



Modification Request



Modification Request

This guide explains how to complete the Modification process when:

- A provider is Active within the AHCCCS Provider Enrollment Portal.
- A provider needs to report a change of information.

A “Modification Request” is a change or update.

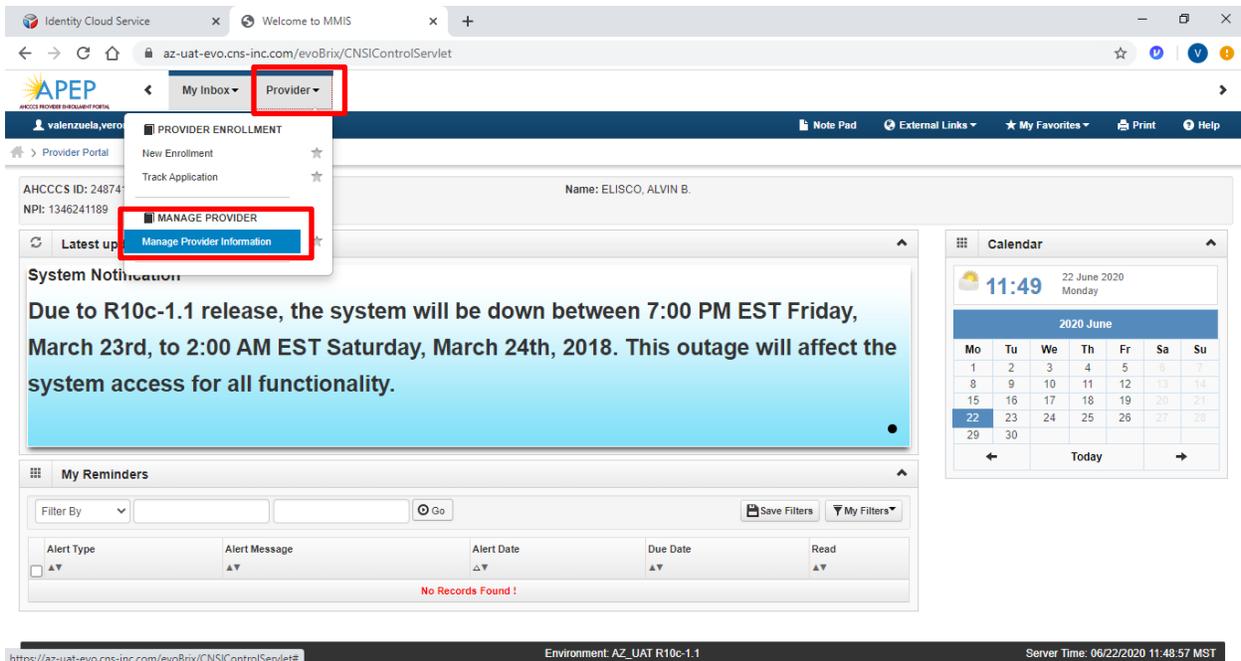
Some examples of a “Modification Request”:

- A change in Correspondence, Pay-To, and Service location addresses.
- Affiliating to a billing provider.
- Adding an additional license.
- Adding an owner or managing employee.

Beginning a Modification Request

To begin a modification, select the “Provider” drop-down option located along the top of the APEP landing page.

1. Select “Manage Provider Information” option



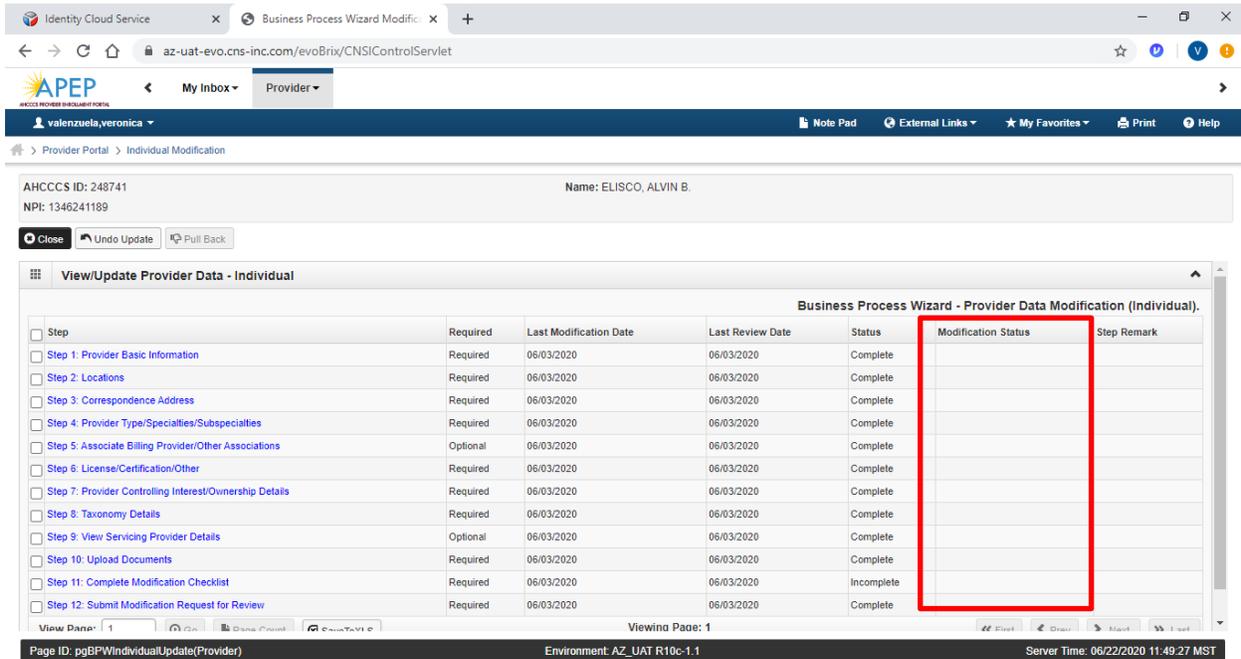
The screenshot shows the APEP landing page for user 'valenzuela.vero'. The 'Provider' dropdown menu is open, showing options: 'PROVIDER ENROLLMENT', 'New Enrollment', 'Track Application', 'MANAGE PROVIDER', and 'Manage Provider Information'. The 'MANAGE PROVIDER' and 'Manage Provider Information' options are highlighted with red boxes. The page displays provider information for 'ELISCO, ALVIN B.' (AHCCCS ID: 24874, NPI: 1346241189). A system notification states: 'Due to R10c-1.1 release, the system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM EST Saturday, March 24th, 2018. This outage will affect the system access for all functionality.' A 'My Reminders' section shows 'No Records Found!'. A calendar widget shows the date '22 June 2020 Monday' at '11:49'. The footer includes the URL 'https://az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet', environment 'AZ_UAT R10c-1.1', and server time '06/22/2020 11:48:57 MST'.

Enrollment Overview

The process will demonstrate the steps to follow for submitting a “Modification Request”

- Blue font: indicates a hyperlink.
- All steps display in blue font indicating the step is ready for data entry.
- “Modification Status” column: This column will display blank. As modifications are made, this column will reflect the current status.
- Step Remark column: This column will alert you to any problems in completing the step.
- * An asterisk indicates required fields. Required fields must be completed to advance forward.

NOTE: It’s important to note multiple “Modification Requests” can be submitted at once. Once a “Modification Request” has been submitted, another “Modification Request” cannot be submitted until the State has completed the submitted request. If the provider would like to complete an additional “Modification Request” they will need to contact Provider Enrollment to place the submitted “Modification Request” back into an “In Process” status to allow the provider to submit the additional “Modification Request.” The following example will demonstrate two examples of how to modify the Correspondence Address and add a Billing Association.



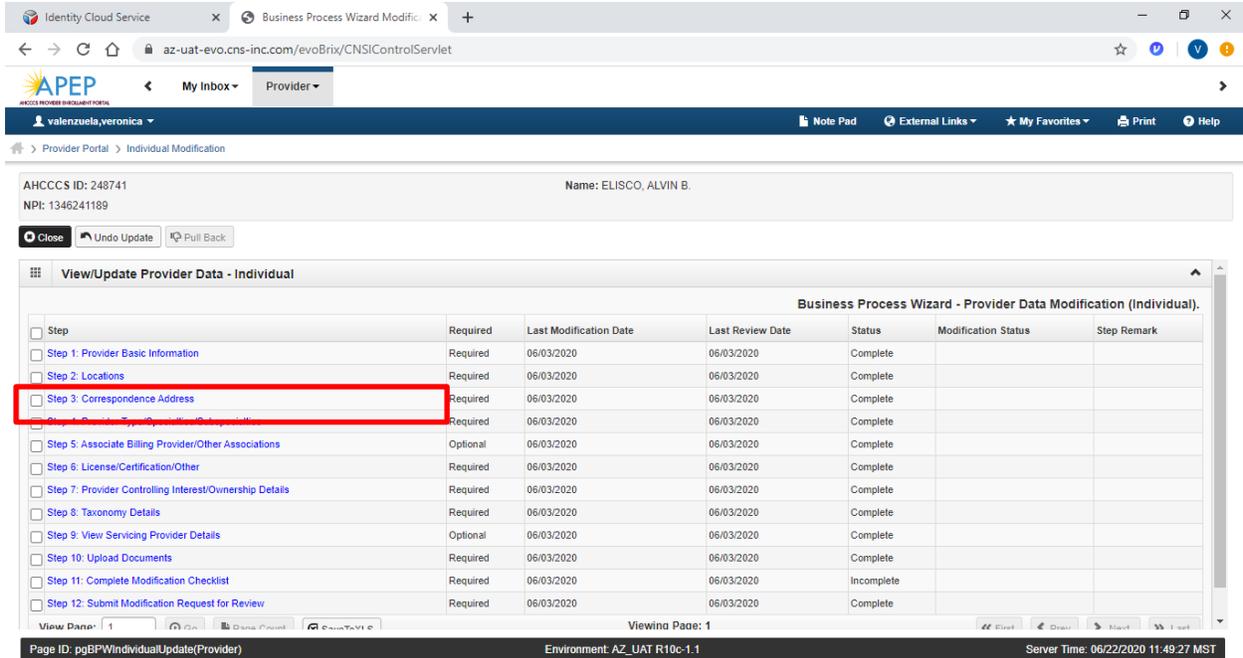
The screenshot shows the 'Business Process Wizard - Provider Data Modification (Individual)' interface. The table below represents the data shown in the screenshot:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
Step 3: Correspondence Address	Required	06/03/2020	06/03/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/03/2020	06/03/2020	Complete		
Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
Step 11: Complete Modification Checklist	Required	06/03/2020	06/03/2020	Incomplete		
Step 12: Submit Modification Request for Review	Required	06/03/2020	06/03/2020	Complete		

Example 1: Modification Request “Updating Correspondence Address”

Step 1: BPW Steps

1. Select Step 3: Correspondence Address.



The screenshot shows a web browser window with the URL `az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet`. The page title is "Provider Portal" and the user is logged in as "valenzuela,veronica". The main content area displays "AHCCCS ID: 248741" and "Name: ELISCO, ALVIN B.". Below this, there are buttons for "Close", "Undo Update", and "Pull Back".

The main section is titled "View/Update Provider Data - Individual" and contains a table titled "Business Process Wizard - Provider Data Modification (Individual)". The table has the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	06/03/2020	06/03/2020	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	06/03/2020	06/03/2020	Complete		

The "Step 3: Correspondence Address" row is highlighted with a red box. At the bottom of the page, there is a footer with "Page ID: pgBPWIndividualUpdate(Provider)", "Environment: AZ_UAT R10c-1.1", and "Server Time: 06/22/2020 11:49:27 MST".

2. Select “Correspondence” in blue font on the Correspondence Address List.

Note: On the Correspondence Address List, the status will display as “Approved”. This means that you can make modifications. If the status was “In review”, no changes could be made until the state completes its review.

The screenshot shows the 'Correspondence Address List' for provider ELISCO, ALVIN B. (AHCCCS ID: 248741, NPI: 1346241189). The table lists two correspondence addresses:

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence	1313 S Harbor Blvd, PAYER CREDENTIALING, Anaheim, CALIFORNIA 92802	07/08/1983	12/31/2999	Approved	Active	
Correspondence	701 E Jefferson St, PAYER CREDENTIALING, Phoenix, ARIZONA 85034	06/22/2020	12/31/2999	In Review	Active	

A blue arrow points to the 'Correspondence' text in the first row of the table. The 'Status' column for the second row is highlighted with a red box.

3. On the “Manage Provider Correspondence Address” page, complete modifications to the address displayed.

4. Select “Validate Address” option.

The screenshot shows the 'Manage Provider Correspondence Address' page for provider ELISCO, ALVIN B. (AHCCCS ID: 248741, NPI: 1346241189). The page displays the address details and a form for validation:

Type of Address: Correspondence Status: Approved
 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, DRAWR 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.

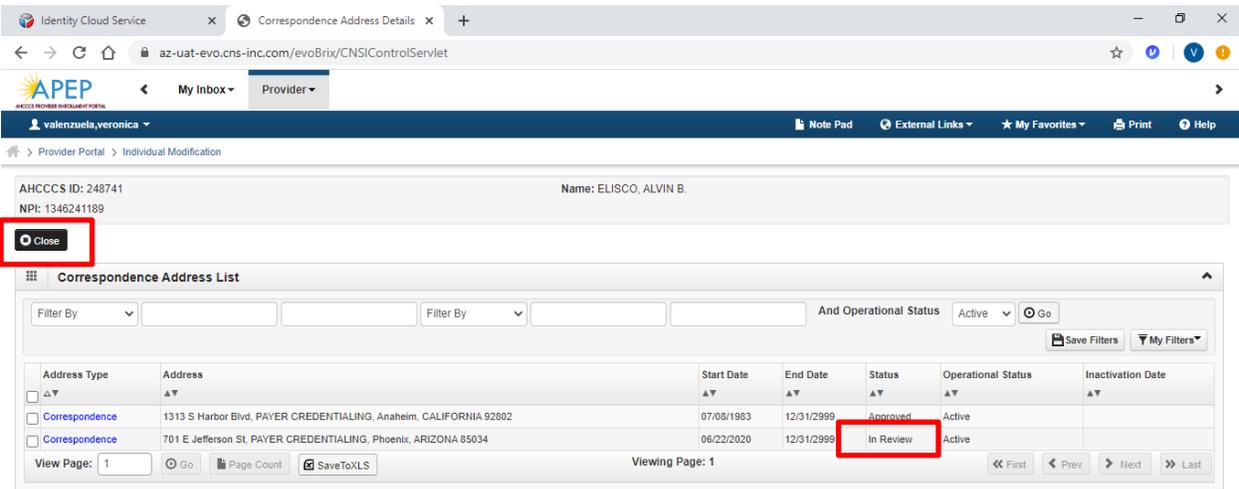
Address validation successful

Address Line 1: 701 E Jefferson St *
 (Enter Street Address or PO Box Only)
 Address Line 3: PAYER CREDENTIALING
 State/Province: ARIZONA *
 Country: UNITED STATES *

Address Line 2:
 City/Town: Phoenix *
 County: Maricopa *
 Zip Code: 85034 * - 2215

The 'Validate Address' button is highlighted with a red box.

5. On the “Correspondence Address Page “ the status will display “In Review”
6. Select “Close.”



AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
 NPI: 1346241189

Close

Correspondence Address List

Filter By [] [] Filter By [] [] And Operational Status Active [] Go []
 Save Filters My Filters

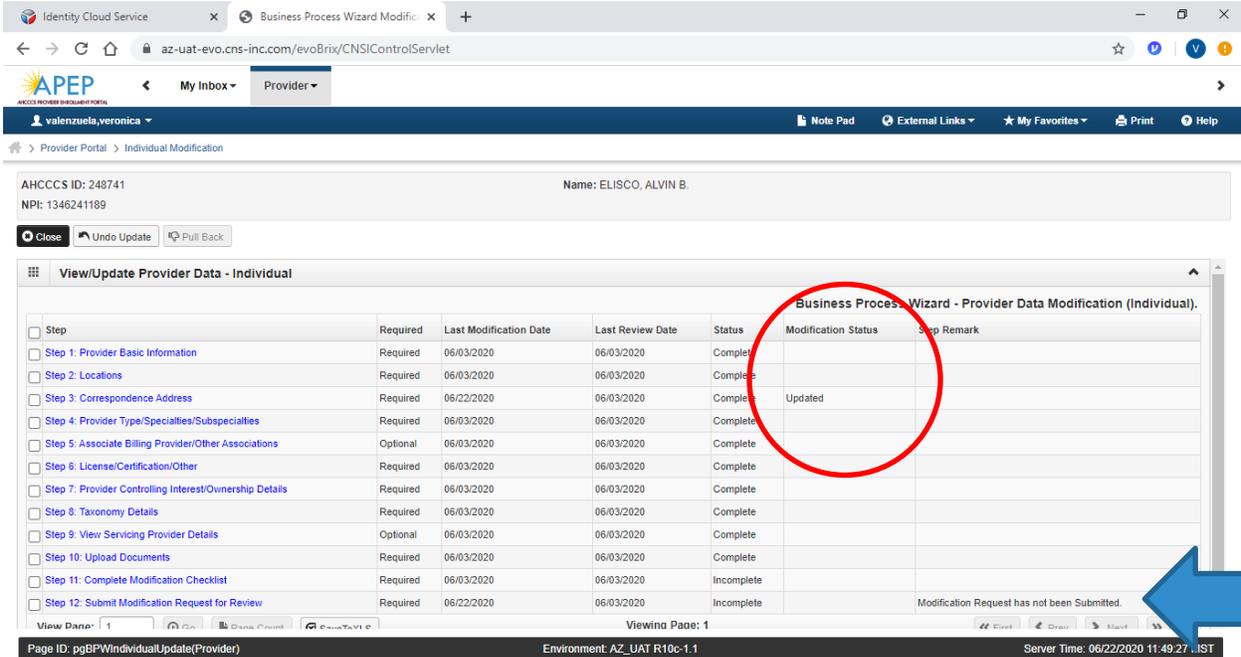
Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	1313 S Harbor Blvd, PAYER CREDENTIALING, Anaheim, CALIFORNIA 92802	07/08/1983	12/31/2999	Approved	Active	
<input type="checkbox"/> Correspondence	701 E Jefferson St, PAYER CREDENTIALING, Phoenix, ARIZONA 85034	06/22/2020	12/31/2999	In Review	Active	

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

7. Review the “BPW Steps” page for the current modification:

- Step 3: Correspondence Address: “Modification Status” column will reflect as “Updated”
- Step 11: Submit Modification Request for Review: “Step Remark” column reflects “Modification Request has not been submitted”

Note: Step 10: Complete Modification Checklist must be completed prior to submission on all modification requests.



AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
 NPI: 1346241189

Close Undo Update Pull Back

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	06/22/2020	06/03/2020	Complete	Updated	
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	06/03/2020	06/03/2020	Incomplete		Modification Request has not been Submitted.
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	06/22/2020	06/03/2020	Incomplete		

View Page: 1 Viewing Page: 1

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:49:27 .JST

Step 11: Complete Modification Checklist

1. Select "Step 11: Complete Modification Checklist."

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
Step 3: Correspondence Address	Required	06/22/2020	06/03/2020	Complete	Updated	
Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/03/2020	06/03/2020	Complete		
Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
Step 11: Complete Modification Checklist	Required	06/03/2020	06/03/2020	Incomplete		
Step 12: Submit Modification Request for Review	Required	06/22/2020	06/03/2020	Incomplete		Modification Request has not been Submitted.

2. Answer each question and provide any additional information in the Comments field.

3. After reviewing the information, select "Save" and then "Close."

Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	Not Completed	
Do you wish to end date your enrollment? If yes, enter date in comment field.	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	

- Review the “Status” column. If any steps in the “Status” column display as “Incomplete” select the “incomplete” link to return and complete required information.

AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
NPI: 1346241189

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	06/03/2020	06/03/2020	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	06/03/2020	06/03/2020	Complete		

Viewing Page: 1

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:49:27 MST

Step 12: Submit Modification Request for Review

- Select “Step 12: Submit Modification Request for Review”

AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
NPI: 1346241189

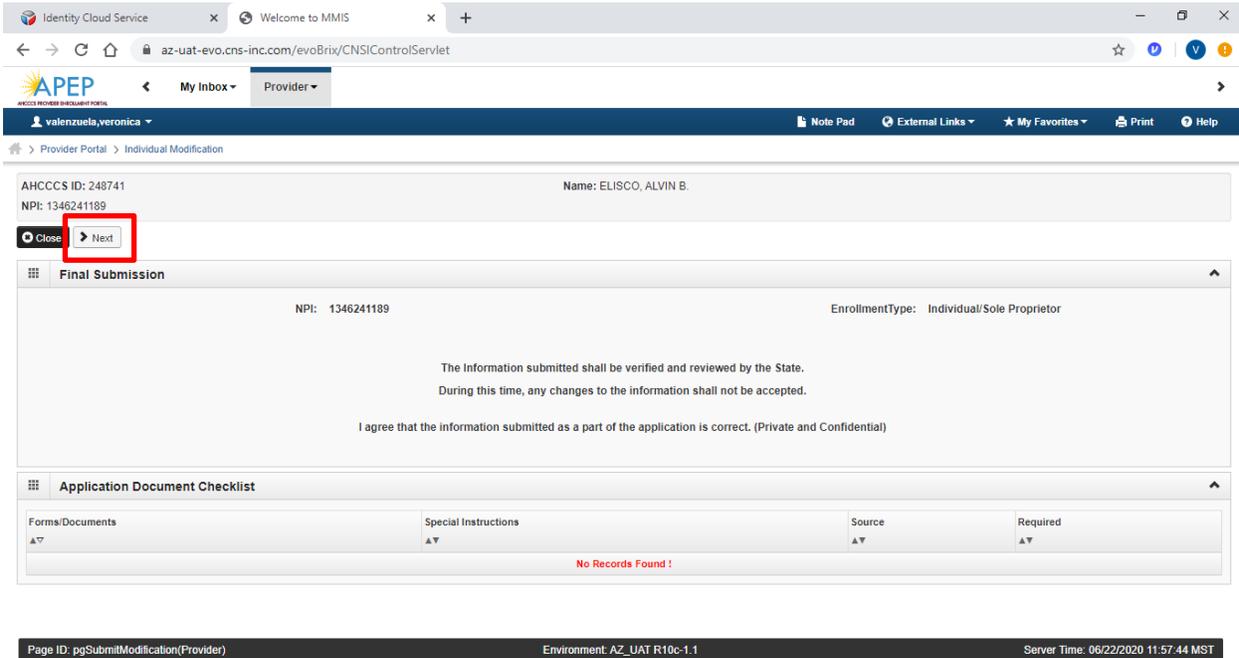
View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	06/22/2020	06/03/2020	Complete	Updated	
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	06/22/2020	06/03/2020	Complete	Updated	
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	06/22/2020	06/03/2020	Incomplete		Modification Request has not been Submitted.

Viewing Page: 1

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:49:27 MST

2. Select "Next" to advance forward.



Identity Cloud Service | Welcome to MMIS | az-uat-evo.cns-inc.com/evobrix/CNSIControlServlet

APEP | My Inbox | Provider | valenzuela,veronica

Provider Portal > Individual Modification

AHCCCS ID: 248741 | Name: ELISCO, ALVIN B.
NPI: 1346241189

Close | **Next**

Final Submission

NPI: 1346241189 | EnrollmentType: Individual/Sole Proprietor

The information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

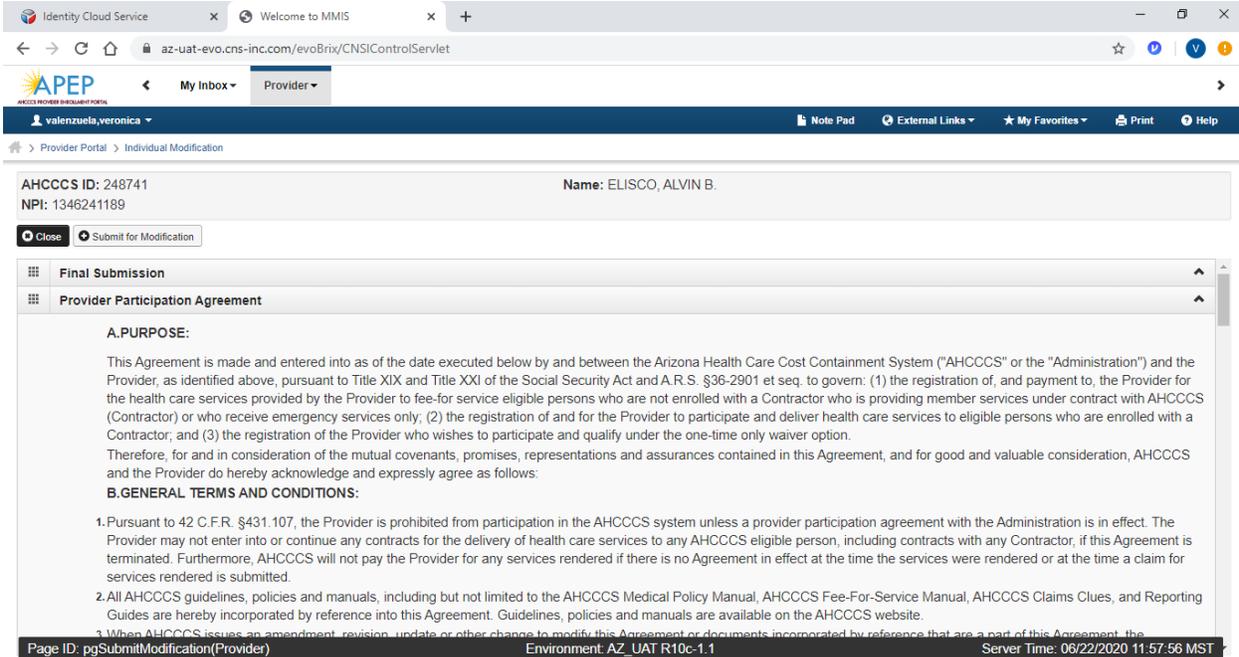
I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found!			

Page ID: pgSubmitModification(Provider) | Environment: AZ_UAT R10c-1.1 | Server Time: 06/22/2020 11:57:44 MST

3. Carefully review the Provider Participation Agreement.



Identity Cloud Service | Welcome to MMIS | az-uat-evo.cns-inc.com/evobrix/CNSIControlServlet

APEP | My Inbox | Provider | valenzuela,veronica

Provider Portal > Individual Modification

AHCCCS ID: 248741 | Name: ELISCO, ALVIN B.
NPI: 1346241189

Close | Submit for Modification

Final Submission

Provider Participation Agreement

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 fee-for service eligible persons who are not enrolled with a Contractor who is providing member services under contract with AHCCCS (Contractor) or who receive emergency services only; (2) the registration of and for 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:

- Pursuant to 42 C.F.R. §431.107, the Provider is prohibited from participation in the AHCCCS system unless a provider participation agreement with the Administration is in effect. The Provider may not enter into or continue any contracts for the delivery of health care services to any AHCCCS eligible person, including contracts with any Contractor, if this Agreement is terminated. Furthermore, AHCCCS will not pay the Provider for any services rendered if there is no Agreement in effect at the time the services were rendered or at the time a claim for services rendered is submitted.
- All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-For-Service Manual, AHCCCS Claims Clues, and Reporting Guides are hereby incorporated by reference into this Agreement. Guidelines, policies and manuals are available on the AHCCCS website.
- When AHCCCS issues an amendment, revision, update or other change to modify this Agreement or documents incorporated by reference that are a part of this Agreement, the

Page ID: pgSubmitModification(Provider) | Environment: AZ_UAT R10c-1.1 | Server Time: 06/22/2020 11:57:56 MST

4. Select the “Check box” indicating agreement with the Provider Participating Agreement. The signor’s full name and Date will automatically display.
5. Select “Submit Application”

AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
 NPI: 1346241189

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

First Name: veronica Last Name: valenzuela Date: 06/22/2020

Page ID: pgSubmitModification(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:57:56 MST

6. If you have successfully submitted the modification, you will see the message in red at the top of the page.
7. Select “Close” to exit from the application.

AHCCCS ID: 248741 Name: ELISCO, ALVIN B.
 NPI: 1346241189

The Modification Request has been submitted for State review. Click Pull Back to do any corrections before the request is assigned to a State staff.

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

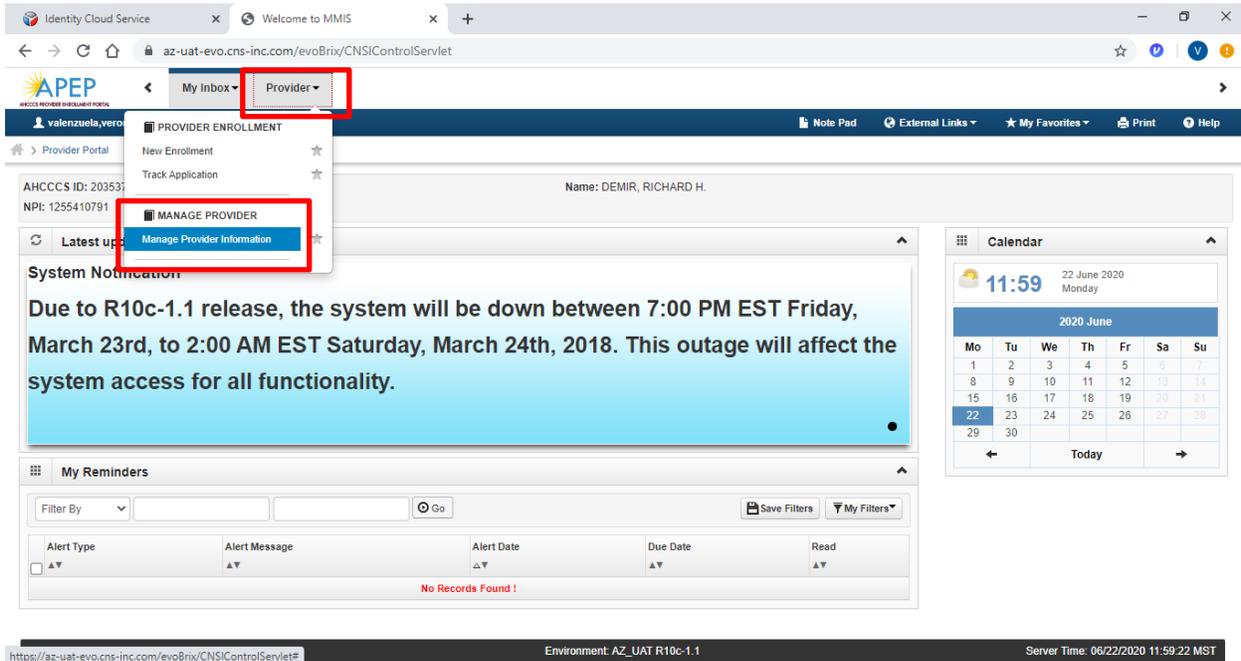
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	06/22/2020	06/03/2020	Complete	In Review	
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	06/03/2020	06/03/2020	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	06/22/2020	06/03/2020	Complete	In Review	

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:58:20 MST

Example 2: Modification Request “Add an Additional Billing Provider”

To begin a modification, select the “Provider” drop-down option located along the top of the APEP landing page.

1. Select “Manage Provider Information” option



The screenshot shows the APEP (Arizona Provider Enrollment Portal) interface. At the top, there is a navigation bar with a 'Provider' dropdown menu highlighted by a red box. The dropdown menu is open, showing options like 'PROVIDER ENROLLMENT', 'New Enrollment', 'Track Application', 'MANAGE PROVIDER', and 'Manage Provider Information'. The 'Manage Provider Information' option is highlighted with a red box. Below the navigation bar, there is a user profile section for 'valenzuela.vero' and a system notification about a release (R10c-1.1) causing a system outage. A 'My Reminders' section is also visible, showing a table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays 'No Records Found!'. At the bottom of the page, there is a footer with the URL 'https://az-uat-evo.cns-inc.com/evoBrix/CNSIControlServlet#', the environment 'AZ_UAT R10c-1.1', and the server time '06/22/2020 11:59:22 MST'.

Step 1: BPW Steps

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

The screenshot shows the 'Business Process Wizard - Provider Data Modification (Individual)' interface. A table lists various steps with their required status, last modification date, last review date, and overall status. Step 5, 'Associate Billing Provider/Other Associations', is highlighted with a red box.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	05/22/2020	05/22/2020	Complete		
Step 6: Associate Billing Provider/Other Associations	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	05/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	05/22/2020	05/22/2020	Incomplete		
Step 12: Submit Modification Request for Review	Required	05/22/2020	05/22/2020	Complete		

2. Select “Add” on the Billing Provider/Other Associations List.

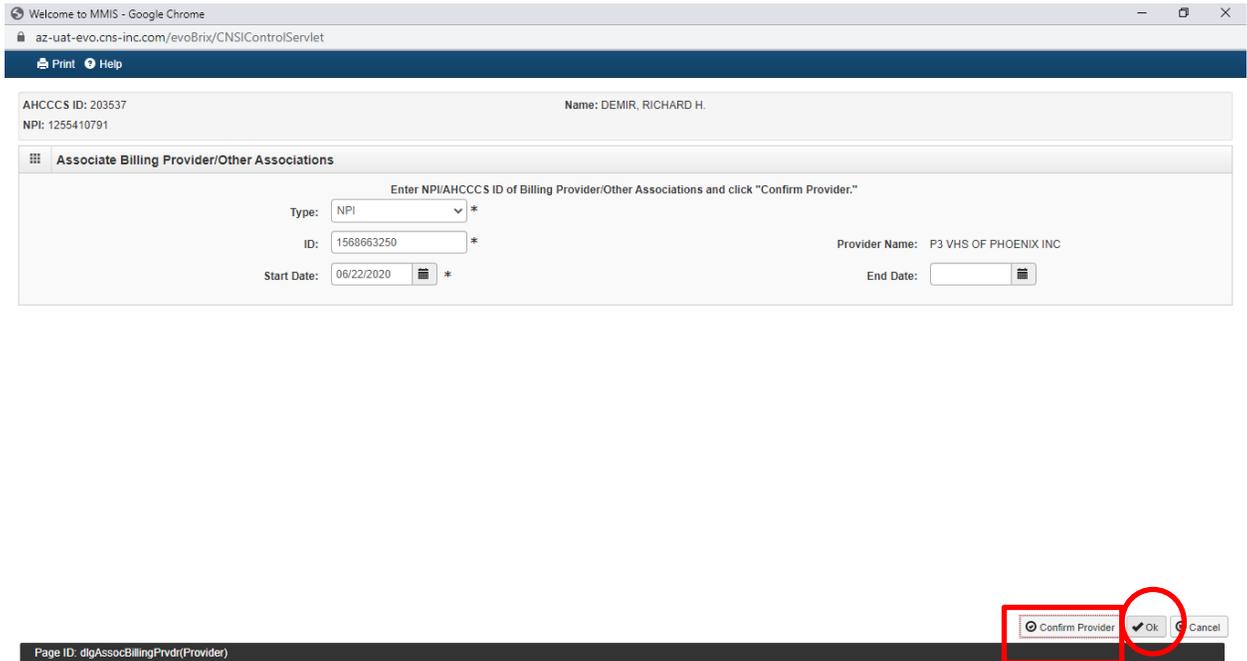
Note: On the Associate Billing Provider/Other Associations List, the status will display as “Approved”. This means that you can make modifications. If the status is “In review”, no changes could be made until the state completes its review.

The screenshot shows the 'Billing Provider/Other Associations List' interface. An 'Add' button is highlighted with a red box. Below it is a table listing providers. The 'Status' column for the first entry, 'PHOENICIAN MEDICAL CENTER INC.', is circled in red and shows 'Approved'.

NPI/AHCCCS ID	Provider Name	Start Date	End Date	Status	Operational Status	Inactivation Date
1891895637	PHOENICIAN MEDICAL CENTER INC.	02/03/2008	12/31/2999	Approved	Active	

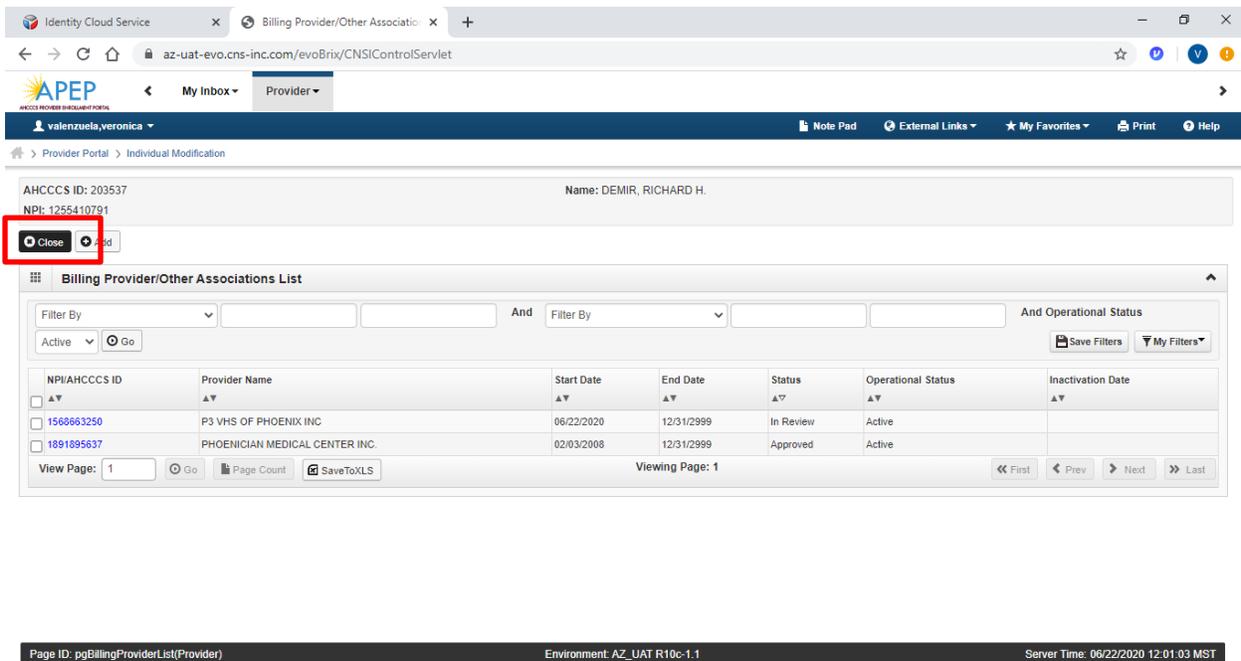
3. On the “Associate Billing Provider/Other Associations” page, complete required fields to add the billing provider.

4. Select “Confirm Provider” option.
5. Select “OK”



Page ID: dlqAssocBillingPrvdr(Provider)

6. The “Billing Provider/Other Association” list, “the status will display “In Review”
7. Select “Close”



Page ID: pgBillingProviderList(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 12:01:03 MST

8. On the “Billing Provider/Other Association” list, “the status will display “In Review”
9. Select “Close”

AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
 NPI: 1255410791
 Close Undo Update Pull Back

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	Updated	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	05/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	05/22/2020	05/22/2020	Incomplete		
Step 12: Submit Modification Request for Review	Required	06/22/2020	05/22/2020	Incomplete		Modification Request has not been Submitted.

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:59:38 MST

6. Review the “BPW Steps” page for the current modification:

- Step 5: Associate Billing Provider/Other Associations: “Modification Status” column will reflect as “Updated”

Note: Step 12: Complete Modification Checklist must be completed prior to submission on all modification requests.

AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
 NPI: 1255410791
 Close Undo Update Pull Back

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	Updated	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	05/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	05/22/2020	05/22/2020	Incomplete		
Step 12: Submit Modification Request for Review	Required	06/22/2020	05/22/2020	Incomplete		Modification Request has not been Submitted.

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 11:59:38 MST

Step 11: Complete Enrollment Checklist

1. Select “Step 11: Complete Enrollment Checklist.”

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	Updated	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	05/22/2020	05/22/2020	Incomplete		Please Answer all the Questions.
Step 12: Submit Modification Request for Review	Required	06/22/2020	05/22/2020	Incomplete		Modification Request has not been Submitted.

2. Answer each question and provide any additional information in the Comments field.
3. After reviewing the information, select “Save” and then “Close”

Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	No	
Do you wish to end date your enrollment? If yes, enter date in comment field.	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.	No	
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	

4. Carefully review the “Status” column. If any steps show “Incomplete” select the “incomplete” link to return and complete required information.

AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
 NPI: 1255410791

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	Updated	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	06/22/2020	05/22/2020	Complete	Updated	
Step 12: Submit Modification Request for Review	Required	06/22/2020	05/22/2020	Incomplete		Modification Request has not been Submitted.

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 12:35:54 MST

Step 12: Submit Modification Request for Review

1. Select "Step 12: Submit Modification Request for Review"

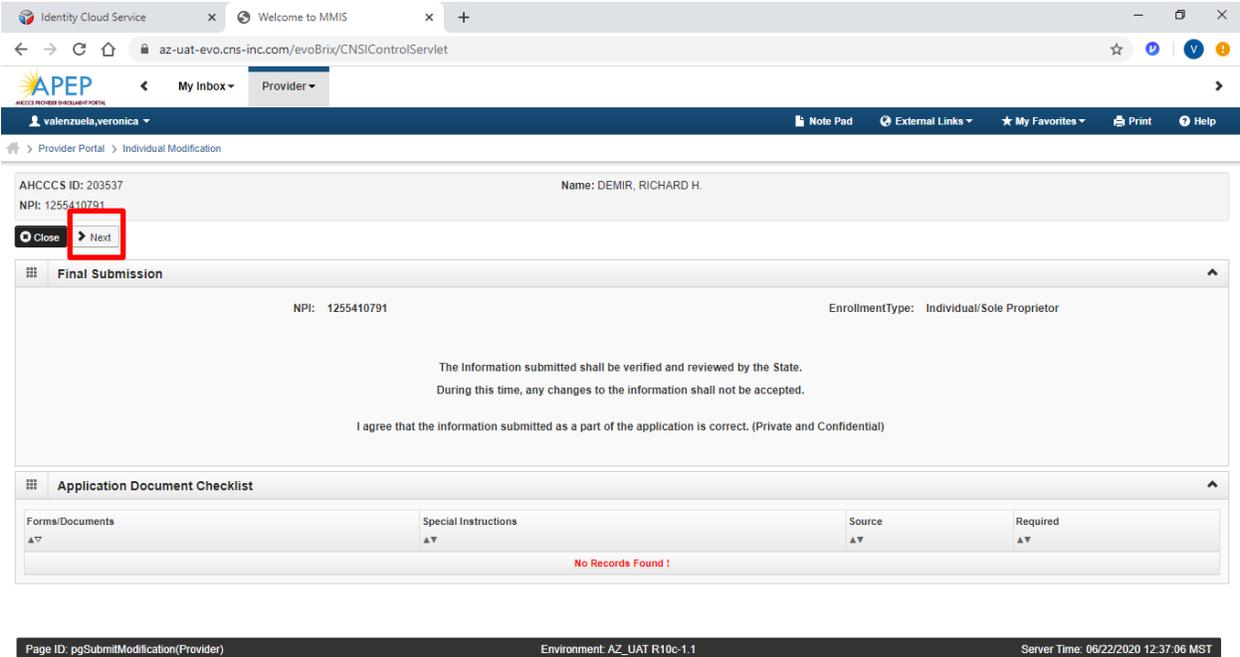
AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
 NPI: 1255410791

View/Update Provider Data - Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	Updated	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	06/22/2020	05/22/2020	Complete	Updated	
Step 12: Submit Modification Request for Review	Required	06/22/2020	05/22/2020	Incomplete		Modification Request has not been Submitted.

Page ID: pgBPWIndividualUpdate(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 12:35:54 MST

2. Select "Next" to proceed forward.



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Provider Portal Individual Modification

AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
NPI: 1255410791

Close **Next**

Final Submission

NPI: 1255410791 EnrollmentType: Individual/Sole Proprietor

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

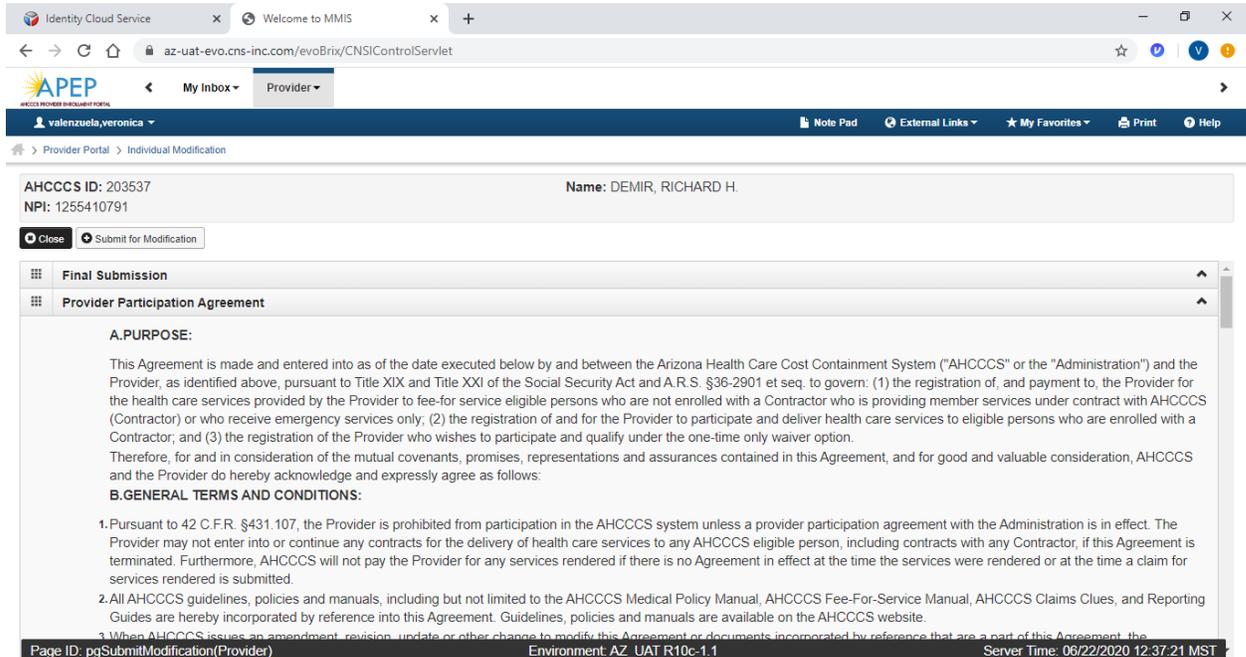
I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found!			

Page ID: pgSubmitModification(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 12:37:06 MST

3. Review the Provider Participation Agreement.



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Provider Portal Individual Modification

AHCCCS ID: 203537 Name: DEMIR, RICHARD H.
NPI: 1255410791

Close Submit for Modification

Final Submission

Provider Participation Agreement

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 fee-for service eligible persons who are not enrolled with a Contractor who is providing member services under contract with AHCCCS (Contractor) or who receive emergency services only; (2) the registration of and for 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:

- Pursuant to 42 C.F.R. §431.107, the Provider is prohibited from participation in the AHCCCS system unless a provider participation agreement with the Administration is in effect. The Provider may not enter into or continue any contracts for the delivery of health care services to any AHCCCS eligible person, including contracts with any Contractor, if this Agreement is terminated. Furthermore, AHCCCS will not pay the Provider for any services rendered if there is no Agreement in effect at the time the services were rendered or at the time a claim for services rendered is submitted.
- All AHCCCS guidelines, policies and manuals, including but not limited to the AHCCCS Medical Policy Manual, AHCCCS Fee-For-Service Manual, AHCCCS Claims Clues, and Reporting Guides are hereby incorporated by reference into this Agreement. Guidelines, policies and manuals are available on the AHCCCS website.
- When AHCCCS issues an amendment, revision, update or other change to modify this Agreement or documents incorporated by reference that are a part of this Agreement, the

Page ID: pgSubmitModification(Provider) Environment: AZ_UAT R10c-1.1 Server Time: 06/22/2020 12:37:21 MST

- Select the "Check box" indicating agreement with the Provider Participating Agreement. The signor's First and Last name, and Date will automatically display.
- Select "Submit Application"

6. If you have successfully submitted the modification, you will see the message in red at the top of the page.
7. Select “Close” to exit from the application.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2020	05/22/2020	Complete		
Step 2: Locations	Required	05/22/2020	05/22/2020	Complete		
Step 3: Correspondence Address	Required	05/22/2020	05/22/2020	Complete		
Step 4: Provider Type/Specialties/Subspecialties	Required	05/22/2020	05/22/2020	Complete		
Step 5: Associate Billing Provider/Other Associations	Optional	06/22/2020	05/22/2020	Complete	In Review	
Step 6: License/Certification/Other	Required	05/22/2020	05/22/2020	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	06/22/2020	05/22/2020	Complete		
Step 8: Taxonomy Details	Required	05/22/2020	05/22/2020	Complete		
Step 9: View Servicing Provider Details	Optional	05/22/2020	05/22/2020	Complete		
Step 10: Upload Documents	Required	05/22/2020	05/22/2020	Complete		
Step 11: Complete Modification Checklist	Required	06/22/2020	05/22/2020	Complete	In Review	

Note: Once the modification has been submitted to the state for review, it can be cancelled for a period of time using the “Pull Back” option. The “Pull Back” option becomes unavailable once the state has assigned the submitted document to complete the review. If you continue to want the document to be cancelled, Please contact the Provider Enrollment team for assistance.