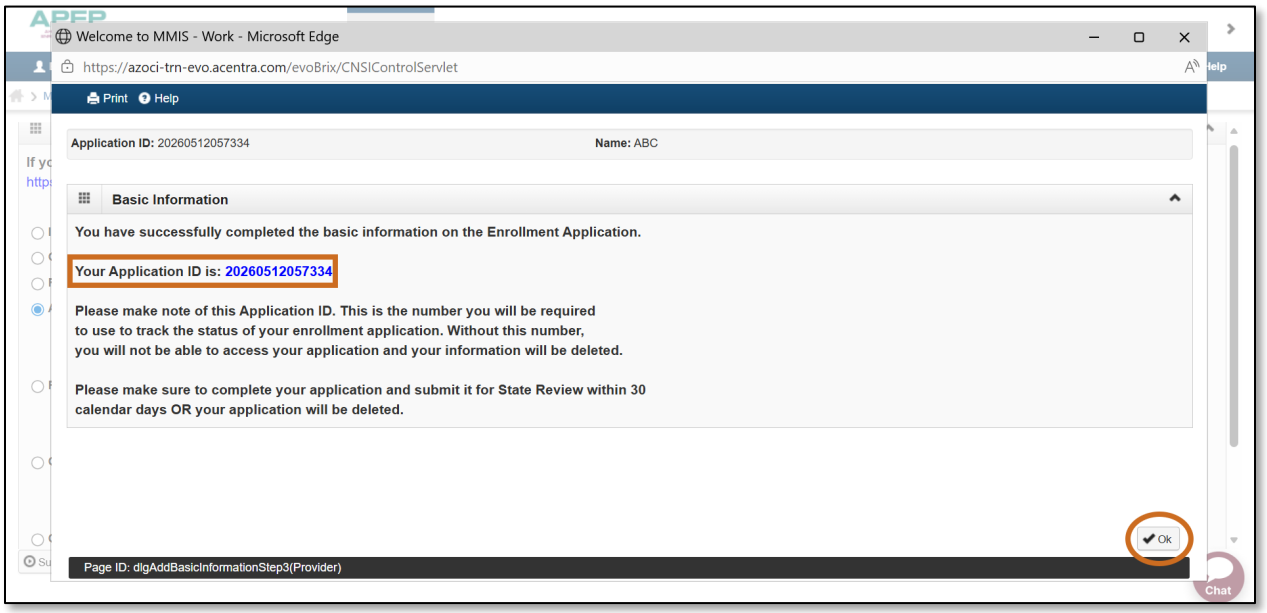
- W-9 Entity Type: The information selected should most closely match the details reported to the IRS on your W-9. If you are unsure refer to your tax advisor. Select from the following:

- 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.

- 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.

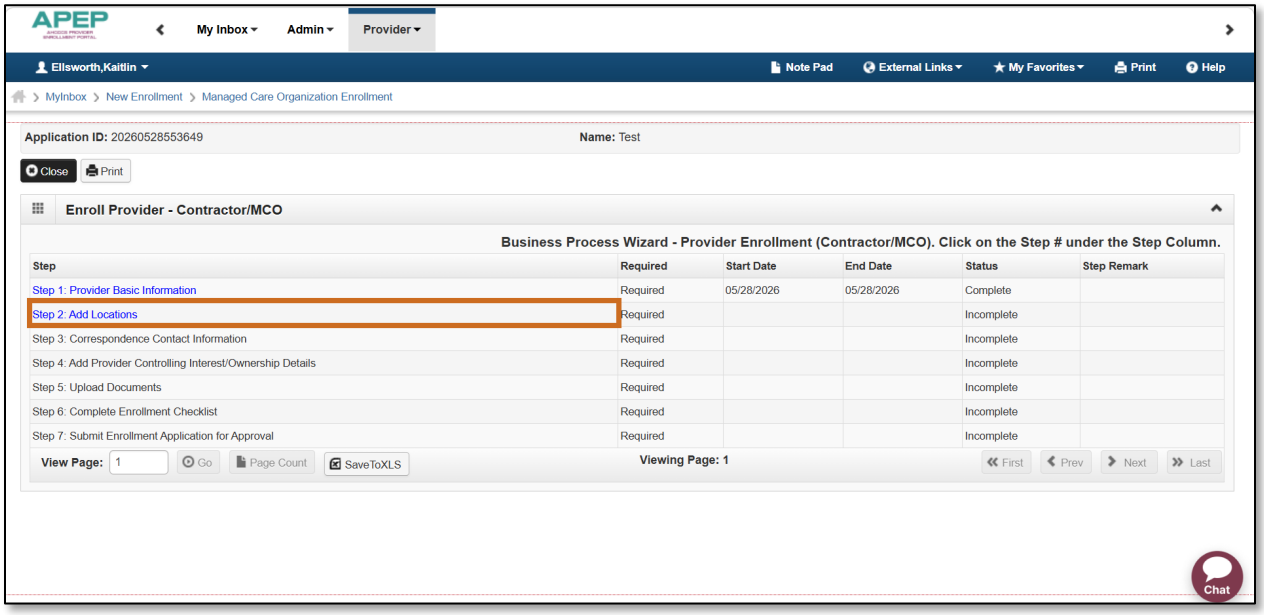
- To continue with the application, select “OK.” This will proceed to “Step 2: Add Locations.”



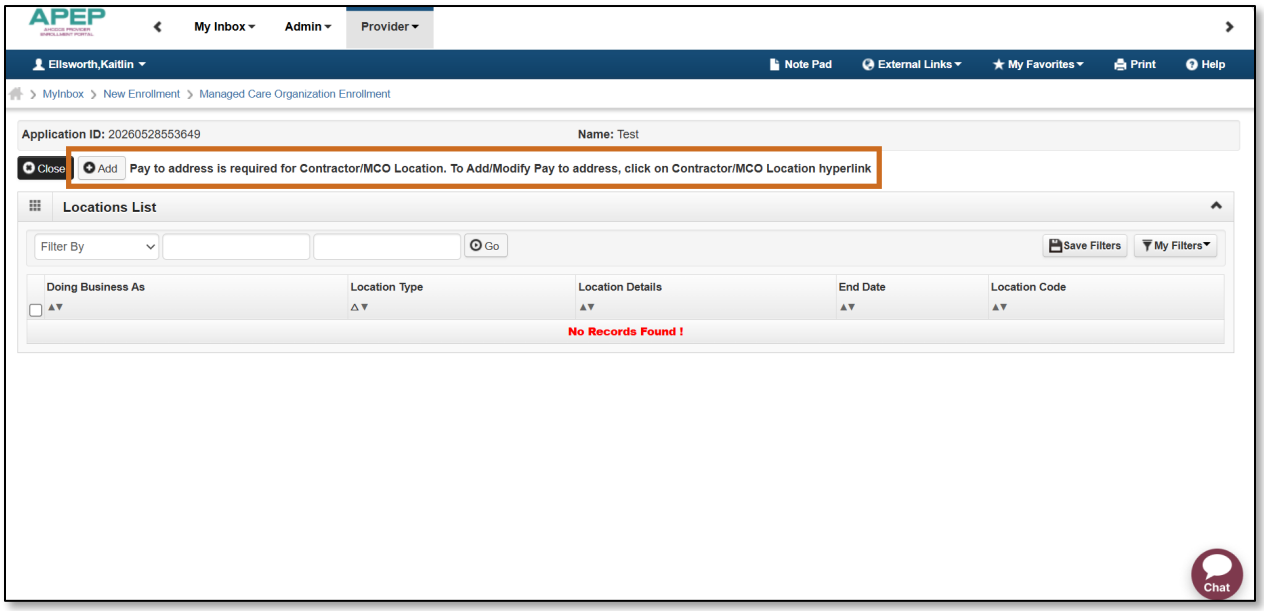
Step 2: Add Locations

- Select “Step 2: Add Locations”

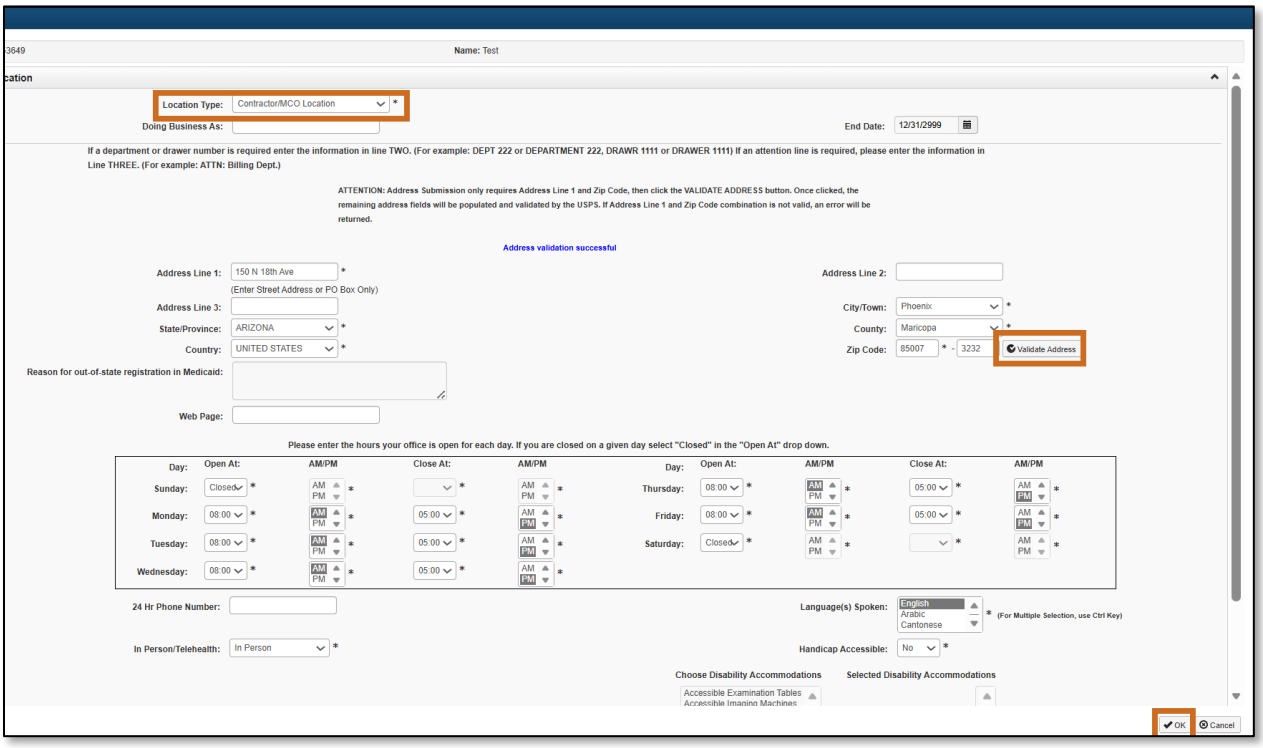
Select “Add” to open up the details page to add a Contractor/MCO Location and Pay To Address for the location(s). Adding additional servicing locations is optional.



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



- 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.



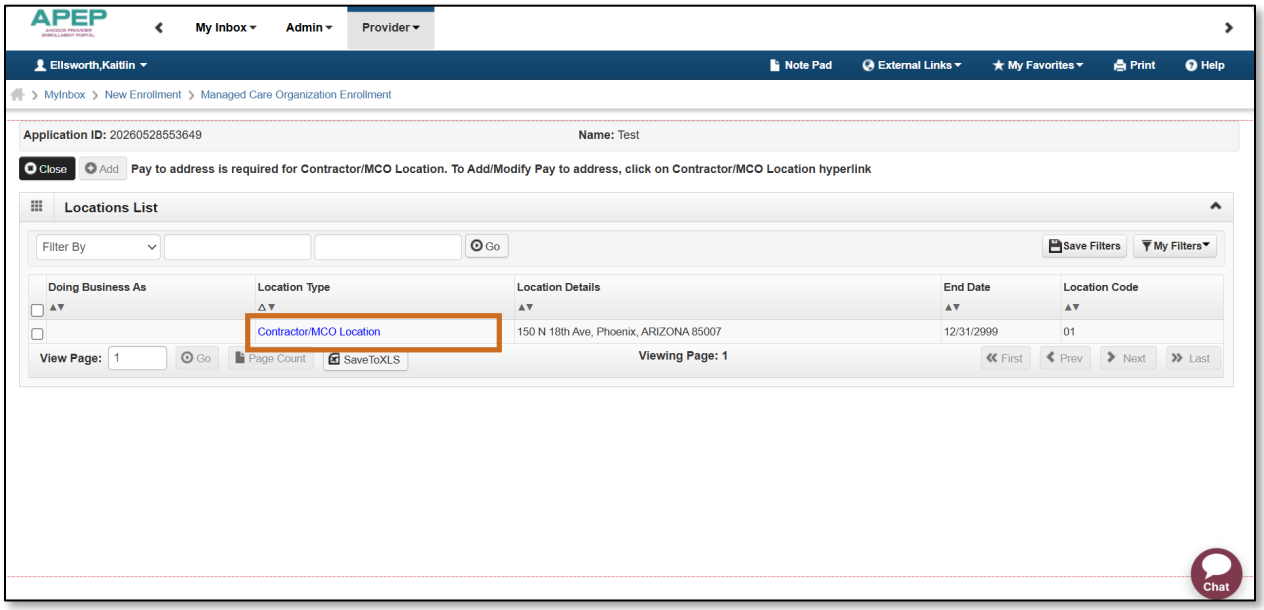
Enter the street address on Address line 1 and the five-digit Zip Code, then click “Validate Address.” The remainder of the address fields will automatically populate and be validated by the information from the U.S. Postal Service.

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

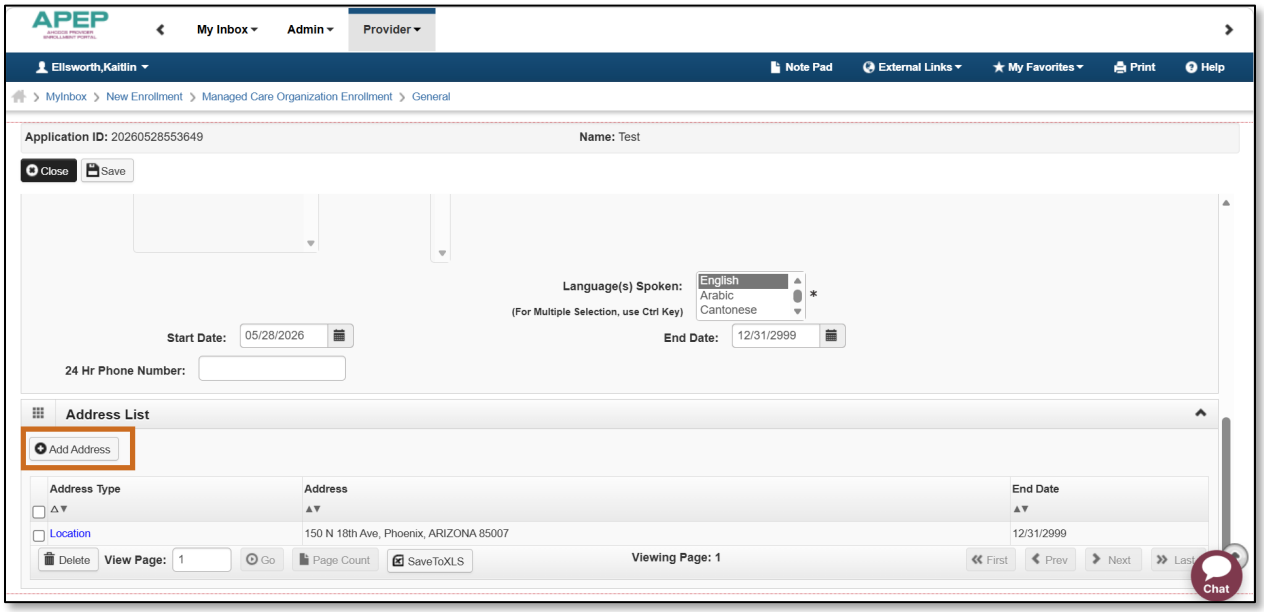
- Proceed to Enter State, City and County
- Select “Validate Address”
- Select “OK”
- A pop up will generate stating “Please confirm Address Line 1 and Zip Code are correct. Address cannot be validated with the US Postal Service. Please press OK to continue OR press Cancel and revalidate the address.”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

- Select “OK” when complete.

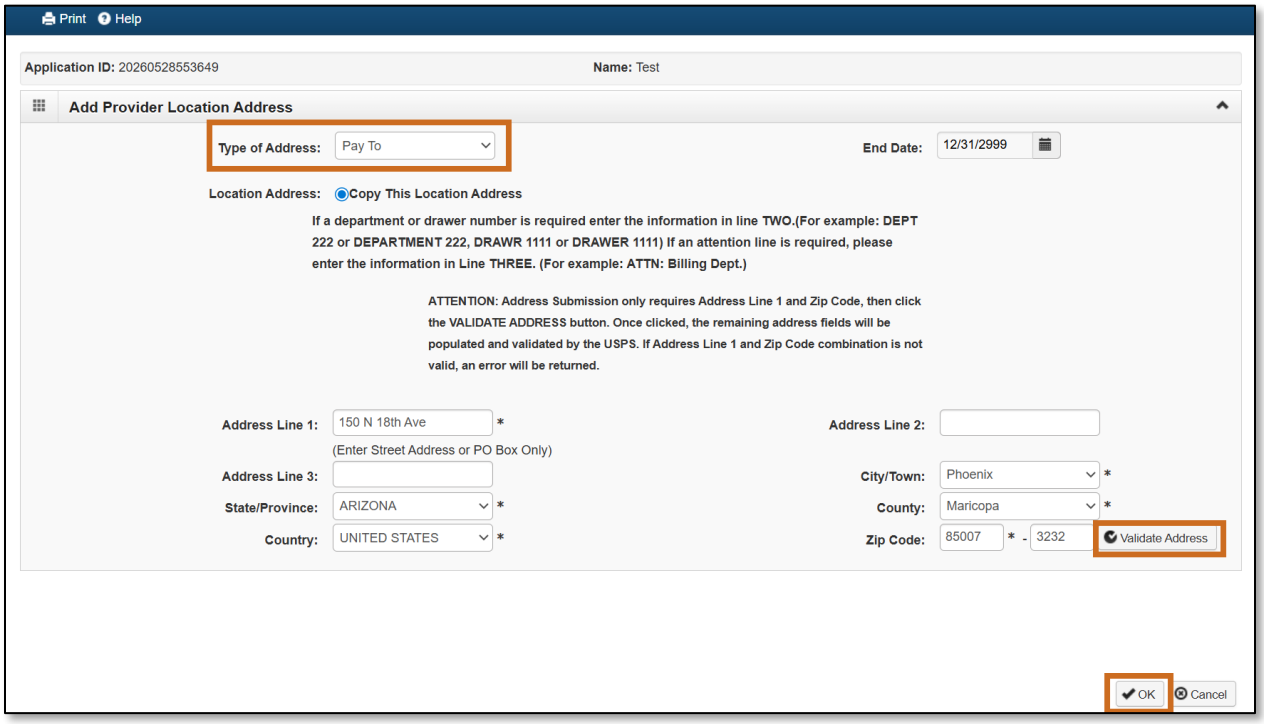
- A message to add “Pay To Address” for the Contractor/MCO location will display. Click on the blue hyperlink to Add/Modify the Pay To Address.



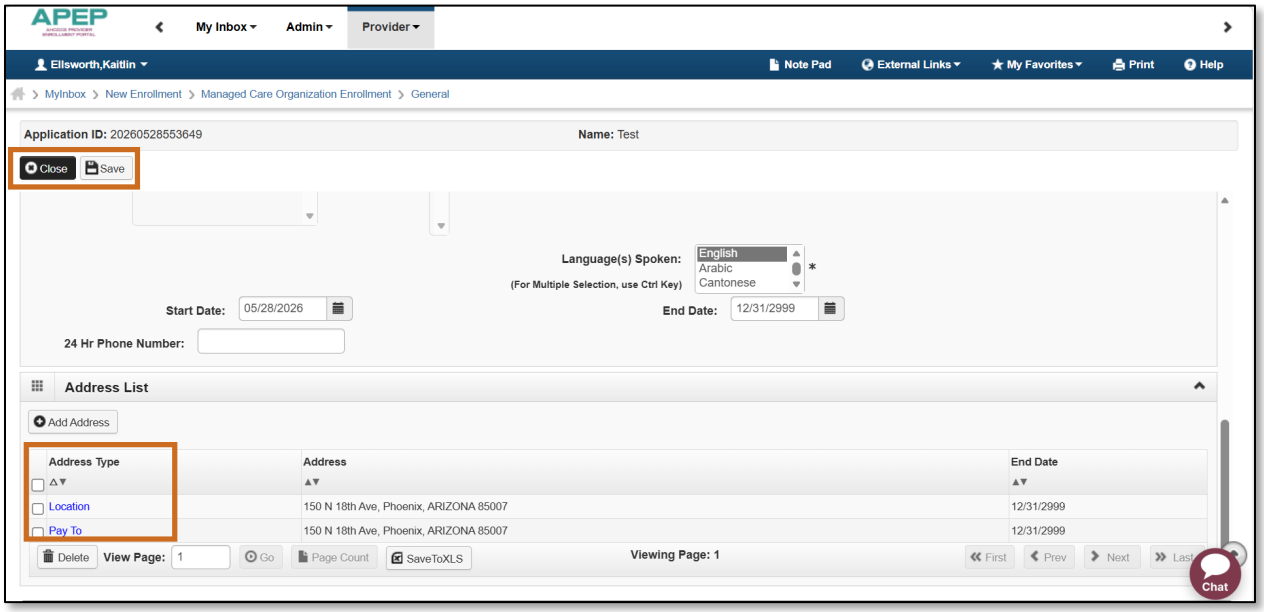
- Select “Add Address”



- 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.



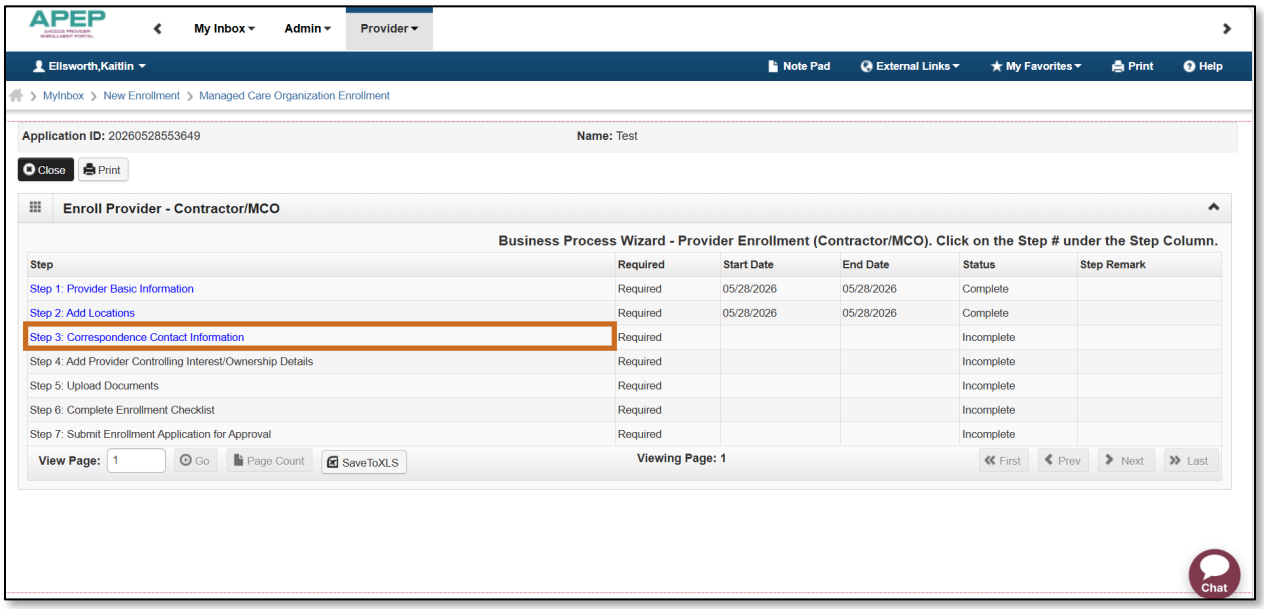
- Select “Save”



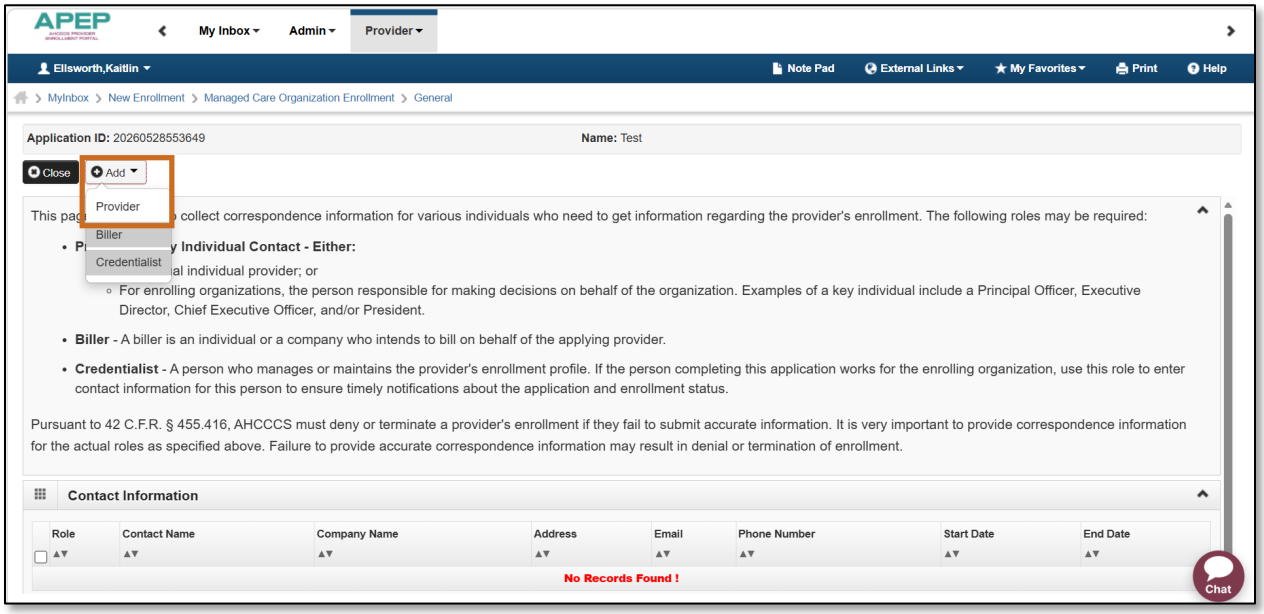
- Select “Close"

Step 3: Add Correspondence Contact Information

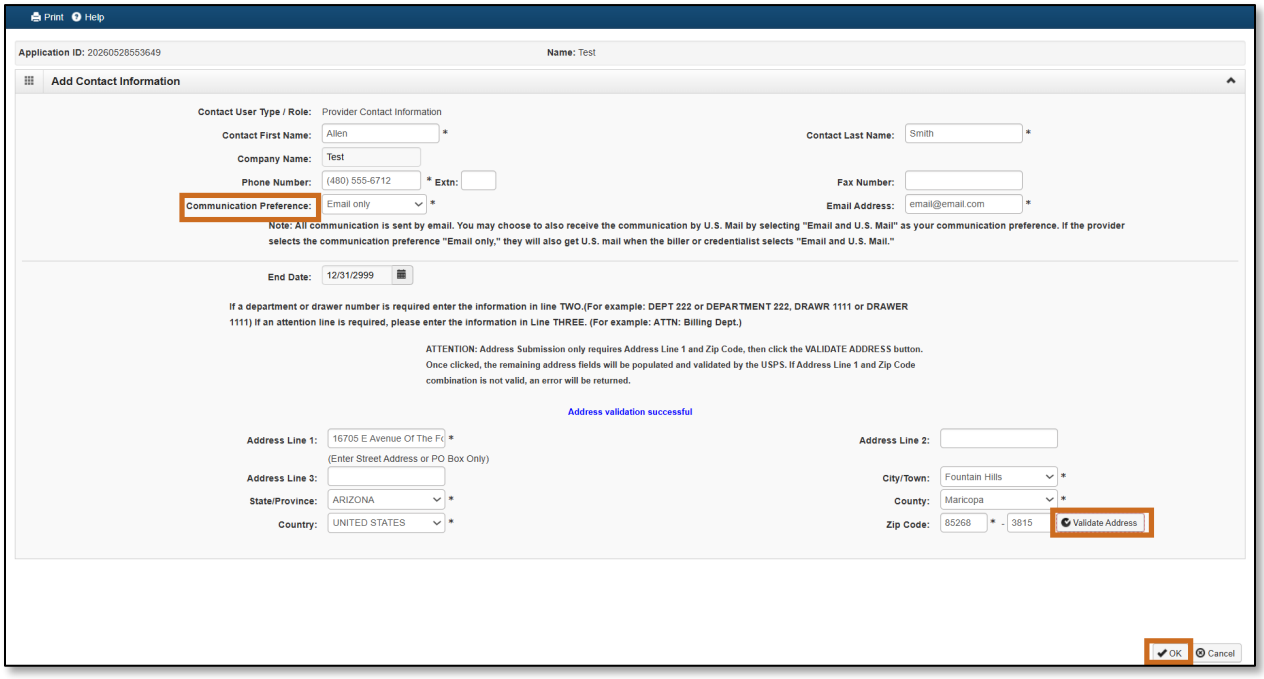
- Select “Step 3: Correspondence Contact Information”



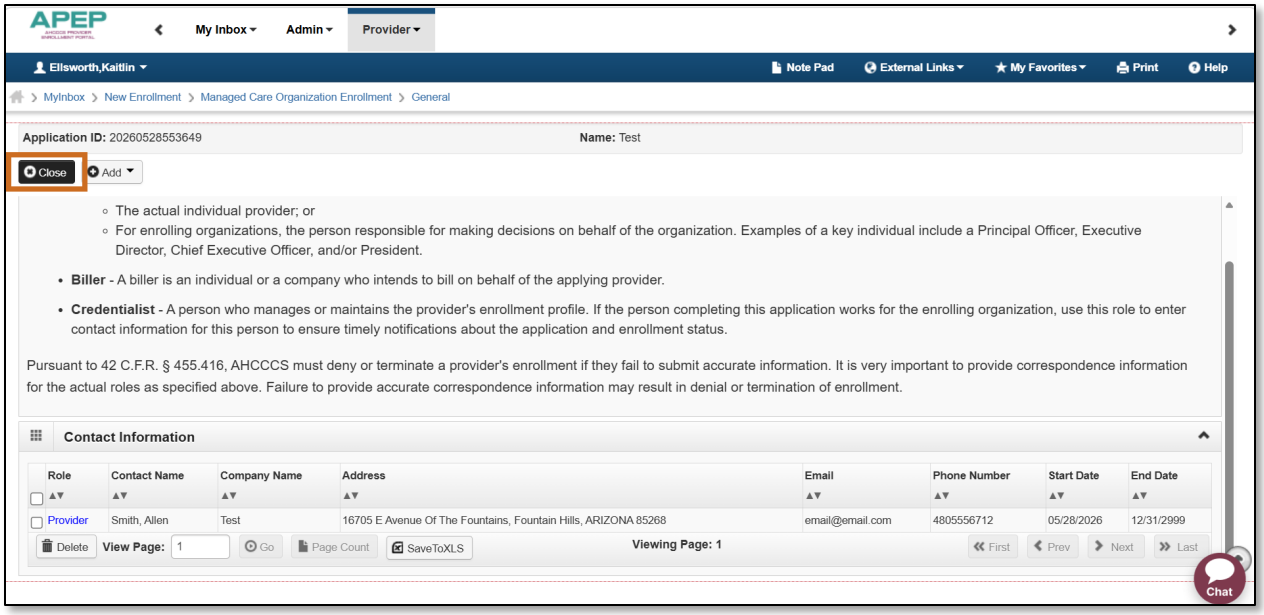
- Select “Add” to update correspondence information.



- 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.”

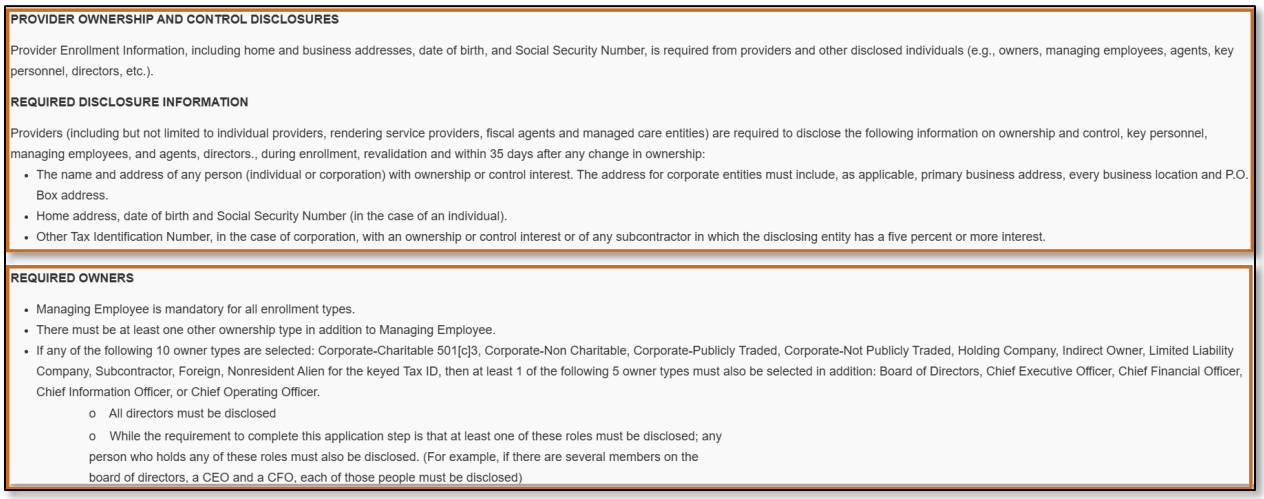


- Select “Close” to proceed forward.



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

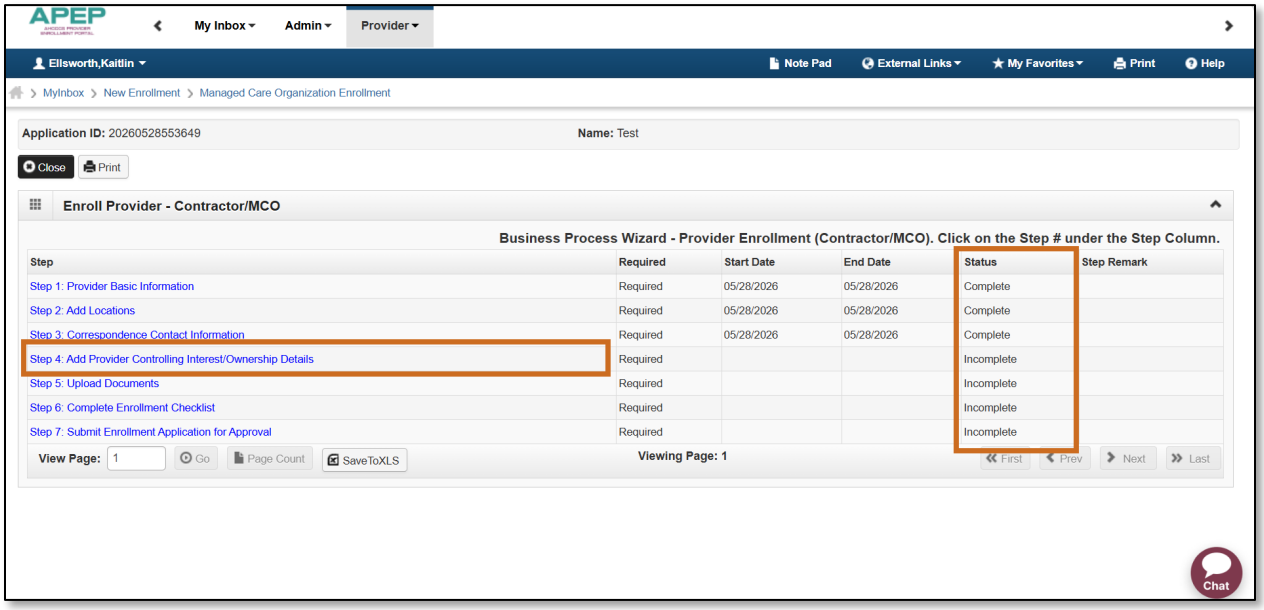
Providers (including but not limited to individual providers, rendering service providers, fiscal agents and managed care entities) are required to disclose the following information on ownership and control, key personnel, managing employees, and agents, directors., during enrollment, revalidation and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

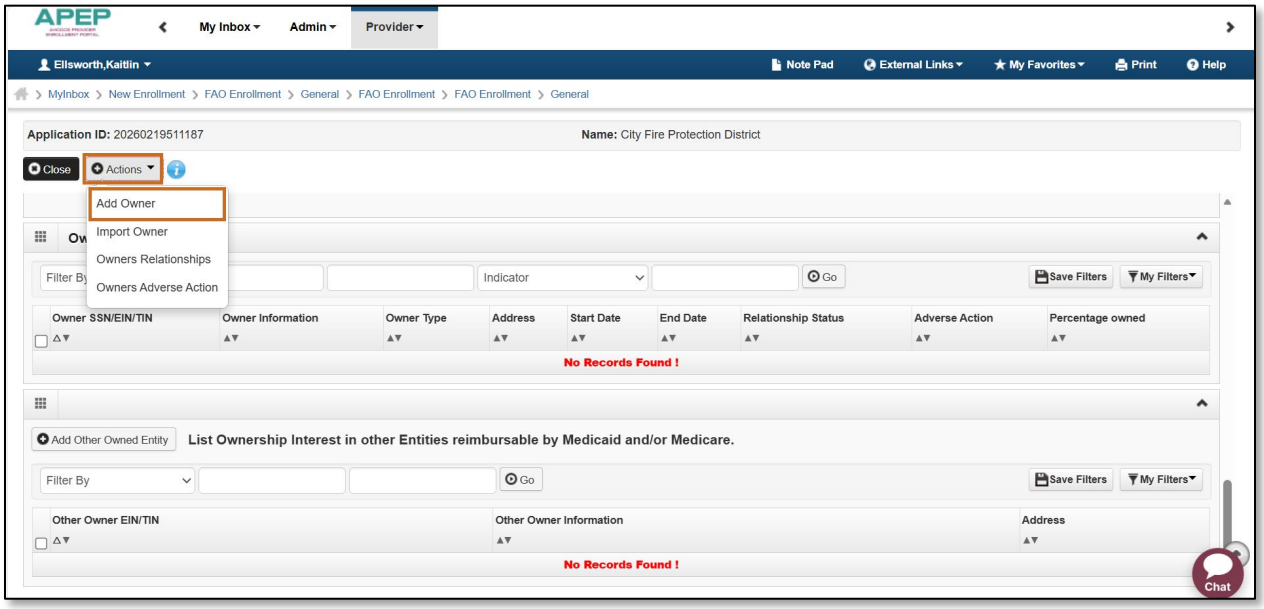
REQUIRED OWNERS

- 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)

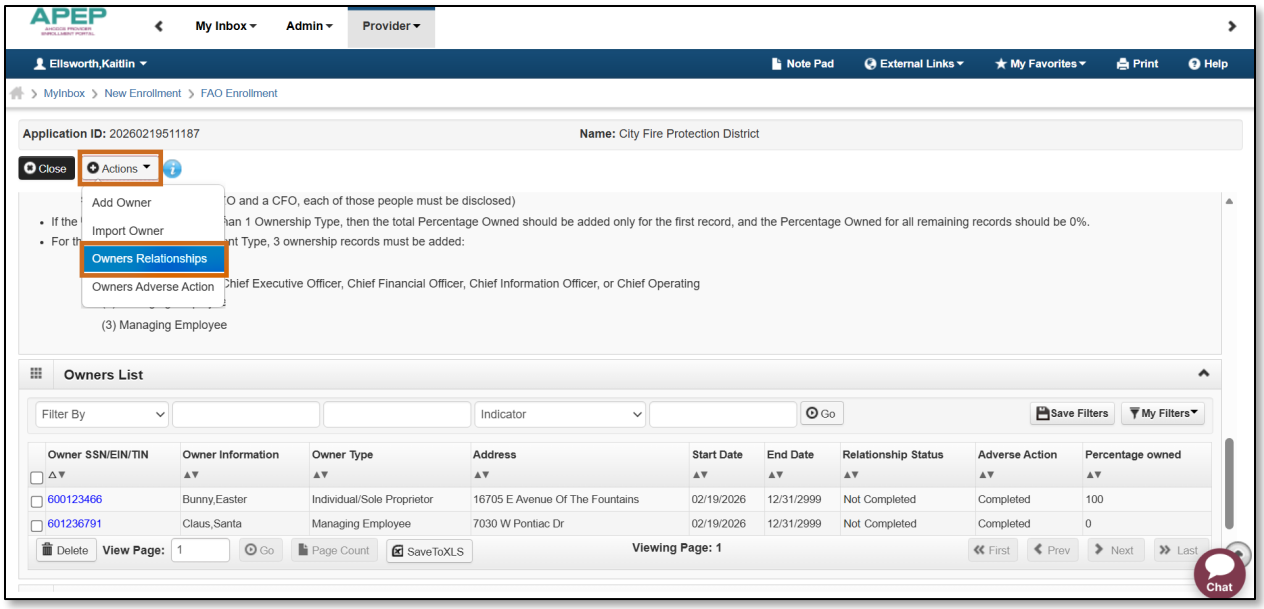
- Select “Step 4: Add Provider Controlling Interest/Ownership Details”



- 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)

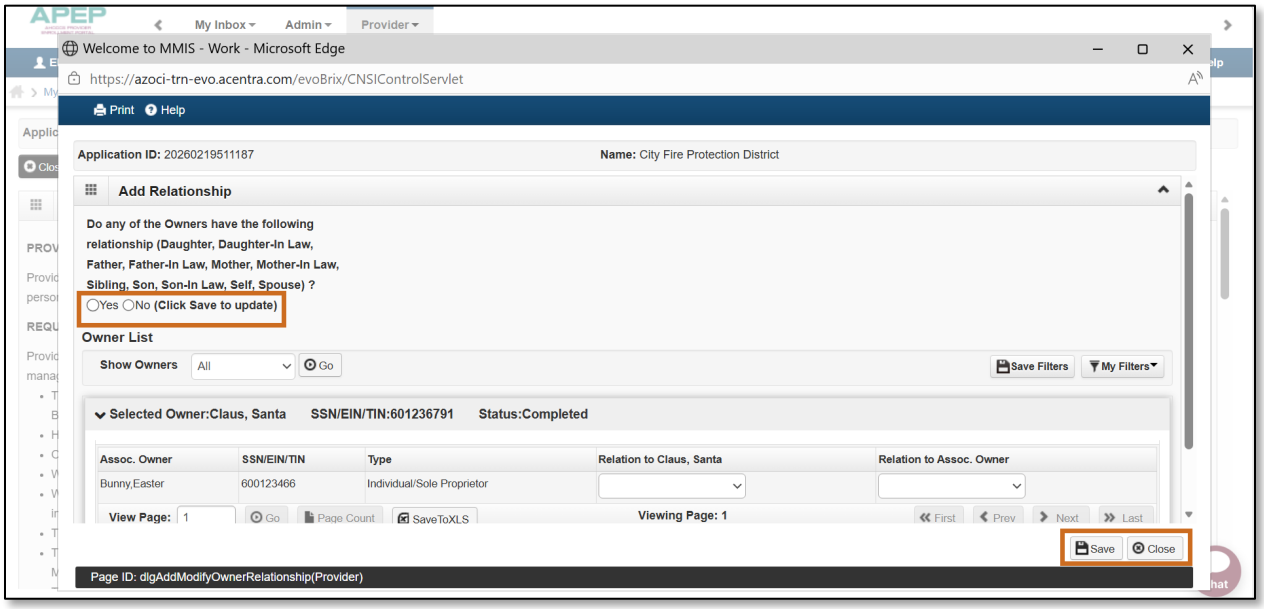


- Select an appropriate individual role in “Type” field, “Validate Address” and select “OK” to proceed forward.
- Select “Owners Relationships” in the “Actions” drop-down menu.

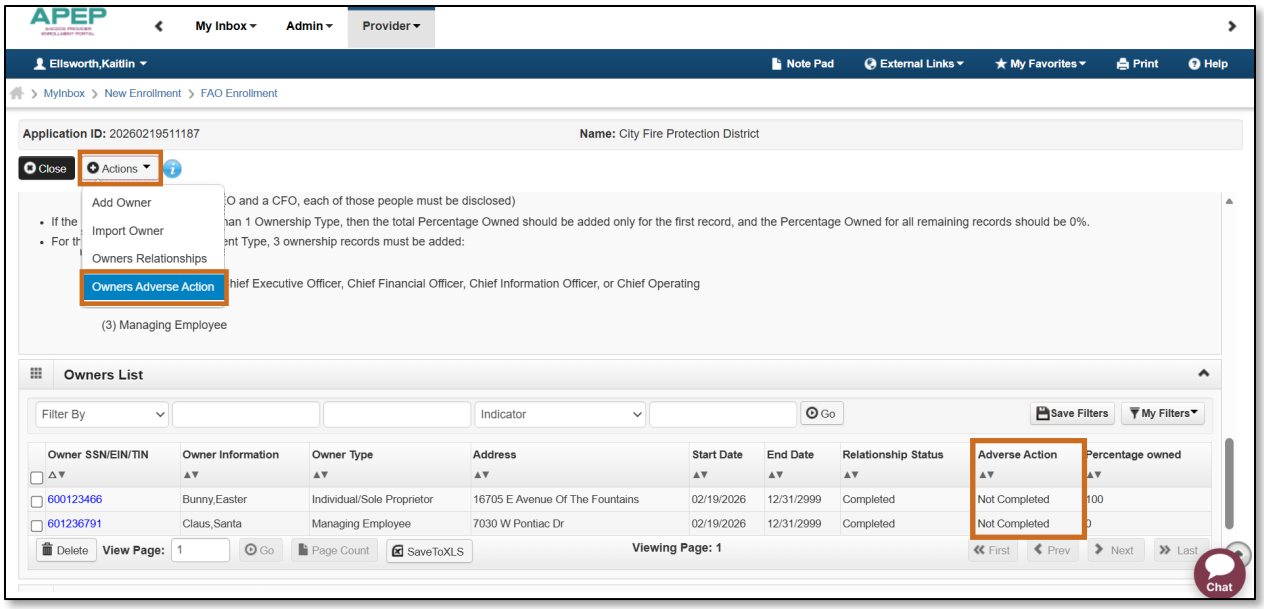


- Select “Owner’s Relationships.” This option requires an action to proceed forward. Select “Actions,” then select “Owners Relationship” to disclose and establish Owner’s Relationships.
- Complete the drop-down fields to describe the relationship between provider owners.

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

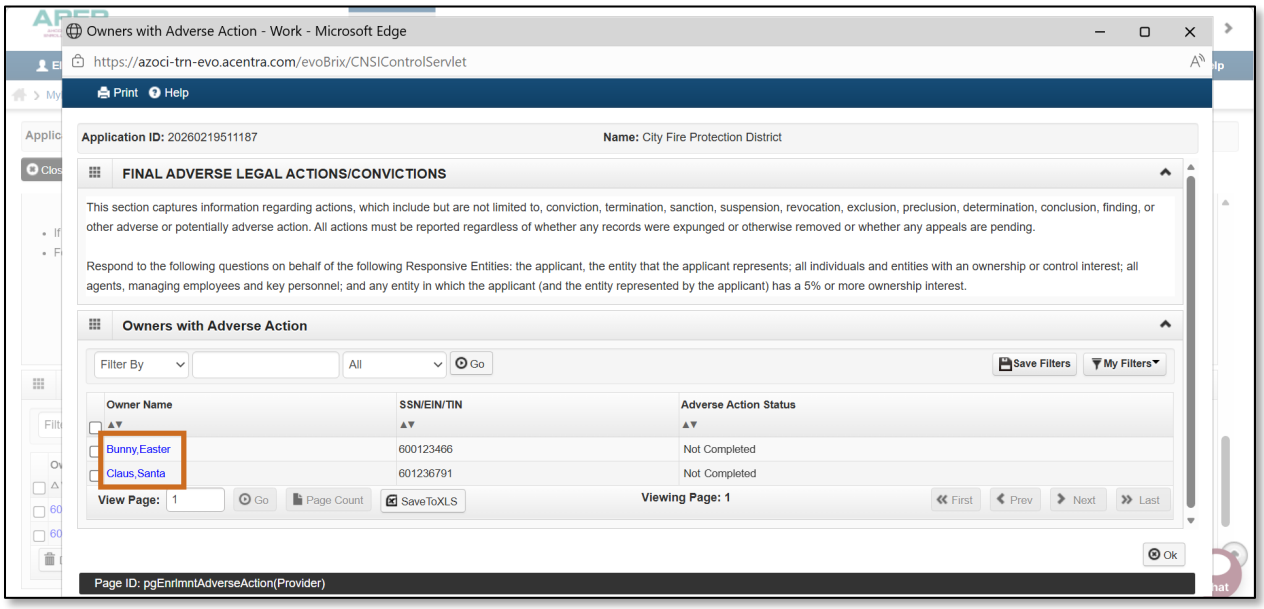


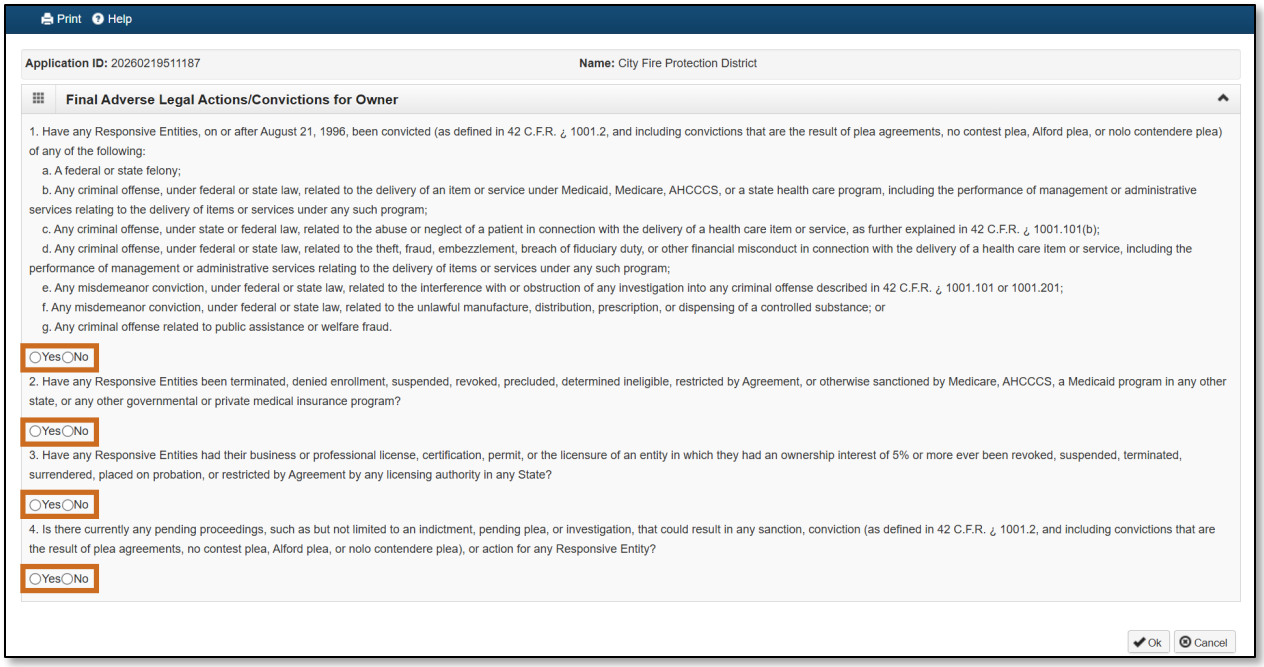
- When all information has been entered, select “Save” then “Close.”
- For each provider owner, you must disclose any adverse actions taken. Select “Actions,” then select “Owners Adverse Action.”



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

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

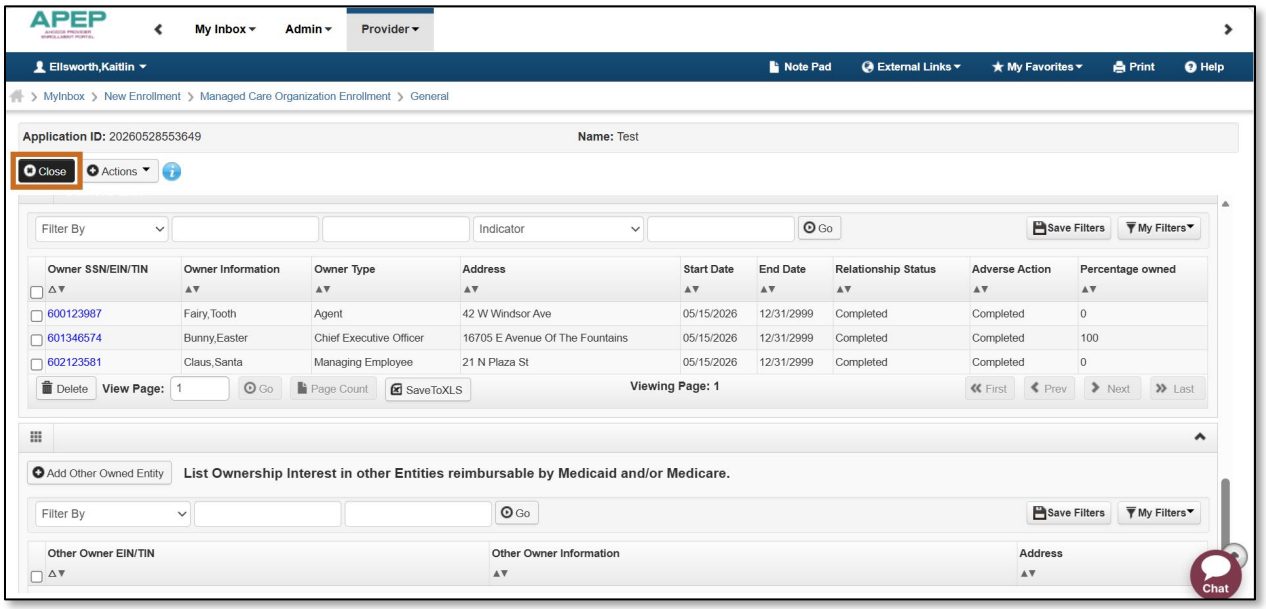




- Repeat these steps for each disclosed Owner and Managing Employee.

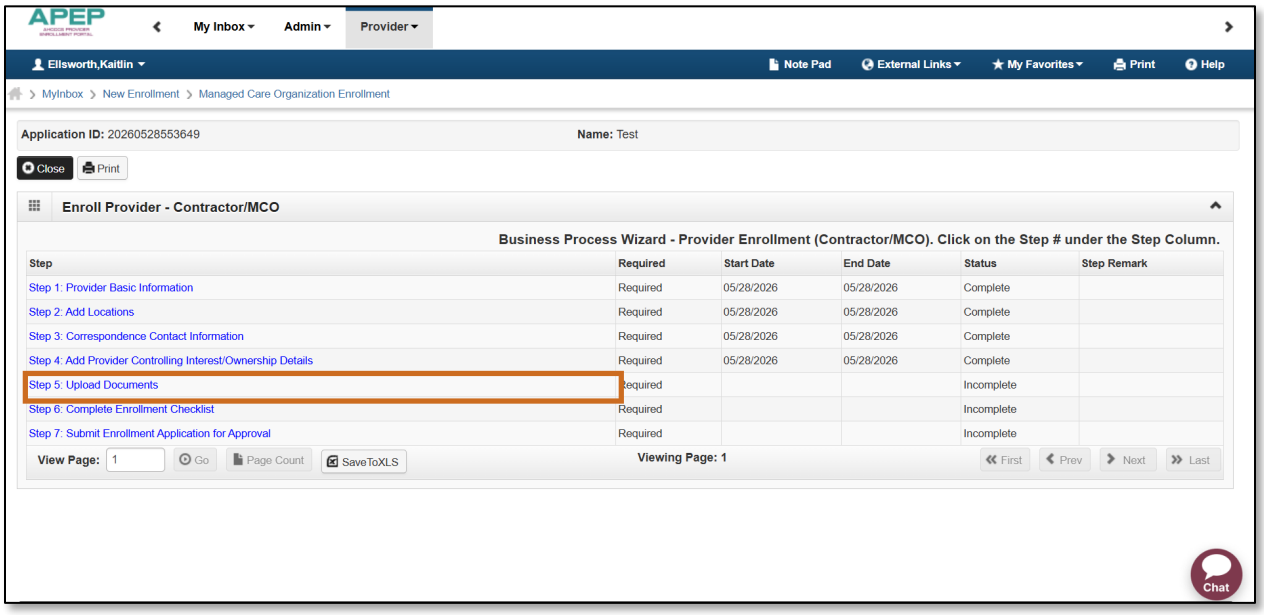
Note: Adverse Action Column reflects “Completed” for each owner.

- Select “Close” to continue.



Step 5: Upload Documents

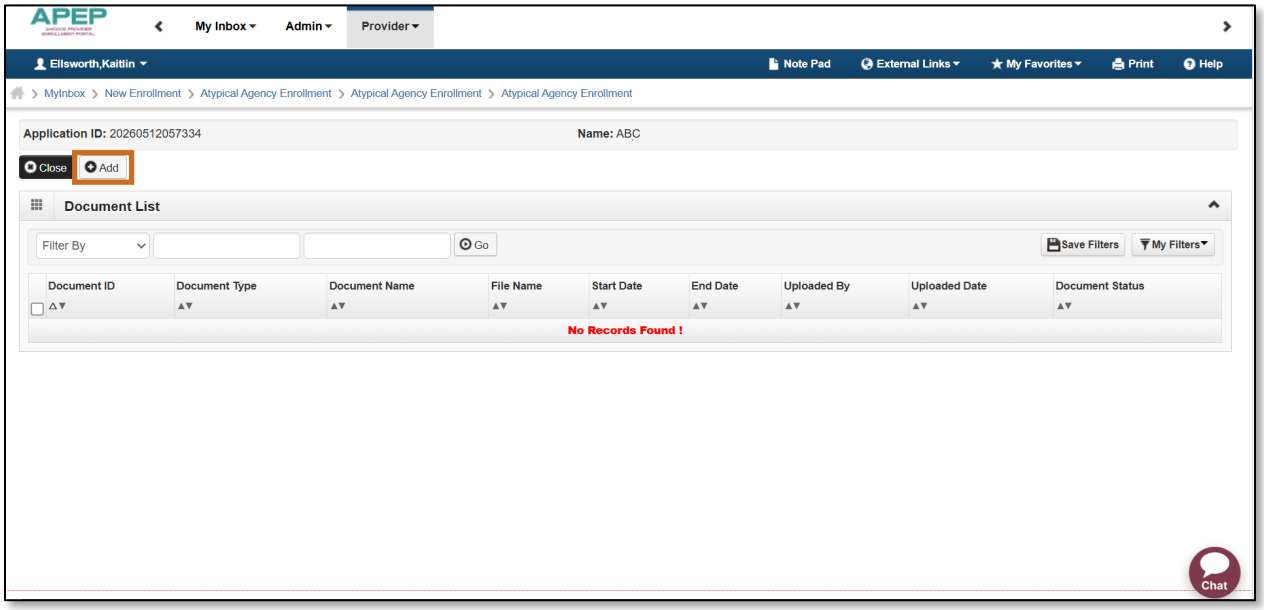
- Select “Step 5: Upload Documents”



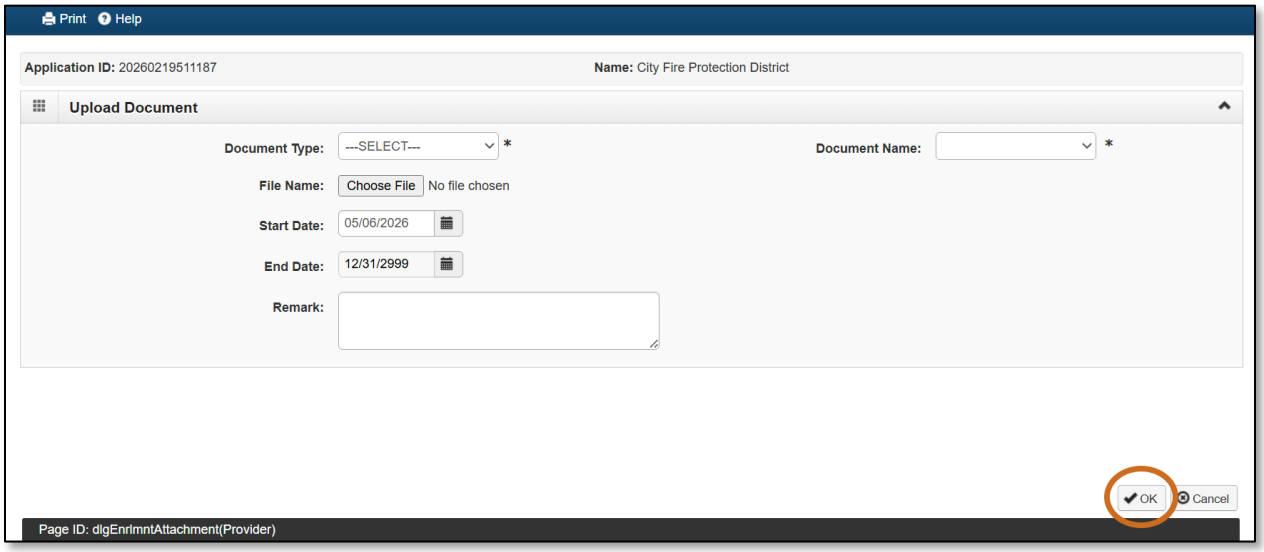
- Select "Add”

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

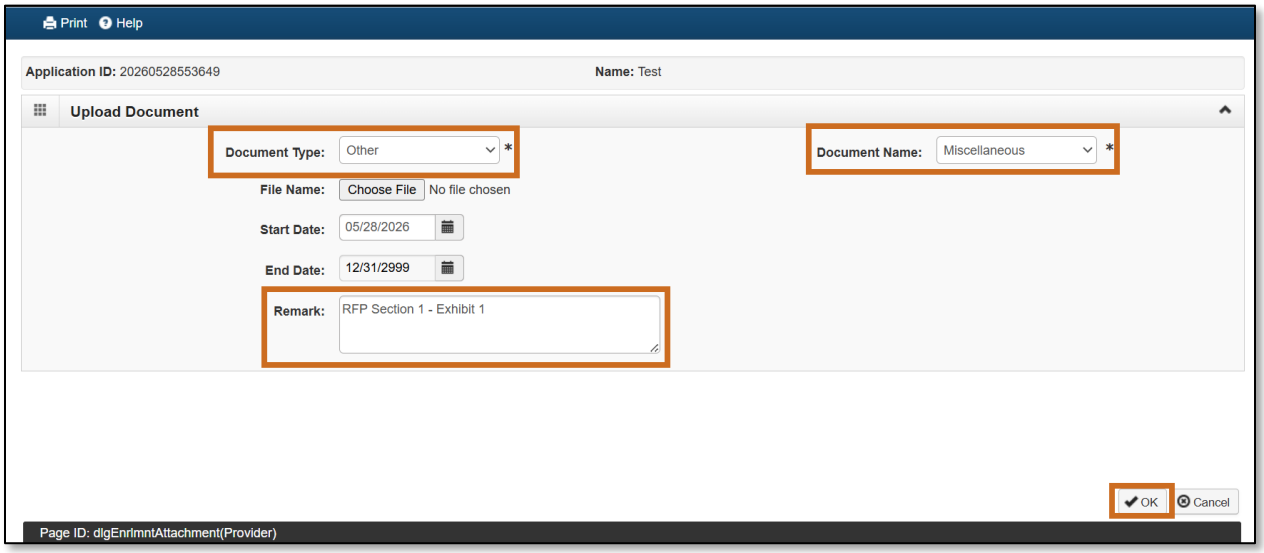
- IRS W-9 required for every provider enrolling under this enrollment type.
- RFP Section I – Exhibit I form only required if the Provider/Offeror is part of the RFP Section G process.



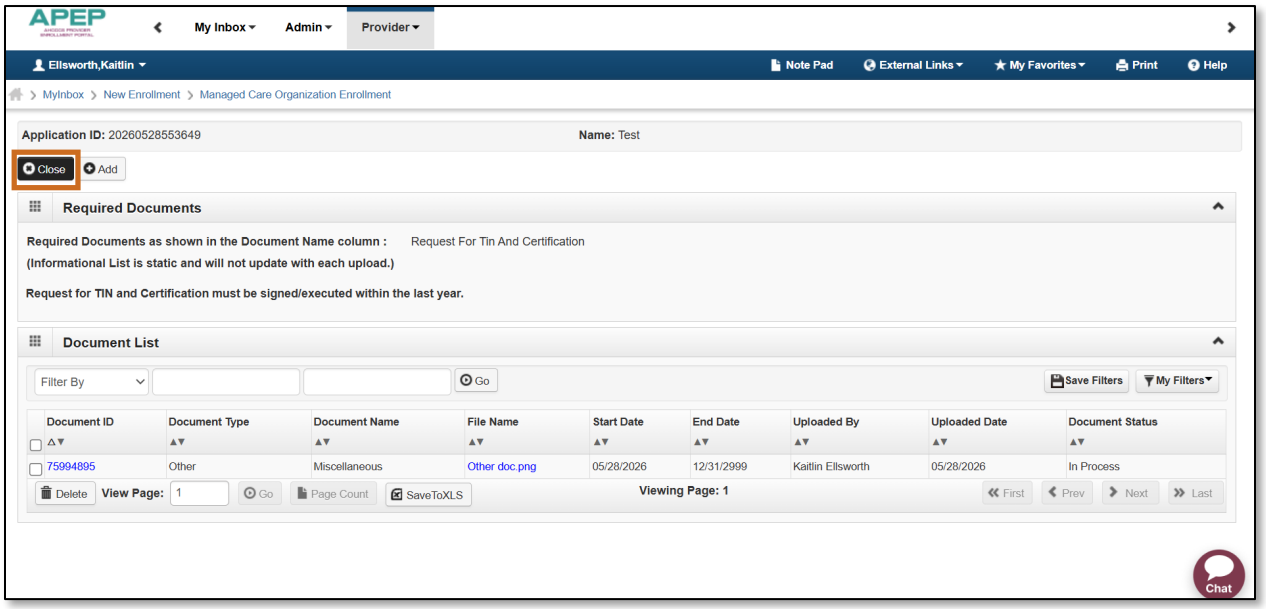
- Select Document Type “Tax” and in the Document Name field “Request for TIN and Certification”. Upload a current IRS W-9 form using current date. Select “OK.”



- 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”

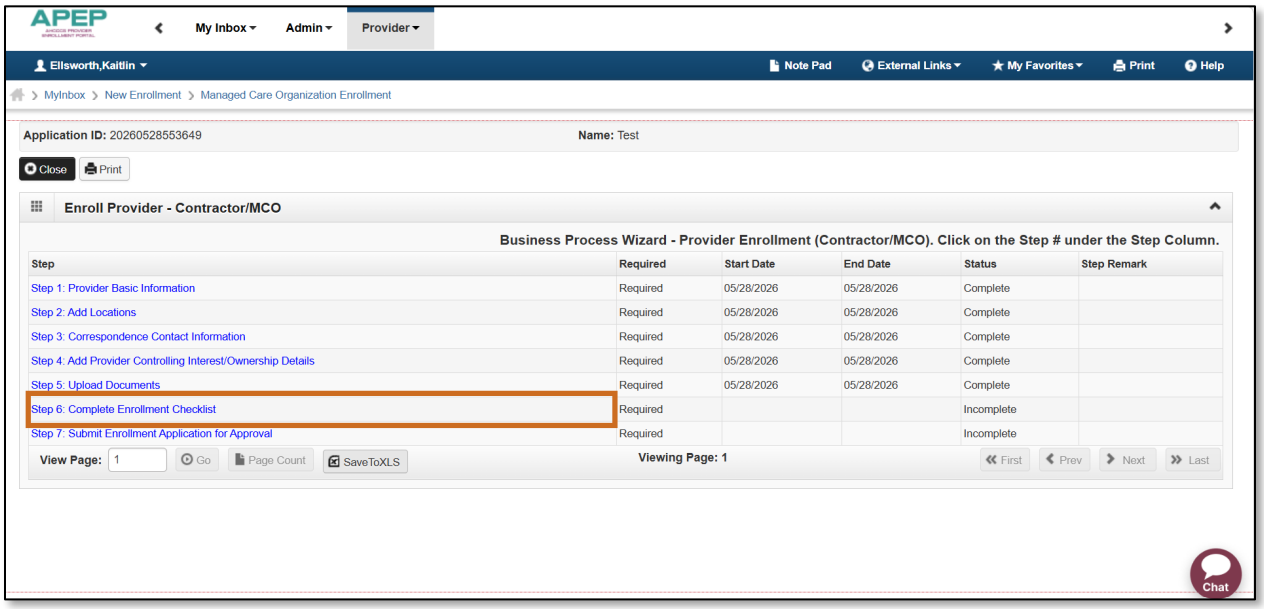


- Select “Close” to continue.

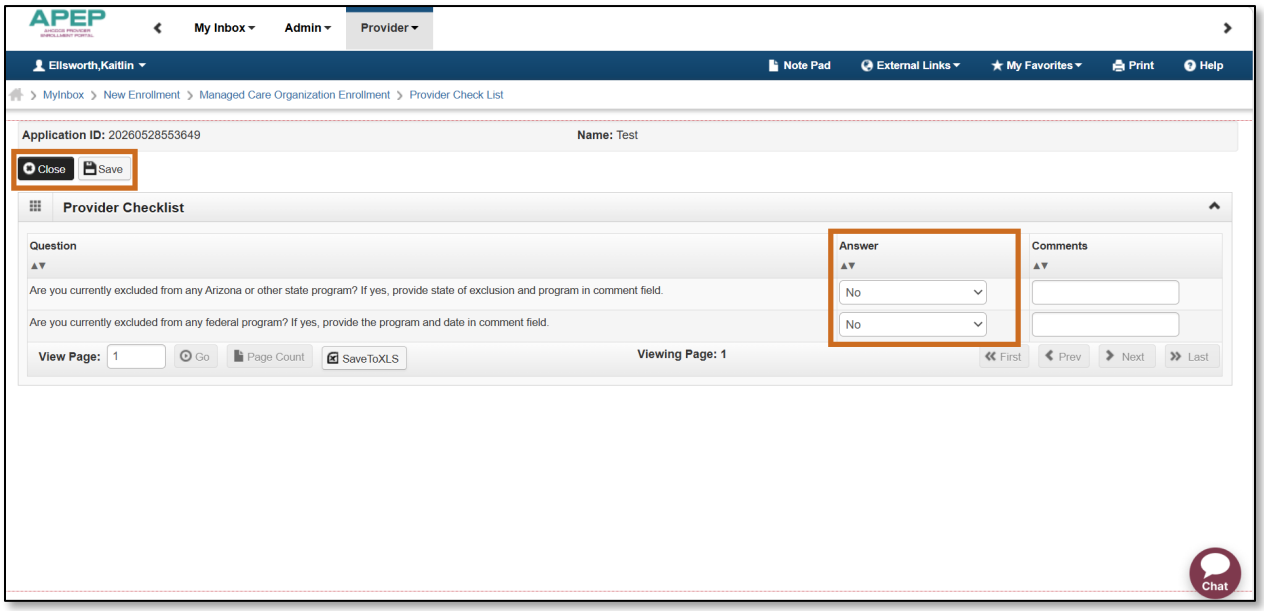


Step 6: Complete Enrollment Checklist

- Select “Step 6: Complete Enrollment Checklist”



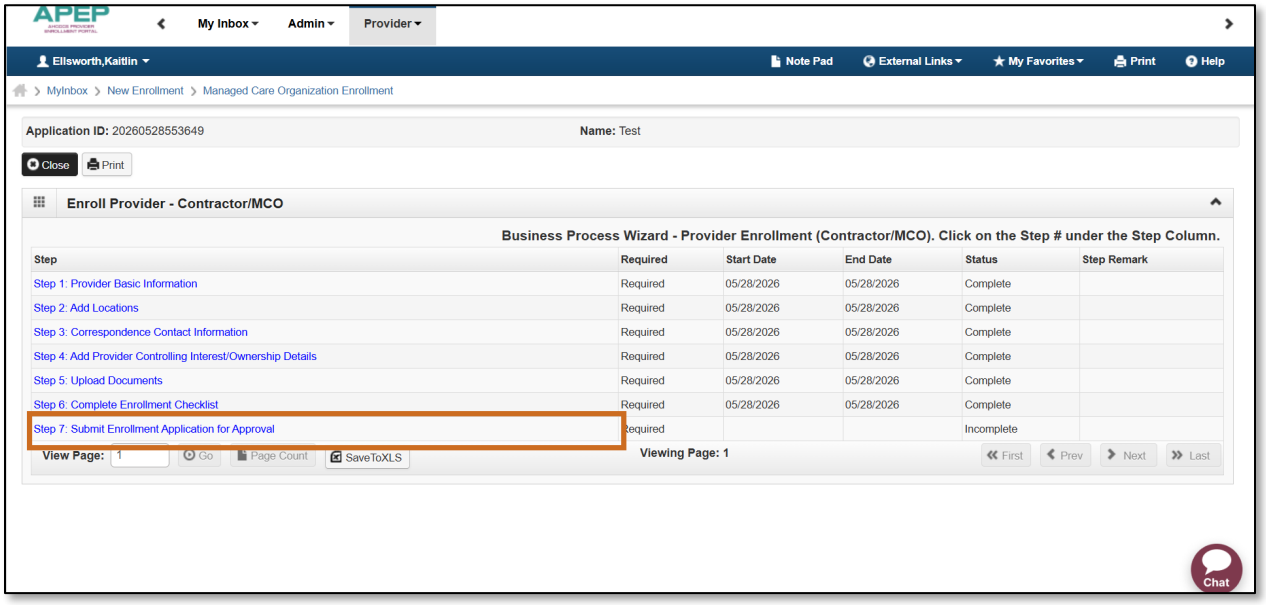
- Provide a response and comment(s) (if applicable) to all questions.
- Select “Save”, then “Close.”



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.

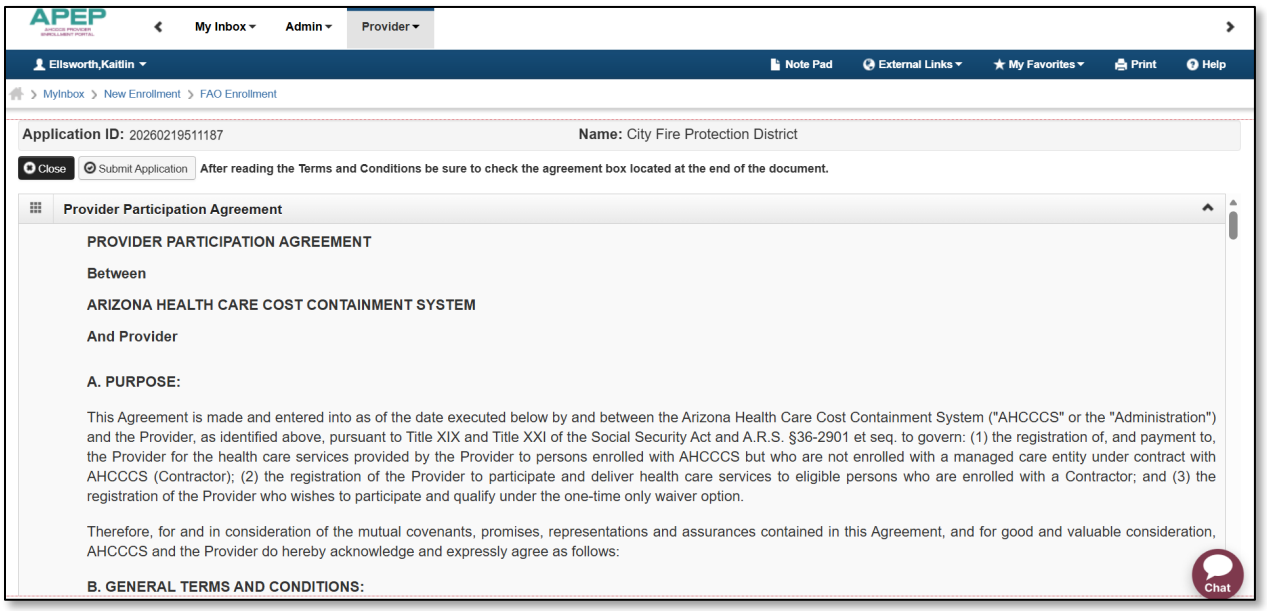
- Select “Step 7: Submit Enrollment Application for Approval”

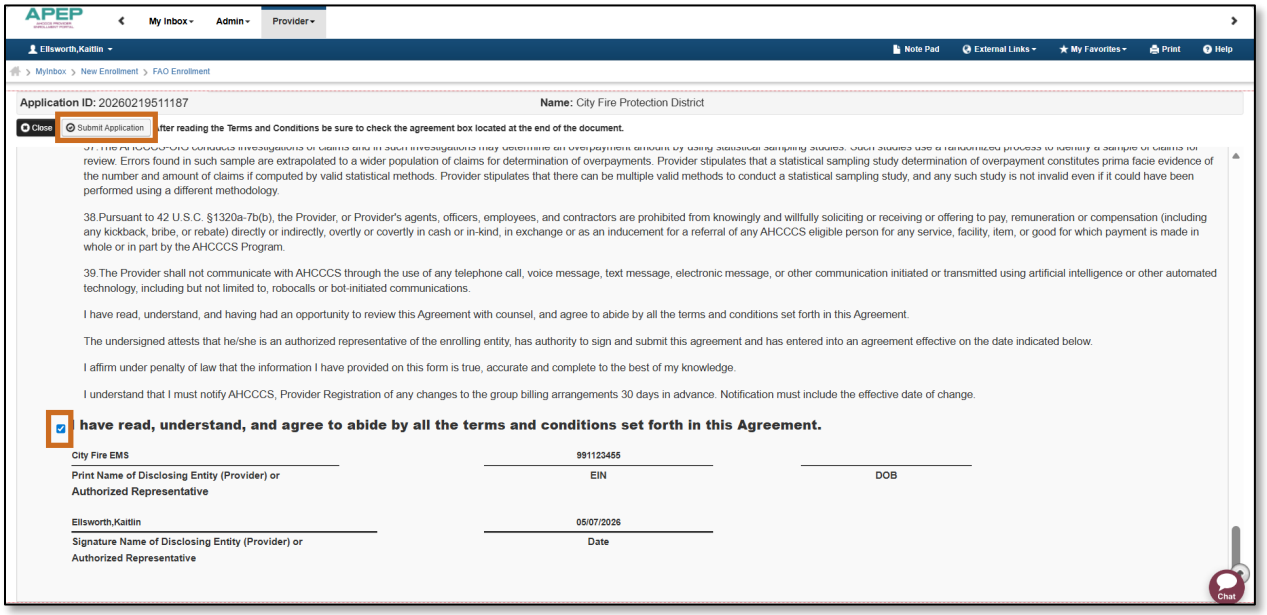


By selecting “Next,” this indicates the information you are submitting is accurate.

- Review the Provider Participation Agreement (PPA).

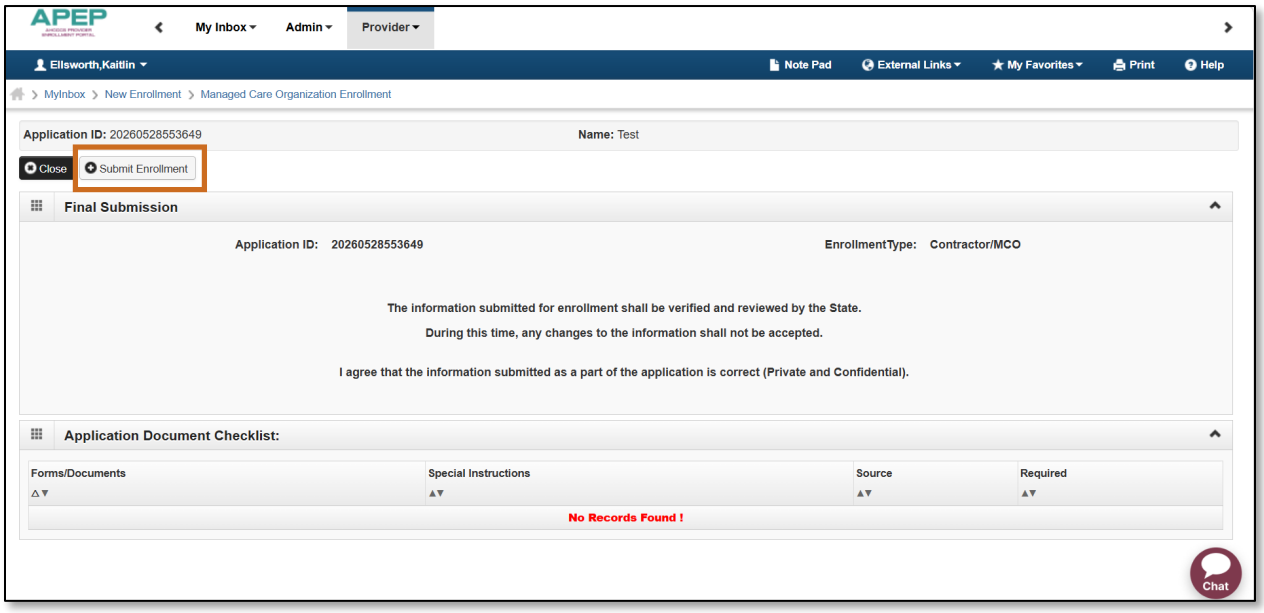
The image below is an example of a Provider Participation Agreement. On the final page, select the check box to confirm your agreement.





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

- Select “Submit 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”