DEPARTAMENTO DE SALUD

Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Enrollment_Group_Ref_Guide

Provider Enrollment Portal (PEP) Enrollment Steps – Group

Phase Two Final User Documentation

Training Material – Reference Guide

Version 5.0

gainwell

Change History

Version #	Date	Modified By	Description
5.0	11/10/2023	Gainwell Technologies	R23-R26 Updates
4.0	05/12/2023	Gainwell Technologies	R19-R22 Updates
3.1	10/22/2021	Gainwell Technologies	Logo updated per CR 21-672
3.0	03/15/2021	Gainwell Technologies	R17/R18 Updates
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1 Acronyms

The following table contains the list of abbreviations used within the text of this document. Acronyms found in images are not necessarily addressed unless the acronym is needed to complete the task.

Note: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

Acronyms	Definition
ATN	Application Tracking Number
DDE	Direct Data Entry
DEA	Drug Enforcement Administration
EDI	Electronic Data Interchange
EIN	Employee Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identifier
IRS	Internal Revenue Service
LMS	Learning Management System
MCD	Medicaid ID
NPI	National Provider Identifier
PDF	Portable Document Format
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PII	Personally Identifiable Information
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
RTP	Return to Provider
URL	Uniform Resource Locator

2 Overview

The **Provider Enrollment Portal (PEP) Enrollment Steps – Group Reference Guide** includes enrollment application instructions and notifications applicable to providers wishing to enroll in the Puerto Rico Medicaid Program (PRMP) using the Provider Enrollment Portal (PEP). In order to complete an application for enrollment as a Group in the PRMP, you must complete all required enrollment steps and submit your application for review.

This document may be used in conjunction with training sessions or as a stand-alone reference resource.

Training participants are assumed to have general familiarity with navigating the internet, using computers, and understanding terminology such as icon, desktop, folders, tabs, browsers, search, toolbars, menus, mouse, hyperlinks, printing options, and save options. It is recommended for participants to bring note-taking materials such as writing utensils, a notepad, highlighters, or sticky notes.

This document, along with other PEP training documents, is available in the Puerto Rico Medicaid Program (PRMP) Learning Management System (LMS). You can find it by going to the following link: https://lms.prmmis.pr.gov

After reading the **Provider Enrollment Portal (PEP) Enrollment Steps – Group Reference Guide**, Providers should be able to complete these learning objectives in PEP:

- Complete all required enrollment application steps
- Submit an enrollment application
- Understand the different notifications received from the Provider Enrollment Portal and the required actions to take

Note: This training guide contains fictitious information and does not contain protected health information (PHI) or personally identifiable information (PII) data.

3 New Enrollment Application

A new enrollment application displays after having completed the Enrollment Registration page.

To see the detailed steps for completing the Enrollment Registration page, refer to **Section 2.1** of the

Provider Enrollment Portal (PEP) Navigation Reference Guide.

The Group enrollment type consists of two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment). All payments made are reported to the IRS against the group's EIN.

The Enrollment Process for a Group consists of multiple steps that must be completed in order to accept and submit an enrollment application.

Each step is discussed in the following sections, including the panels and fields that must be completed.

3.1 General Information

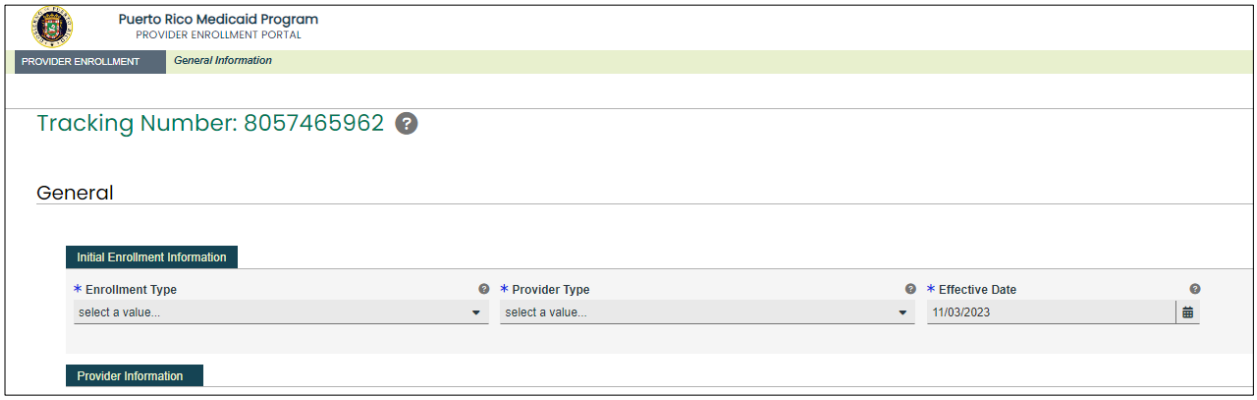
Quick Reference – General Information

Table 2 – General Information

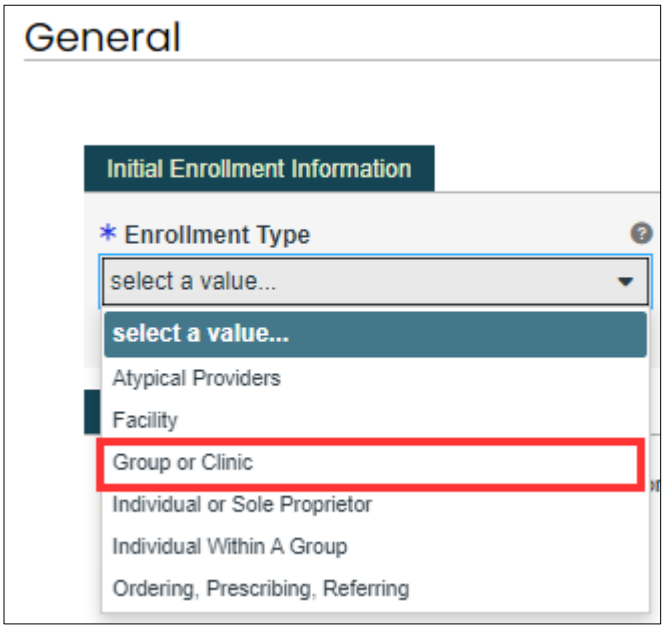
Step	Task	Action	Result
Start from the General Information page, the first step on a new enrollment application page.			
1	Select Enrollment Type.	Click the drop-down list under Enrollment Type and click Group or Clinic.	a. Pop-up window displays, indicating that once the application is saved, the Enrollment Type cannot be changed. b. The required enrollment steps and a progress bar display at the top of the page.
2	Select Provider Type.	Click the drop-down list under Provider Type and click the relevant Provider Type.	Pop-up window displays, indicating that once the application is saved, the Provider Type cannot be changed.
3	Add Effective Date.	Enter the date you wish the enrollment in PRMP to be effective.	Effective date is added
4	Add General Information.	Complete the rest of the General Information page, including: a. Provider Information and related questions b. Contact Information Click Save and Continue.	General Information is saved. Progress bar advances to the next available page.

Detailed Steps

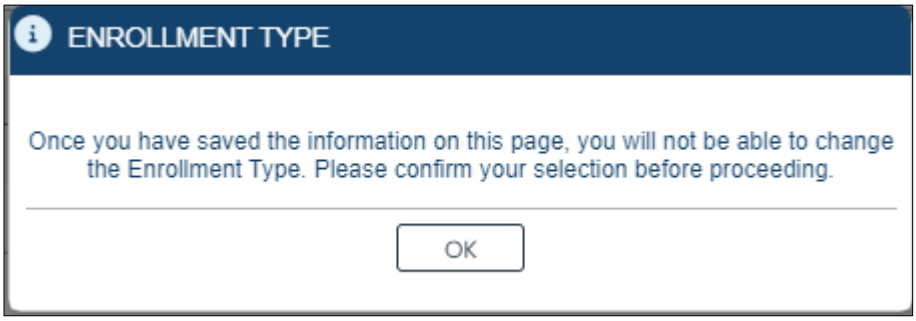
1. Once registration has been completed, the new enrollment application begins with the General Information page.



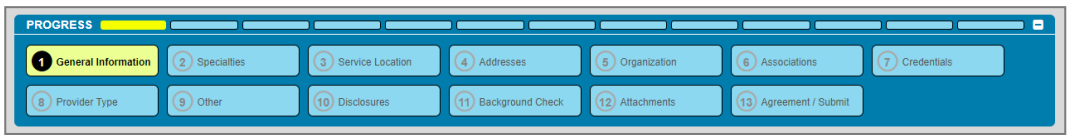
In the **Initial Enrollment Information** section, click the drop-down list under **Enrollment Type** and select the "**Group or Clinic**" option.



a. Once an Enrollment Type is selected, a pop-up window displays, indicating that once the data on this page is saved, the Enrollment Type cannot be changed.



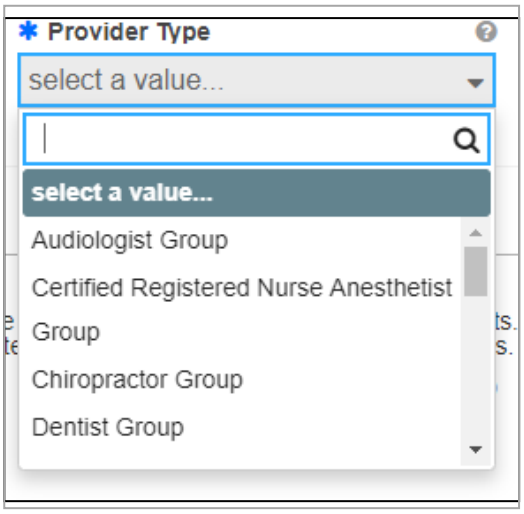
b. The steps required to complete the enrollment for a Group will display at the top of the page, along with a progress bar to show your current progress.



DIFFERENT ENROLLMENT STEPS DISPLAYED: *The steps displayed at the top of the screen may continue to change during the enrollment process as more information is entered in the application that dictate the remaining steps that are required.*

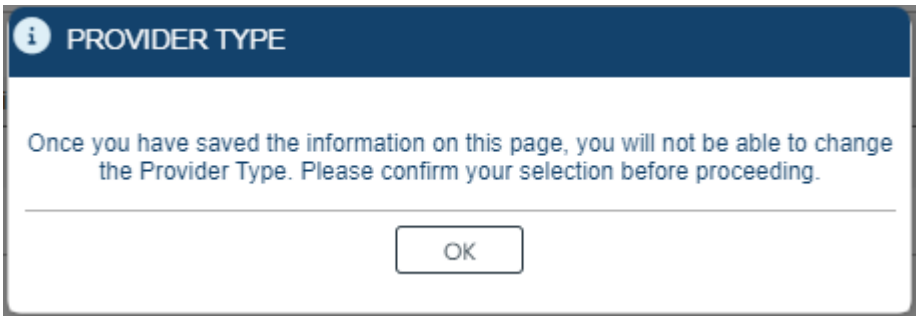
Steps are determined to be required, optional, or non-applicable based on the Provider Type, Specialties, and other related information.

2. Click the drop-down list under Provider Type and select the appropriate Provider Type for the Group that is enrolling. The Provider Types shown in the drop-down list are for the Group Enrollment Type.



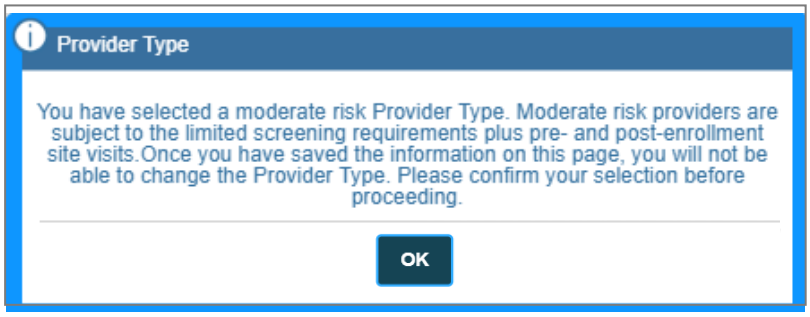
PROVIDER TYPE: *The Provider Type drop-down list is dynamic based on the Enrollment Type selected. If you do not see your Provider Type in this list, verify that you have selected the correct Enrollment Type.*

Once the Provider Type is selected, a pop-up window displays, indicating that once the data on this page is saved, the Provider Type cannot be changed.

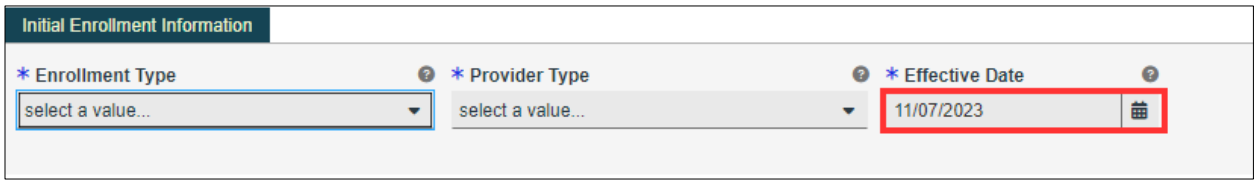


PROVIDER RISK: *Depending on the Provider Type chosen, the provider's risk level (limited, moderate, or high) and the additional steps that the provider must take in addition to the enrollment will be displayed in the generated pop-up window.*

Example of Provider Type pop-up window with provider risk level disclosed:



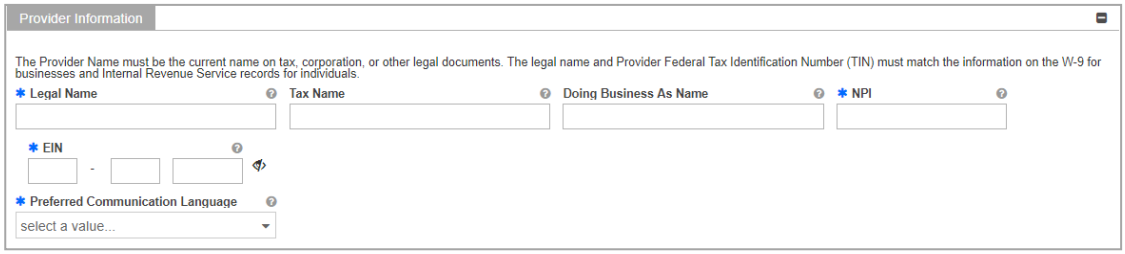
3. In the **Effective Date** field, select the date (or leave the default) you wish the enrollment in PRMP to be effective once approved.



NOTE: *Retroactive enrollment dates will only be considered for approval up to 90 days in the past.*

4. Complete the sections of the General information page.
   a. **Provider Information and related questions** – Identifies information about the provider applying for PRMP enrollment.

For a Group, this section displays business-related fields.



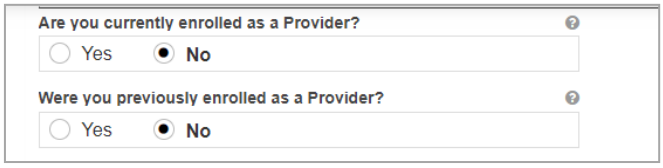
NOTE: *Characters with accents are not accepted within PEP fields. If you are using your browser's auto-fill settings, verify that the information in the application's fields is correct before saving.*

Answer the questions that display at the bottom of the **Provider Information** section. Answer the **"Are you currently enrolled as a Provider?"** and **"Were you previously enrolled as a provider?"** based on the appropriate scenario.

i. **New Enrollment:**

- If you have never been approved for enrollment in PRMP through PEP.

Answer No to the currently enrolled and previously enrolled questions.



ii. **Additional Enrollment**:

- If you have been approved for enrollment in PRMP through PEP,

  AND

- If you are currently active in the PRMP,

These steps are most common if you are:

- Adding a new Primary Service Location that was not previously included in your PEP enrollment application. This is most common if you open a new location after your initial enrollment.

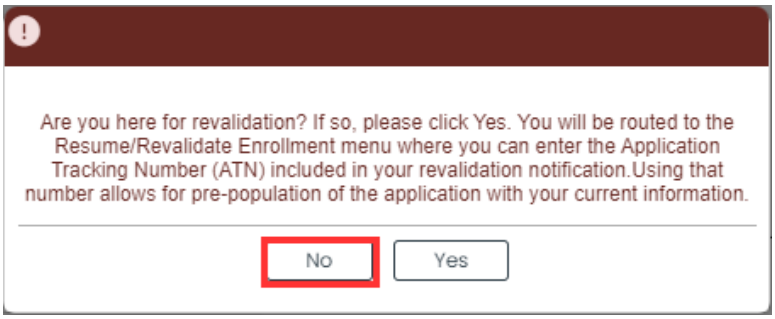
OR

- Applying with a different Enrollment Type.

Please note that if you are applying with more than one Enrollment Type, you must **wait for your first enrollment application to be approved** before submitting your second application. You will need the provider identification number generated when your first enrollment application is approved in order to complete these steps.

Select **Yes** for the currently enrolled question.

Click **No** in the displayed revalidation pop-up window.



You will be prompted to enter your Current Provider Identifier. This is the Medicaid Identifier (MCD) that was listed in your Welcome Letter and is associated with your previously approved PEP enrollment application. If you have multiple service locations, enter the MCD for any active service location. The one ending in "00" is the primary service location and is preferred.

Select **No** for the previously enrolled question.

iii. **Revalidation (Currently Active):**

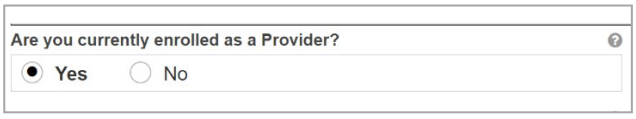
- If you were previously approved for enrollment in PRMP through PEP,

  AND
- If you are currently active in the PRMP,

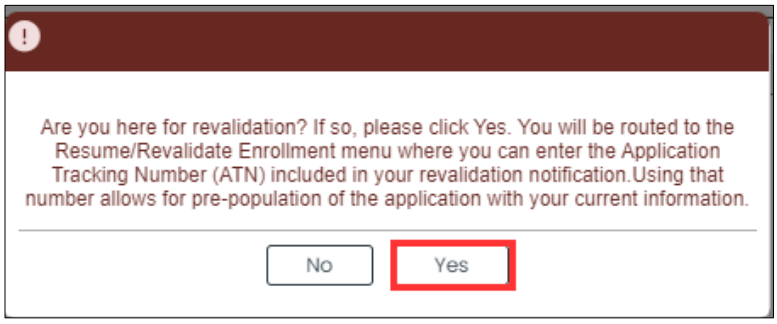
  AND
- You received a letter requesting you to revalidate your enrollment.

The letter will include your ATN from your previously approved enrollment application; the ATN will be used to auto-populate data in your revalidation enrollment application.

Select **Yes** for the currently enrolled question.



Click **Yes** in the displayed revalidation pop-up window.



NOTE: *If Yes is clicked in the revalidation pop-up window, you will be taken to the Resume/Revalidate Enrollment menu option. This option is discussed in* ***Section 2.4*** *of the* ***Provider Enrollment Portal (PEP) Navigation Reference Guide****.*

iv. **Reenrollment (Currently Inactive):**

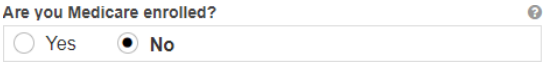
- If you were previously approved for enrollment in PRMP through PEP,

  AND
- If you were terminated and are now inactive in the PRMP.

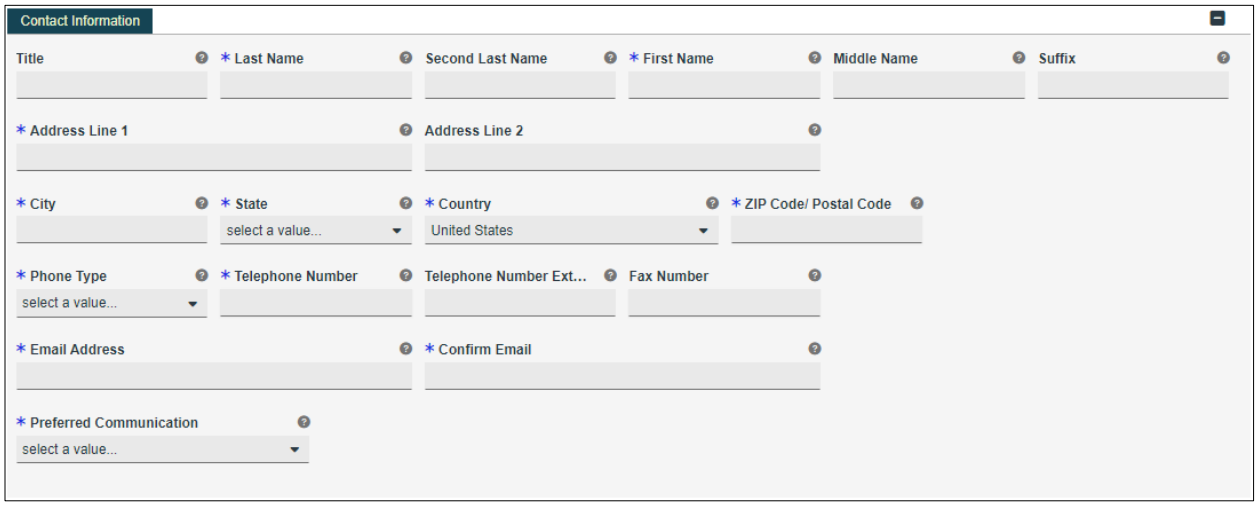
You must apply for reenrollment. Select No for the currently enrolled question and Yes for the previously enrolled question.

When you select **Yes**, you will be prompted to enter your Previous Provider Identifier. This is the Medicaid Identifier (MCD) that was listed in your Welcome Letter and is associated with your previously approved PEP enrollment application. If you have multiple service locations, enter the MCD for any active service location. The one ending in “00” is the primary service location and is preferred.

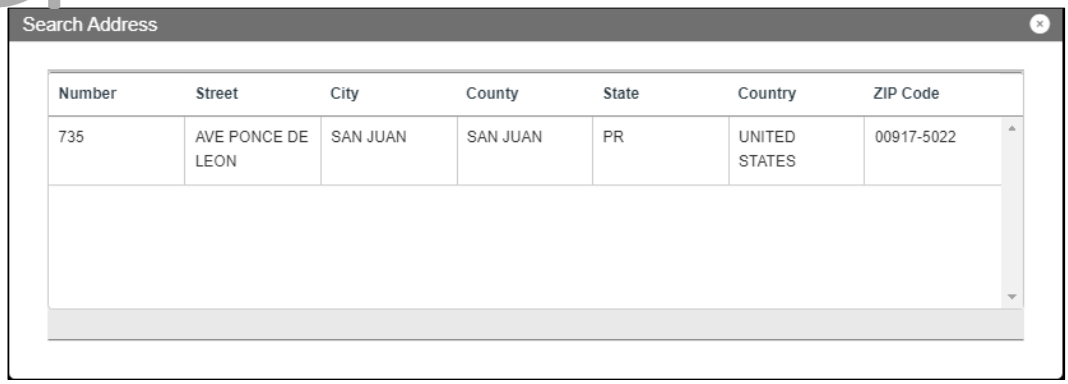
Answer the remaining question that asks if you are Medicare enrolled.



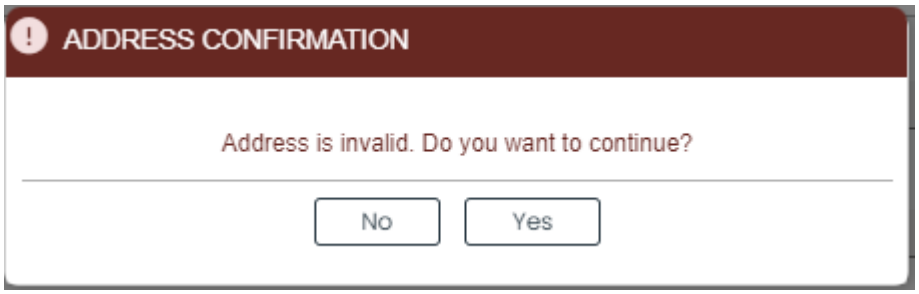
b. **Contact Information** – Enter contact information for the person responsible for addressing any application-related questions.



VALID ADDRESS: *The PEP system will validate the address entered. If there is an updated variation, select that address from the pop-up window that displays.*



ddress is found to be invalid, the following pop-up screen displays:



Please note that addresses will only be validated by USPS if they are entered in the following order: In the first line add the building or house number followed by the street name and/or number, and in the second line add the housing, neighborhood or county name.

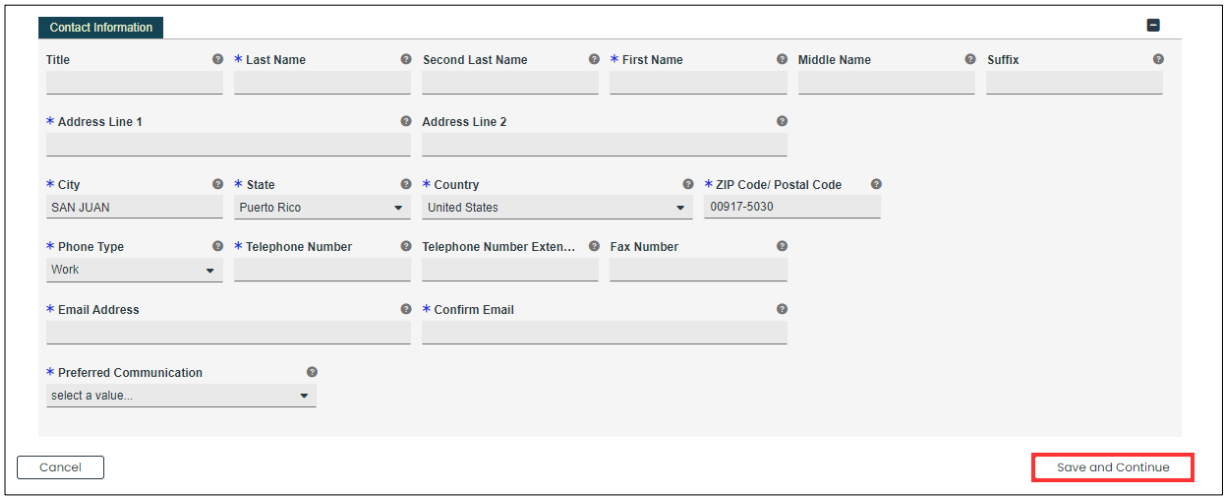
Example of a valid address: 735 Ave Ponce de León Suite 710

Torre Hospital Auxilio Mutuo
San Juan PR 00917-5030

Example of an invalid address: Torre Hospital Auxilio Mutuo

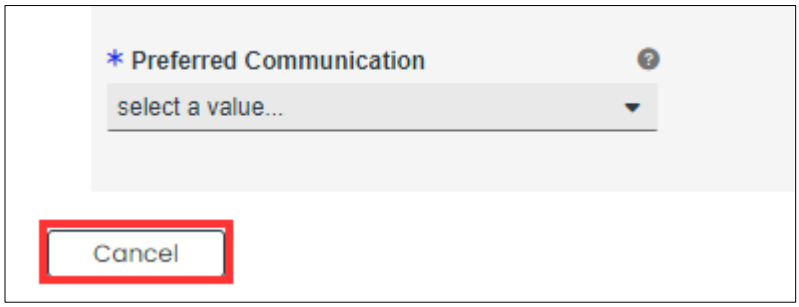
735 Ave Ponce de León Suite 710
San Juan PR 00917-5030

Click **Save and Continue** at the bottom-right to save the General information page.



NOTE: *If you exit your enrollment application before submitting it, the information you had previously saved will be retained and you may resume your enrollment where you left off.*

If you wish to exit your enrollment application without saving the information you have added to the page, click the Cancel button on the bottom left corner of the page.



3.2 Specialties

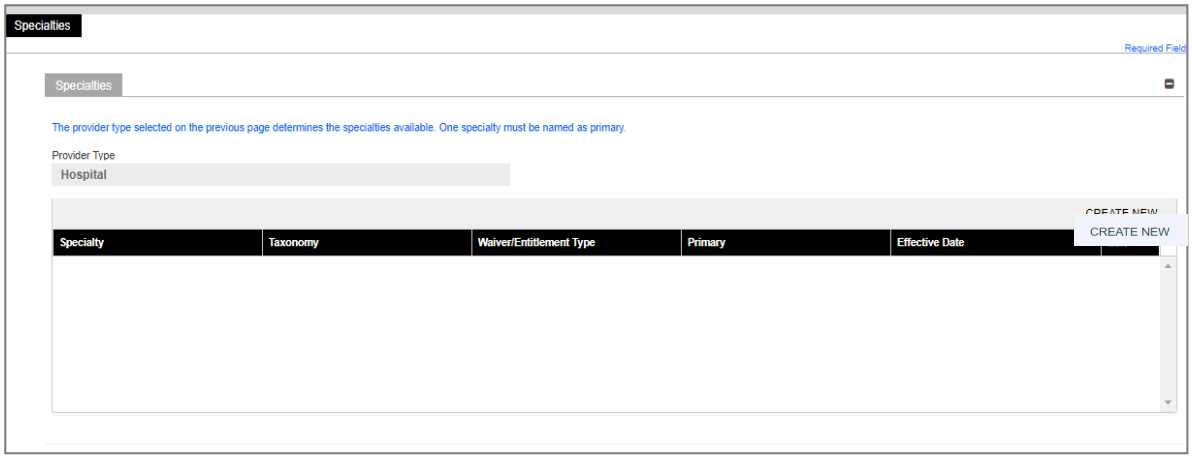
Quick Reference – Specialties

Table 3 – Specialties

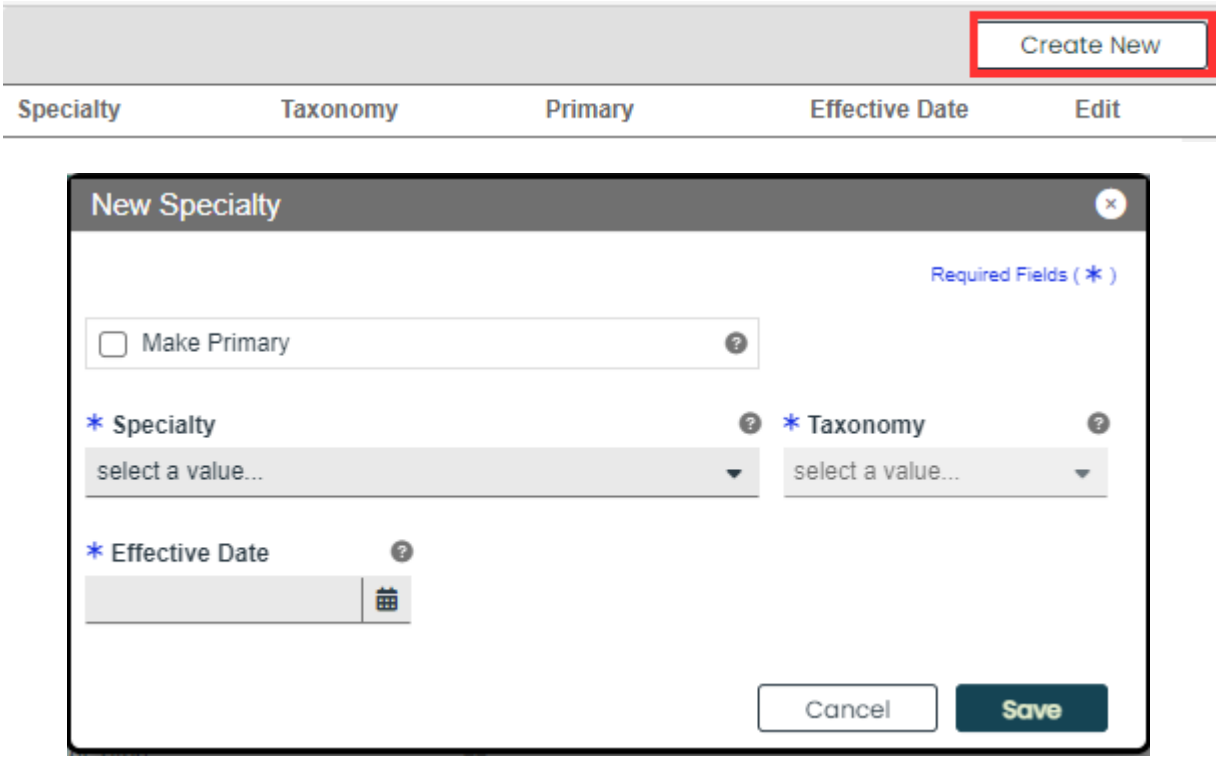
Step	Task	Action	Result
Start from Specialties page. This page displays after clicking Save and Continue from the previous page.			
1	Add one or more Specialties.	a. To add a new specialty, click Create New. Once saved, the specialty information will be displayed. b. To edit a specialty, click the Edit button next to the desired specialty and save the changes.	Specialties are added.
2	Add Additional Taxonomies (if applicable).	a. To add a taxonomy, click Create New at the top-right of the panel. Once filled out and saved, the taxonomy displays in the panel. b. To edit an added taxonomy, click the Edit button next to the desired taxonomy and save the changes. Click Save and Continue.	Additional Taxonomies are added. Progress bar advances to the next available page.

Detailed Steps

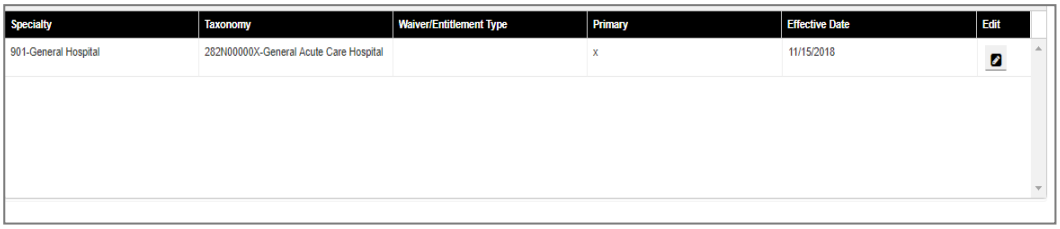
1. The Specialties page is displayed. The Provider Type selected on the General Information page is displayed at the top of the **Specialties** section.



1. To add a specialty, click **Create New** at the top right of the **Specialties** section and complete the required fields in the pop-up window displayed.

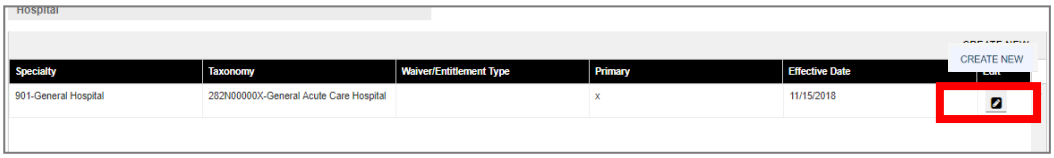


Once saved, the specialty displays in the window.

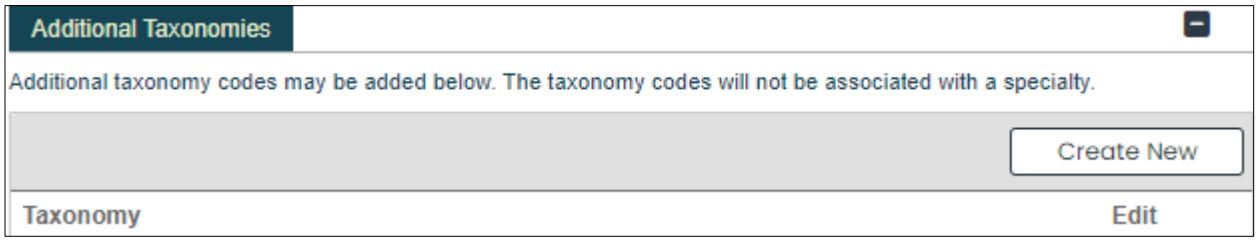


PRIMARY SPECIALTY REQUIRED: *You must have one Primary Specialty in order to Save and Continue to the next step. To make a Specialty "Primary," check the Make Primary checkbox in that specific specialty.*

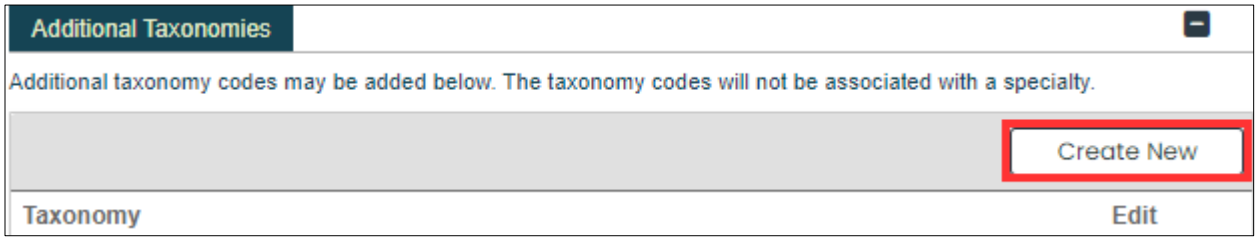
a. To edit an added specialty, click the **Edit** button next to the desired specialty and save the changes.

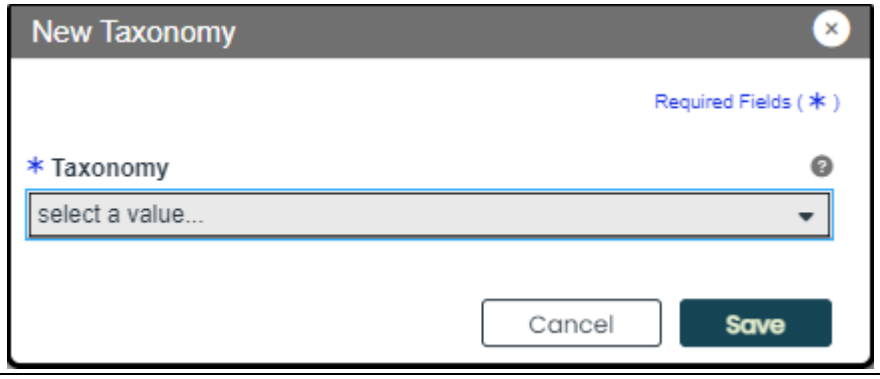


2. Related taxonomies can be added and edited in the **Additional Taxonomies** section of the Specialties page.



a. To add a new taxonomy, click **Create New** at the top-right of the Additional Taxonomies panel.

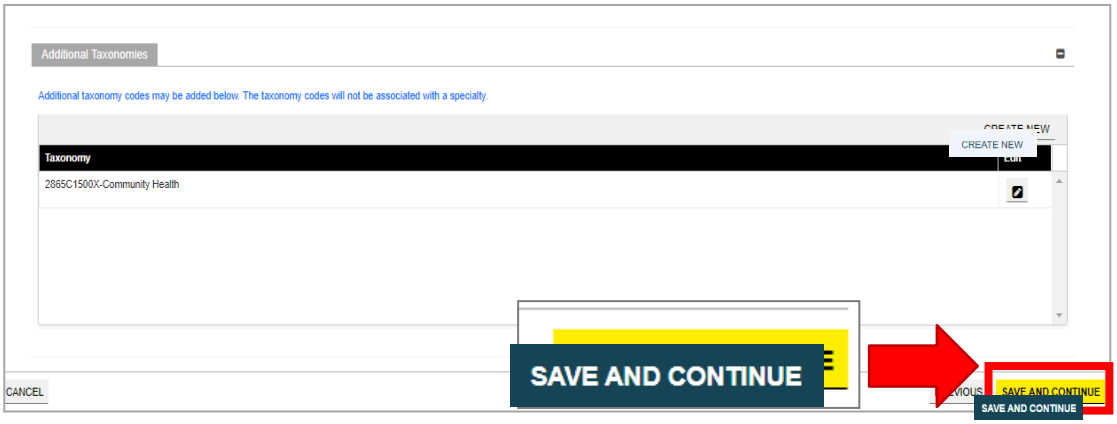




Once a taxonomy is selected from the **Taxonomy** drop-down list and saved, the taxonomy displays in the panel.

b. To edit an added taxonomy, click the Edit button next to the desired taxonomy and save the changes.

Click **Save and Continue** at the bottom-right to save the Specialties page.



3.3 Service Location

Quick Reference – Service Location

Table 4 – Service Location

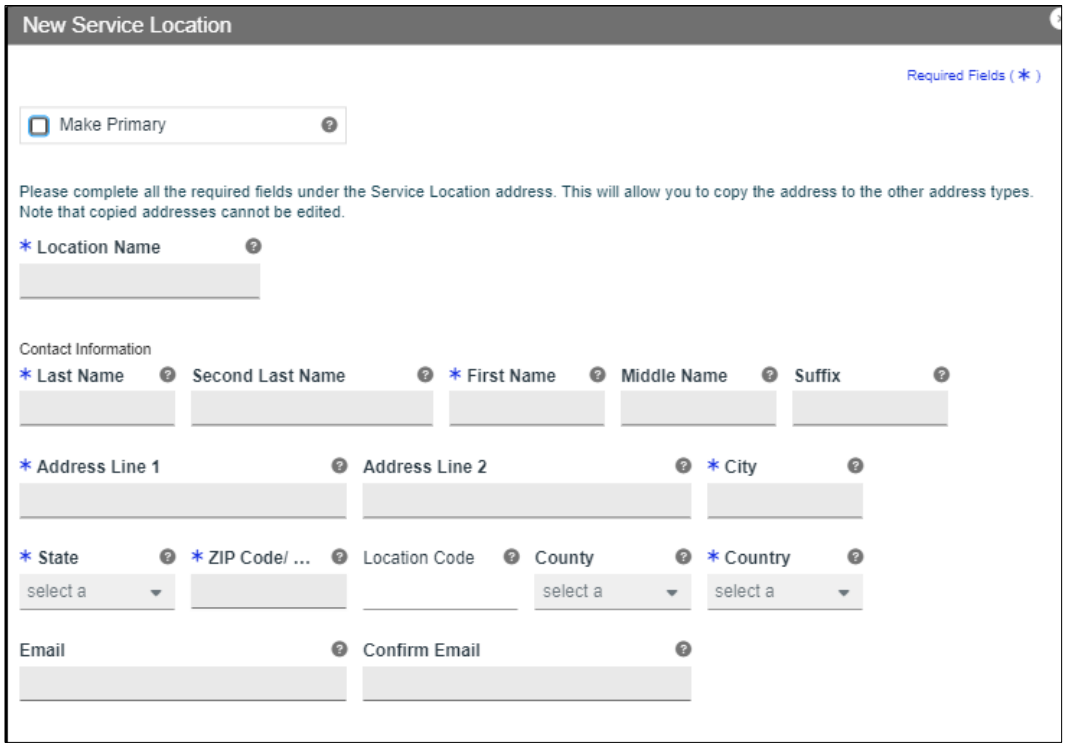
Step	Task	Action	Result
Start from the Service Location page. This page displays after clicking Save and Continue from the previous page.			
1	Add Service Location.	a. To add a new Service Location, click Create New and complete the required address fields in the displayed pop-up window. b. Click Save to add this information. c. To edit an added Service Location, click the Edit button next to the desired taxonomy and save the changes. Click Save and Continue.	Service Location page is saved. Progress bar advances to the next available page.

Detailed Steps

1. Service Location page is displayed.

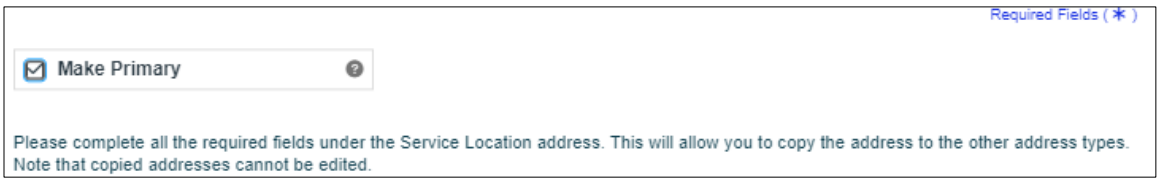
a. To add a Service Location, click **Create New** and complete the required address fields in the displayed pop-up window:

Service Location Name and Contact Information – Complete the required fields.

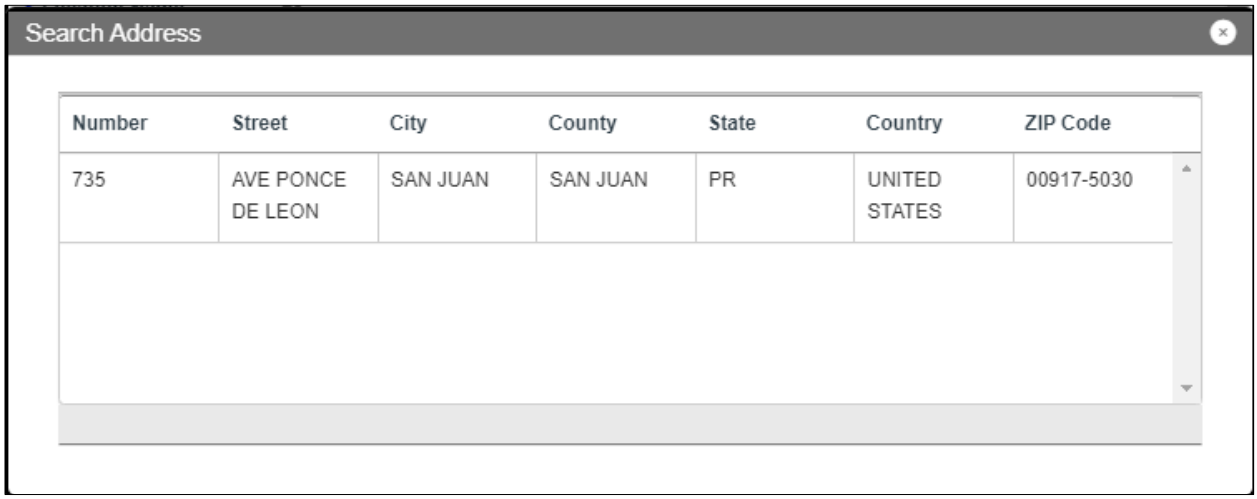


PRIMARY SERVICE LOCATION: *A primary service location is required in order to Save and Continue to the next enrollment step.*

Check the "Make Primary" box when adding a new Service Location to mark it as your primary location.



VALID ADDRESS: *The PEP system will validate the address entered. If there is an updated variation, select that address from the pop-up window that displays.*



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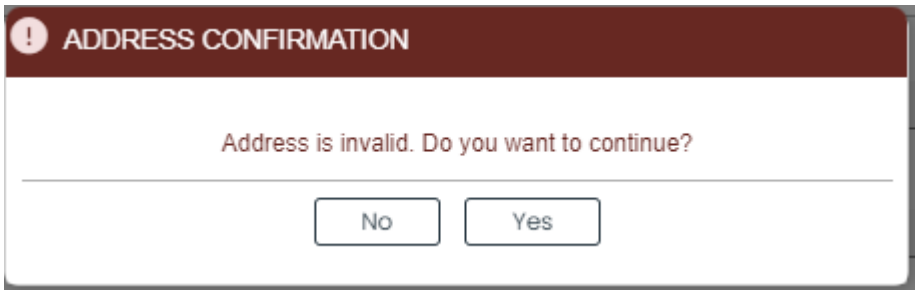

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Torre Hospital Auxilio Mutuo

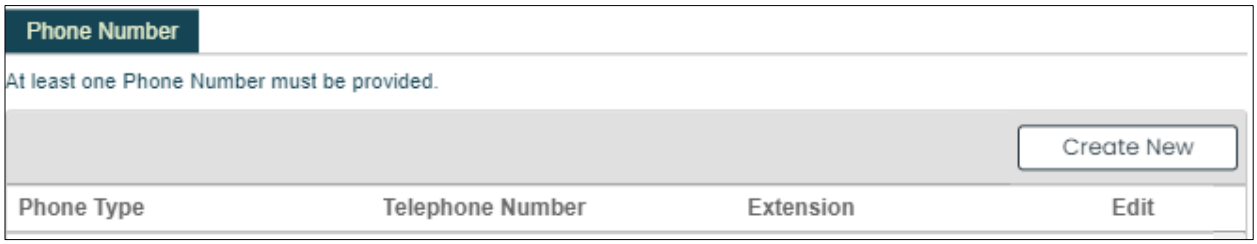
San Juan PR 00917-5030

Example of an invalid address: Torre Hospital Auxilio Mutuo

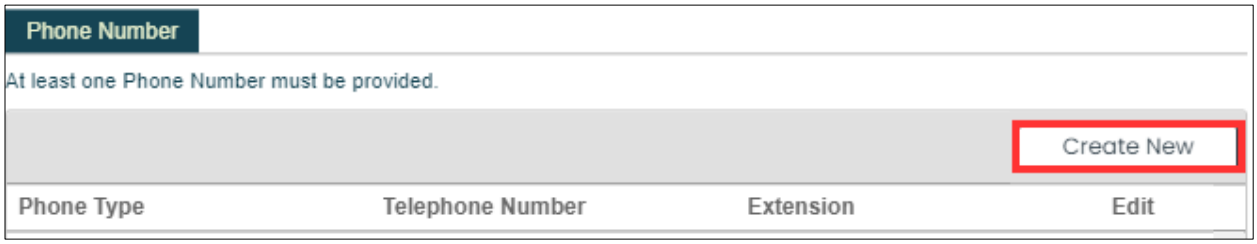
735 Ave Ponce de León Suite 710

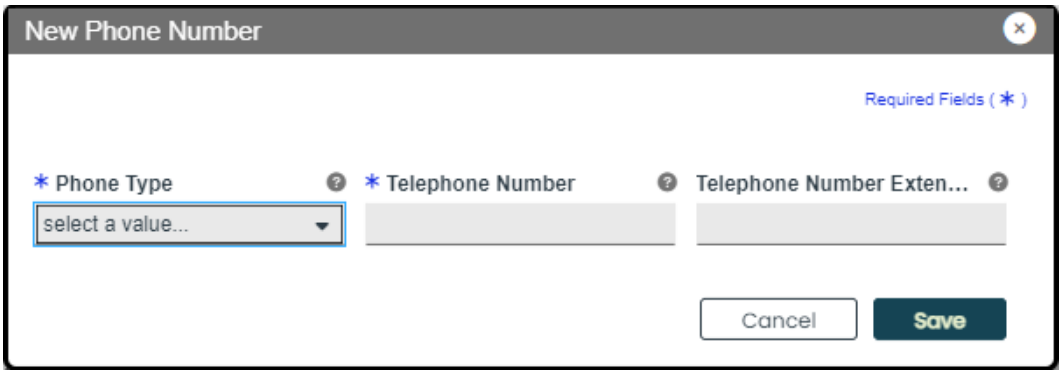
San Juan PR 00917-5030

Phone Number – Add a phone number related to your service location.



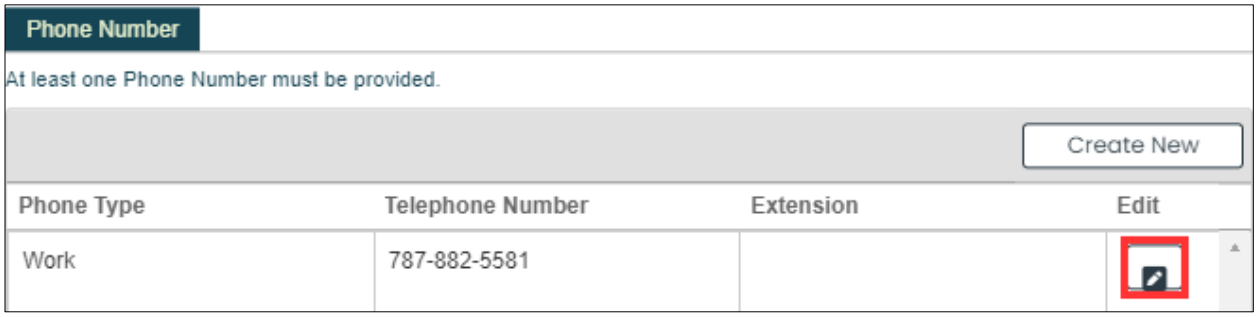
To add a service location phone number, click **Create New** and complete the required fields in the displayed pop-up screen.

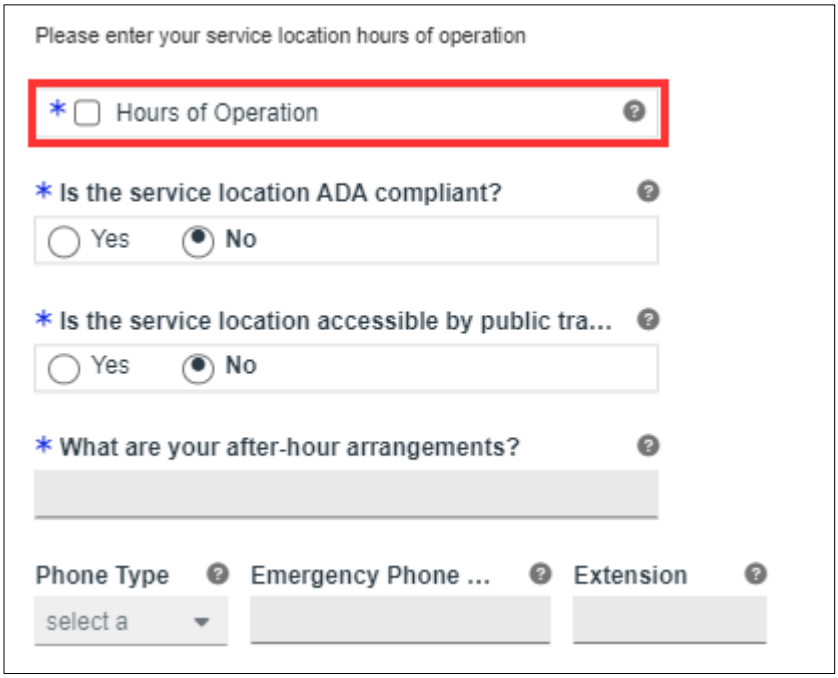




Once the information is saved, the phone number displays in the relevant panel.

To edit an added service location phone number, click the **Edit** button next to the phone number and save the changes.

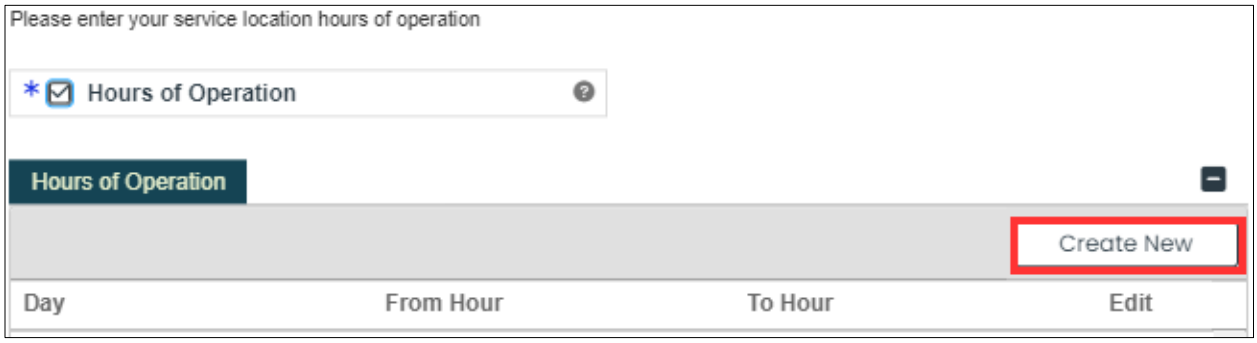


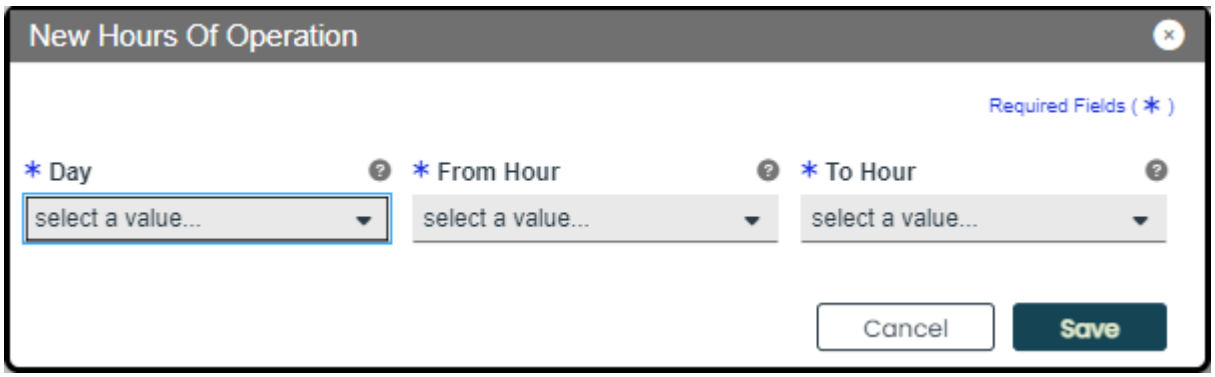


Service Location Hours – Disclose the Service Location's hours of operation. Check the box next to **Hours of Operation.**

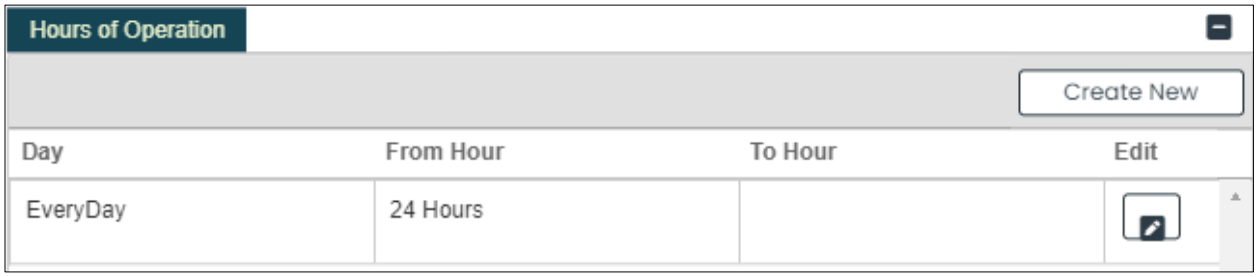
In the new Hours of Operation panel that displays, add hours of operation by clicking **Create New**

and complete the required fields in the displayed pop-up window.

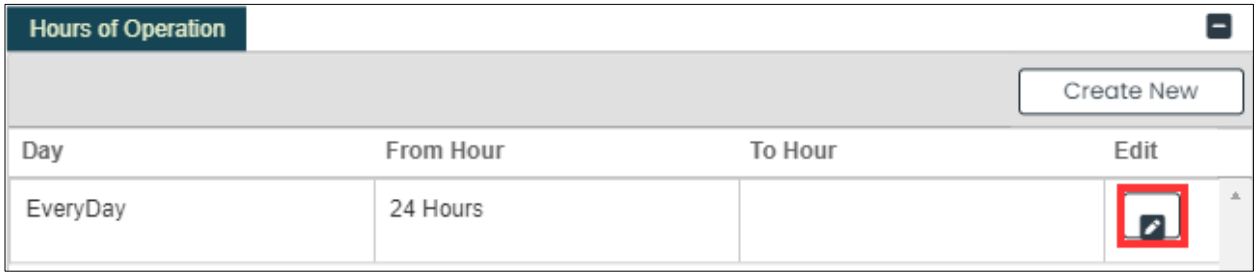




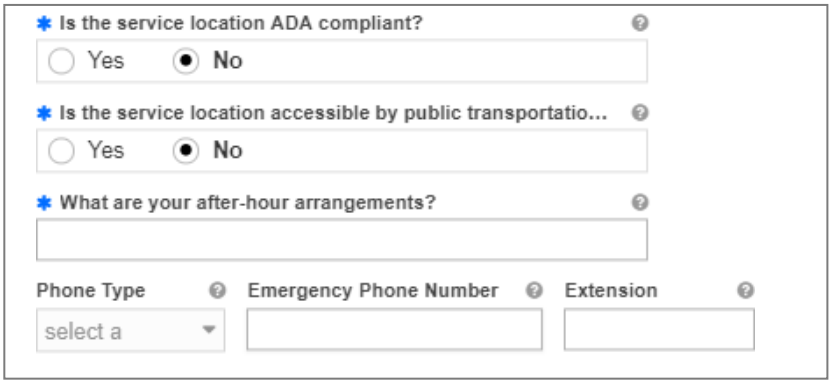
Once the information is saved, the hours of operation display in the relevant panel.



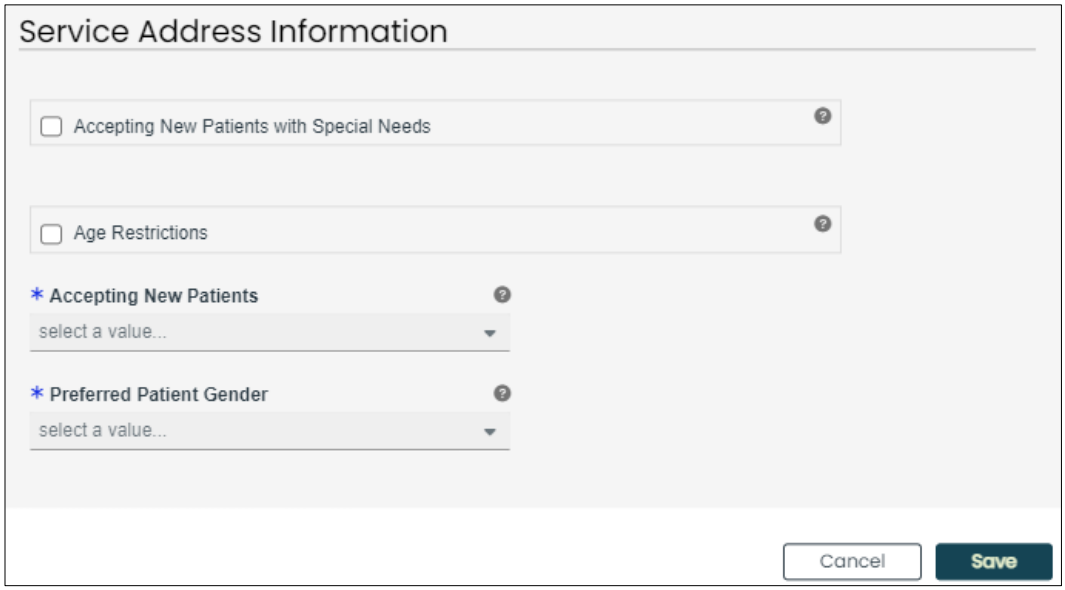
To edit the hours of operation, click the **Edit** button next to the desired hours and save the changes.



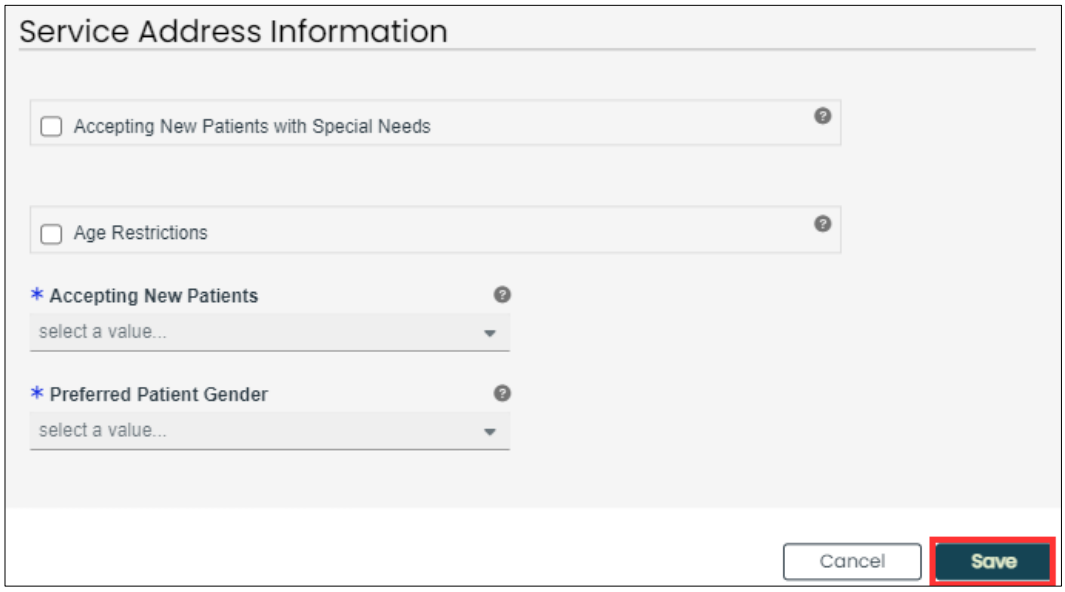
Answer the questions regarding your service location hours by selecting or typing in the relevant answer.



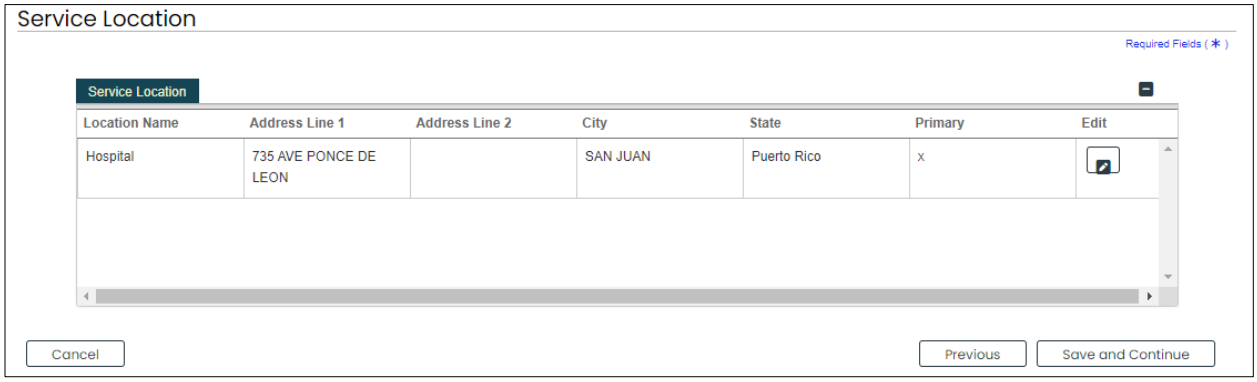
Service Address Information – Complete the fields underneath the Service Address Information.



b. Once all sections of the pop-up window are completed, click **Save** at the bottom of the window.



Once the information is saved, the service location displays in the relevant panel.



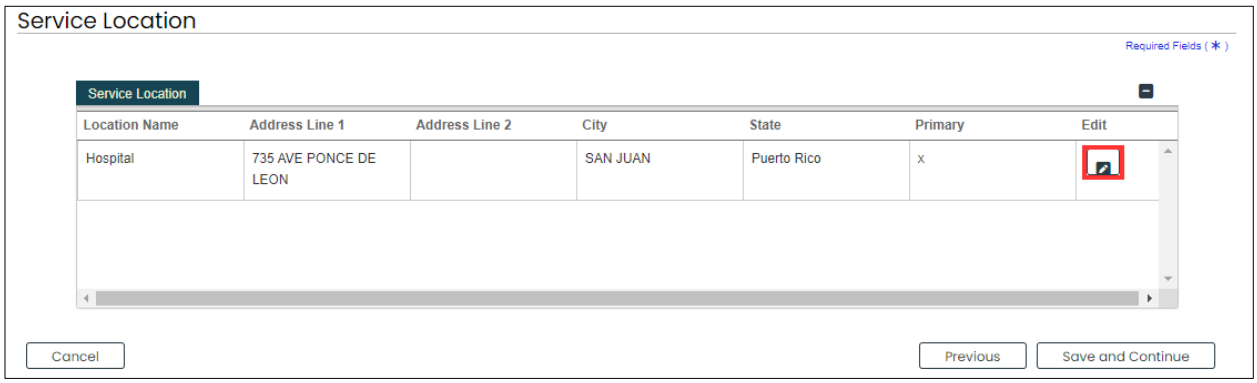
MULTIPLE SERVICE LOCATIONS: *Based on the application Provider Type, you may be able to add more than one service location on this application.*

If the Create New button is disabled after entering one Service Location, this means only one is allowed.

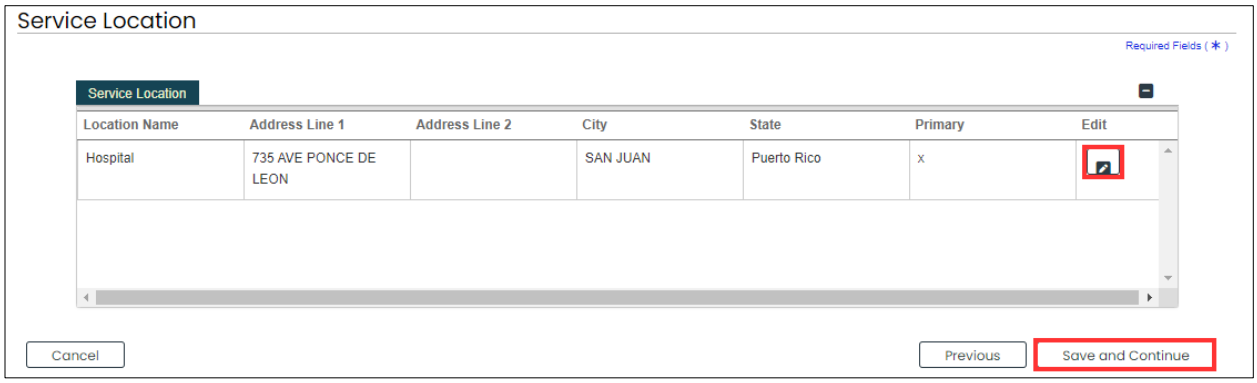
Follow the previous steps to add multiple service locations to your application if applicable.

The multiple service locations that are added must have the same Name, Provider Type, Tax ID, NPI, and Primary Specialty, and the same information in fields related to these sections. The Addresses of these locations must be different.

c. To edit an added Service Location, click the **Edit** button next to the desired location and save the changes.



Click the **Save and Continue** button at the bottom right to save the Service Location page.



3.4 Addresses

Quick Reference – Addresses

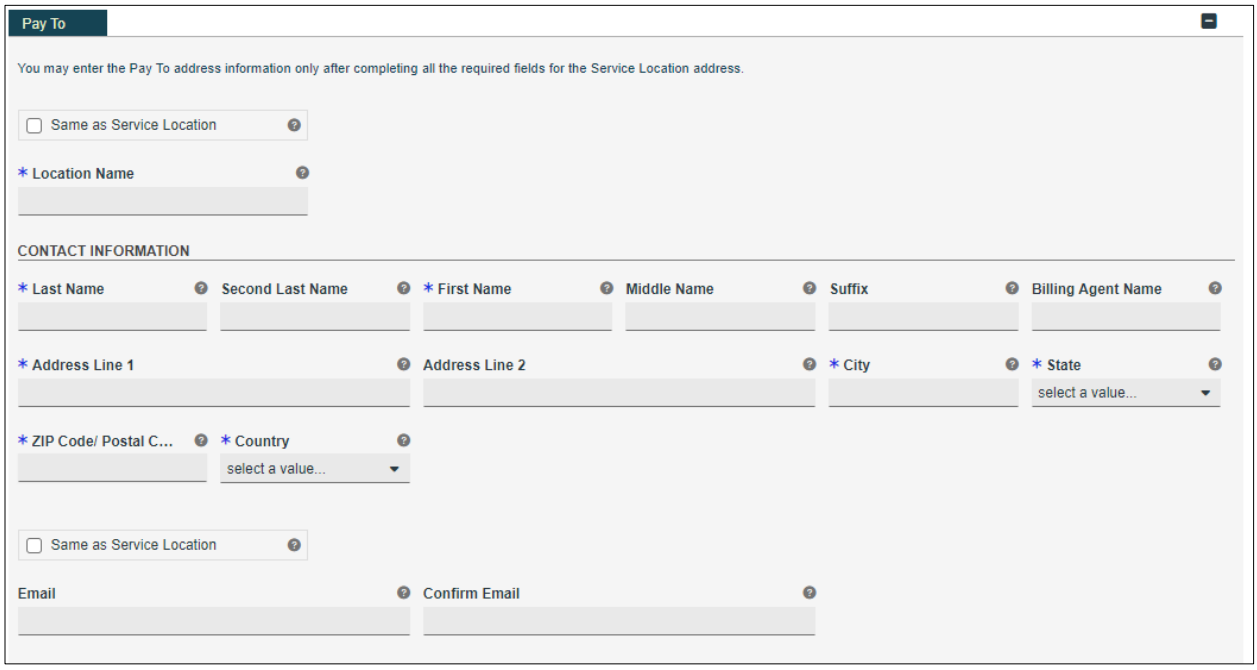
Table 5 – Addresses

Step	Task	Action	Result
Start from the Addresses page. This page displays after clicking Save and Continue from the previous page.			
1	Add Addresses to enrollment application.	Complete the required fields in all address types presented.	Addresses are added to the enrollment application.
2	Add a Phone Number to each Address type.	a. Click Create New to add at least one phone number. b. To edit an existing phone number, click the Edit button next to the desired number and save the changes. c. Click Save and Continue.	A phone number is added to each Address type. Address information is saved. Progress bar advances to the next available page.

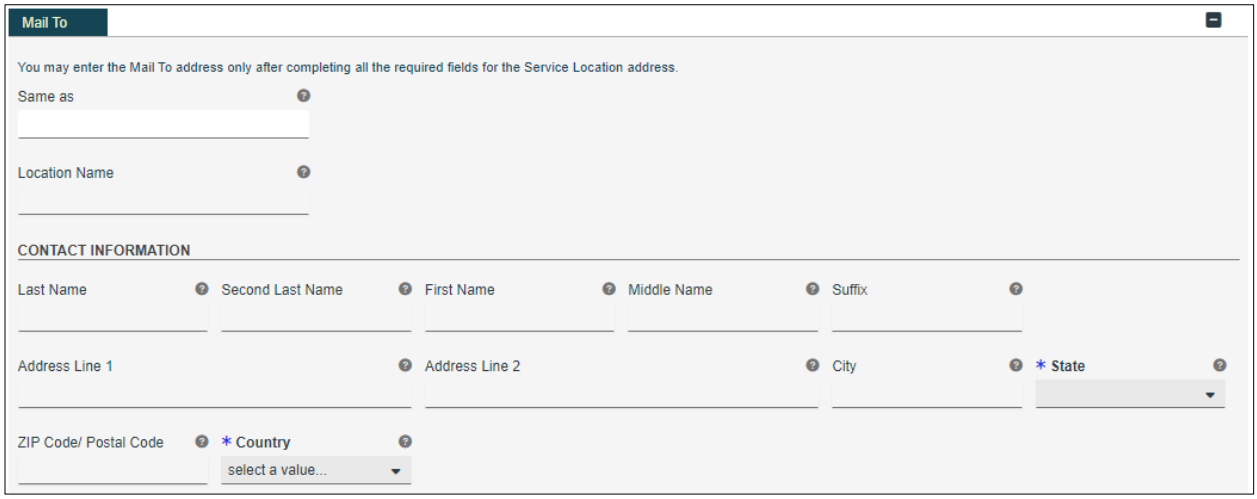
Detailed Steps

1. The Addresses page is displayed. Complete the fields that display below the Service Address Information:

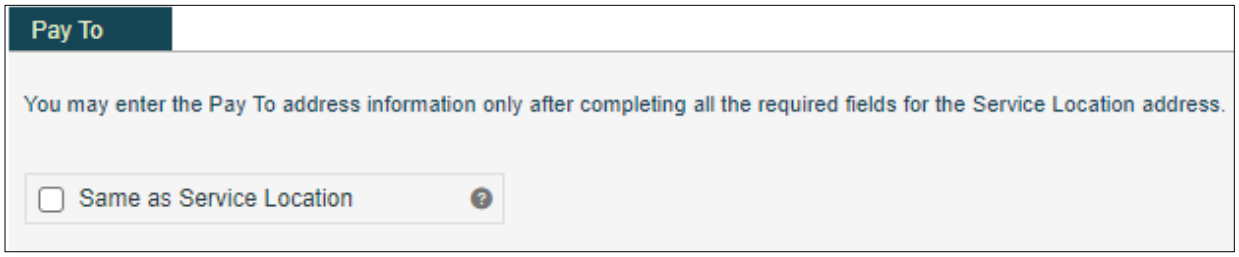
   Example: Pay To Address



Example: Mail To Address

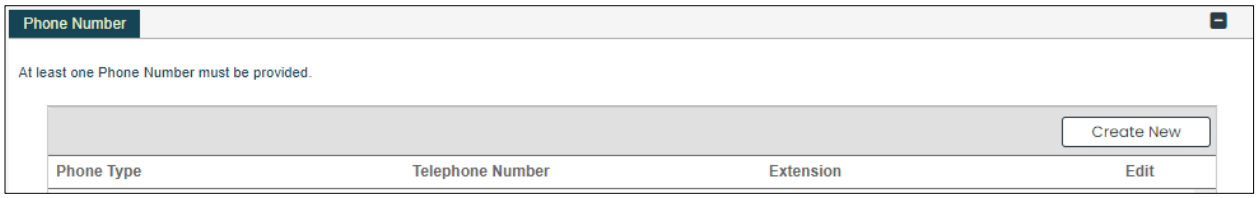


ADDRESS SAME AS SERVICE LOCATION: *If the addresses to be entered in this section are the same address as the Primary Service Location, click the "Same as Service Location" checkbox at the top of each Address type section. This will automatically fill the Address with the same information entered as the primary Service Location on the Service Location page.*

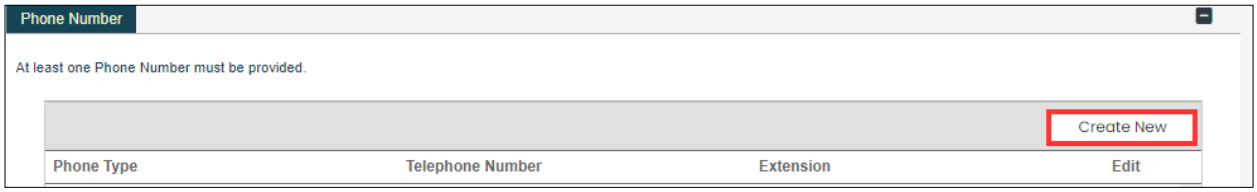


For some Address types, you could see a drop-down list at the beginning named "Same As". The drop-down list will include all address types you have entered up to this point (example: Service Location, Pay To, etc.). This will automatically complete the Address fields with the same information previously entered for the chosen address type.

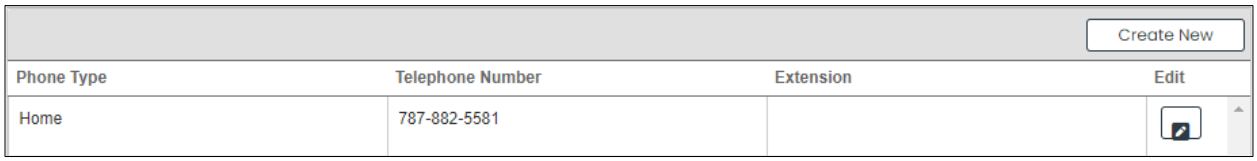
2. Add phone numbers to the Address step of your enrollment.



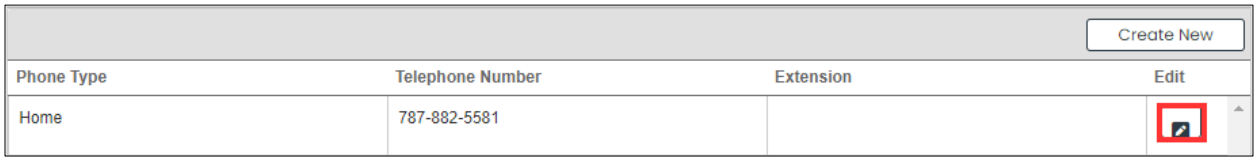
a. To add a phone number, click **Create New** at the top-right of the **Phone Number** section and complete the required fields in the displayed pop-up window.



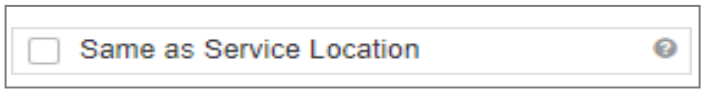
Once the information is saved, the phone number displays in the relevant panel.



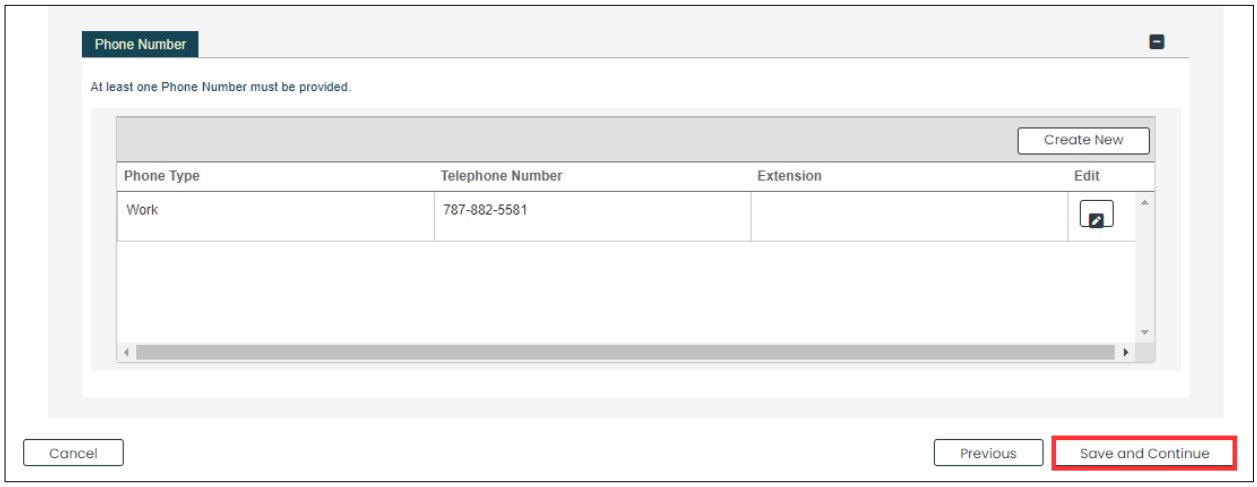
b. To edit an added address phone number, click the **Edit** button next to the phone number and save the changes.



Like the Addresses, phone numbers added to a Service Location can be carried over by clicking the Same as Service Location checkbox near the Phone Number panel.



c. Click **Save and Continue** at the bottom-right to save the Addresses page.



3.5 Capacities

The Capacity page is presented if the Provider Type and Specialty disclosed in previous steps requires capacity information to be entered. If this page is not available on your application, you can continue to **Section 3.6 Organization** to see the instructions for your next required step.

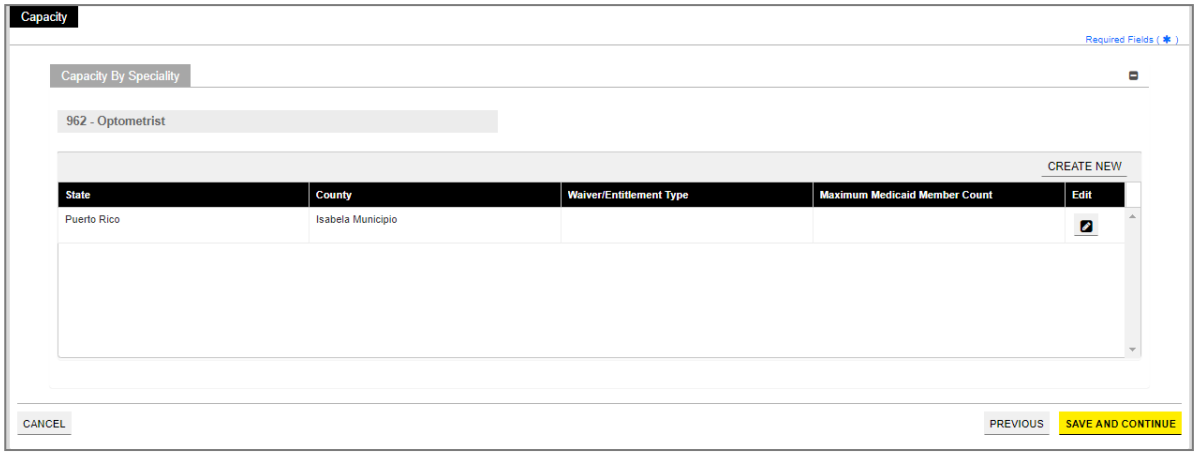
3.6 Quick Reference – Capacities

Table 6 – Capacities

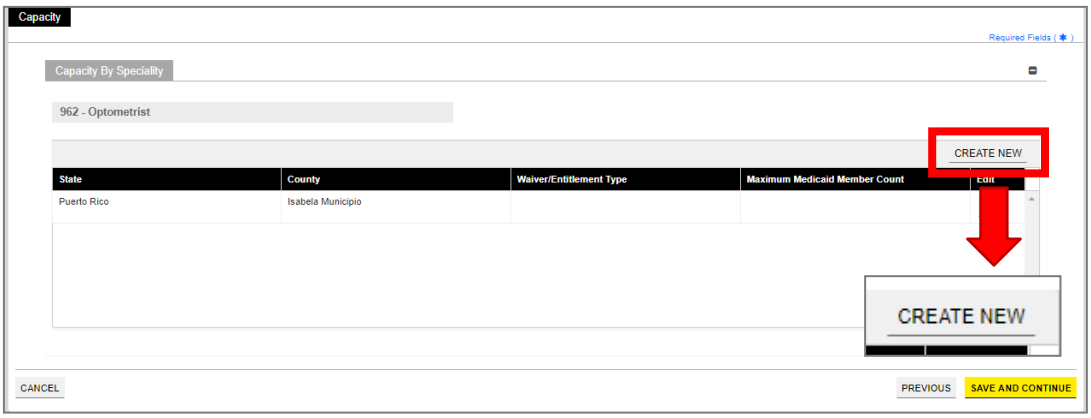
Step	Task	Action	Result
Start from the Capacity page. This page displays after clicking Save and Continue from the previous page.			
1	Add Capacity information.	a. To add capacity information, click Create New and complete the required fields in the displayed pop-up window. Once the information is saved, the capacity information is displayed. b. To edit added capacity information, click the Edit button next to the desired capacity entry and save the changes. c. Click Save and Continue.	Capacity information is added and saved. Progress bar advances to the next available page.

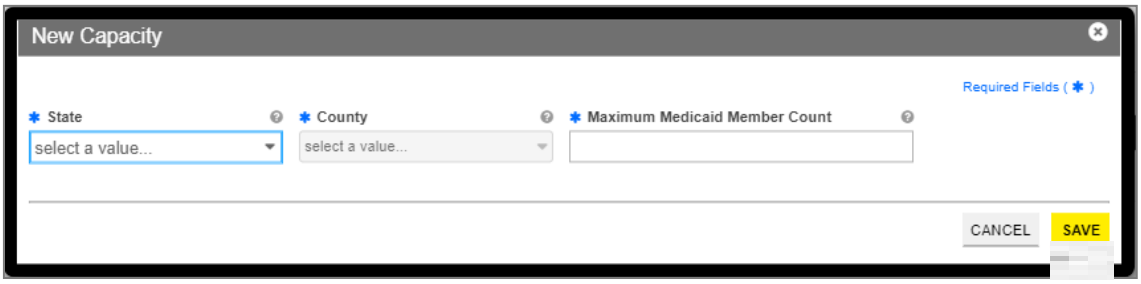
Detailed Steps

1. The Capacity page displays. A capacity is the maximum Medicaid Member count for each of a provider's Specialties within the County and State.



To add a new capacity, click **Create New** and complete the required fields in the displayed pop- up window.



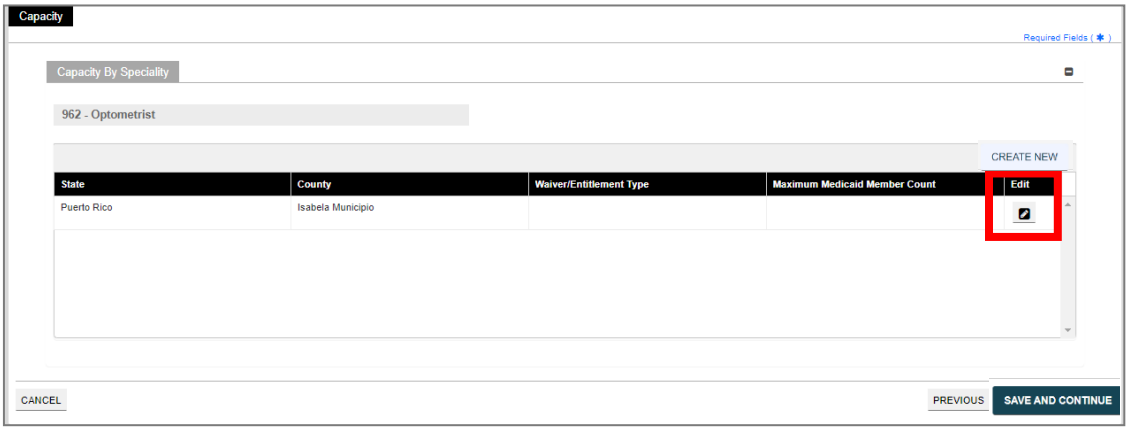


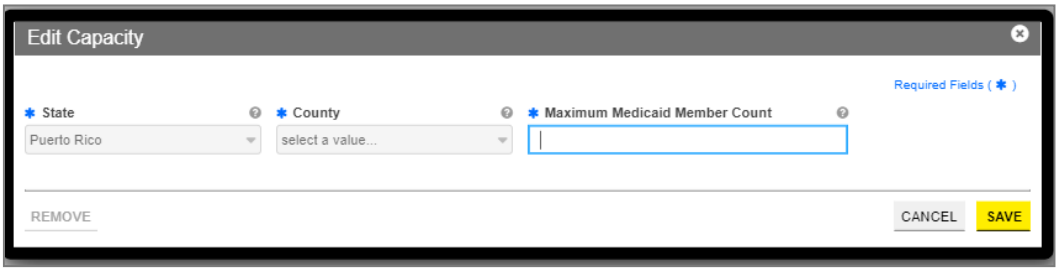
Once the information is saved, the capacity displays in the relevant panel.

***CAPACITY ALREADY DISPLAYED**: Some enrollments show a partially completed capacity entry already added in the Capacity panel, based on the service location address and specialty. You will still need to edit the existing capacity entry to supply the Maximum Medicaid Member Count.*

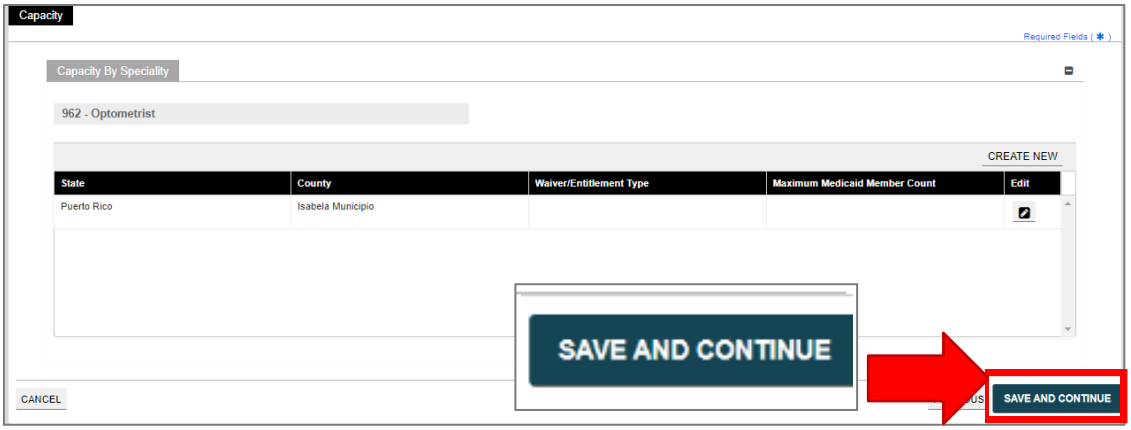
See the next step for instructions on editing a capacity.

a. To edit an added capacity information, click the **Edit** button next to the desired capacity entry and save the changes.





b. Click **Save and Continue** at the bottom-right to save the Capacity page.



3.7 Organization

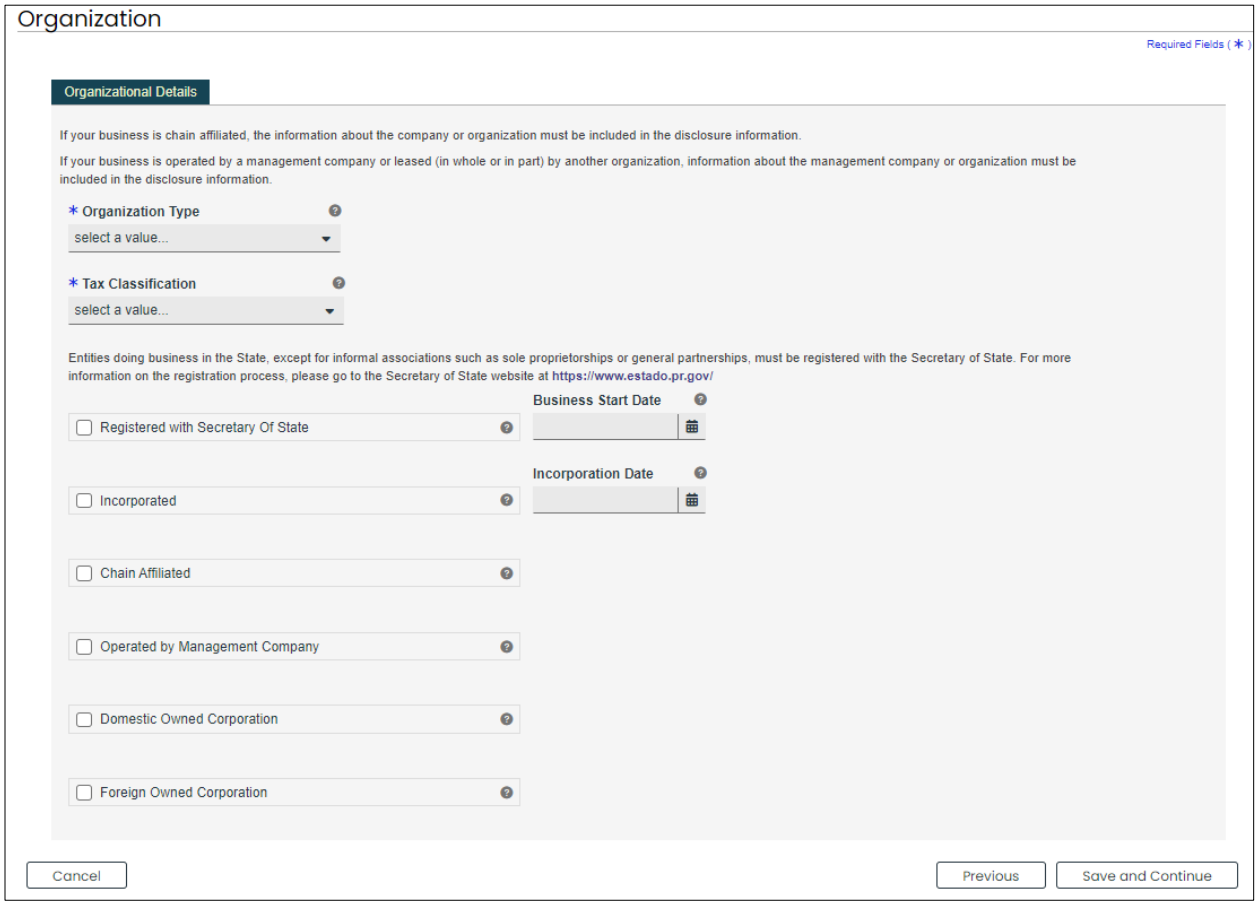
Quick Reference – Organization

Table 7 – Organization

Step	Task	Action	Result
Start from the Organization page. This page displays after clicking Save and Continue from the previous page.			
1	Add Organizational Details.	a. Complete the required and relevant fields in the Organizational Details section. b. Click Save and Continue.	Organizational Details are saved. Progress bar advances to the next available page.

Detailed Steps

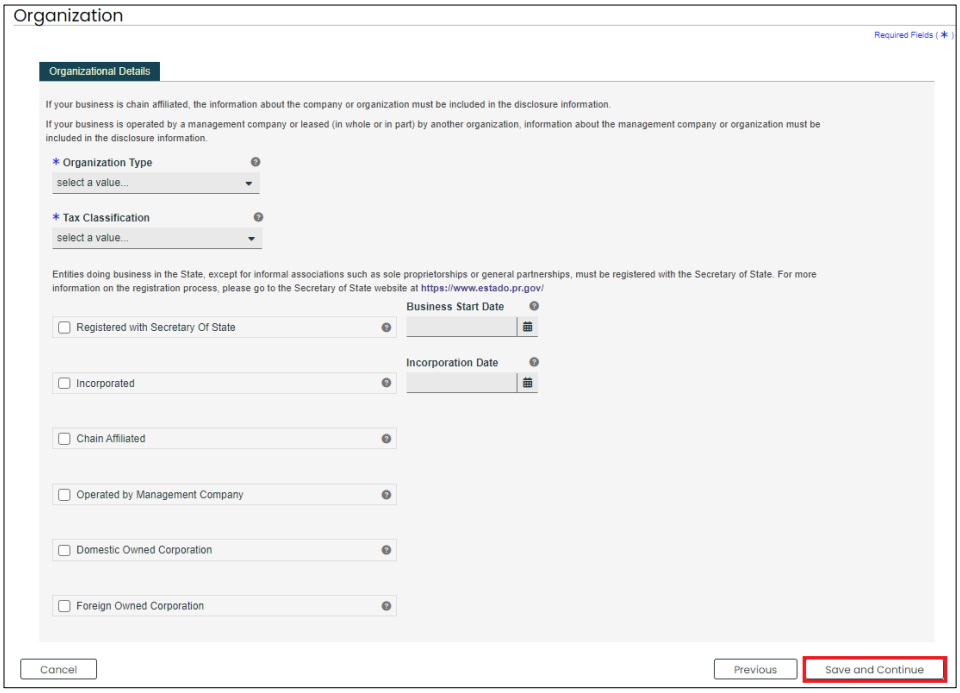
1. The Organization page is displayed.
   a. Complete the required and relevant fields in the **Organizational Details** section.



***ORGANIZATIONAL DETAILS**: The organizational details added in this page must match the information you disclose when filing your taxes.*

If you have any questions regarding what information you enter in this step, consult your tax specialist.

b. Click **Save and Continue** at the bottom-right to save the Organization page.



3.8 Associations

NOTE: The Associations page displays based on the Provider Type and Specialty disclosed in previous steps. If you intend to add Individual associations to your Group enrollment application, you will need their Puerto Rico Medicaid Program (PRMP) Provider Location ID or their National Provider Identifier (NPI) in order to complete this step. If needed, see the instructions in **Section 2.4** of the **Provider Enrollment Portal (PEP) Navigation Reference Guide** for resuming your enrollment application after it has started.

If the Associations page does not display in your enrollment application, it is not required for your Provider Type. You can continue to **Section 3.8 Credentials** to see the instructions for your next required step.

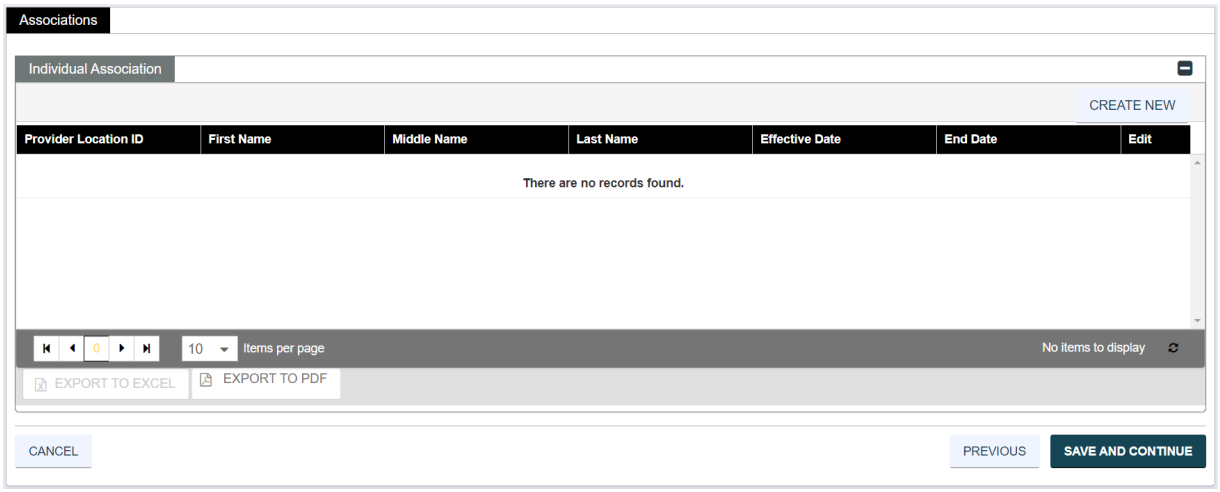
Quick Reference – Associations

Table 8 – Associations

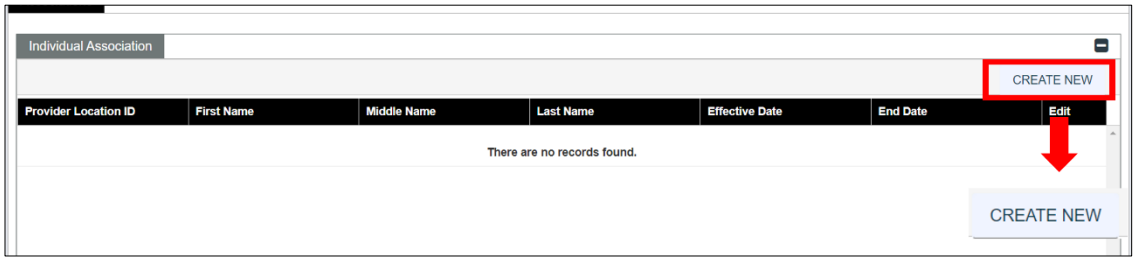
Step	Task	Action	Result
Start from the Associations page. This page displays after clicking Save and Continue from the previous page.			
1	Add Individual Associations.	a. Click Create New at the top-right of the Individual Association section. b. Type in the desired association's Provider Location ID or NPI in the pop-up screen and click Search. c. Click the desired Association from the Search Results. d. Once the information is saved, the association information will be displayed. Click Save and Continue.	Associations are saved. Progress bar advances to the next available page.

Detailed Steps

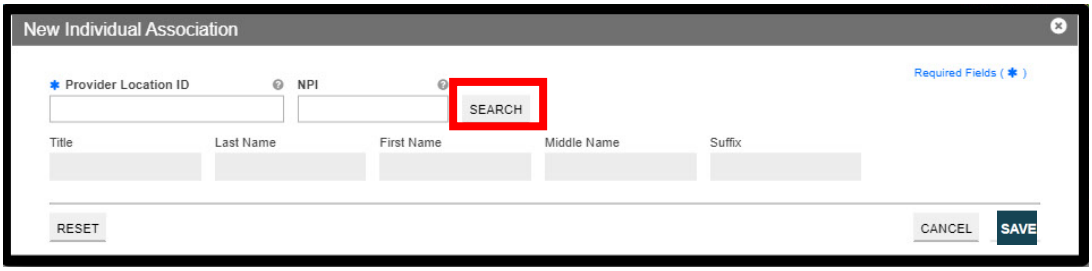
The Associations page is displayed. **Group** enrollment types display an **Individual** Associations panel. This allows Groups to associate with already-enrolled Individual Within a Group providers.



2. To add a new Association, click **Create New** at the top right corner of the **Individual Association** section.



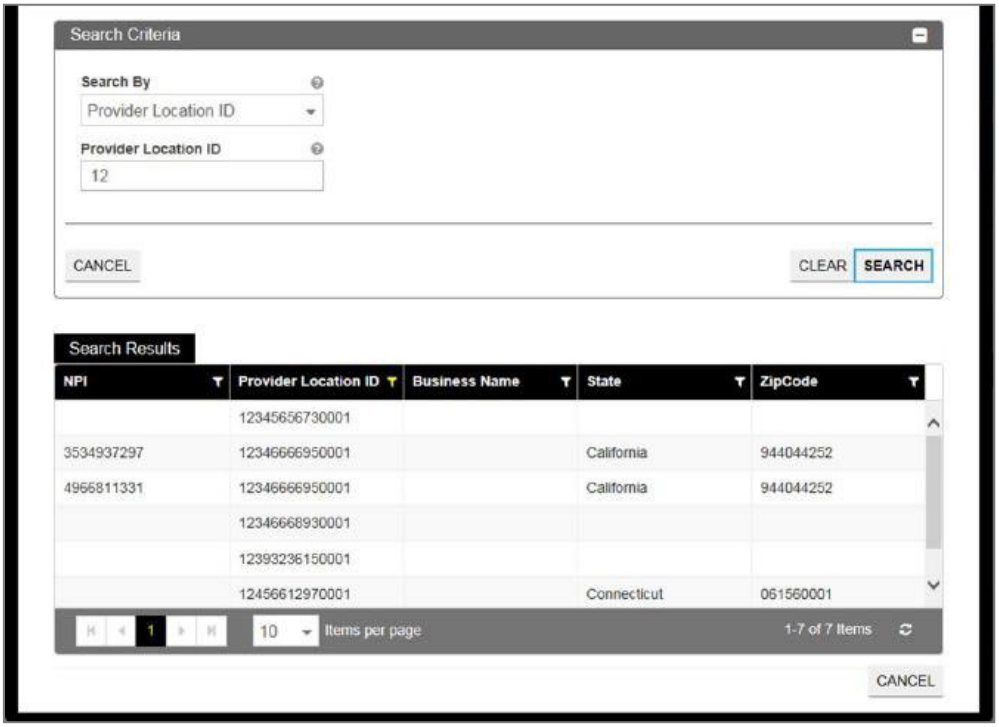
a. Type in the desired association's Medicaid ID (MCD) in the Provider Location ID field or their NPI in the pop-up screen and click **Search**.



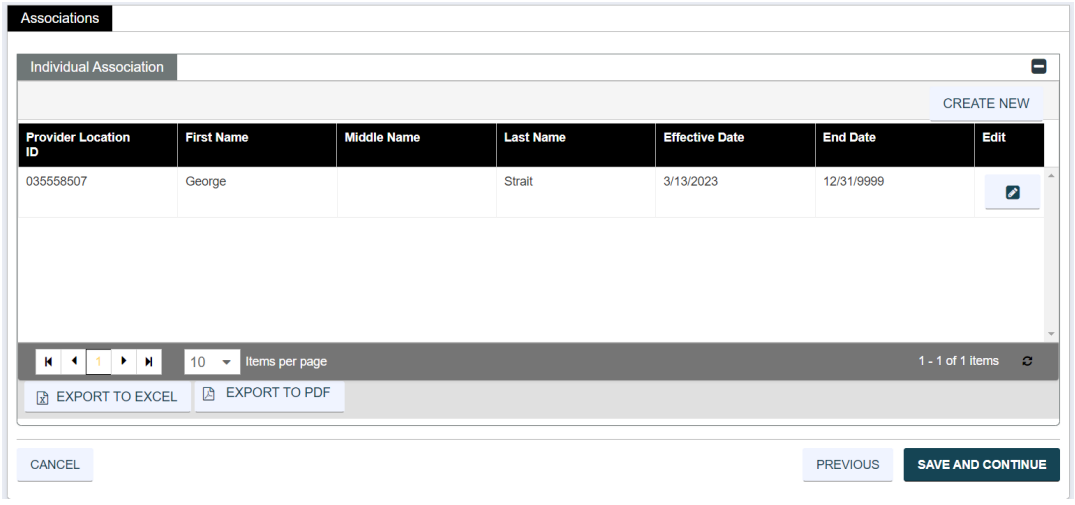
***ADDING ASSOCIATIONS**: Associations are limited to providers that are **already enrolled** in the Medicaid program. If a provider is not found with the entered search criteria, an error message displays indicating that an invalid Provider number was entered.*

If the provider that you want to associate with is not enrolled, please contact that provider directly.

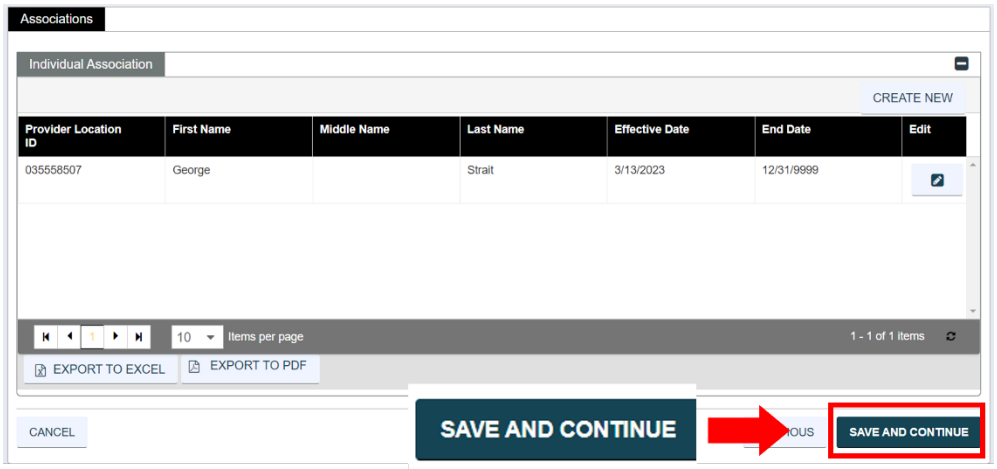
b. Select the desired association from the Search Results. This will populate the New Group Association pop-up window with data from the selected association. Save the information once finished.



Once saved, the association information is displayed in the panel, and the options **to Export to Excel** or **Export to PDF** are activated.



c. Click the **Save and Continue** button at the bottom right to save the Associations page.



3.9 Credentials

NOTE: The information collected on this page may differ depending on the Provider Type and Specialty chosen in previous enrollment steps.

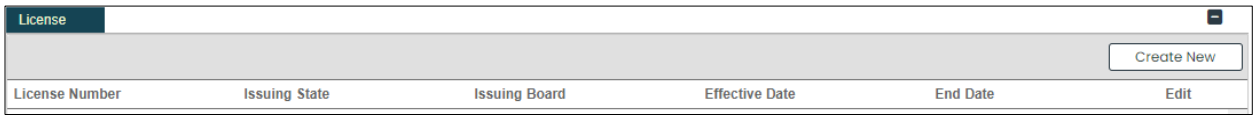
Quick Reference – Credentials

Table 9 – Credentials

Step	Task	Action	Result
Start from the Credentials page. This page displays after clicking Save and Continue from the previous page.			
1	Add Credentials information.	Complete the required information for any of the following sections that are presented: a. License b. Medicare Participation c. Medicaid Program d. DEA e. Puerto Rico Controlled Substance Certificate Click Save and Continue.	Credentials are successfully added and saved. Progress bar advances to the next available page.

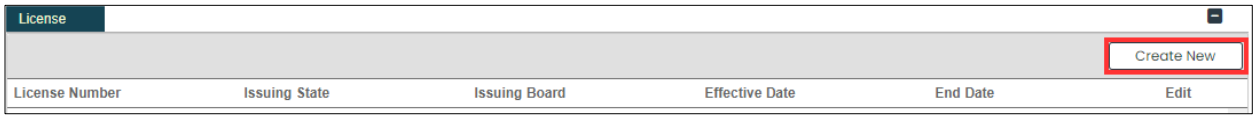
Detailed Steps

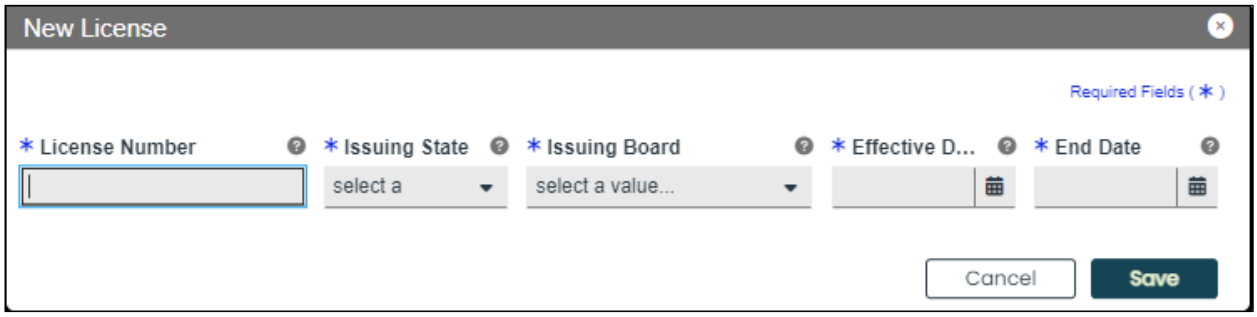
1. The Credentials page is displayed. The credential information that may be collected for Group enrollments are shown below:
   a. **License** – Add a license, in good standing, in the same state as the service location.



***LICENSE**: Only add license information in this panel pertaining to medical licenses belonging to the provider being enrolled.*

To add a new license, click **Create New** at the top-right of the **License** section and complete the required fields in the displayed pop-up window.

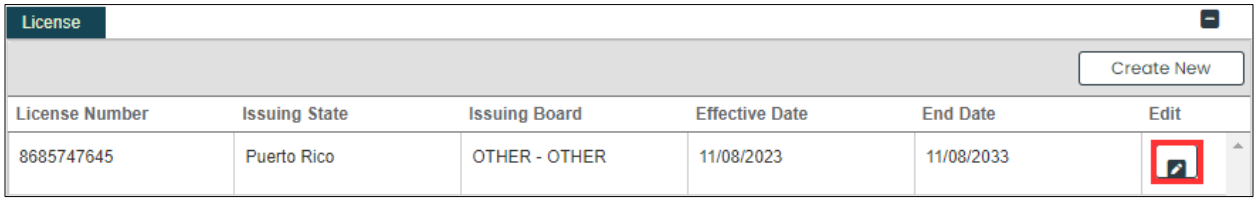




***ISSUING BOARD**: The Issuing Board information will come directly from the license that was issued by the appropriate Board, State, or Entity.*

Once saved, the license will display in the relevant panel.

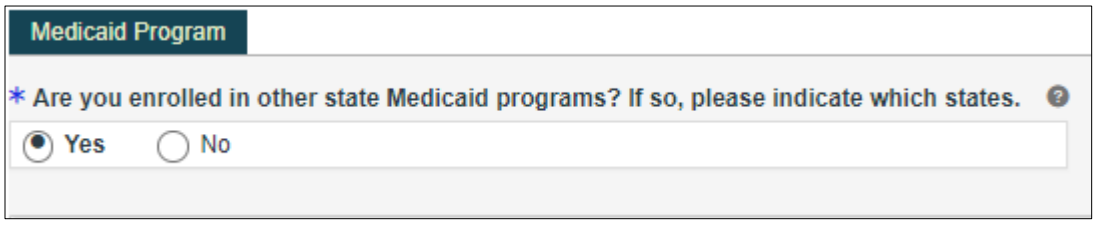
To edit an added license, click the **Edit** button next to the desired license and save the changes.



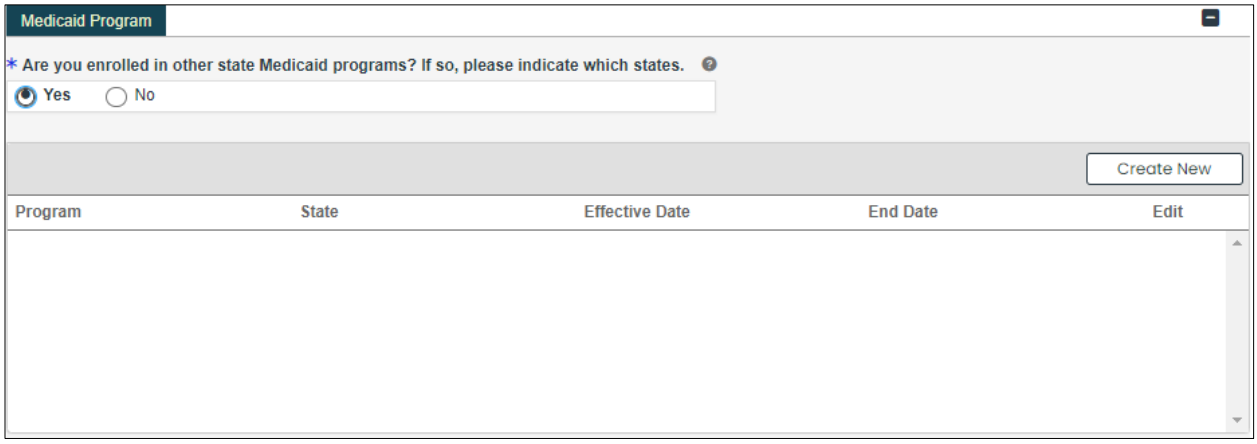
***ADDING MULTIPLE LICENSES**: You can add more than one license to the License panel if needed.*

Repeat the previous steps to add more licenses.

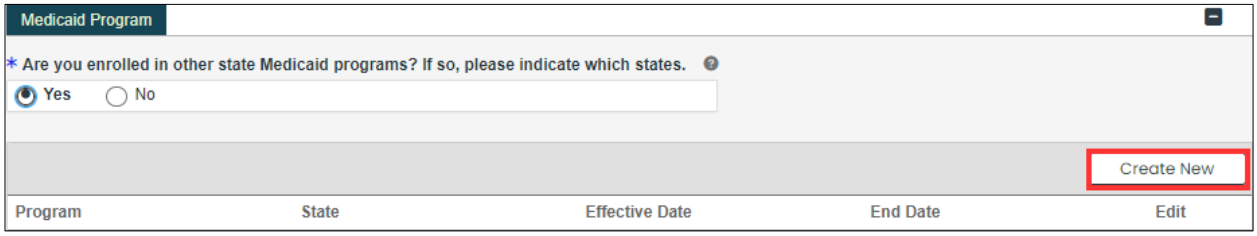
b. **Medicaid Program** – Answer if you are enrolled in any other state Medicaid Program by selecting **Yes** or **No**.

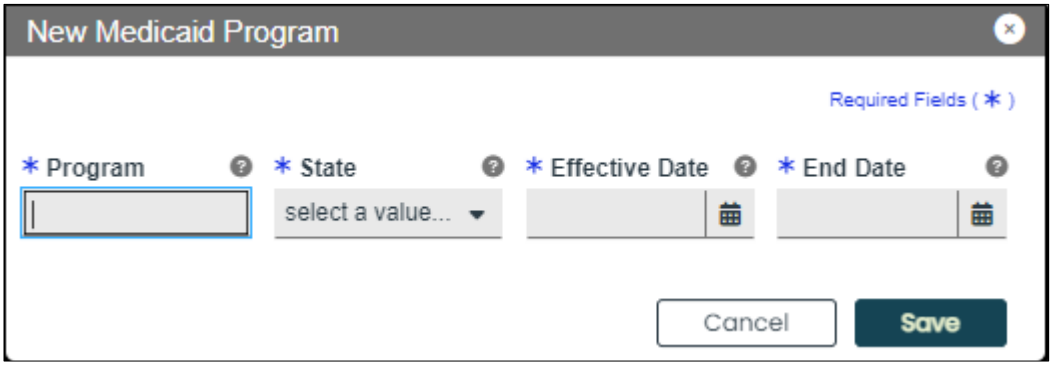


If **Yes** is selected, a new panel opens for you to indicate which state(s) Medicaid Program you are currently enrolled in.



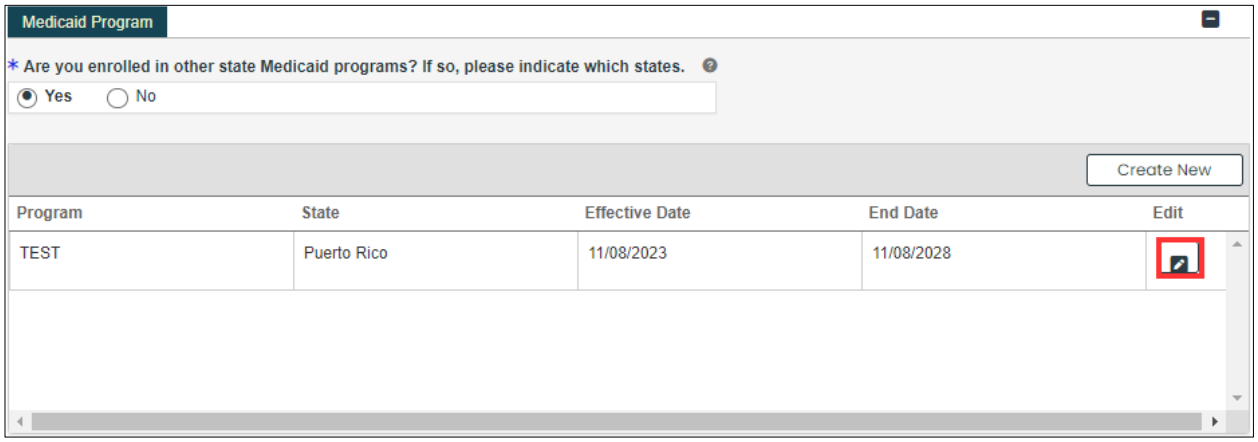
Click **Create New** at the top-right of the **Medicaid Program** section and complete the required fields in the displayed pop-up window.





Once the information is saved, the credentials will display in the relevant window.

To edit an added Medicaid Program entry, click the **Edit** button next to the desired entry and save the changes.

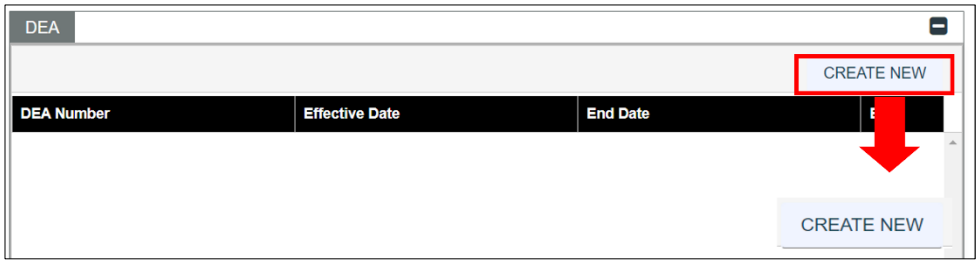


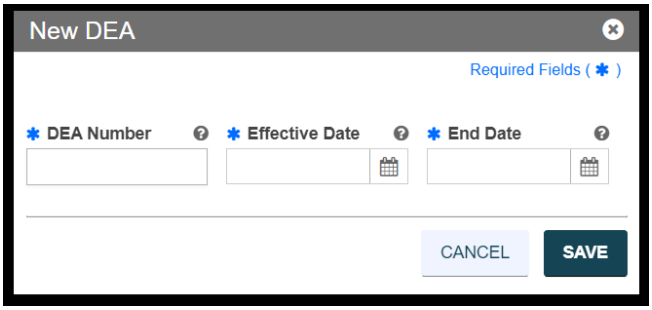
***ADDING MULTIPLE RECORDS**: You can add more than one record to the Medicaid Program panel if needed.*

Repeat the previous steps to add more records.

c. **DEA** – Add Drug Enforcement Administration (DEA) number information.

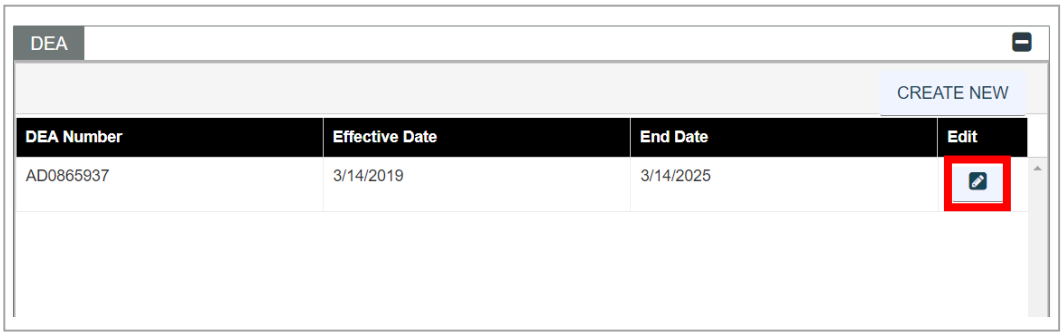
To add a new DEA number, click **Create New** at the top-right of the **DEA** section and complete the required fields in the displayed pop-up window.



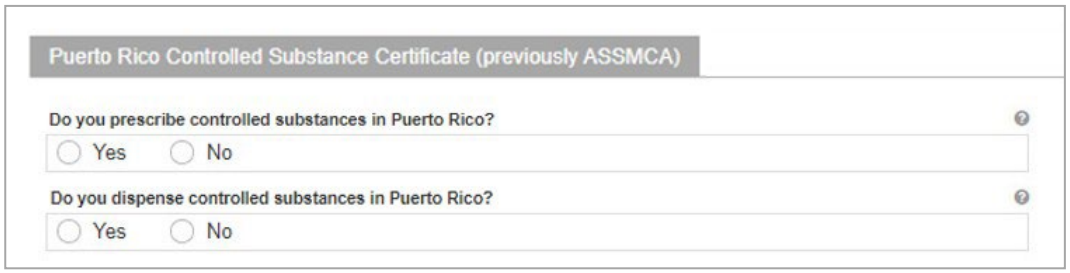


Once saved, the DEA license will display in the relevant panel.

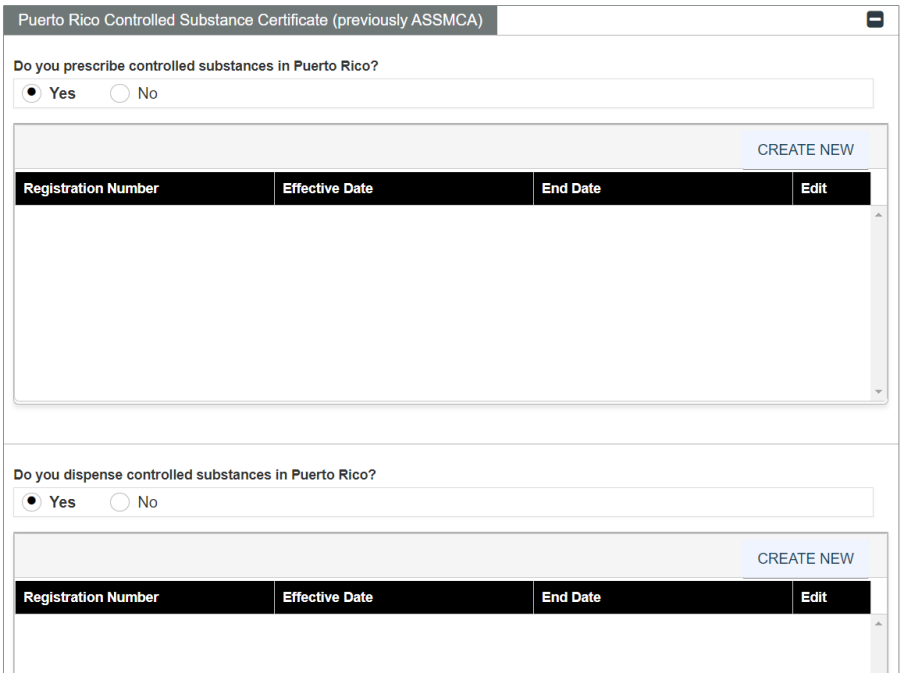
To edit an added DEA number entry, click the **Edit** button next to the desired DEA number and save the changes.



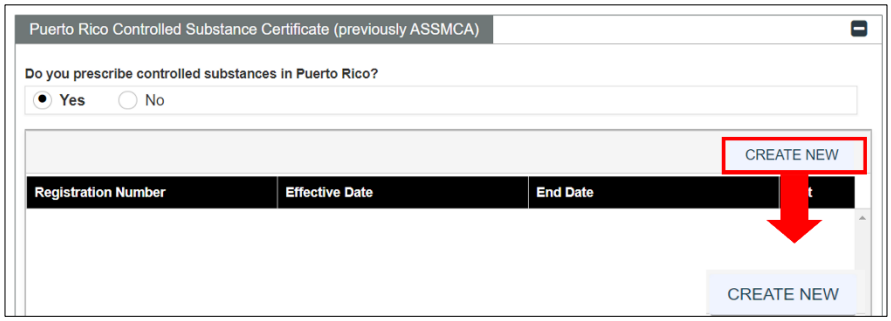
d. **Puerto Rico Controlled Substance Certificate** – Indicate if you prescribe and/or dispense controlled substances in Puerto Rico by selecting **Yes** or **No**.

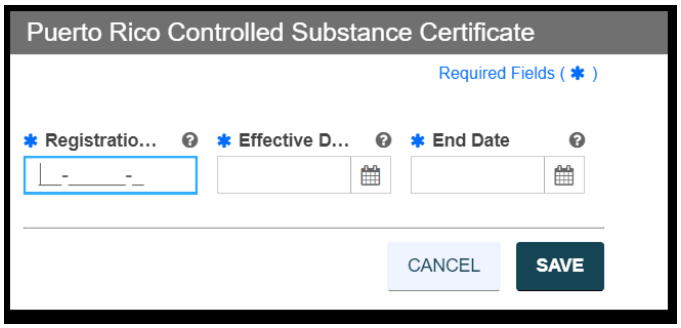


If **Yes** is selected for either question, a new section opens for you to add your Registration Number.



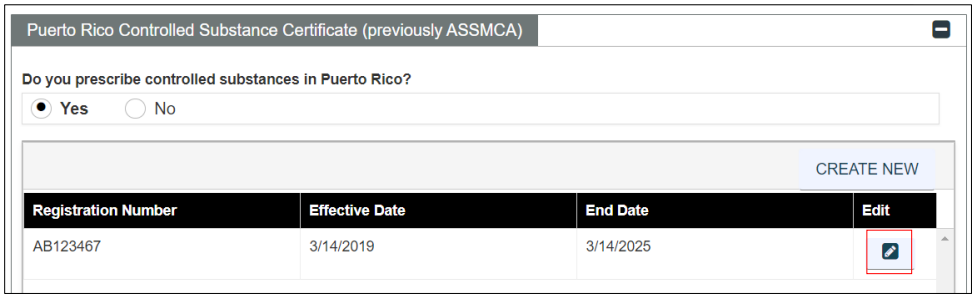
Click **Create New** at the top-right of the new section and complete the required fields in the displayed pop-up window.





Once the information is saved, the Registration Number information is displayed.

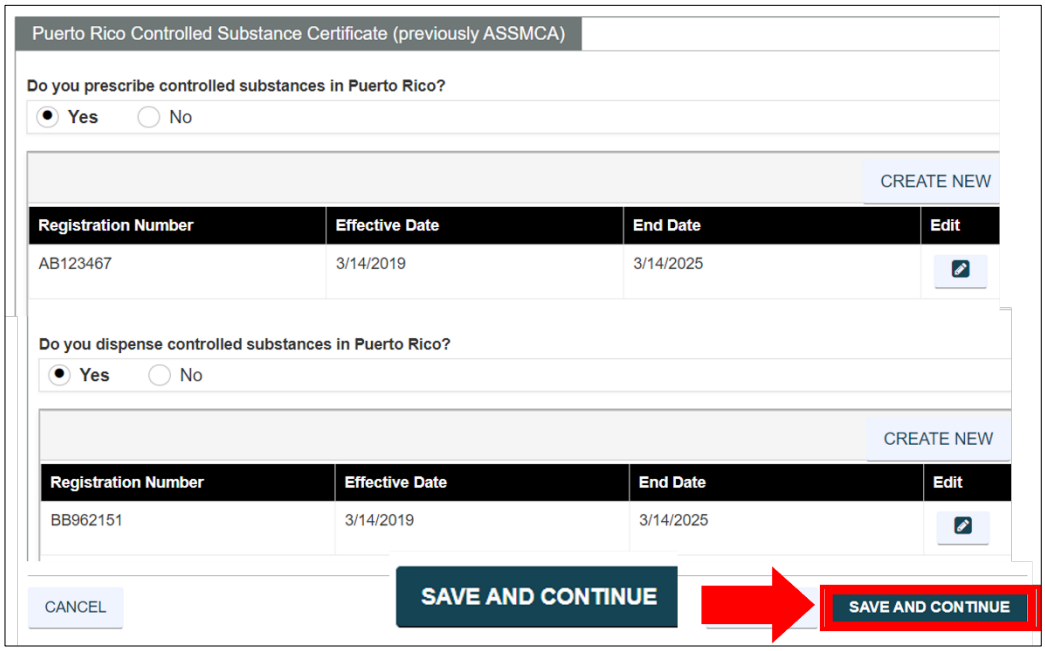
To edit an added Registration Number entry, click the **Edit** button next to the desired entry and save the changes.



***ADDING MULTIPLE RECORDS**: You can add more than one record to the Medicaid Program panel if needed.*

Repeat the previous steps to add more records.

Once all credentials have been added, click **Save and Continue** at the bottom-right to save the Credentials page.



3.10 Provider Type

The information displayed on this page will be a different combination of panels, depending on the Provider Type and specialty chosen in previous enrollment steps.

Quick Reference – Provider Type

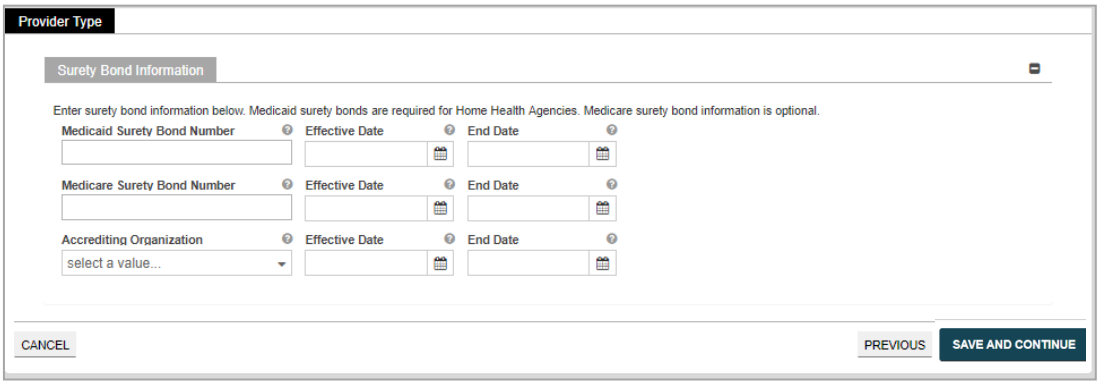
Table 10 – Provider Type

Step	Task	Action	Result
Start from Provider Type page displayed. This page displays after clicking Save and Continue from the previous page.			
1	Add Provider Type information.	Complete the required information for the panels displayed: a. Surety Bond Click Save and Continue.	Provider Type information is added and saved. Progress bar advances to the next available page.

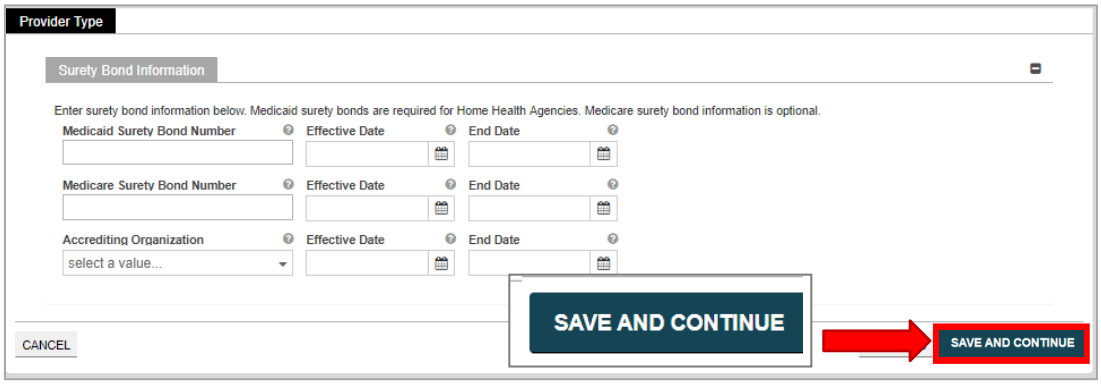
Detailed Steps

1. The Provider Type page displays. Below are the Provider Type credentials that can be displayed for Group enrollments.
   a. **Surety Bond** – Displays only for Home Health Agencies. Home Health Agencies are required to disclose their Medicaid surety bonds.

Complete the fields displayed in this section.



Once all sections are completed in the page, click **Save and Continue** at the bottom-right to save the Provider Type page.



3.11 Other

NOTE: The information collected on this page may differ depending on the Provider Type and Specialty chosen in previous enrollment steps.

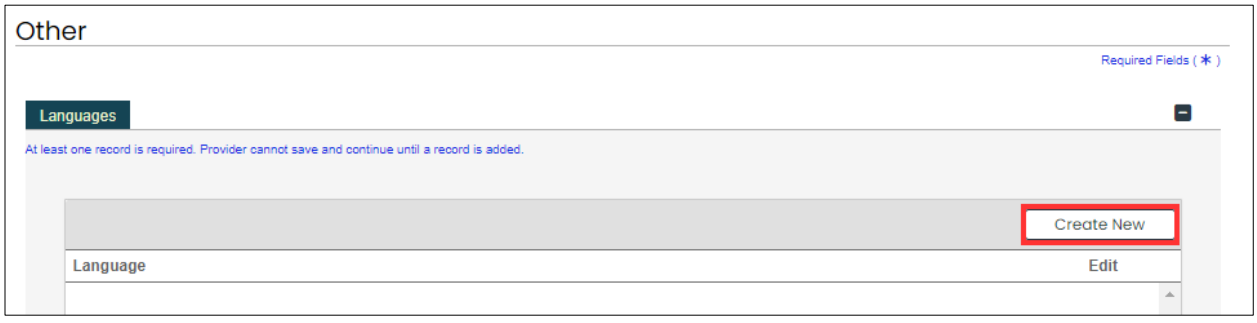
Quick Reference – Other

Table 11 – Other

Step	Task	Action	Result
Start from the Other page. This page displays after clicking Save and Continue from the previous page.			
1	Add Other information.	Complete the required information for any of the following sections that are presented: a. Languages b. Certifications c. Additional Information d. Malpractice Carrier Information e. Malpractice Suit Information Click Save and Continue.	Other information is added and saved. Progress bar advances to the next available page.

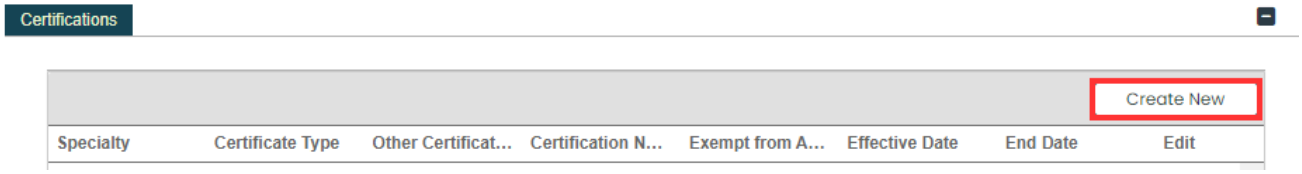
Detailed Steps

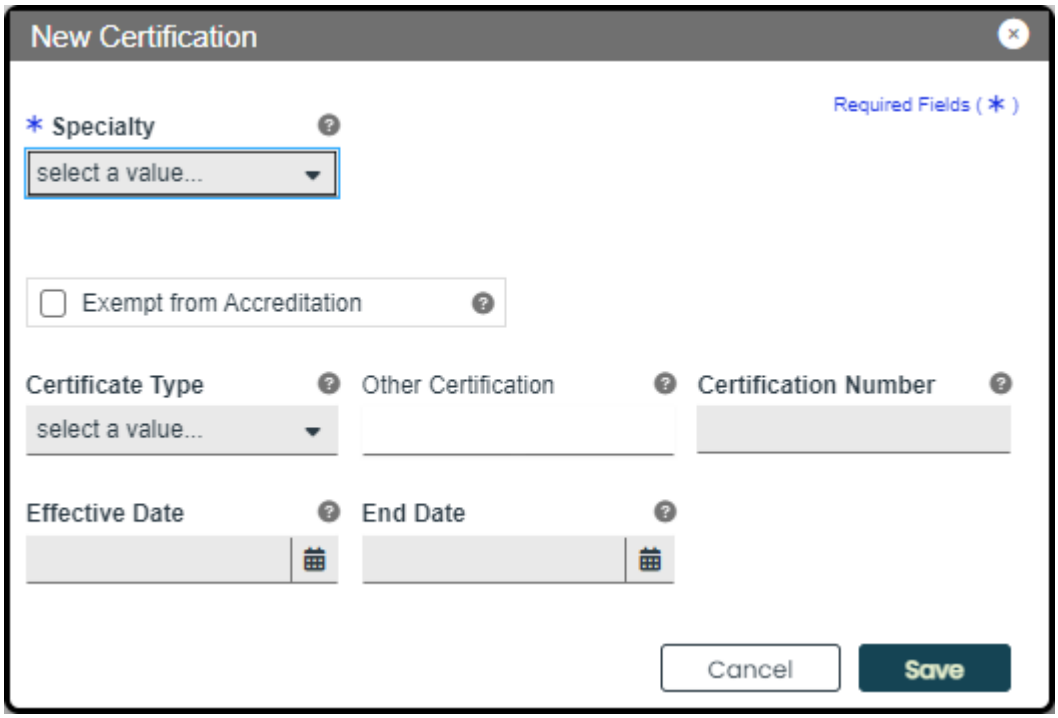
1. The Other page is displayed. The other information that may be collected for Group enrollments are shown below.
   a. **Languages** – To add a new language, click **Create New** at the top-right of the **Languages** section and select the applicable language from the **Languages** drop-down list in the pop-up window.



Once the information is saved, the language information is displayed.

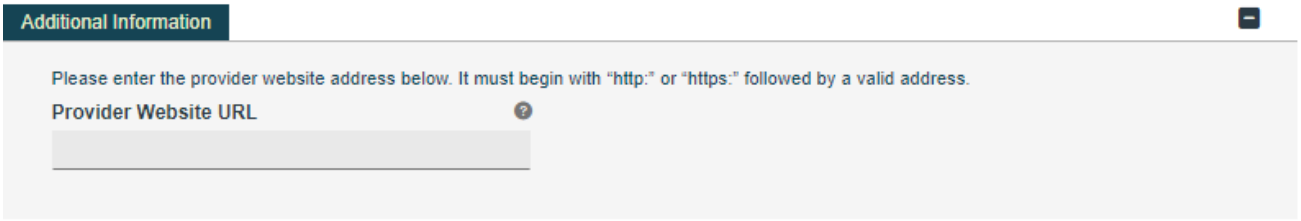
b. **Certifications** – To add a new certification, click **Create New** at the top-right of the **Certification** section and complete the required fields in the displayed pop-up window.





Once the information is saved, the certification information is displayed.

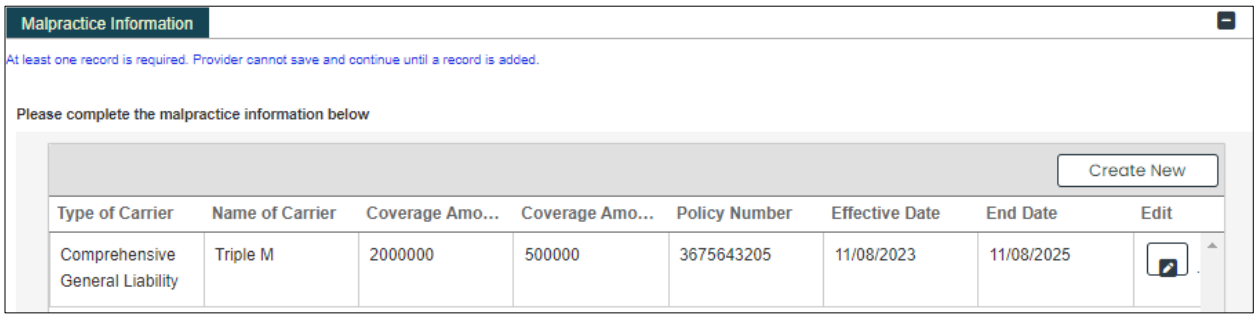
c. **Additional Information** – Enter the **URL** for your provider website. This step is optional.



d.

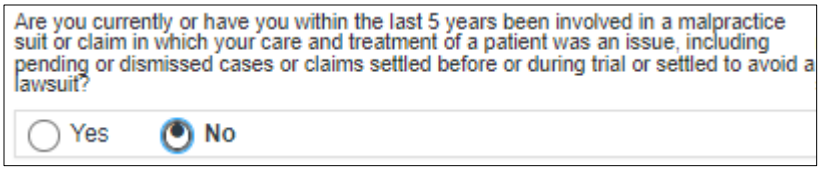
e. **Malpractice Carrier Information** – To add a new malpractice carrier information, click **Create New** at the top-right of the **Malpractice Information** section and complete the required fields in the displayed pop-up window.

Once the information is saved, the carrier information displays in the relevant window.

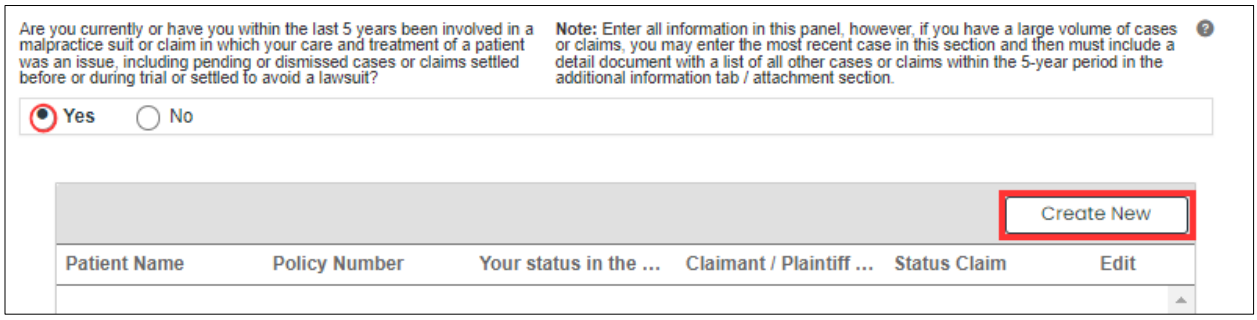


Malpractice Suit Information – Select **Yes** or **No** to answer the question regarding current and previous Malpractice suits.

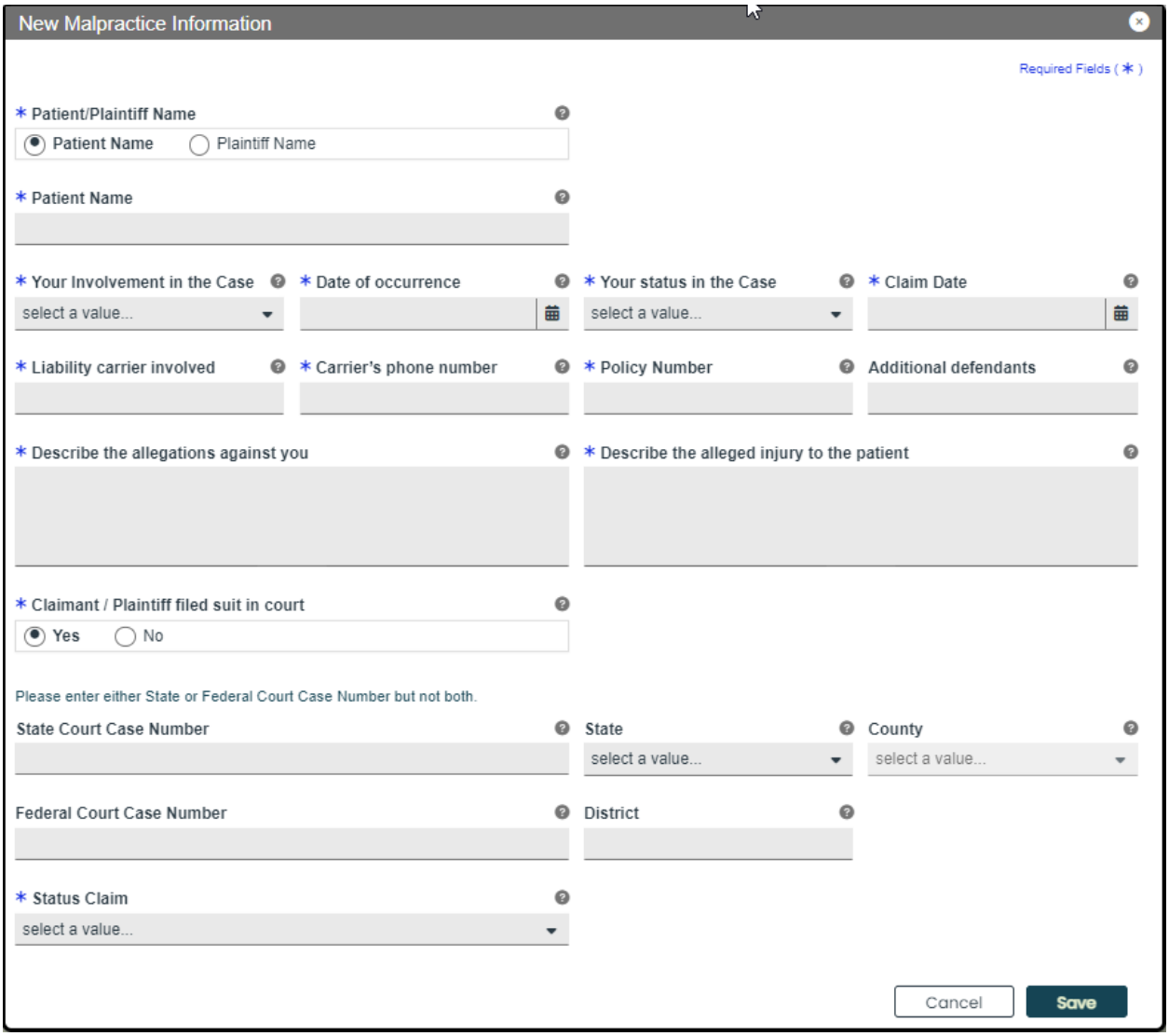
If you click **No**, no additional information is needed.



If you select **Yes**, it is then necessary to provide information regarding current and previous malpractice suits. To add the suit information, click **Create New** at the top-right of the **Malpractice Suit** section.

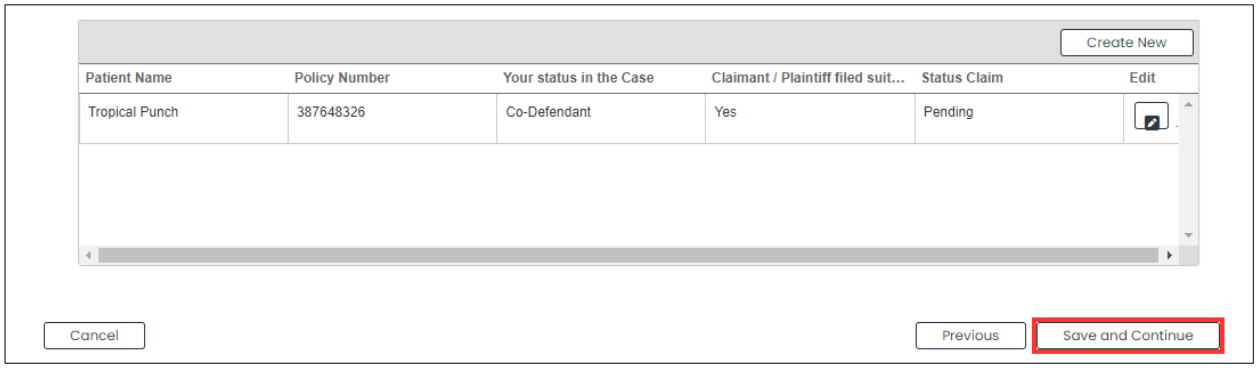


Complete the required fields in the displayed pop-up window.



Once the information is saved, the malpractice suit information is displayed

Once all sections of the page have been completed, click **Save and Continue** at the bottom-right to save the Other page.



3.12 Disclosures

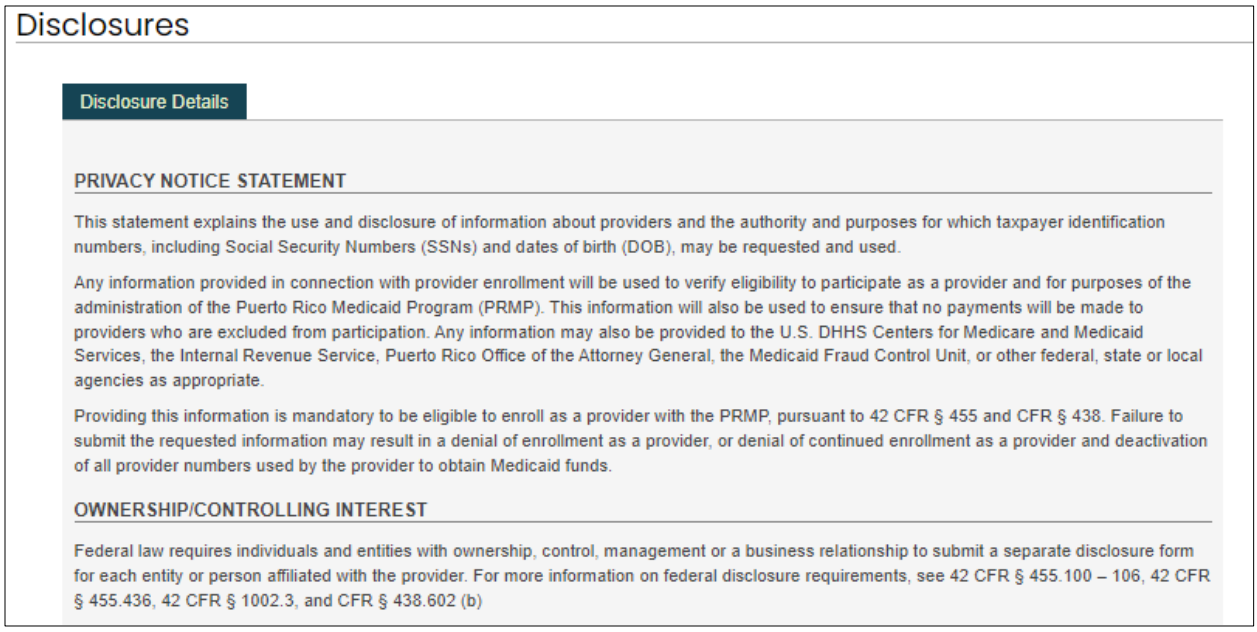
Quick Reference – Disclosures

Table 12 – Disclosures

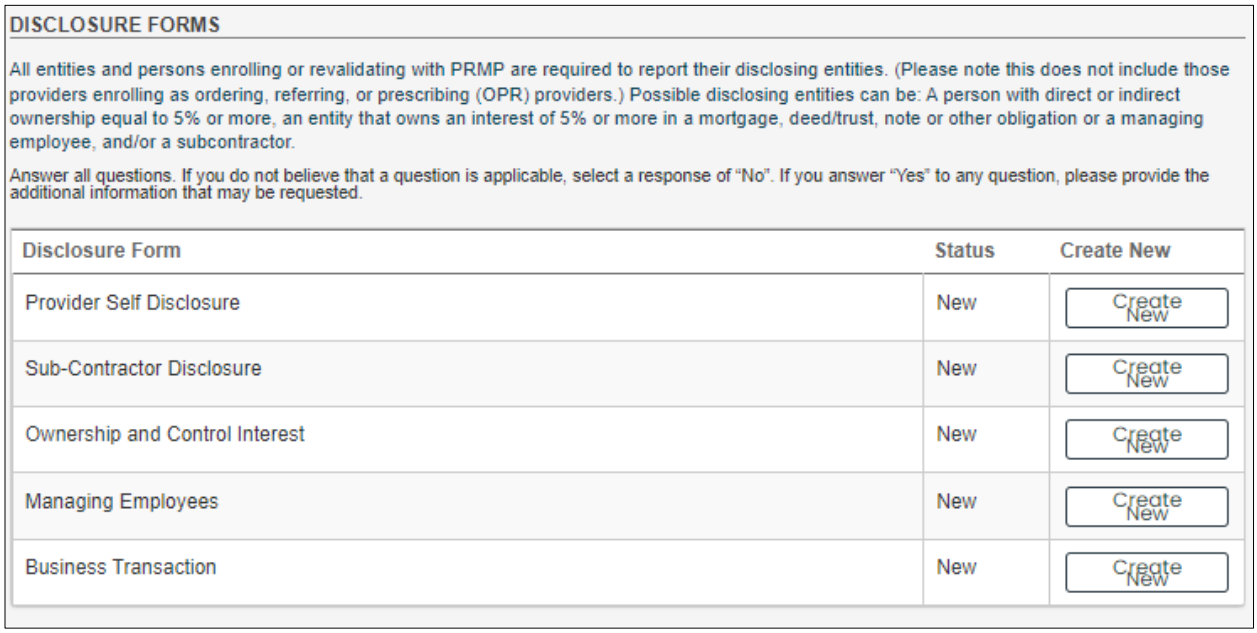
Step	Task	Action	Result
Start from the Disclosures page. This page displays after clicking Save and Continue from the previous page.			
1	Complete Disclosure forms.	a. Complete the disclosure forms displayed by clicking Create New next to each form. b. To edit or delete a form, click the desired form's name and then the Edit button in the displayed pop-up window. Click Save and Continue once all forms are completed.	Disclosures are completed. Progress bar advances to the next available page.

Detailed Steps

1. The Disclosure page lists the required forms that need to be completed.



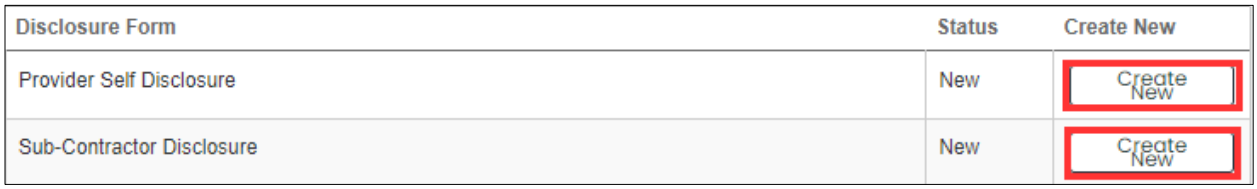
Note that your list of disclosures may differ from the following examples as the disclosure requirements are based on your responses throughout the enrollment application. Disclosures that do not apply to your application will not display.



a. To start completing a disclosure form, click **Create New** next to the desired form name.

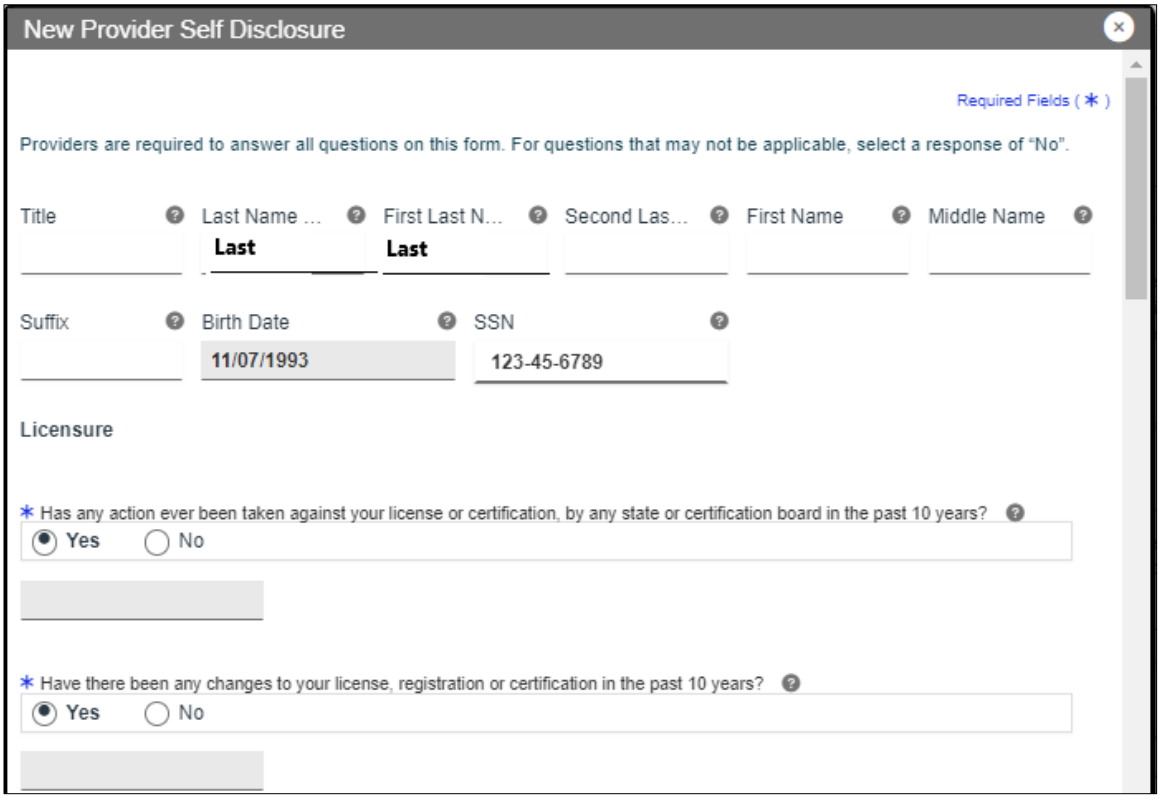
Some disclosures allow more than one form to be completed. The **Create New** button will be enabled if the form can be completed again.

For example, if there is more than one owner with controlling interest, a separate disclosure will need to be completed for each owner. Click **Create New** to complete an additional disclosure for each owner with controlling interest.



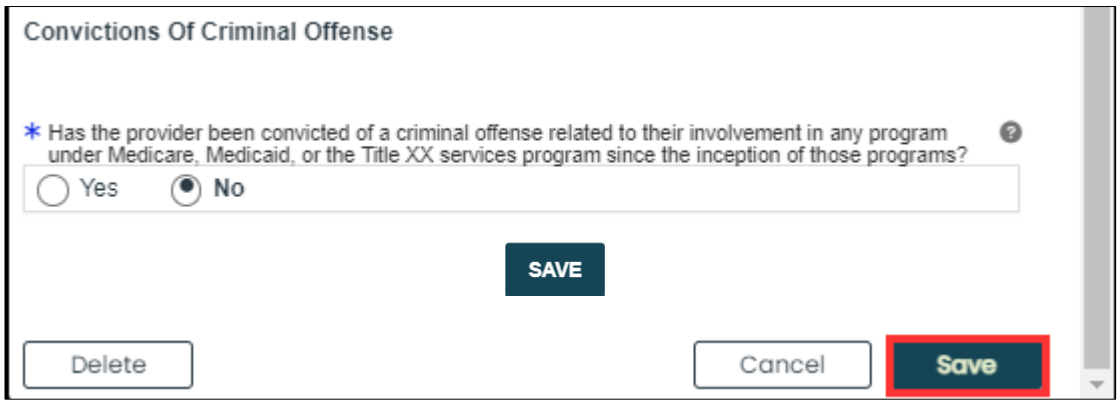
The disclosure form details display in a pop-up window. Complete all fields within the form.

Example: Provider Self Disclosure



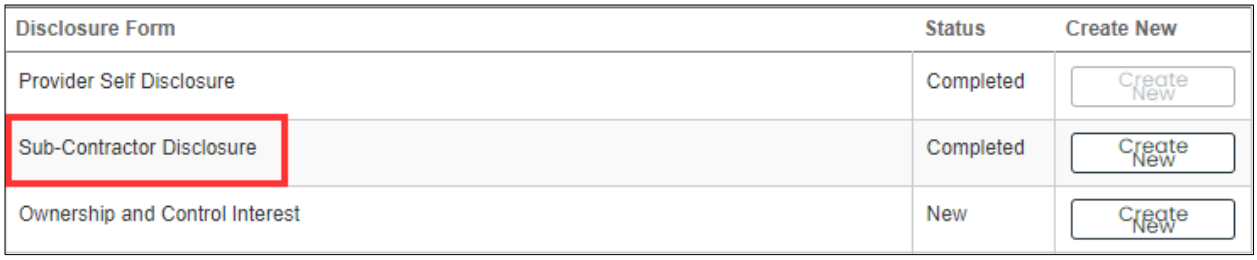
***ADDITONAL FIELDS IN FORM**: If "Yes" is clicked for any question on the form, an additional field or panel will display to add more information.*

Once the form is completed, click **Save**.



When the form is saved, the form's status will change to "Completed."

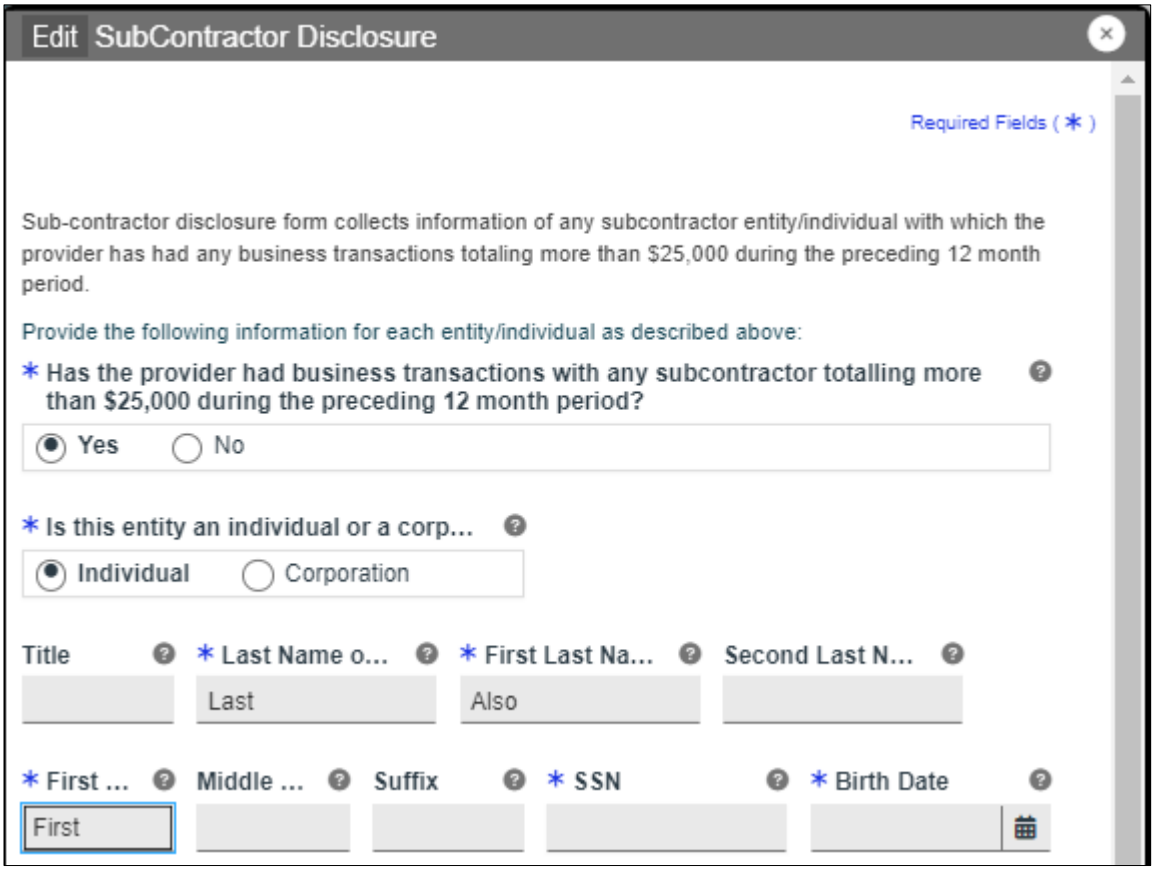
b. To edit or delete an added disclosure form, click on the name of the desired form.



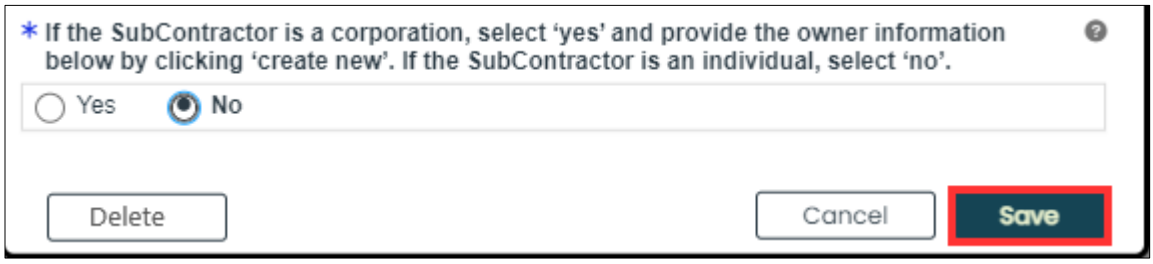
A pop-up window displays the forms you have submitted for that disclosure type. If you completed more than one form for that disclosure type, you will see multiple forms.

Click the **Edit** button next to the desired form from the list.

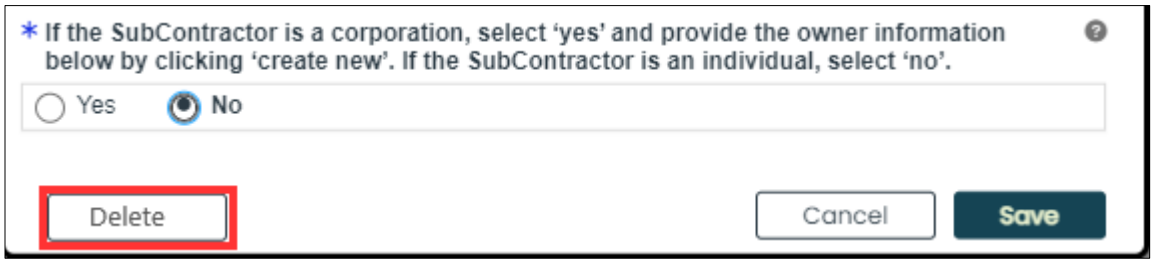
The completed form is displayed in a new pop-up window. There you can edit any field you had previously completed.



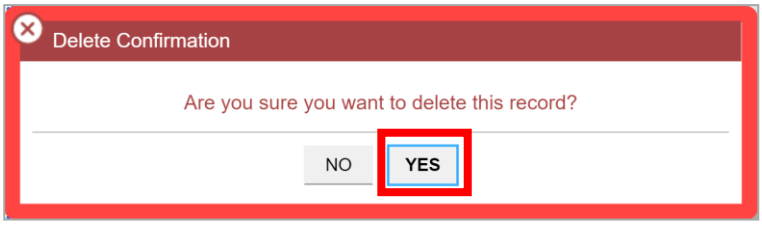
To save any information you have edited, scroll to the bottom of the form and click **Save** in the bottom-right corner.



If you want to delete the form, scroll to the bottom of the form and click **Delete** in the bottom-left corner.



A pop-up window displays for you to confirm if you would like to delete the form. Click **Yes**.



The form is now deleted from your application.

Please note that if you deleted the only form for that disclosure type, the status will change from "Completed" to "New."

c. Once all forms are completed, click **Save and Continue** at the bottom-right of the page to save the Disclosure forms added on the Disclosures page.

SAVING AND CONTINUING: ***<u>All required forms</u>*** *must display a "Completed" status to save the Disclosures step and continue to the next enrollment step.*

If required forms remain incomplete, you will not be allowed to continue to the next step.

3.13 Background Check

NOTE: The Background Check page displays for high-risk providers with an individual owner.

If the Background Check page does not display in your enrollment, it is not required for your Group Provider Type. If this is the case, go to Section 3.13 Attachments to view the instructions for your next required step.

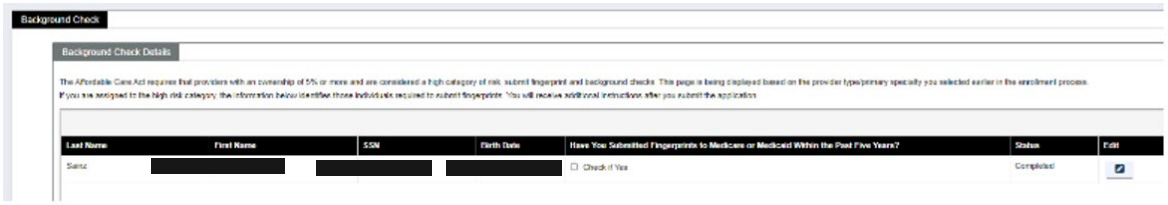
Quick Reference – Background Check

Table 13 – Background Check

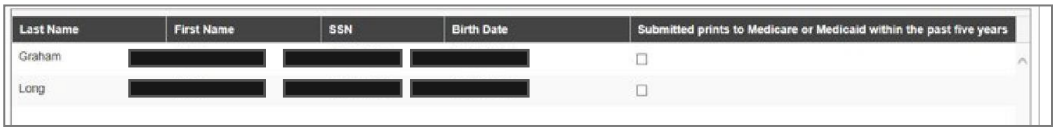
Step	Task	Action	Result
Start from the Background Check page. This page displays after clicking Save and Continue from the previous page.			
1	Review Background Check information.	a. Verify that all names displayed in the Background Check Details panel are correct. b. Check the box in the final column of the panel if the person has submitted fingerprints to Medicaid within the past five years. Click Save and Continue.	Background check is reviewed. Progress bar advances to the next available page.

Detailed Steps

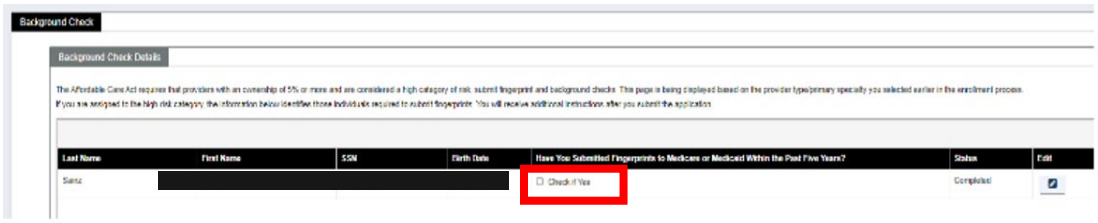
1. The Background Check page is displayed. Individuals with 5% or greater ownership who may be required to submit fingerprints are displayed in the Background Check Details panel. This information was populated from the Disclosures step.



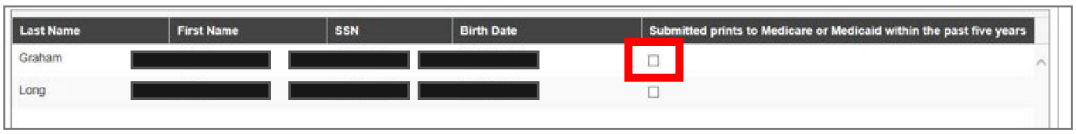
   a. Verify that all names displayed in the Background Check Details panel are correct.



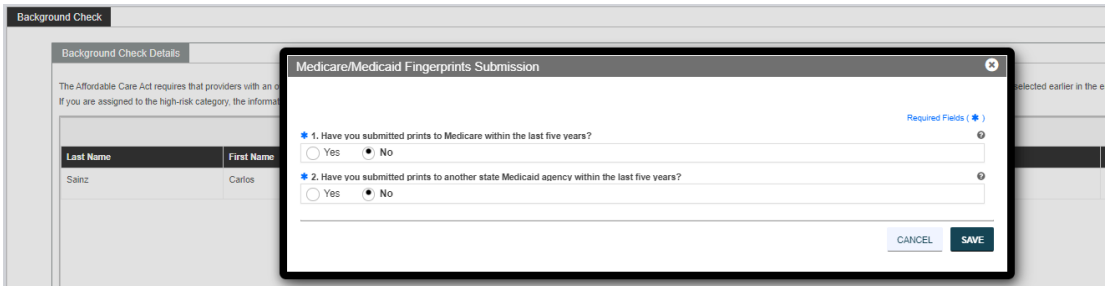
MISSING OWNERS OR INCORRECT INFORMATION: *If information displayed is incorrect or any owners are missing, go back to the Disclosures step in your enrollment (discussed in Section 3.11), update and save the information.*



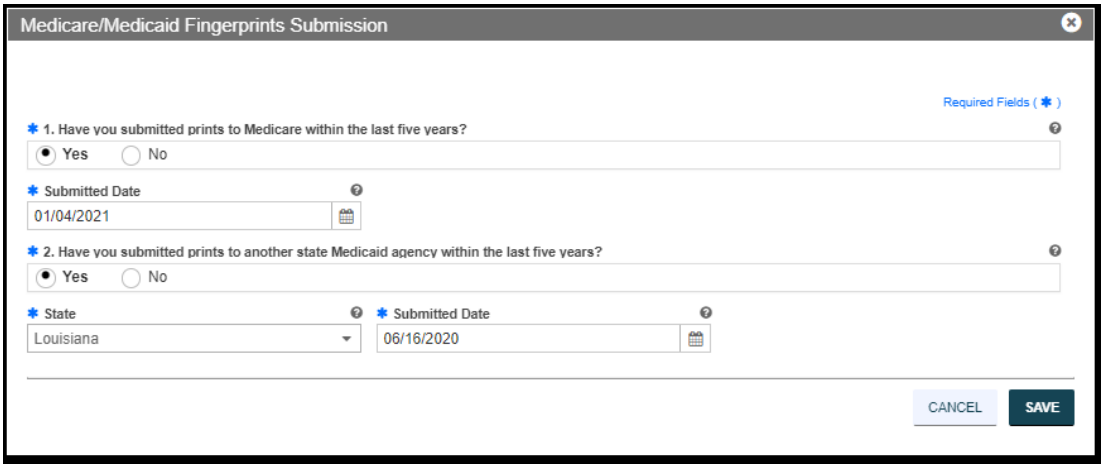
Check the **Submitted prints to Medicare or Medicaid within the past five years** box in the final right column of the panel if the person has submitted fingerprints to Medicaid within the past five years.



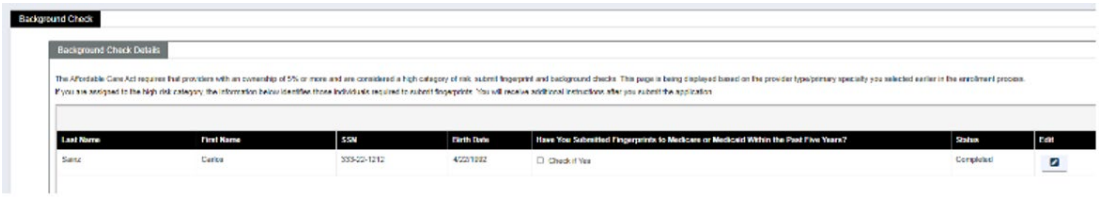
NOTE: If no fingerprints have been submitted in the past 5 years, you do not have to click the check box and no additional steps are required.



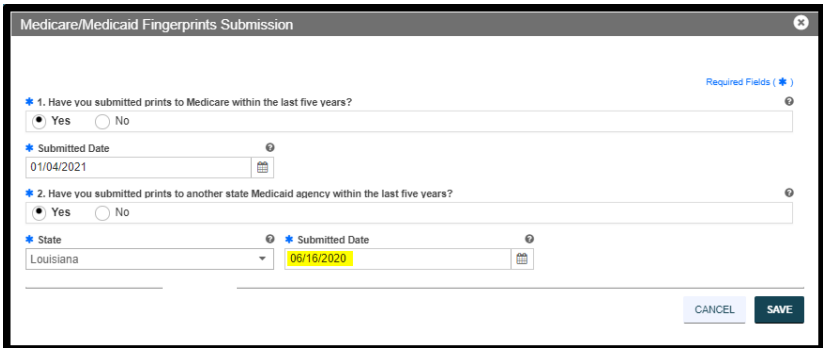
Select “Yes” for both questions and complete the required data. Use Calendar feature to complete the dates. Click **Save**.



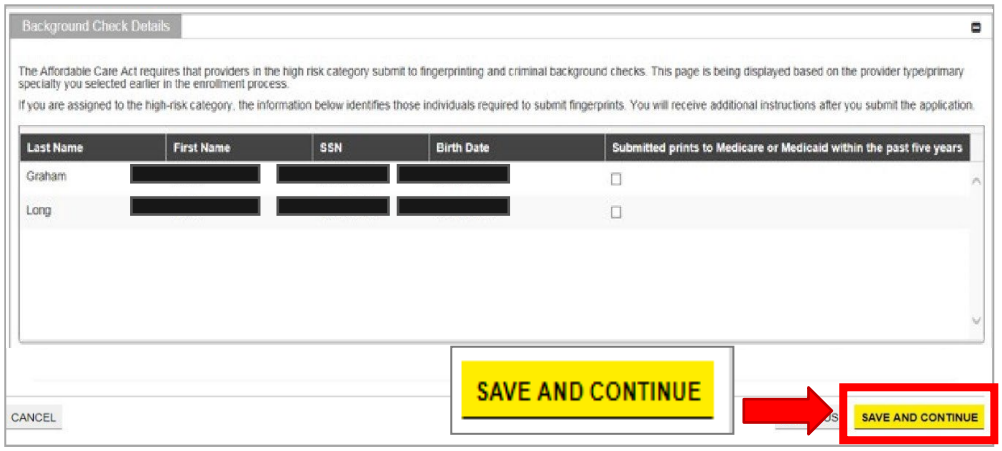
To edit Fingerprints Submission, click the **Edit** button next to the desired.



Enter Fingerprints Submission details and click Save to save the changes



b. Click **Save and Continue** at the bottom-right to save the Background Check page.



3.14 Attachments

Quick Reference – Attachments

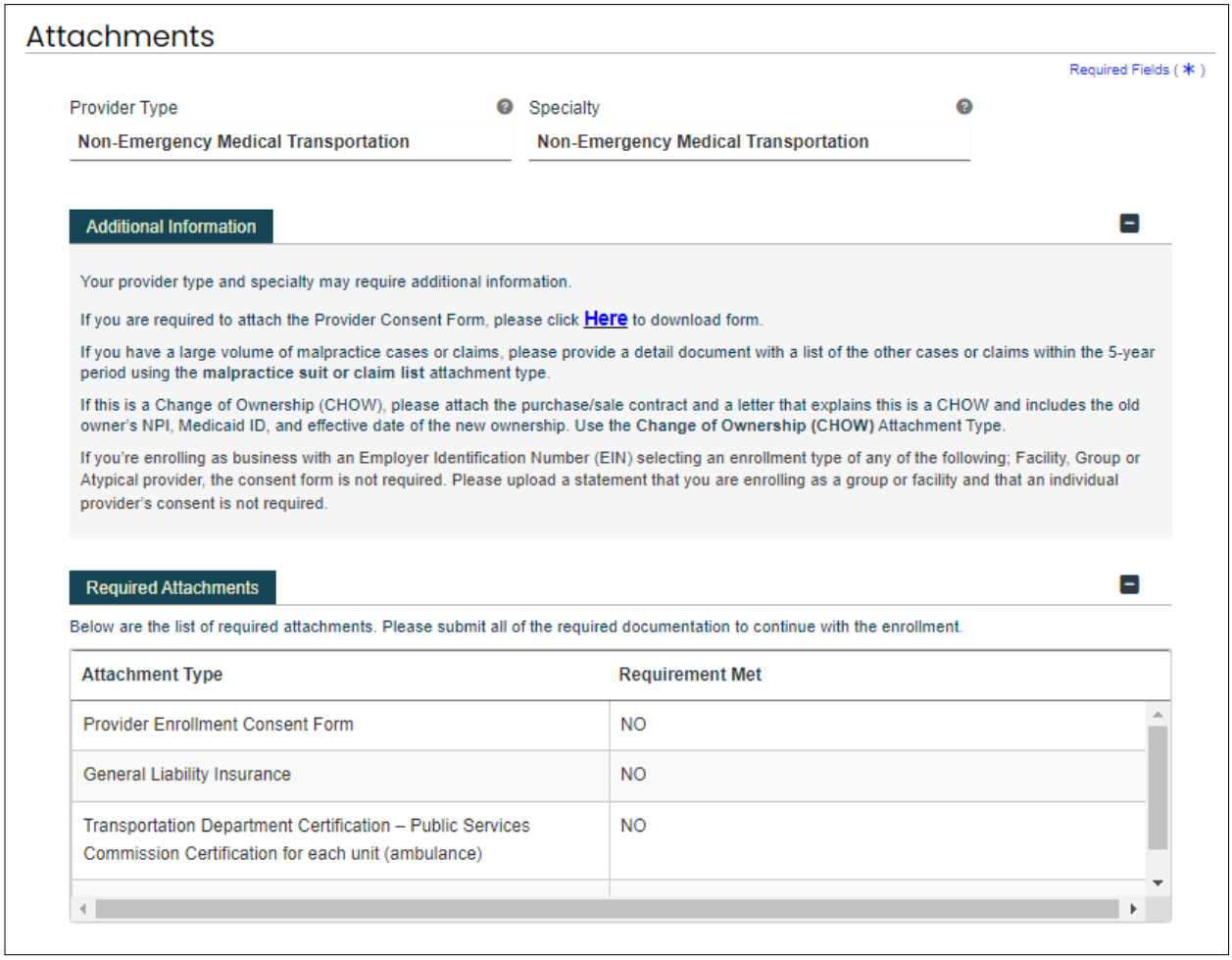
Table 14 – Attachments

Step	Task	Action	Result
Start from the Attachments page. This page displays after clicking Save and Continue from the previous page.			
1	Add Attachments.	a. Add the atta requested a section by clicking Create New and filling out the required fields in the displayed pop-up screen. Once the documents are uploaded, the attachment information is displayed and the requirement is marked as met. Click Save and Continue.	achments are added and saved. ogress bar ac e next available page.

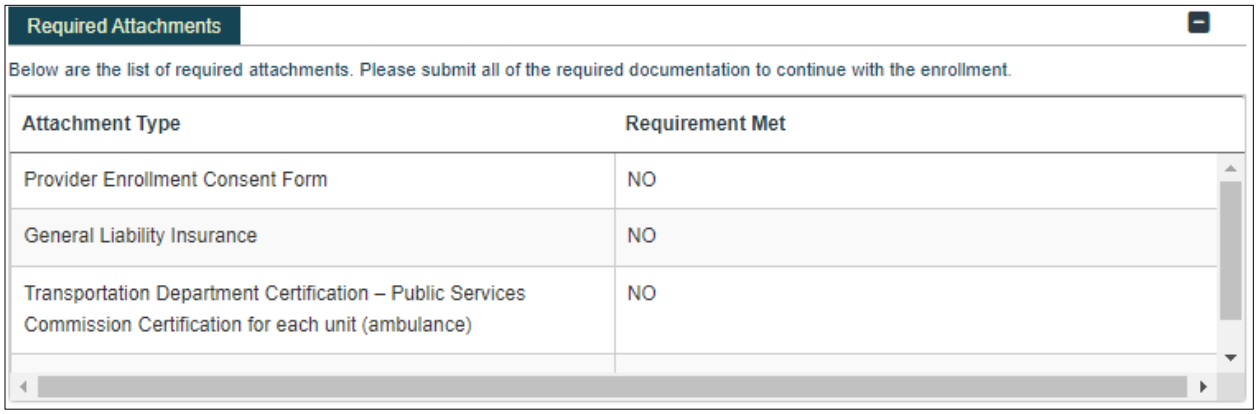
Detailed Steps

1. The Attachments page is displayed.

Additional Information indicates any required additional documentation based on your Provider Type and information provided during previous enrollment steps.

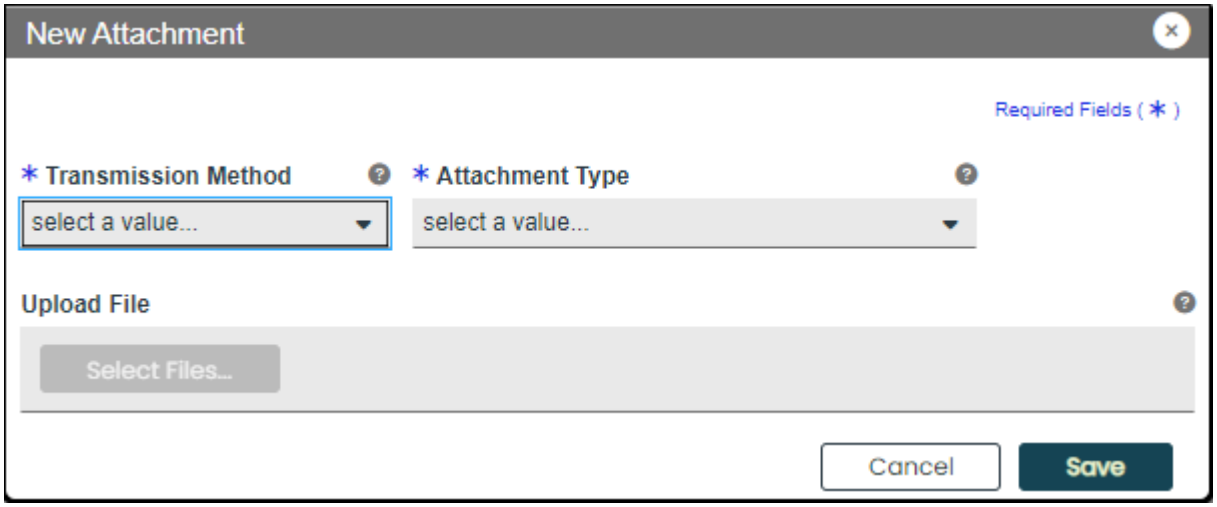


Required attachments for your Provider type and specialty are displayed in the **Required Attachments** section. The Requirement Met column displays “No” if an attachment has not been added.



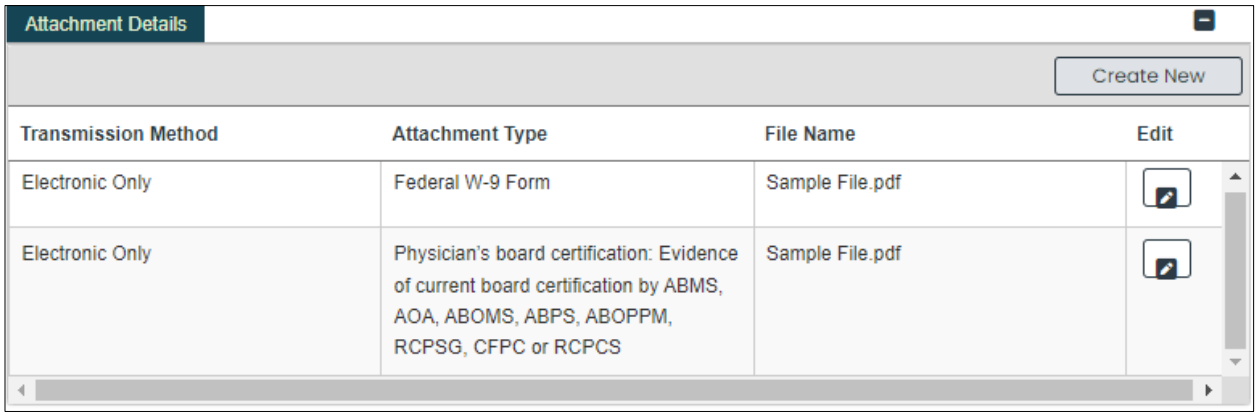
a. Click **Create New** on the Attachment Details panel to add a new attachment.

Complete all the required fields in the pop-up window and upload the document.

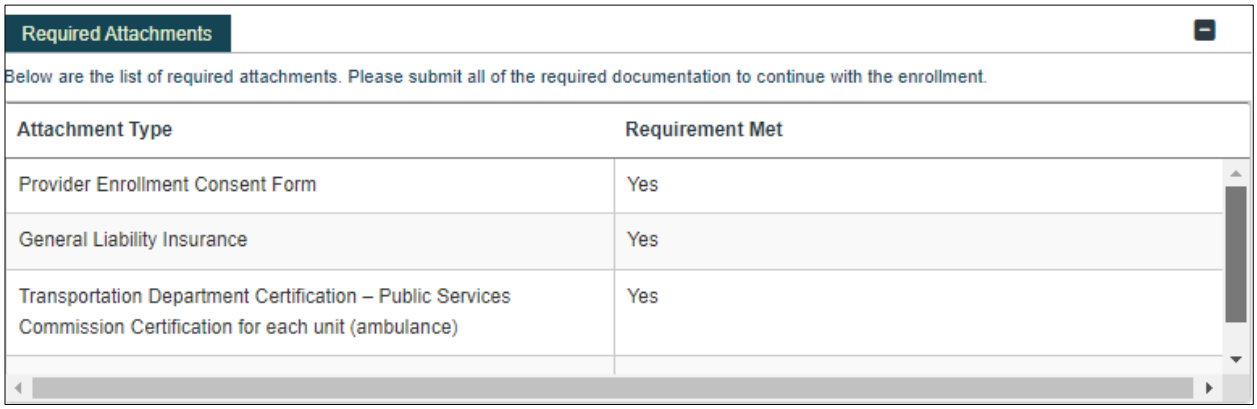


ACCEPTED FILE TYPES: *File types currently accepted as attachments include .xlsx, .xls, .docx, .doc, .png, .txt, .jpg, .pdf, .gif, and .zip.*

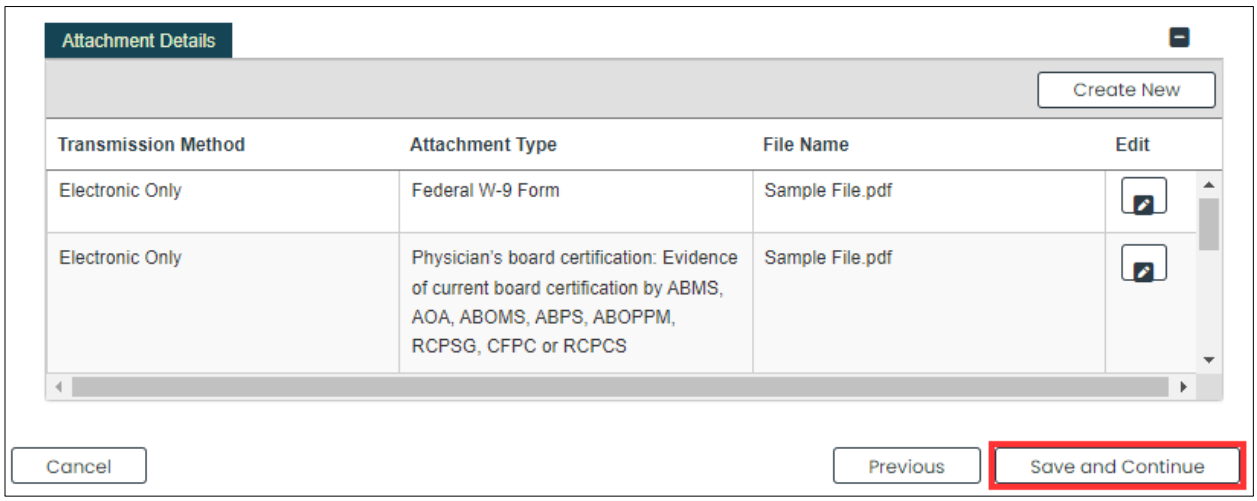
Once saved, the attachment displays in the panel.



In the Required Attachments panel, the Requirement Met column of an attachment changes from "No" to "Yes" once the attachment has been added.



b. Click **Save and Continue** at the bottom-right to save the Attachments page.



SAVING AND CONTINUING: ***<u>All required attachments</u>*** *must be added before saving the Attachments page and continuing to the next enrollment step.*

3.15 Fees

If you are required to pay a fee to apply for PRMP enrollment, the Fees page will be available in the application process.

If the Fees page does not display, it is not required for your Provider Type. If this is the case, go to Section 3.15 Agreement/Submit to view the instructions for your next required step.

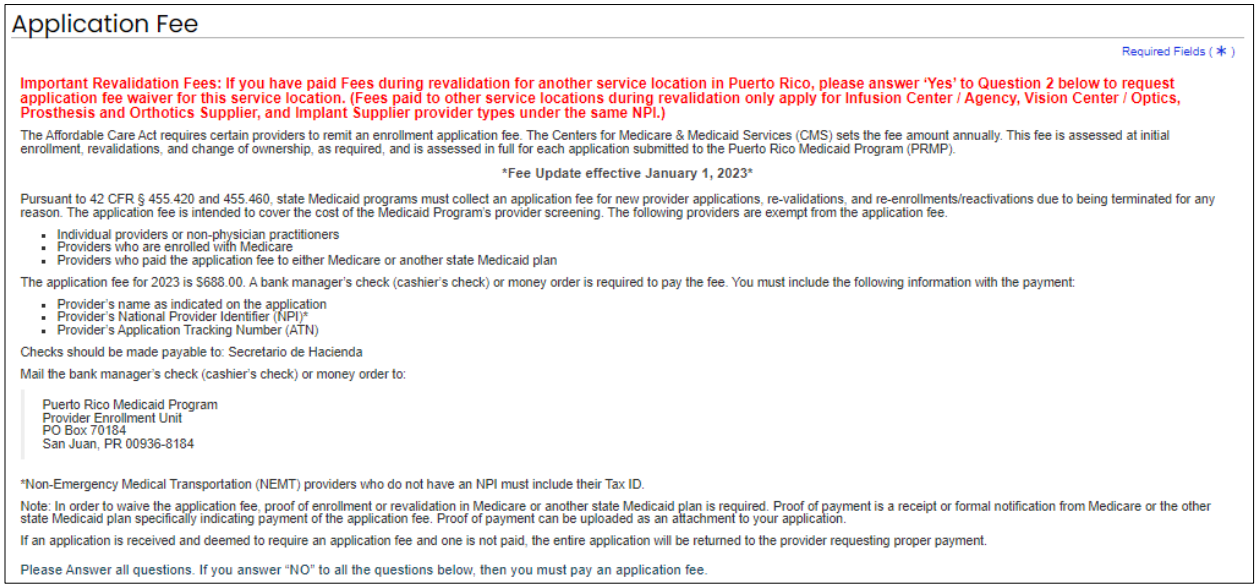
Quick Reference – Fees

Table 15 – Fees

Step	Task	Action	Result
Start from the Fees page. This page displays after clicking Save and Continue from the previous page.			
1	Disclose and pay Additional Fees.	a. Complete the fields displayed in the Fees section. b. Final Amount Due displays. c. Click Save and Continue.	Answers to the Fee questions and final amount are saved. Progress bar advances to the next available page.

Detailed Steps

1. The Fees page is displayed.



Application Fee

Required Fields (✱)

Important Revalidation Fees: If you have paid Fees during revalidation for another service location in Puerto Rico, please answer 'Yes' to Question 2 below to request application fee waiver for this service location. (Fees paid to other service locations during revalidation only apply for Infusion Center / Agency, Vision Center / Optics, Prosthesis and Orthotics Supplier, and Implant Supplier provider types under the same NPI.)

The Affordable Care Act requires certain providers to remit an enrollment application fee. The Centers for Medicare & Medicaid Services (CMS) sets the fee amount annually. This fee is assessed at initial enrollment, revalidations, and change of ownership, as required, and is assessed in full for each application submitted to the Puerto Rico Medicaid Program (PRMP).

Fee Update effective January 1, 2023

Pursuant to 42 CFR § 455.420 and 455.460, state Medicaid programs must collect an application fee for new provider applications, re-validations, and re-enrollments/reactivations due to being terminated for any reason. The application fee is intended to cover the cost of the Medicaid Program's provider screening. The following providers are exempt from the application fee.

- Individual providers or non-physician practitioners
- Providers who are enrolled with Medicare
- Providers who paid the application fee to either Medicare or another state Medicaid plan

The application fee for 2023 is $688.00. A bank manager's check (cashier's check) or money order is required to pay the fee. You must include the following information with the payment:

- Provider's name as indicated on the application
- Provider's National Provider Identifier (NPI)*
- Provider's Application Tracking Number (ATN)

Checks should be made payable to: Secretario de Hacienda

Mail the bank manager's check (cashier's check) or money order to:

Puerto Rico Medicaid Program
Provider Enrollment Unit
PO Box 70184
San Juan, PR 00936-8184

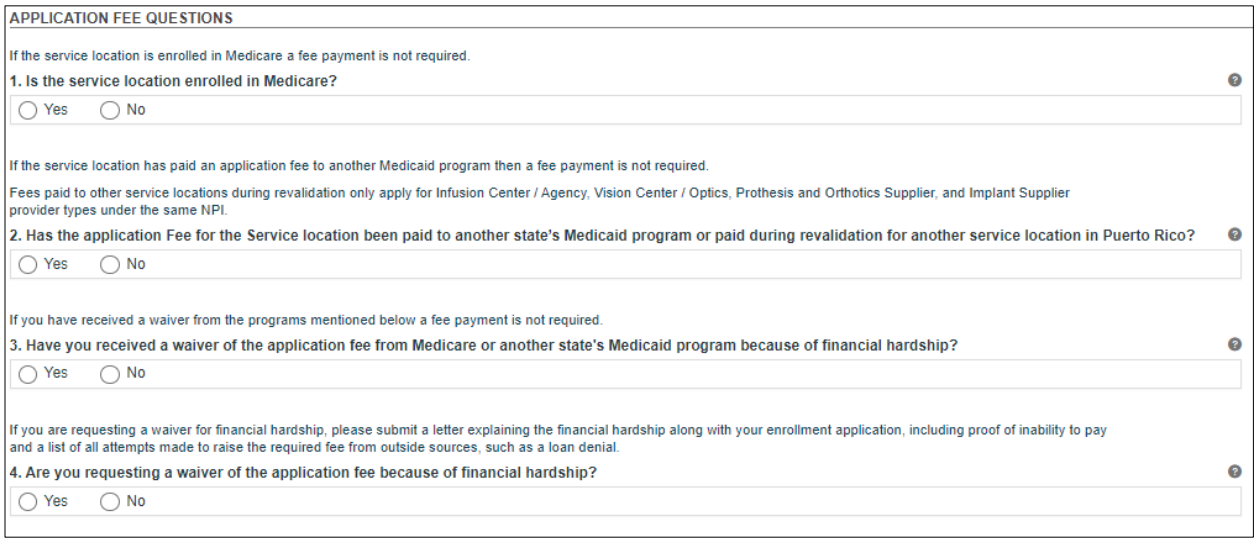
*Non-Emergency Medical Transportation (NEMT) providers who do not have an NPI must include their Tax ID.

Note: In order to waive the application fee, proof of enrollment or revalidation in Medicare or another state Medicaid plan is required. Proof of payment is a receipt or formal notification from Medicare or the other state Medicaid plan specifically indicating payment of the application fee. Proof of payment can be uploaded as an attachment to your application.

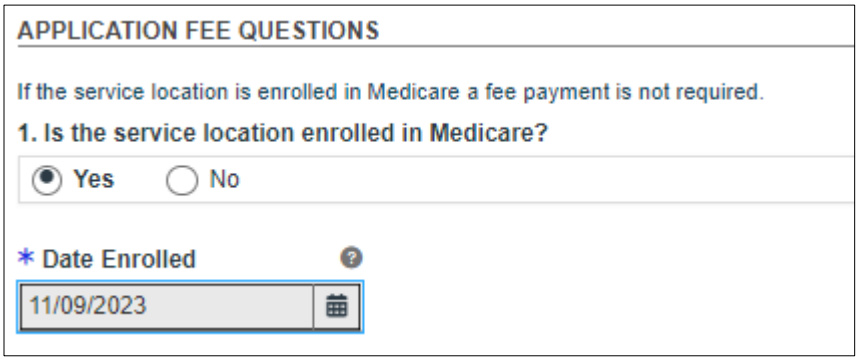
If an application is received and deemed to require an application fee and one is not paid, the entire application will be returned to the provider requesting proper payment.

Please Answer all questions. If you answer "NO" to all the questions below, then you must pay an application fee.

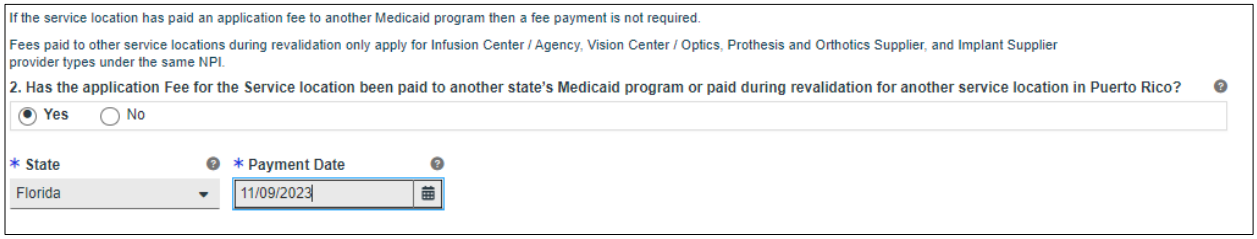
a. Read the information disclosed in the **Application Fee** section and answer the Application Fee questions underneath.



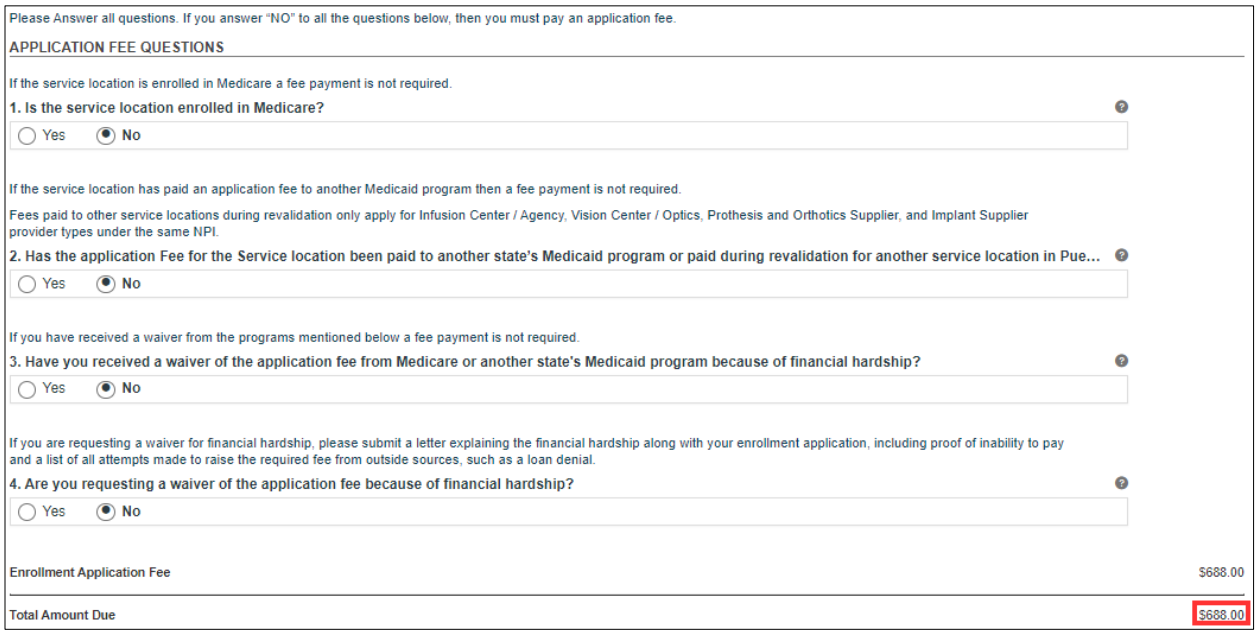
If you answer “Yes” to the first Application Fee question, an enrollment date is required.



If you answer “Yes” to the second Application Fee question, the state and date of payment are required.

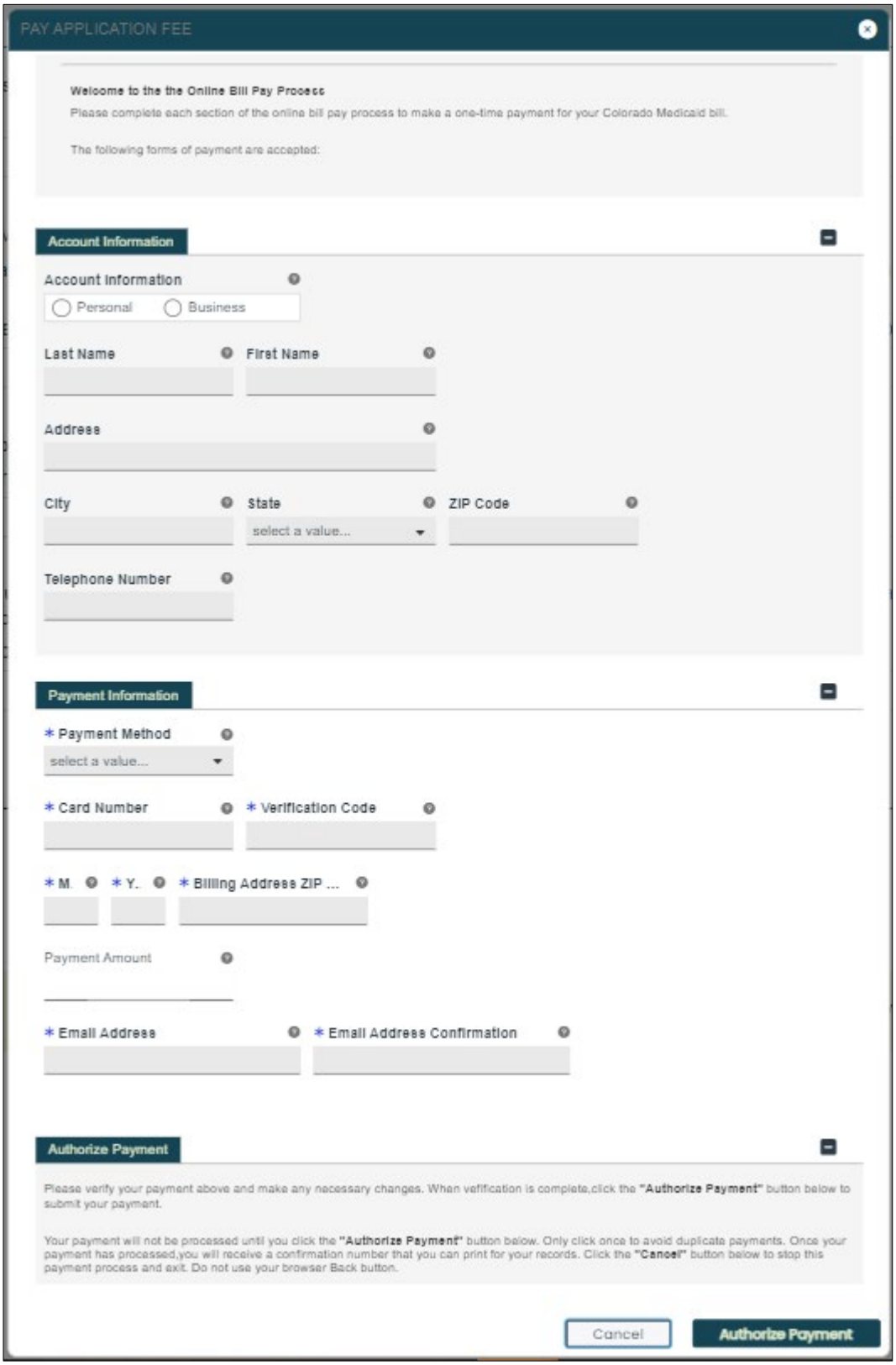


b. The final amount of fees is displayed at the bottom of the screen when all questions are completed.

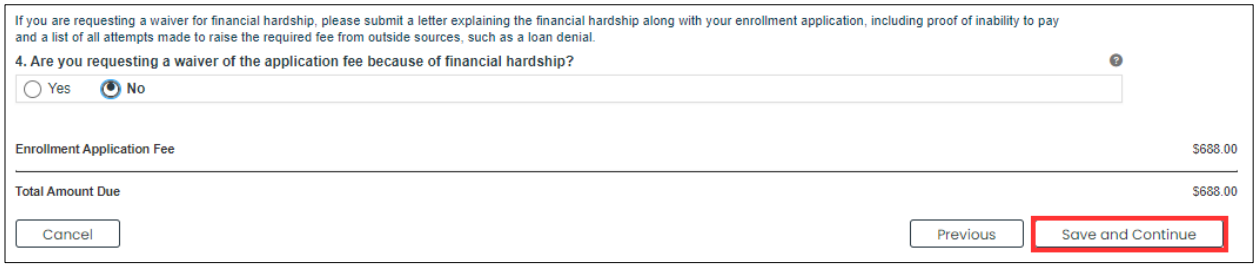


AMOUNT DUE: *If "No Fee" displays next to "Amount Due" after answering all questions, you do not have to pay an application fee.*

If an amount of fees displays, the instructions for paying the fee are disclosed in the top section of the Fees page. This includes the payment method accepted, the address to send the payment to, and the information required when making the payment.



c. Click the **Save and Continue** button at the bottom right to save the Fees page.



3.16 Agreement/Submit

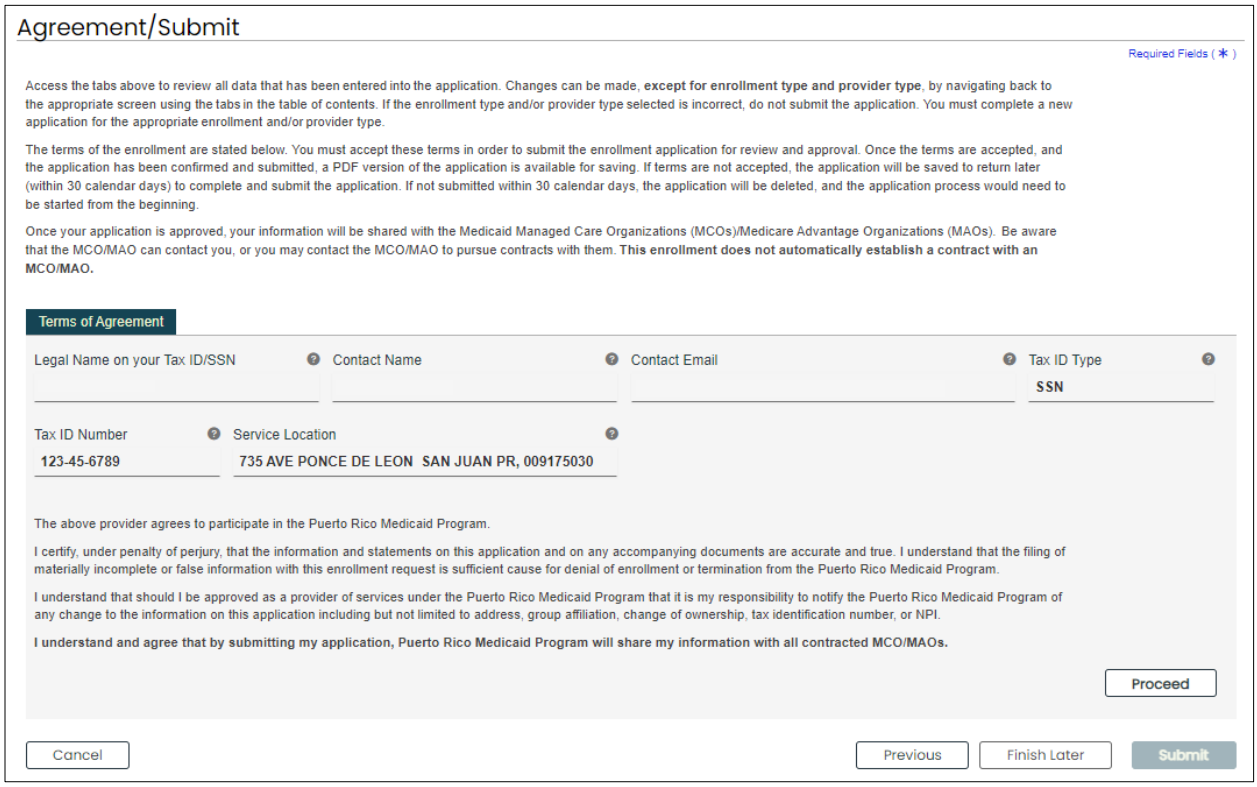
Quick Reference – Agreement/Submit

Table 16 – Agreement/Submit

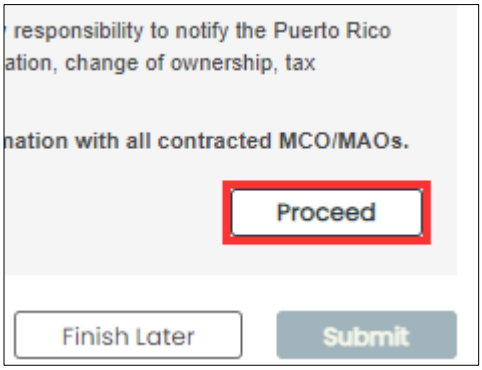
Step	Task	Action	Result
Start from Agreement/Submit page. This page displays after clicking Save and Continue from the previous page.			
1	Accept Terms and Conditions.	Click Proceed to accept the terms and conditions.	Provider Agreement PDF displays.
2	Accept Provider Agreement.	Read the Provider Agreement and click the I Accept checkbox.	Confirmation pop-up window displays.
3	Confirm Provider Agreement.	Click Yes in the pop-up window to confirm agreement.	Signature section displays.
4	Complete Signature section.	a. Click the I Accept checkbox and fill in the rest of the fields. b. Click Request Verification Code.	Verification code is sent via email.
5	Add verification code.	Enter verification code sent via email and click Submit.	Enrollment submission confirmation screen displays.
6	Confirm submission of enrollment.	Click Yes to confirm submission.	Enrollment submission notification is received via pop-up screen and via email.

Detailed Steps

1. The Agreement/Submit page is displayed. This is the final step to complete and submit a new Provider Enrollment Application. Information previously entered during the other enrollment steps displays under the Terms of Agreement.



To accept the Terms of Agreement, click **Proceed** at the bottom of the screen.



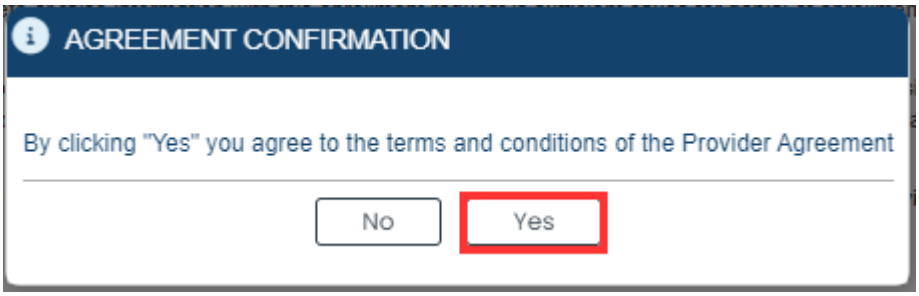
2. A new section with a PDF form displays underneath.

***PROVIDER AGREEMENT**: The Provider Agreement is available in both English and Spanish. The first half of the document is in English and the second half is in Spanish.*

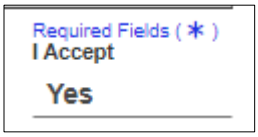
Print or save a copy of the Provider Agreement now to keep for your records. Once you have completed this step, you will not be able to return to the Provider Agreement.

Read the Provider Agreement contained in the PDF document displayed and click the **I Accept** box.

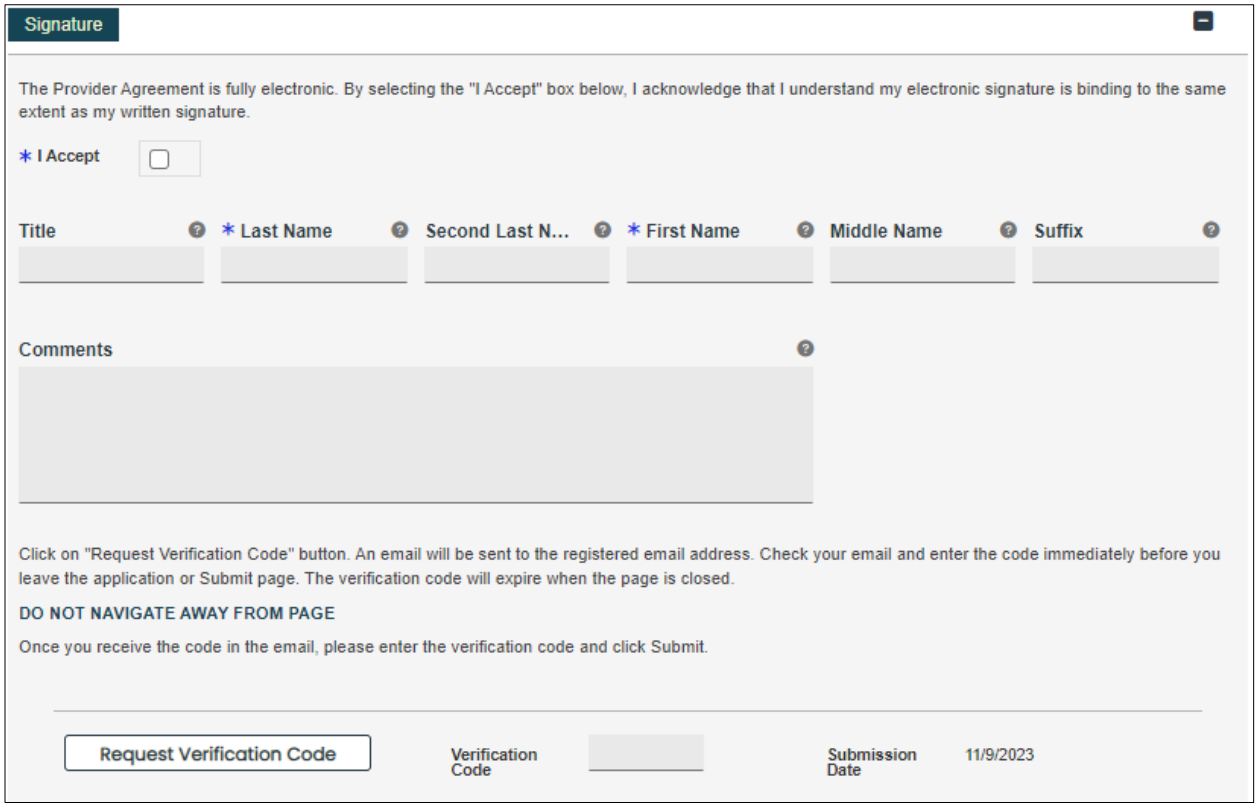
3. A pop-up window displays to confirm your agreement. Click **Yes**.



The **I Accept** checkbox is now checked.

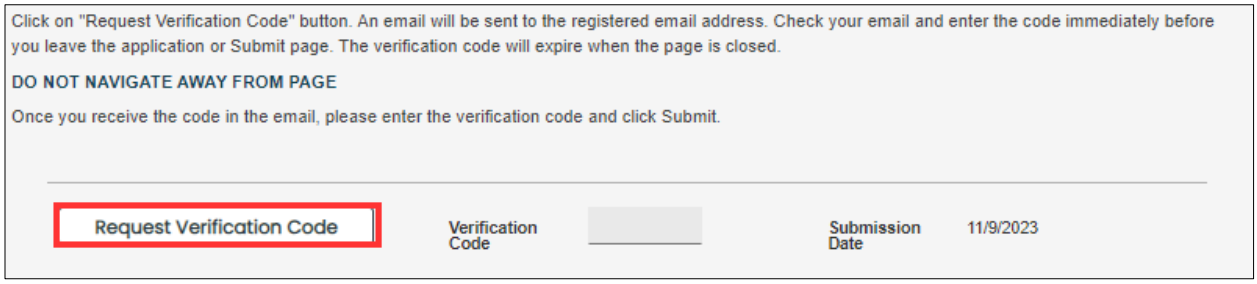


4. The **Signature** section displays.

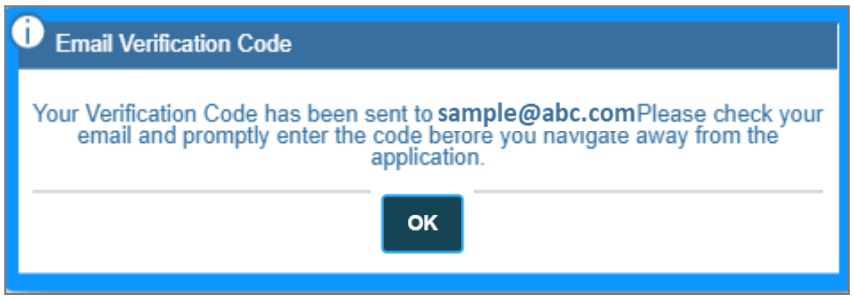


a. Click the **I Accept** checkbox in this section and complete the rest of the fields.

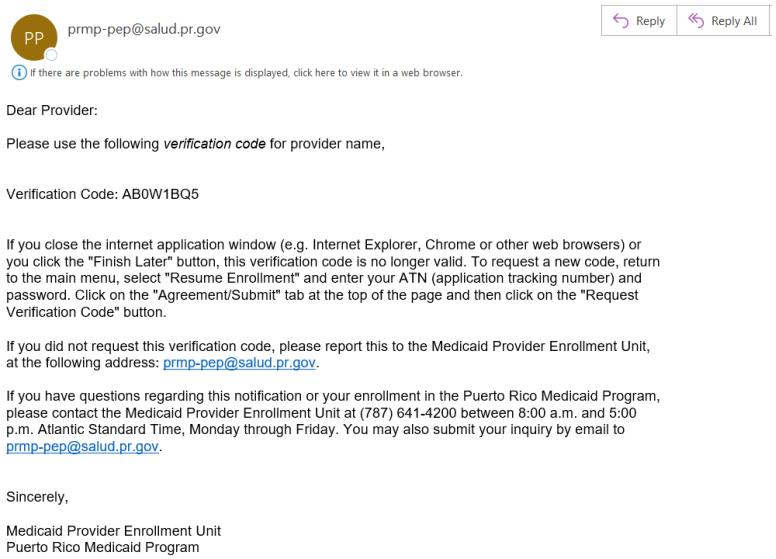
b. Click **Request Verification Code**.



The verification code will be sent to the email address confirmed in the required fields.



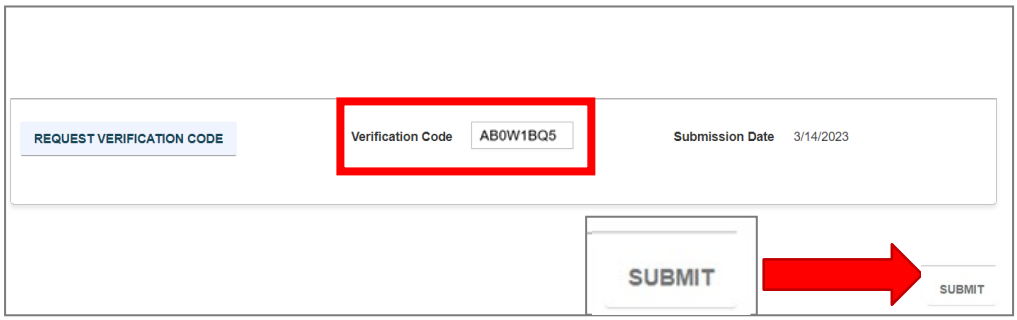
Example of email received with verification code:



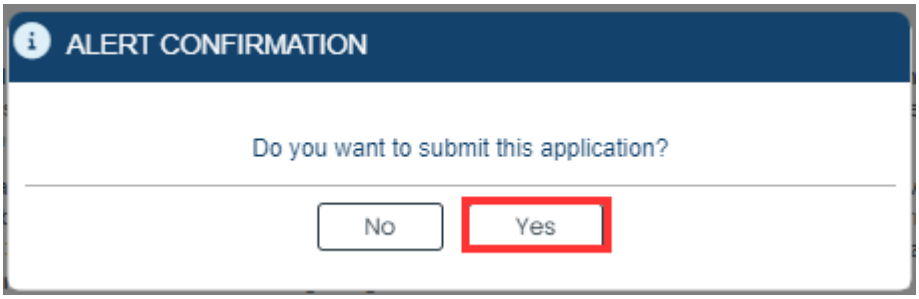
***VALID VERIFICATION CODE**: If you close the internet window containing your enrollment application before entering the verification code sent to you, that verification code is no longer valid.*

*If this happens, resume your enrollment using your ATN and enrollment password (see **Section 2.4** in the **Provider Enrollment Portal (PEP) Navigation Reference Guide** for detailed steps), and request a new verification code.*

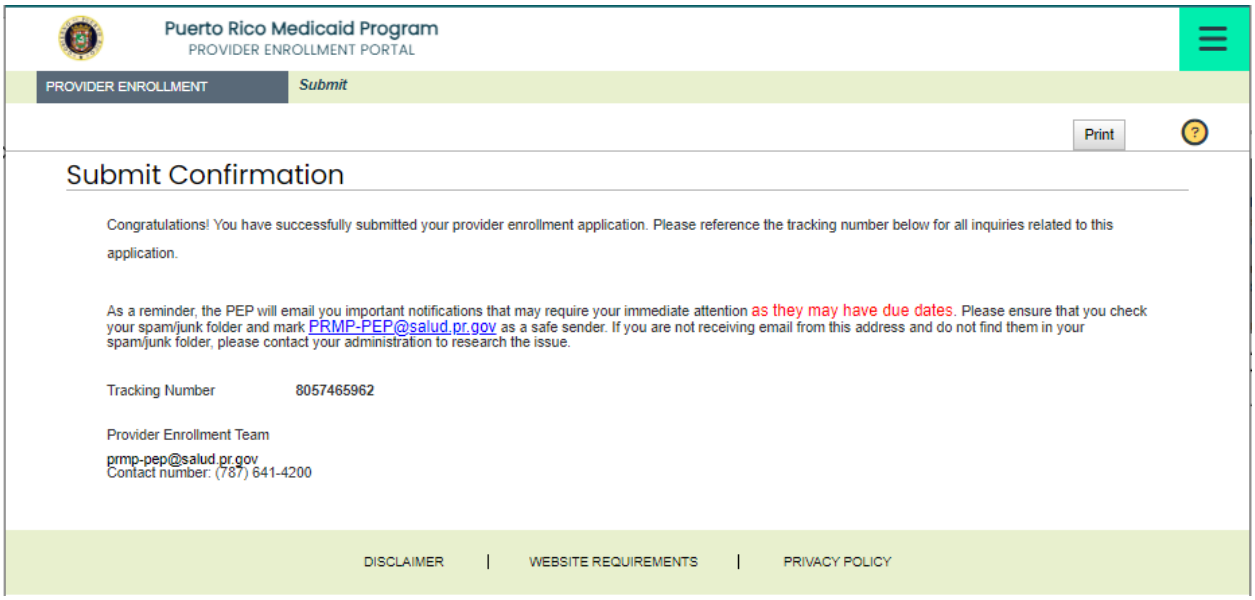
5. Enter the verification code in the **Verification Code** field and click **Submit**.



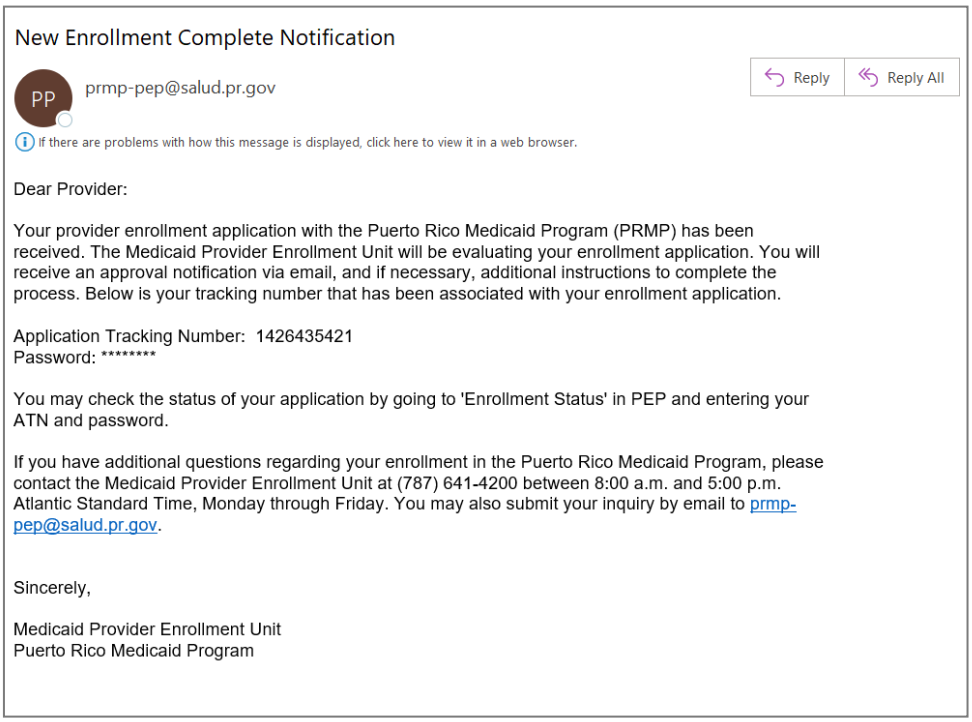
6. Confirm the submission by clicking **Yes** in the pop-up screen.



A message confirming your enrollment application submission is displayed on screen.



A notification will be sent via email confirming the application was successfully submitted for review.



New Enrollment Complete Notification

PP prmp-pep@salud.pr.gov

Reply Reply All

If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Provider:

Your provider enrollment application with the Puerto Rico Medicaid Program (PRMP) has been received. The Medicaid Provider Enrollment Unit will be evaluating your enrollment application. You will receive an approval notification via email, and if necessary, additional instructions to complete the process. Below is your tracking number that has been associated with your enrollment application.

Application Tracking Number: 1426435421
Password: ********

You may check the status of your application by going to 'Enrollment Status' in PEP and entering your ATN and password.

If you have additional questions regarding your enrollment in the Puerto Rico Medicaid Program, please contact the Medicaid Provider Enrollment Unit at (787) 641-4200 between 8:00 a.m. and 5:00 p.m. Atlantic Standard Time, Monday through Friday. You may also submit your inquiry by email to prmp-pep@salud.pr.gov.

Sincerely,

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

4 Notifications

Below are the different types of notifications you can get as a provider after submitting your enrollment. Please make sure to verify your junk mail folder for any notifications from PEP.

1. Fingerprints Required

You may receive a Secure Communications email informing you that your enrollment requires additional screening. This includes submitting fingerprints and criminal background checks for all owners of 5% or more of the provider being enrolled.

If this screening is not completed within 30 days of receiving the email, the enrollment will be denied.

2. Return to Provider

You may receive a Secure Communications email informing you that your application requires corrections. The email will include the specific issues in the application that require your attention. You must access your application in the PEP (using the ATN/password used for the application registration), make the necessary updates and resubmit the application.

3. Enrollment Approval

You will receive a Welcome letter upon approval of your enrollment. For newly-enrolling providers, your Welcome letter will include the provider number and other important program participation information. You will get an email notification that you have a Welcome letter to view and download as a PDF at the Secure Communications site.

4. Enrollment Denial

You will receive written confirmation via a Secure Communications email if your new enrollment application has been denied. The notification includes the reason(s) why the enrollment was denied and information about appeal rights.