

Indian Health Service

Provider Enrollment - All Aspects

PRESENTED BY:

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Presentation Overview

	Presentation Topic	Presenter
I.	Provider Enrollment 101	Raya Benally Provider Enrollment Specialist Phoenix Indian Medical Center Phoenix Area Indian Health Service
II.	Overview of the Medicare Provider Enrollment Process	Diane Steuart Administrative Officer Business Development, Phoenix Area Office Phoenix Area Indian Health Service
III.	Phoenix Indian Medical Center Experience: AHCCCS (Arizona Medicaid) & AZ Blue	Kristina Fish Supervisory Health System Specialist Phoenix Indian Medical Center Phoenix Area Indian Health Service
IV.	Wrap up Session	Raya Benally

The aim of this presentation is to share and facilitate the sharing of helpful information, but please note that it may reflect presenters' opinions and not necessarily those of the Indian Health Service or the U.S. Department of Health and Human Services



We kindly ask that you hold questions until the end of our presentation.

Thank you! 😊



Part I: Provider Enrollment 101

Raya Benally

Provider Enrollment Specialist

Phoenix Indian Medical Center

Phoenix Area Indian Health Service



What is Provider Enrollment in IHS?



- Initiating and maintaining the enrollments of the facility and individual providers with Centers for Medicare and Medicaid Services (CMS), Medicaid programs, and private insurance programs.
 - The very start of the Revenue cycle
- Point-of-contact/Liaison
- Authorized agent
- Trouble shooting billing errors stemming from provider enrollment issues
- Communication



Overview of Concepts



- Tax Identification Number (TIN)
- Legal Business Name (LBN)
- National Provider Identifier (NPI)
- Licensure and Certification



Tax Identification Number



- A federal **Tax Identification Number** (TIN) is also known as an Employer Identification Number (EIN), and is used to identify a business entity.
- TINs are assigned by the Internal Revenue Service.
- You can have one TIN for multiple NPIs.



Legal Business Name



Each health care facility has a unique ***Legal Business Name*** (LBN)

- Identifies organizations
- May be different than the ***Doing Business As (DBA)*** facility name used to commonly identify the facility
- Should be consistent with each respective organization's National Provider Identifier enrollment



National Provider Identifier



- Definition: A unique identification number assigned to healthcare providers
- Purpose: Serves as the identification number assigned to health care providers for billing purposes



National Provider Identifier



Types of NPIs:

1. Individual

- For individual providers who render health care or furnish health care to patients.
- Obtained with first/last name and social security number.

2. Organization

- For organizations that render health care or furnish health care supplies to patients.
- Obtained with the organization's legal business name and tax identification number.

Who Issues NPIs?

Issued by the National Plan and Provider Enumeration System (NPPES).



Licensure & Certification



Facilities:

- Medicare certification is required for IHS healthcare facilities (to participate in the Medicare program)
 - CMS has agreements with the States and has “Deemed Organizations” or approved National Accreditation Organizations, including AAAHC, The Joint Commission, etc.
- Medicaid (Medicare certification, where applicable)
 - Non-IHS healthcare facilities must be licensed by the State
 - IHS/Tribal/Urban (I/T/U) organizations must simply meet State requirements



Licensure & Certification

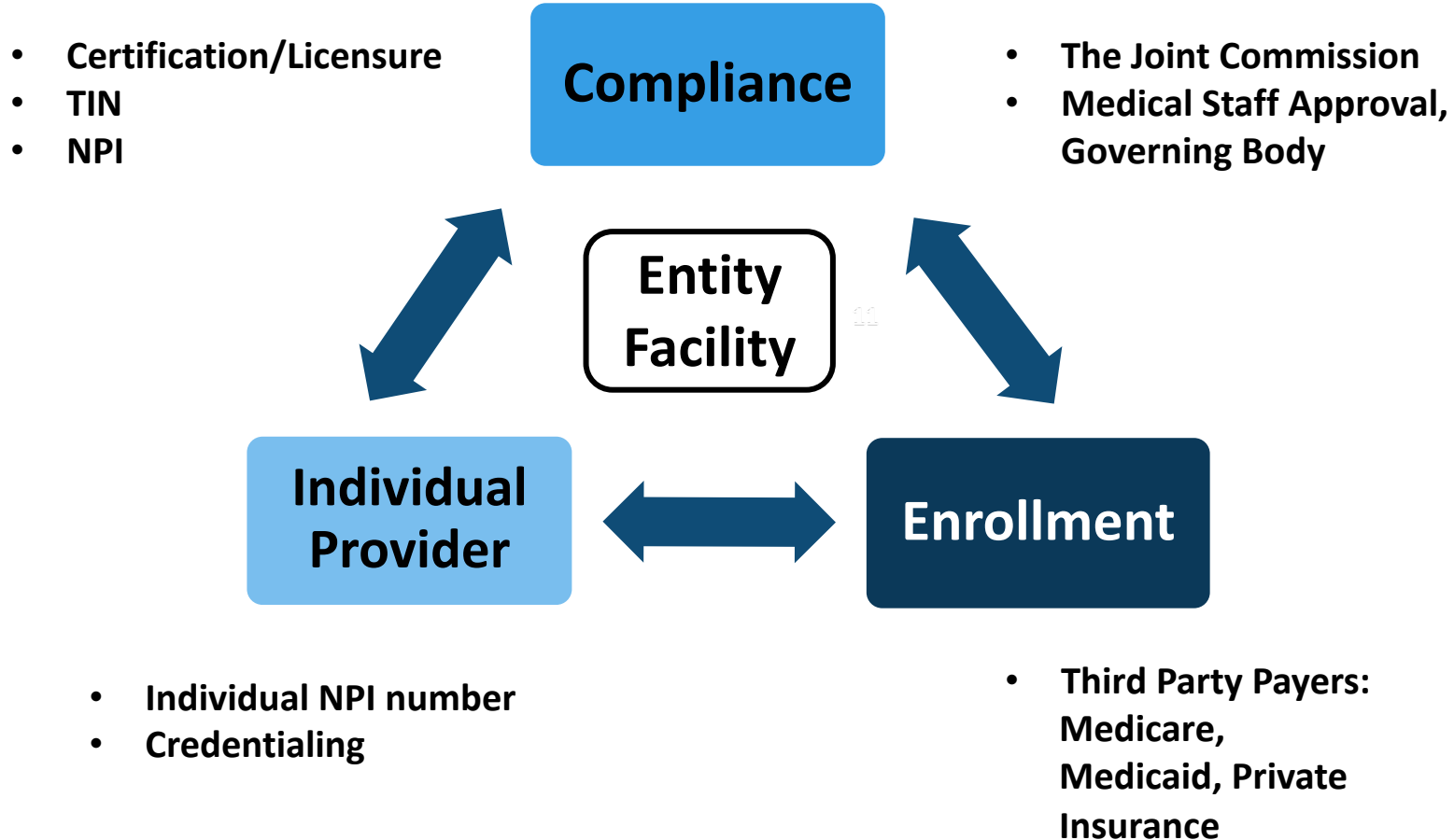


Individual providers:

- Typically require state licensure
 - Some provider types which are not licensed must meet requirements prescribed by law or rules
 - Individual providers employed by I/T/U do not necessarily have to be licensed in that state, so long as they are licensed in another state
- DEA certification
 - If applicable to provider
- Board certifications
 - Optional
 - Maintained by providers



PROVIDER ENROLLMENT STRUCTURE





Part II: Overview of the Medicare Provider Enrollment Process

Diane Steuart

Administrative Officer
Business Development
Phoenix Area Indian Health Service



Purpose of Presentation



Threefold:

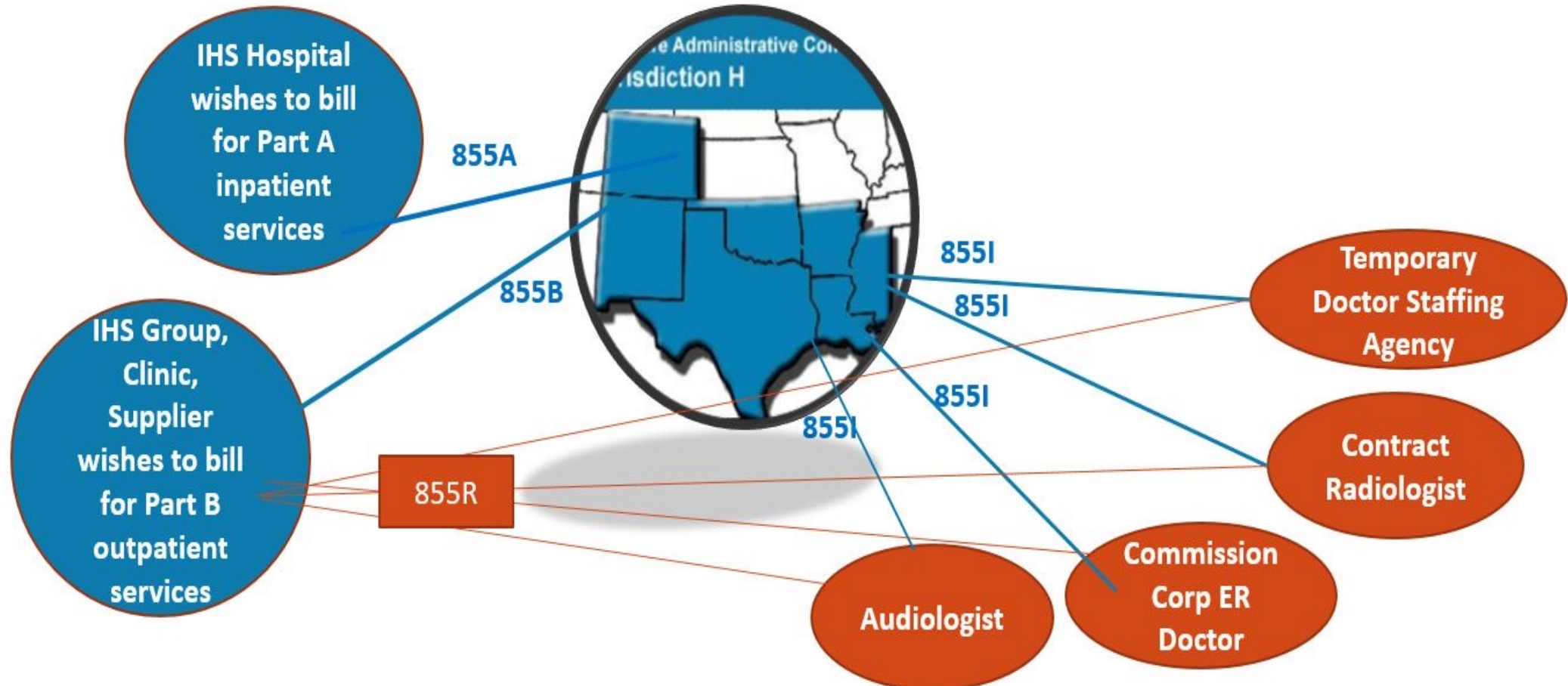
First, to explain the different types of Medicare enrollments that you will be asked to assist with throughout your career.

Two, to identify different ways to complete Medicare enrollments from paper applications to the EDI Gateway to using electronic web portals.

Three, to encourage you to take the deep dive and transition from paper to electronic enrollments



IHS Medicare Administrative Contractor (MAC): Novitas Solutions





Medicare Enrollments for Hospitals, Groups, Clinics or Other Suppliers



Initial Enrollment

- [855A](#) for IHS Hospital
- [855B](#) for IHS Group, Clinic or Supplier

Updates or Changes

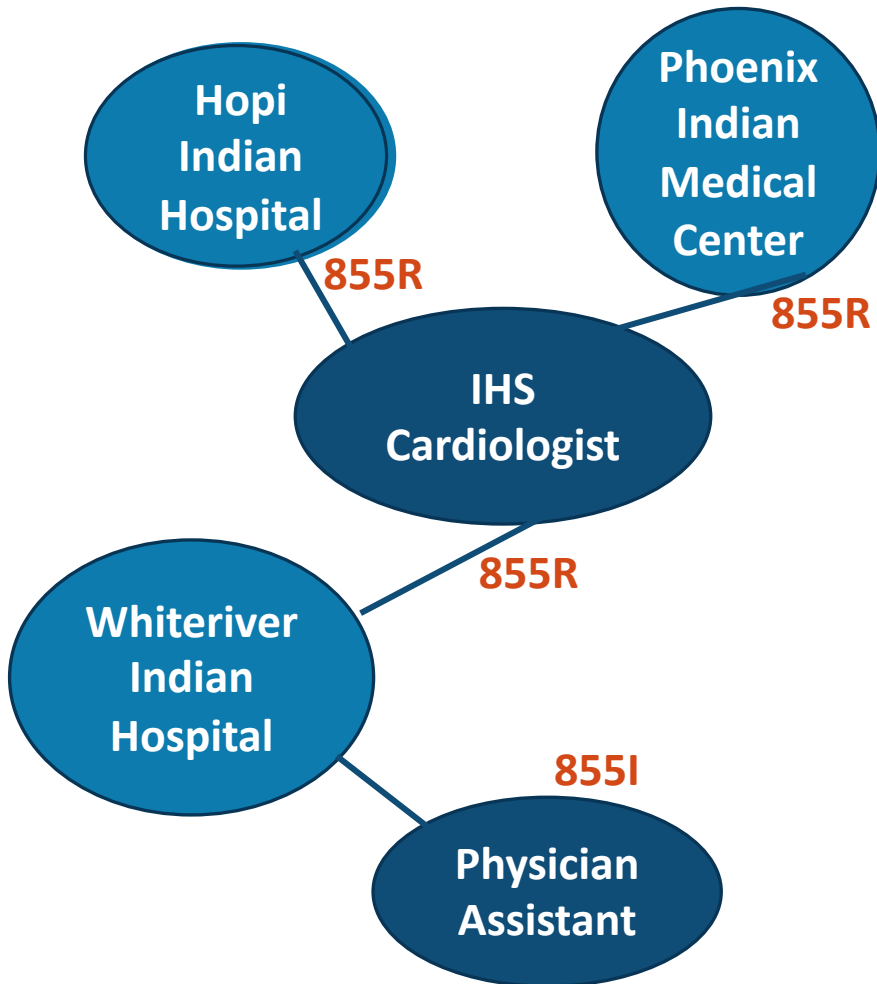
- Correspondence Address
- Change of Primary Location
- Contact Information
- Change of Ownership

Revalidation

- Due every 5 years



Medicare Enrollments for Physicians



855I for Physicians and Non Physicians

- 855I for Contract Radiologists and Temporary Staff
- 855I for Physician Assistants
- [8550](#) for Ordering or Referring Physicians

Reassignment of Benefits

- [855R](#) for Physicians and Non Physicians
- 855R for Contract Radiologists and Temporary Staff
- 855R for IHS Physicians Who Travel to do Clinics
- Use 855I for Physician Assistants

855I, Changes And Revalidation

- Change of State Licensure
- Adverse Legal Action
- Revalidation Due every 5 years



Medicare Revalidation For Hospital, Groups, Clinics, Other Suppliers and Providers

Revalidation

- 855A and 855B Revalidation Due Every 5 Years
 - Application Fee of \$688 may be paid thru PECOS with Credit Card
 - Application Fee paid thru [Medicare Enrollment Application Fee Form](#)
- 855I Revalidation Due for Providers Every 5 Years
 - No Application Fee Due
 - Must Include All Practice Locations

Trick
Question

When to Revalidate

- Typically due 6 months prior to due date.
- [Medicare Revalidation List](#) last refreshed 08/01/2023
- CMS Encourages Using PECOS to Revalidate.
- Novitas Solutions Customer Service 1-855-252-8782, IHS, Part B, TX, Provider Enrollment, Revalidate.
 - Need **contact name**, facility TIN or NPI, facility Legal Business Name, Provider NPI.

How to Revalidate

- [855A](#) select Revalidate in Basic Information section. Complete all sections except 2F, 2G and 2H.
- [855B](#) select Revalidate in Basic Information section. Complete all sections.
- [855I](#) Provider Revalidation in Basic Information section. Complete all sections.
- [Deep Dive to Revalidation Information](#)



Medicare Revalidation For Hospital, Groups, Clinics, Other Suppliers and Providers



Medicare Revalidation List

This tool is a searchable database that allows you to look up the revalidation due date for Medicare providers who must revalidate their enrollment record every three or five years.

Find a Provider:

Search by NPI: 1083643738

Search for an organization: Enter organization name

Search for an individual: Enter provider first name, Enter provider last name

Location: State [dropdown]

Filter records (All, Adjusted Due Dates Only, Specific Range): All records [dropdown]

Buttons: Clear All, Find Provider

Displaying 1 - 2 of 2 records. Records per page: 10

ORGANIZATION Dhew Ind Hlth Sv Hlth Svs & Mntl Hlth Adm NPI: 1083643738	Due Date: TBD Adjusted Due Date: 01/31/2023	State: AZ Specialty: Indian Health Services Facility Reassigned Providers: 0 Enrollment Type: Part A
ORGANIZATION Dhew Ind Hlth Sv Hlth Svs & Mntl Hlth Adm NPI: 1083643738, + 4 more	Due Date: TBD Adjusted Due Date: 11/30/2022	State: TX Specialty: Clinic/Group Practice Reassigned Providers: 539 Enrollment Type: Non-DME Part B

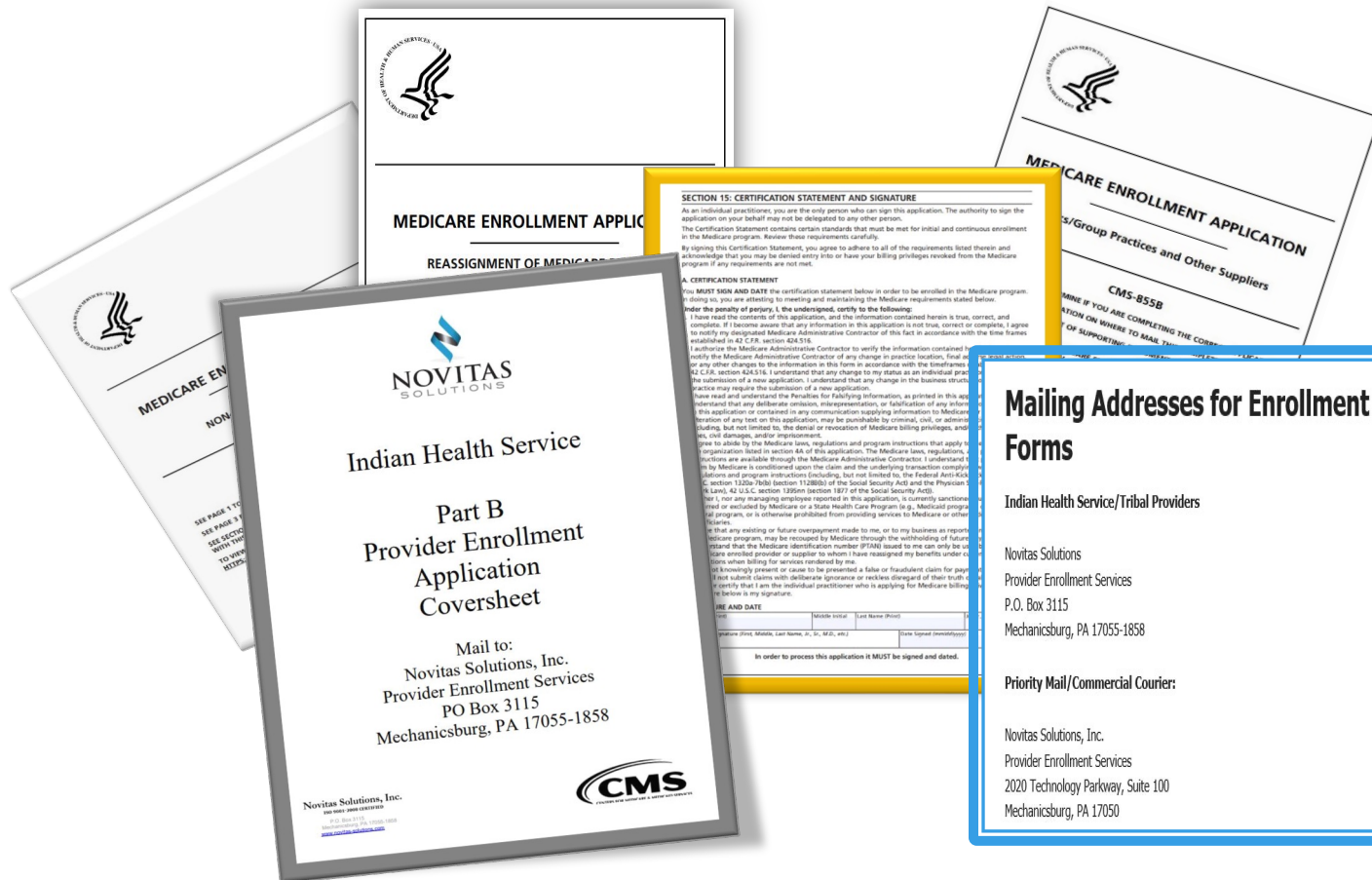
Group NPI #



539 Providers Reassigned to Part B



Medicare Enrollment: Paper Applications



[CMS 855I Template](#)

[CMS 855R Template](#)

[CMS 855A Template](#)

[CMS 855B Template](#)

Mailing Addresses for Enrollment Forms

Indian Health Service/Tribal Providers

Novitas Solutions
 Provider Enrollment Services
 P.O. Box 3115
 Mechanicsburg, PA 17055-1858


Priority Mail/Commercial Courier:

Novitas Solutions, Inc.
 Provider Enrollment Services
 2020 Technology Parkway, Suite 100
 Mechanicsburg, PA 17050



Provider Enrollment Gateway - User Guide





Medicare Part B [\[Change to A\]](#)

- JH Home
- Novitasphere Portal
- Appeals
- CERT
- Claims
- Contact Us
- Education & Training
- Electronic Billing-EDI
- Enrollment
- Home
- Enrollment Gateway
 - Status of My Enrollment
 - Enroll Online Using PECOS Web
 - Enroll / Change / Opt Out
 - Revalidation
 - CMS PECOS Links
 - News & References
 - Tutorials & Help
 - Contact Provider Enrollment
- Evaluation & Management
- Frequently Asked Questions
- Fee Schedules
- Forms Catalog
- Indian Health Services
- Join our E-mail Lists
- Medical Policy / LCDs
- Medical Review
- News & Publications

Medicare JH
Providers in AR, CO, LA, MS, NM, OK, TX, Indian Health & Veteran Affairs

Contact Us | Join E-Mail List | Policy Search | Novitasphere | Share Link

Search

[JH Home](#) > [Enrollment](#)

[Print](#)

Provider Enrollment Gateway

Welcome to the Novitas Solutions Provider Enrollment Gateway. This tool can be used for uploading enrollment applications and responses to development requests, requesting a copy of enrollment correspondence sent to you, or to check the status of a previously uploaded application.

Note: The quickest, most efficient way to submit a Medicare enrollment application is by registering and using the [Provider Enrollment Chain and Ownership System \(PECOS\)](#).

For guidance on using the gateway, please refer to our [help guide](#).

Please click on the [Gateway Help Page](#) and refer to the instructions within that guide on submission through the Gateway.

Note: * Indicates a required field.

* NPI:

* State:

To keep your online enrollment secure, we need to verify your email address. A one-time access code will be sent to inbox. Please provide the email address where you would like to receive the one-time access code. This code will be 30 minutes.

* Email:

Submit an application Check application status Submit development response

FEEDBACK

Provider Enrollment Chain and Ownership System: PECOS

- Medicare Enrollments are done thru 2 web portals. The user pass code to both web portals is the **same**.
- First step, log into [I & A Portal](#) and request a Group Connection. Once approved, then request Provider Connections.
- Second step, get the Provider to approve the connection.
- Third step, log into [PECOS](#) portal. Complete the enrollment.
- Fourth, get the Provider and Authorized or Delegated Official to approve the enrollment.



The image displays two overlapping screenshots of web portals. The top screenshot is the 'Identity & Access Management System' (I & A Portal) with a sign-in form. The bottom screenshot is the 'Medicare Enrollment' page for Providers and Suppliers, featuring a 'USER LOGIN' section and a 'BECOME A REGISTERED USER' section. A large blue arrow labeled 'I & A Portal' points from the text area to the top screenshot, and another large blue arrow labeled 'PECOS' points from the text area to the bottom screenshot.



PECOS



Medicare Provider Enrollment

Diane Stuart
Phoenix Area Business Office

From Paper to Electronic Applications
August 2021 All Staff Presentation

[New to PECOS Tutorial](#)



Identity & Access Management System- I & A



I & A Portal

- A Surrogate Requests The Provider's Approval to Complete A Medicare Enrollment On Their Behalf

Surrogate Requests Access

- CMS sends email notification with link to the I & A Portal

Providers Approves Access

- Provider clicks on link to I & A Portal from CMS email
- Provider uses pass codes to access the portal
- Provider approves surrogates request

Surrogate Notified Request Approved

- Surrogate receives CMS email notification



Identity & Access Management System- I & A



Reply Reply All Forward IM

donotreply@cms.gov | Stuart, Diane (IHS/PHX) 8/26

CMS I&A Connection Request - ACTION REQUIRED

We removed extra line breaks from this message.

A connection request was made by Diane D Stuart at DHEW IND HLTH SV HLTH SVS & MNTL HLTH ADM to **Dr. John Smith** the Centers for Medicare and Medicaid Services (CMS) Identity & Access (I&A) System.

If you are an employee of **Dr. John Smith** ct on this request, please login to I&A using either the link below or cut and paste the link into a new window.
I&A Login Page: <https://nppes.cms.hhs.gov/IAWeb/connections/surrogateDetails.do?selectedOrgId=803A70DDFF04D171255DED4C55AA3773&selectedAssociationId=3FC72E1F2715A55455DF48C568BCD9A4&selectedEmpOrgId=E5A099AB31A7D0B4DF4723A11D6262A1>

Request Information:
Date of Request: 08/26/2020
Request Tracking ID for PECOS access: S4648944 Request Tracking ID for EHR Incentive Program access: S4648945 Request Tracking ID for NPPES access: S4648946

Systems that currently accept I&A log in credentials:
PECOS (<https://pecos.cms.hhs.gov>)
EHR Incentive Program (<https://ehrincentives.cms.gov>) NPPES (<https://nppes.cms.hhs.gov>)

If you have any questions, please contact the External User Services (EUS) Help Desk:
External User Services (EUS) Help Desk
PO Box 792750
San Antonio, TX 78279
1-866-484-8049
EUSsupport@cgi.com

If you have any questions regarding the EHR Incentive Program, please contact the EHR Information Center:
EHR Information Center
1-888-734-6433 (Primary number)
1-888-734-6563 (TTY number)

Identity & Access Management System- I & A

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

[Delegated Official Role Title Change to Access Manager in I&A](#)

Starting June 8, 2020, the Identity and Access Management System (I&A) will change the title of the Delegated Official (DO) role to Access Manager (AM) throughout the I&A System. There will not be any changes to the functions, access privileges held by the Delegated Official role, this is simply a title change to Access Manager. We are making this change to avoid confusion between the Delegated Official in the Provider Enrollment, Chain, and Ownership System (PECOS) and the Delegated Official in the I&A System. The change has no impact on the Delegated Officials listed in PECOS or their titles. PECOS will remain unchanged. The title, requirements and functionality for the Authorized Official (AO) role will remain the same. There is no impact to users in I&A as a result of this change except for the title change mentioned above and no additional action is required.

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information. **Create Account Now**

Use this system to register for Medicare or update your current enrollment information.

Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

Use this system to apply for and manage National Provider Identifiers (NPIs).



Identity & Access Management System- I & A



Home My Profile **My Connections** My Staff

My Connection ► Connection Detail [◀ Back to Previous Page](#)

Provider Details

Name: [Redacted]
[View Other Name\(s\)](#)

Phone: [Redacted]

NPI: [Redacted]

Doing Business As (DBA):

Business Mailing Address: [Redacted]
Suite B6

City: STERLING

State:

ZIP Code: [Redacted]

E-mail Address:

Business Functions Details [Optional Summary Confirmation](#)

Business Function	Requested Date	Access Status	Tracking ID	Available Actions
PECOS	07/31/2019	Pending	S7724784	Approve Reject
EHR Incentive Program	07/31/2019	Pending	S7724785	Approve Reject
NPPES	07/31/2019	Pending	S7724786	Approve Reject

Document Management:



Provider Enrollment Chain and Ownership System- PECOS



PECOS Portal

- A Surrogate Determines which Enrollments are Needed
- A Surrogate Completes the Enrollments Needed
- Provider is Notified to Review and Electronically Approve
- Authorizing Official is Notified to Review and Electronically Approve

Surrogate Complete Needed Enrollments

- Creates Initial Enrollments As Needed
- Reassigns Benefits from Provider to Group
- Completes Revalidation Enrollment

Surrogate Asks Provider to Approve

- Provider logs in to PECOS Portal
- Reviews Enrollment and Electronically Signs

Authorizing Official Approves

- Authorizing Official is Notified by CMS Email
- Authorizing Official Logs in to PECOS Portal
- Authorizing Official Electronically Signs Approval



Provider Enrollment Chain and Ownership System-PECOS



My Application Progress 47%

Home > My Associates > My Enrollments > Initial Enrollment

[Topic View](#) [Fast Track View](#) **Error/Warning Check 10**

Enrollment ID: O10082019000005
PaCID: A005425094O10082019000005
Web Tracking ID: T100820190000003

Errors for this Enrollment

Errors were found for this enrollment application or the enrollment on file with Medicare. Please review the errors listed below and verify that the information entered is correct.

Verification of this information is required; the submission process will not continue without verification of this information.


Topic	Error
Organization Information	Organization Information is required.
Correspondence Address	Correspondence Address is required.
Physical Location and "Special Payments" Address	Physical Location and "Special Payments" Address is required.
Rendering Healthcare Services at a Patient's Home	Rendering Healthcare Services at a Patient's Home is required.
Organization Control	Organization Control is required.
Contact Person	Please review that the Contact Person information listed is correct. Click "Review Complete" on the Summary page to confirm and continue.
Reassignment	Reassignment is required.
PAR Status Information	PAR Status Information is required.
Electronic Funds Transfer	Electronic Funds Transfer is required.
Required and/or Supporting Documentation	Required and/or Supporting Documentation is required.



Provider Enrollment Chain and Ownership System-PECOS



PECOS Electronic Signature Request Inbox x

 **customerservice-donotreply@cms.hhs.gov**
to me -
Cristina Hunt,

A Medicare application for Walnut Avenue Associates PC for Initial Enrollment has been submitted by Gemma Morrow, 555-555-5555 gmm76@yahoo.com. You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
Provider/Supplier Name: CGI Hospital
Provider/Supplier Specialty Type: OTHER
State: VA
Form Type: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (855B)
Practice Location: 5555 Address, Any City, VA 55555
NPI: 1111111111
Web Tracking ID: T100820190000003
Signatory Name: Cristina Hunt
Signatory Role: AUTHORIZED OFFICIAL
Topic/s Changed: All Topics

Instructions:
You may provide an electronic signature using your PECOS user ID at (<https://pecos.cms.hhs.gov>) OR through the PECOS E-Signature website: <https://pecos.cms.hhs.gov/pecos/eSignLogin.do> using your identifying information, e-mail address, and unique PIN 1573051487661. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please call PECOS External User Services (EUS) at: 1-855-484-8049/TTY: 1-856-523-4759 or visit us at <https://eus.custhelp.com>.

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.



Provider Enrollment Chain and Ownership System-PECOS



Medicare Enrollment

for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

[LOGIN](#)

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

[Questions? Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must register for an NPI [before enrolling with Medicare](#).

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Important Note: CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee for any applications submitted on or after March 1, 2020 in response to COVID-19. Please do not submit an application fee with your application. For more information on provider enrollment flexibilities related to COVID-19, please visit the [CMS website \[PDF\]](#).

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

[E-Sign your PECOS application](#) - Access the PECOS E-



Provider Enrollment Chain and Ownership System-PECOS



Welcome Cristina Hunt

Release Notes
Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF]

System Notifications
Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

Manage Medicare and Account Information

MY ASSOCIATES **ACCOUNT MANAGEMENT**

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name: Hospital One
TIN (EIN): 111111111
Web Tracking ID: T10082019000003
Form Type: 055B
Application Submitted: 11/05/2019

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES **VIEW AND SIGN**

Role: AUTHORIZED OFFICIAL
Document: ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT **VIEW AND SIGN**

VIEW ALL SIGNATURES

Help

- User Account
- Manage Access

Additional Resources

- Medicare ID Search Tool
- How to Guides
- FAQs
- Glossary
- Who Should I Call? (PDF, 214 KB)
- Application Status Kiosk
- Additional Links

Your Done!



PECOS Contact Information



External User Services: (866) 484-8049

MAC - Novitas Solutions: (855) 252-8782

MAC JH Website: [Home \(novitas-solutions.com\)](https://www.novitas-solutions.com)

Not sure who to call? [Medicare Applications Who to Call Aid](#)

(Located on the PECOS log-in page)



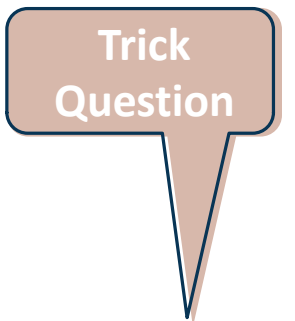
Review Purpose of Presentation

Threefold:

First, to explain the different types of Medicare enrollments that you will be asked to assist with throughout your career.

Two, to identify different ways to complete Medicare enrollments from Paper Applications to the EDI Gateway to using electronic web portals.

Three, I hope you are encouraged to take the deep dive and transition from paper to electronic enrollments





Part III: The PIMC Experience: AHCCCS and Blue Cross Blue Shield of AZ Provider Enrollments

Kristina Fish

Supervisory Health System Specialist
Phoenix Indian Medical Center
Phoenix Area Indian Health Service



OVERVIEW



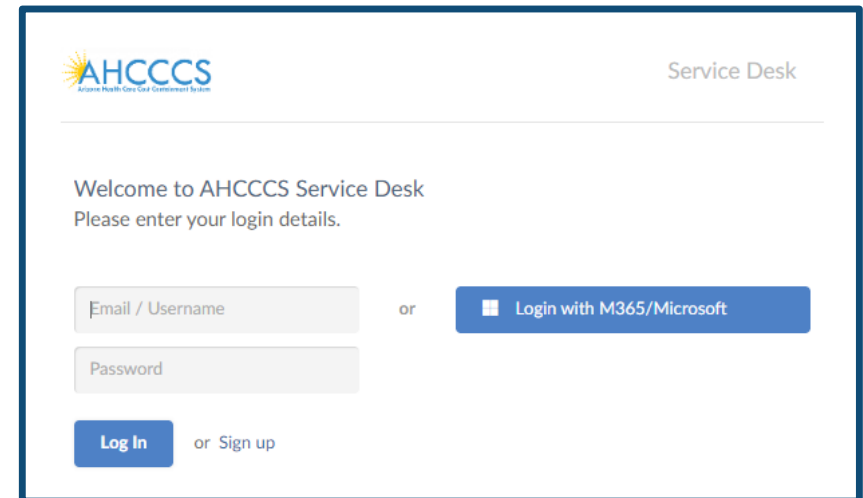
- Arizona Health Care Cost Containment System (AHCCCS) Provider Enrollment
 - AHCCCS is AZ Medicaid
- AHCCCS Provider Enrollment Portal System
- AHCCCS Service Desk
- Private Insurance: Blue Cross Blue Shield of AZ



AHCCCS PROVIDER ENROLLMENT



- AHCCCS Provider Enrollment Portal (APEP)
 - User-friendly and efficient
 - AHCCCS no longer accepts paper applications as of August 2020
- AHCCCS Service Desk online
 - Service desk ticket vs. calling in
 - Again, user-friendly and efficient





AHCCCS PROVIDER ENROLLMENT



Individual provider application and Institutional provider application

1. NPI
2. Completed W9 tax form (TIN and Pay-to address)
3. Current professional certifications/licensures

Application fee:

1. Applies to: Institutional application only, individual provider applications are no cost
2. Applies to: new enrollments, revalidation, and reactivation of a disenrolled provider
3. 2023 Fee amount: \$688.00 – amount is subject to change every calendar year



AHCCCS PROVIDER ENROLLMENT



View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/10/2023	03/14/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 3: Correspondence Address	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 4: Provider Type/Specialties/Subspecialties	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 5: Associate Billing Provider/Other Associations	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Required	04/05/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Optional	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 9: Populations Served	Optional	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 10: Upload Documents	Required	03/07/2023	03/07/2023	Complete		
<input type="checkbox"/> Step 11: Complete Modification Checklist	Required	03/10/2023	03/14/2023	Incomplete		
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/10/2023	03/14/2023	Complete		

View Page: Viewing Page: 1



AHCCCS PROVIDER ENROLLMENT



Maintaining enrollment:

1. Report changes of information using APEP
 - Changes in services address
 - Changes in managing employees (List managing employees and Federal Government as owners)
 - Changes with certifications/licensures
 - Ensure correspondence address and contact person is up-to-date
2. Maintain current certifications/licensures
3. Timely response to any requests from AHCCCS

Revalidation:

Every 4 years (unless AHCCCS requests an off-cycle revalidation)

AHCCCS has resumed sending out revalidation notifications 11/2022



AHCCCS Contact Information



Provider Assistance: (602) 417-7670 *option 5*

Fax number: (602) 256-1474

Email address: PRNotice@azahcccs.gov

Website: <https://www.azahcccs.gov/APEP>

Help Desk email: APEPTrainingQuestions@azahcccs.gov



Private Insurance: Blue Cross Blue Shield of AZ Provider Enrollments



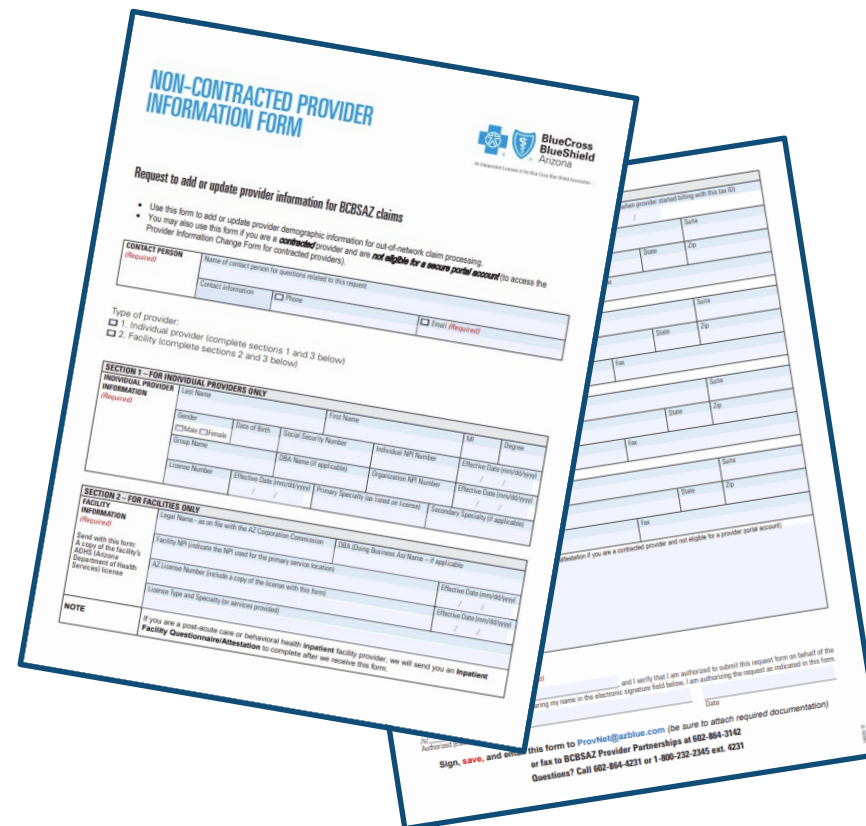
Blue Cross Blue Shield of AZ



- PIMC enrolled as a Non-Contracted Group
 - No agreement or contract in place
 - Facility (Group) is enrolled for the sake of billing/reimbursement process
 - No enrollment fee
- Individual providers are added (enrolled) to the Group's Tax ID Number
 - Non-Contacted Provider Information Form
- Open communication with BCBS Liaison

Blue Cross Blue Shield of AZ: FORMS

1. Non-Contracted Provider Request form
2. Dental Provider Information Change Form
 - Request to add or update non-contracted provider information
 - Information required:
 - Provider information
 - Group information
 - PDF Form available on the provider website
 - Submission of form:
 - Fax
 - Secure email to AZ Blue IHS Liaison





Blue Cross Blue Shield of AZ: Maintenance of Provider Enrollments



- Facility information
 - Pay-To address
 - Contact person
 - Correspondence address/email
- Individual provider information
 - Name changes
 - Certification and licensure updates
 - Removal (disenrollment) from Group's TIN association when no longer active at Facility



Blue Cross Blue Shield of AZ Contact Information



Provider Assistance: (602) 864-4231
(800) 232-2345 ext 4231

Fax number: (602) 864-3142

Email address: Prov.Net@azblue.com

Website: <https://www.azblue.com/>



How do you keep track of the enrollments??



- Follow-up schedule
- Tracking spreadsheets
- Provider enrollment *provider listing*
 - Active providers
 - Inactive providers
 - Facility information
- Communication!
 - Revenue Team
 - Medical Staff Credentialing office
 - Chief Medical Officer and providers
 - Authorized agent for your facility



The Typical Process

1. Receive Credentialing packet from Medical Staff Credentialing department
2. Add to Tracking sheets
 - Prepare documents
3. When is the provider starting?
 - Communicate with Department provider leadership
 - Need start dates
 - Watch New Employee Orientation list
 - RPMS profile creation
4. Enrollments w/payers
 - Developments
 - Waiting on provider signatures – send email reminders
 - Payer process times vary
5. Approvals
 - Communicate w/Revenue team for RPMS entry
 - Remove from Tracking sheet
 - Add to Provider enrollment *Provider list*



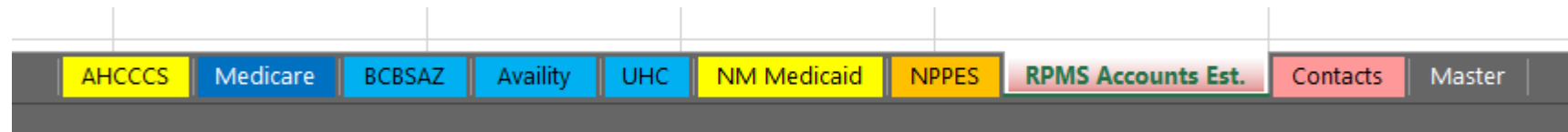
Tracking Spreadsheets



Tracking Spreadsheet example:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	In Progress = Working on application			Service Desk = Pending service desk assistance				Not started = App not started/Provider has not come onboard yet				01.11.23 began using provider enrollment email.		List started 09.23.2022				
2	Pending = Submitted, waiting on AHCCCS approval			Approved = AHCCCS approved, provider enrolled				Declined position = Provider rescinded acceptance of position				No start date	Approved	Revalidation				
3	Approved modification or Reactivated account																	
4	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
5	1	Provider	Name Provider	MD	Internal Medicine	1/1/2023		IHS	123456789	12345678910	85016		Pending	02.22.23	02.22 submitted app. 02.20 cred packet rovd.			
6	2			NP	Emergency Medicine			Contract - Medicus					Approved					
7	3			PA-C				NIH					In progress					
8	4			CNM									Service desk					
9	5																	
10	6																	
11	7																	
12	8																	
13	9																	
14	10																	
15	11																	
16	12																	
17	13																	
18																		
19	January Approvals			February Approvals														
20	Doc name 01.05 - Jo																	
21	CNM name 01.16																	
22																		
23																		
24																		

Tabs to help separate payors or topics:





Tracking Spreadsheets example



Agency	Agency Code	Agency Name	Agency Type	Agency Address	Agency City	Agency State	Agency Zip	Agency Phone	Agency Fax	Agency Email	Agency Website	Agency URL	Agency Status	Agency Comments
...

Agency	Agency Code	Agency Name	Agency Type	Agency Address	Agency City	Agency State	Agency Zip	Agency Phone	Agency Fax	Agency Email	Agency Website	Agency URL	Agency Status	Agency Comments
...



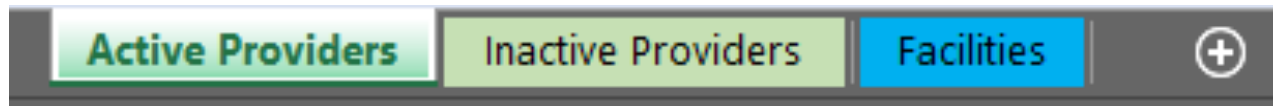
Provider Enrollment *Provider List*



Headers for List:

#	Provider Name	Credit	Department	Start Employ. Date	End Employ. Date	Employee Type	NPI#	DEA#	DEA Issue Date	DEA Exp Date	DEA zip code	
State License #	State Lic. Eff Date	State Lic. Renew by	State Lic. File	AHCCCS Provider ID	AHCCCS Application II	AHCCCS Corresponding Zip Code	AHCCCS Revalidation	AHCCCS ID effective date	Medicare PTAN	PTAN effective date	U-PIN#	BCBSAZ Provider ID#

Tabs:



Active Provider List is shared with:

- Revenue Team – Billing and Accounts Receivable
- Patient Access Team – Registration and Benefit Coordination
- PRC Team
- Case management Team



Helpful Tips



- Websites: DEA, State Boards, NPI Registry, Board certification, etc.
- Manuals/Guidelines – IHS, Medicare, Medicaid, etc.
- Payer trainings/Newsletters
- Tracking spreadsheets
- Record keeping - electronic files (secure)
- Revenue team are resources
- Special considerations:
 - Physician Assistants
 - Nurse Practitioners
 - Licensed Clinical Social Workers
 - Registered Dieticians
- Remember to change point-of-contact information when necessary
 - Point-of-contacts
 - Authorized Managers
 - CEO

Q & A





Our Contact Information



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