GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Enrollment_Individual_Ref_Guide

Provider Enrollment Portal (PEP) Enrollment Steps – Individual

Phase Two Final User Documentation

Training Material – Reference Guide

Version 3.1

gainwell

Change History

Version #	Date	Modified By	Description
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
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
ATN	Application Tracking Number
CLIA	Certified Laboratory Improvement Amendments
DDE	Direct Data Entry
DEA	Drug Enforcement Administration
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
EIN	Employer Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identifier
IRS	Internal Revenue Service
LMS	Learning Management System
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
SSN	Social Security Number
URL	Uniform Resource Locator

2 Overview

The **Provider Enrollment Portal (PEP) Enrollment Steps – Individual 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 an Individual provider 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 – Individual 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 Individual enrollment type applies to Individual practitioners who are both rendering and billing providers. All payments made are reported to the Internal Revenue Service (IRS) against the individual's Social Security Number (SSN). Individual practitioners can either be a business or an individual.

The enrollment process for an Individual consists of multiple steps that must be completed in order to submit an enrollment application for review.

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

3.1 General Information

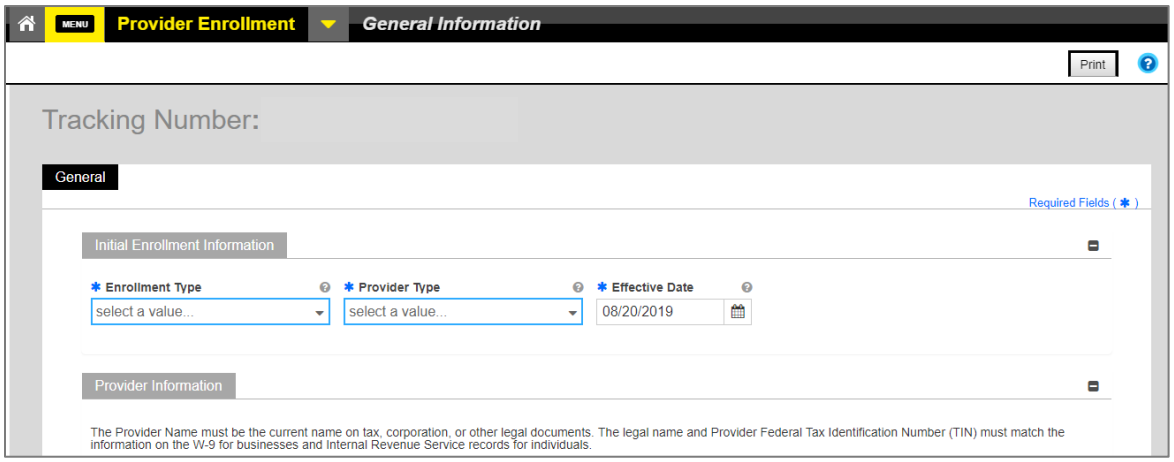
Quick Reference – General Information

Table 2 – General Information

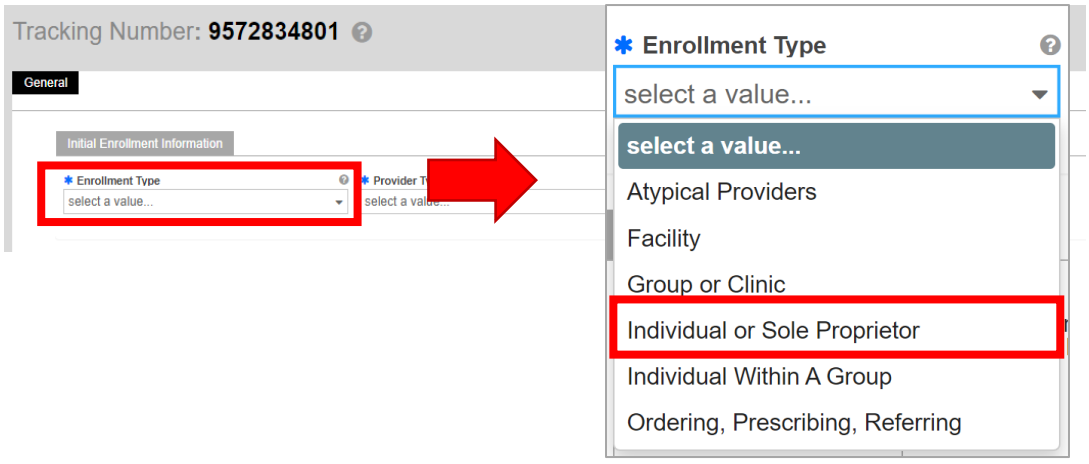
Step	Task	Action	Result
Start from the General Information page, the first step on a new enrollment application page.			
1	Select Enrollment Type.	Click the drop-down list under Enrollment Type and select Individual or Sole Proprietor.	a. Pop-up window displays, indicating that once the application is 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 select 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

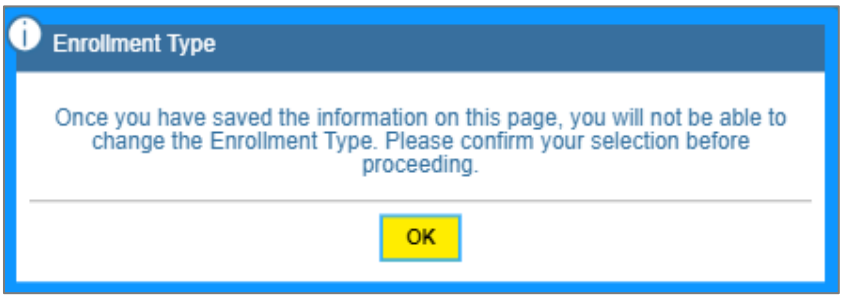
1. Once registration has been completed, the new enrollment application begins with the General Information step.



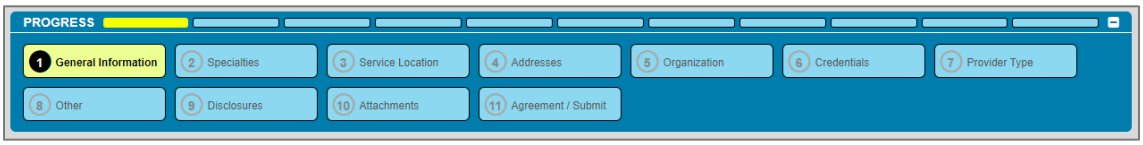
In the Initial **Enrollment Information** section, click the drop-down list under **Enrollment Type** and select the **"Individual or Sole Proprietor"** option.



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.



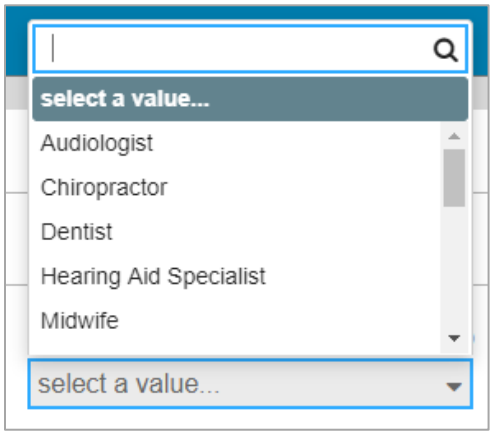
b. The steps required to complete the enrollment for an Individual display at the top of the page, along with a progress bar to show your current progress.



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.*

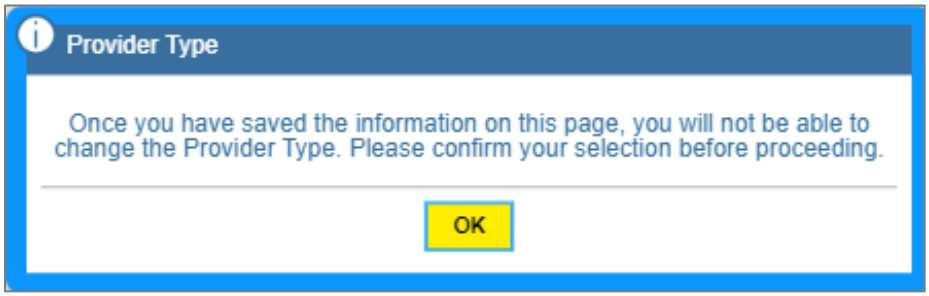
Steps are determined to be required, optional, or non-applicable based on the Provider Type, Specialties, and other related information.

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



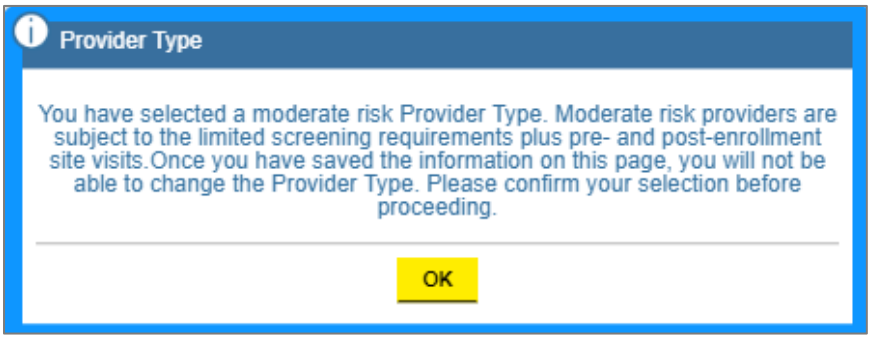
PROVIDER TYPE: *The Provider Type drop-down list is dynamic based on the Enrollment Type selected. If you do not see your Provider Type in this list, verify that you have selected the correct Enrollment Type.*

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.

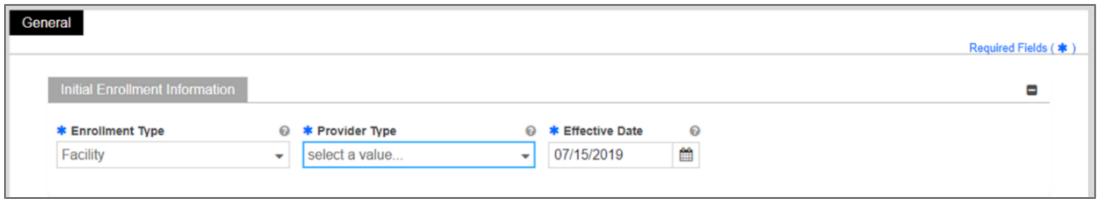


PROVIDER RISK: *Depending on the Provider Type chosen, the provider's risk level (limited, moderate, or high) and the additional steps the provider must take in addition to the enrollment will be displayed in the generated pop-up window.*

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.



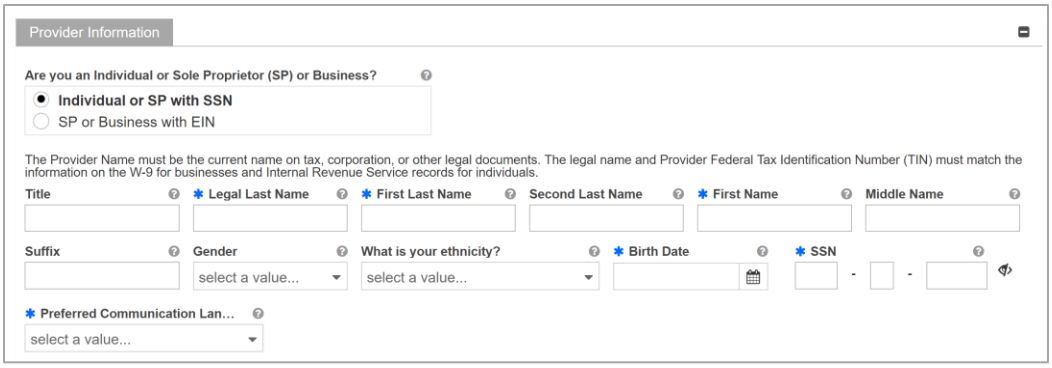
NOTE: *Retroactive enrollment dates will only be considered for approval up to 90 days in the past.*

4. Complete the remaining sections of the General information page.

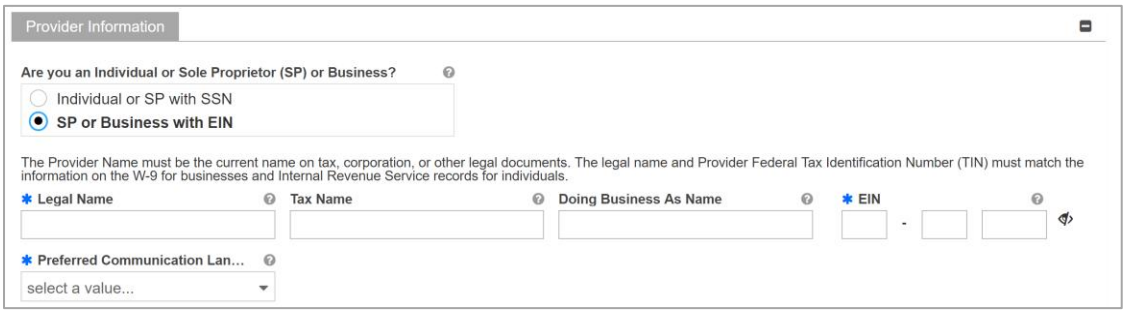
   a. **<u>Provider Information and related questions</u>** – Identifies information about the provider applying for PRMP enrollment.

   For an Individual or Sole Proprietor, this section displays the option to select **Individual or SP with SSN** or **SP or Business with EIN**.

   Individual or SP with SSN is selected if all payments made will be reported to the IRS against an individual Social Security Number (SSN). Selecting **Individual or SP with SSN** displays the following fields:



SP or Business with EIN is selected if all payments made will be reported to the IRS against a business Employer Identification Number (EIN). Selecting **Business** displays the following fields:



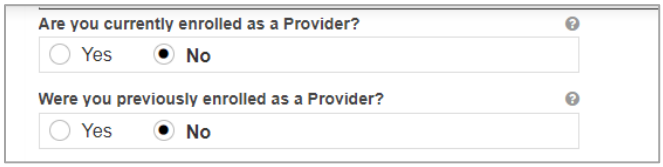
NOTE: *Characters with accents are not accepted within PEP fields. If you are using your browser's auto-fill settings, verify that the information in the application's fields is correct before saving.*

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. <u>New Enrollment</u>:

- If you have never been <u>approved</u> for enrollment in PRMP <u>through PEP</u>.

Answer **No** to the currently enrolled and previously enrolled questions.



ii. <u>Additional Enrollment</u>:

- 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:

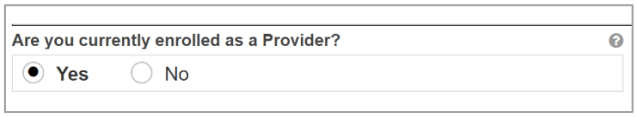
- Adding a new Primary Service Location that was not previously included in your PEP enrollment application. This is most common if you open a new location after your initial enrollment.

  OR

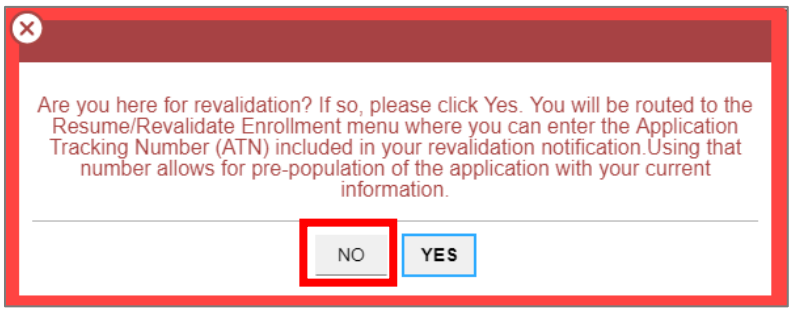
- Applying with a different Enrollment Type.

  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,

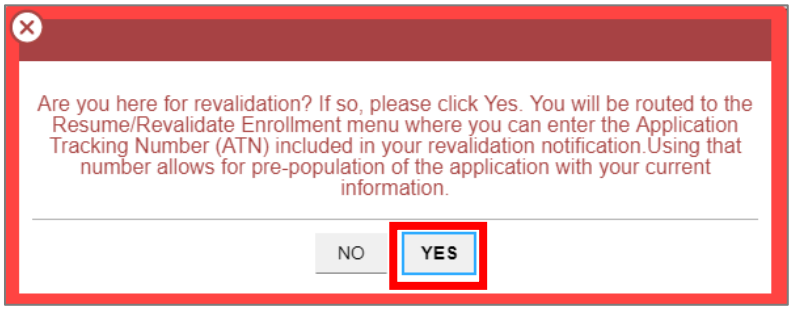
  AND

- 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

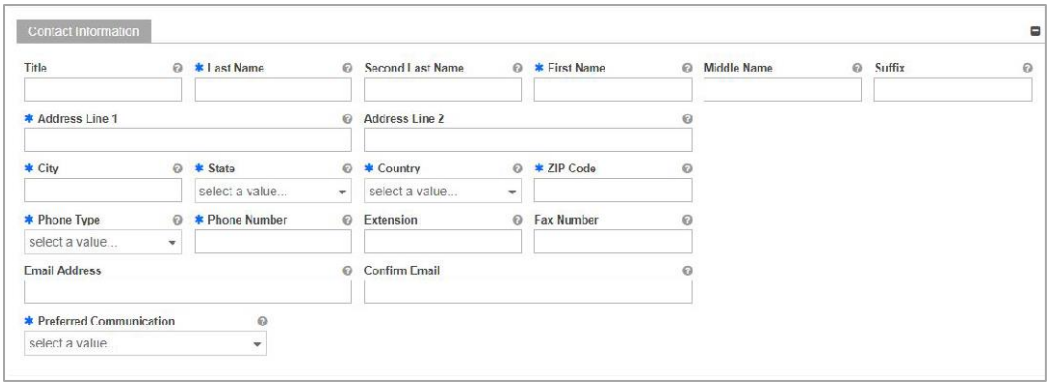
- If you were terminated and are now inactive in the PRMP.

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

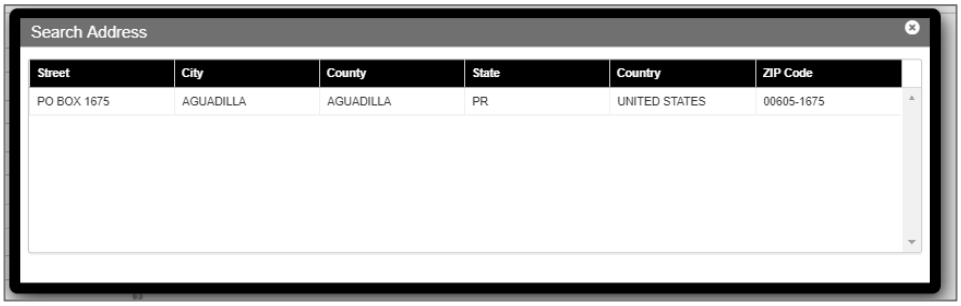
When you select **Yes**, you will be prompted to enter your Previous Provider Identifier. This is the Medicaid Identifier (MCD) that was listed in your Welcome Letter and is associated with your previously approved PEP enrollment application. If you have multiple service locations, enter the MCD for 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.

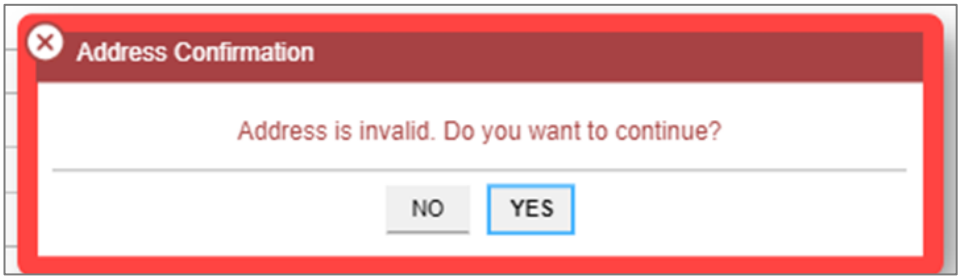
b. **Contact Information** – Enter contact information for the person responsible for addressing any application-related questions.



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.*



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

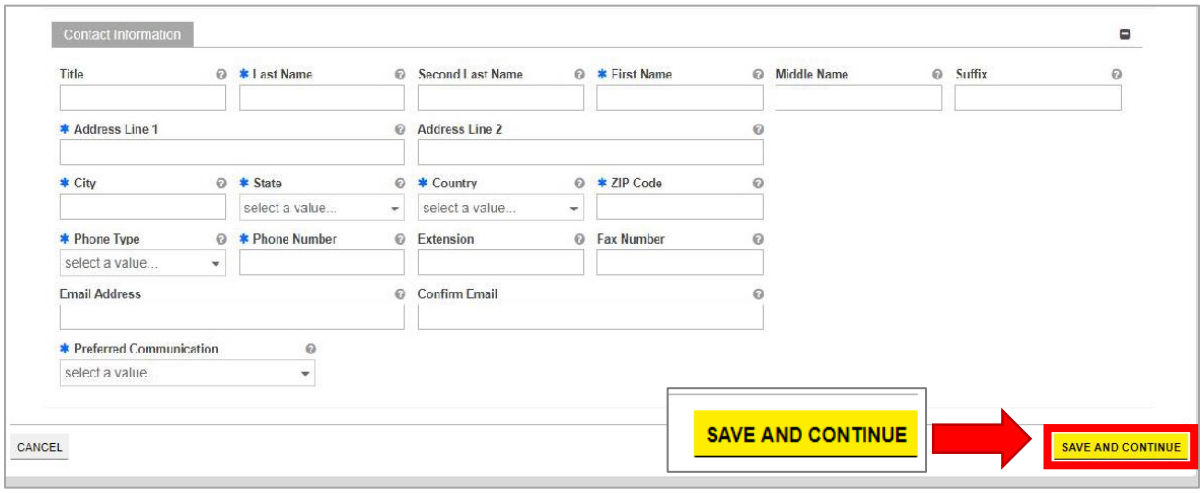


Please note that addresses will only be validated by USPS if they are entered in the following order: In the first line add the building or house number followed by the street name and/or number, and in the second line add the housing, neighborhood or county name.

Example of a valid address: 735 Ave Ponce de León Suite 710
Torre Hospital Auxilio Mutuo
San Juan PR 00917-5030

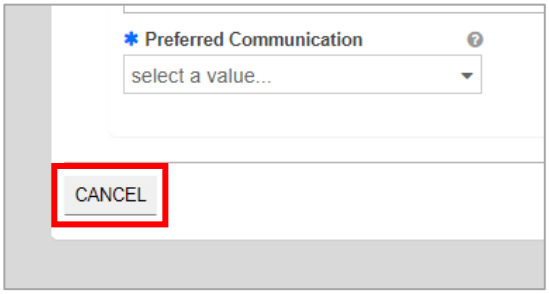
Example of an invalid address: Torre Hospital Auxilio Mutuo
735 Ave Ponce de León Suite 710
San Juan PR 00917-5030

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

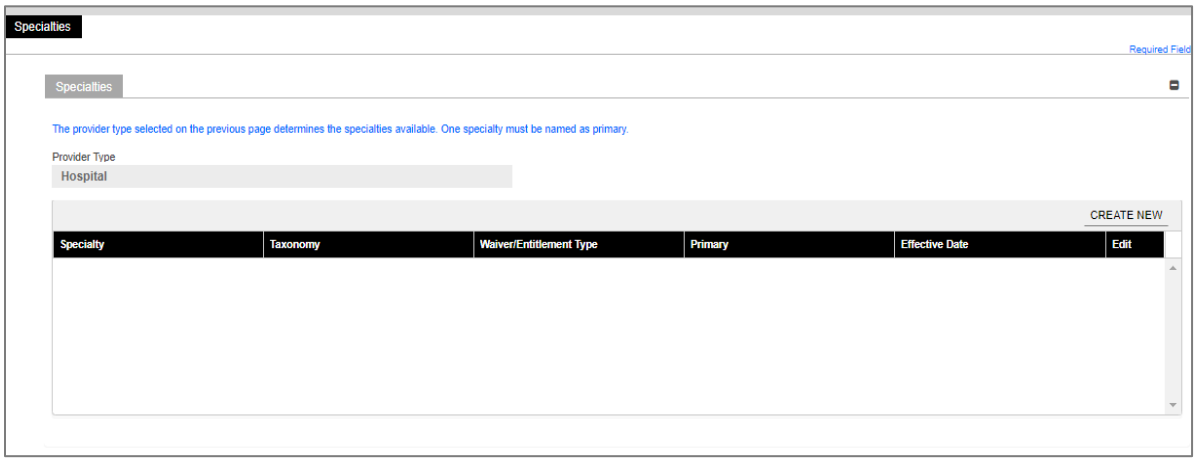
Table 3 – Specialties

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	Additional Taxonomies are added.

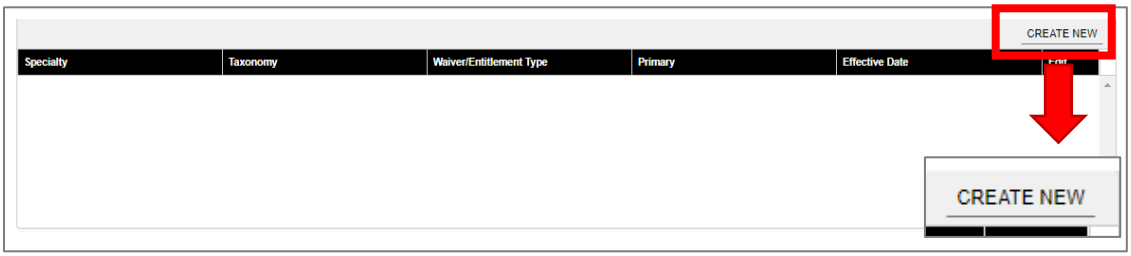
Step	Task	Action	Result
		out and saved, the taxonomy displays in the panel. b. To edit an added taxonomy, click the Edit button next to the desired taxonomy and save the changes. c. Click Save and Continue.	Progress bar advances to the next available page.

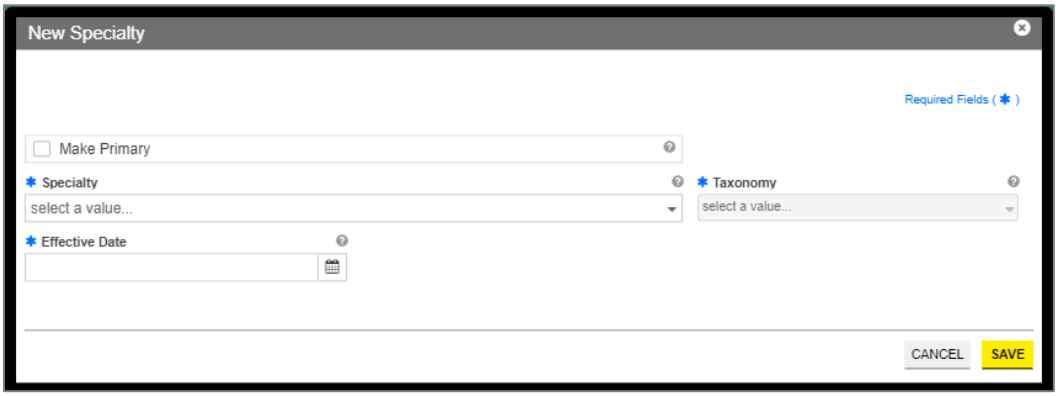
Detailed Steps

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

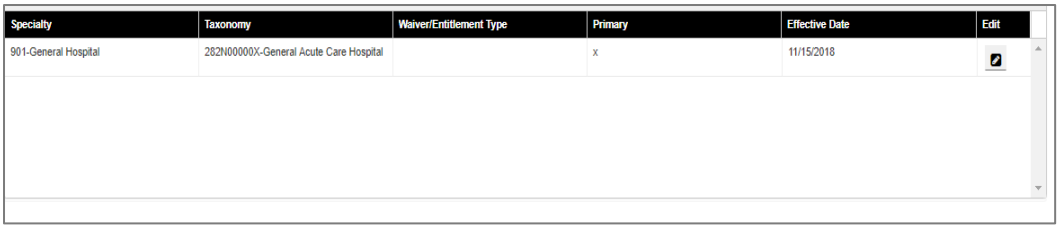


a. To add a specialty, click **Create New** at the top-right of the **Specialties** section and complete the required fields in the pop-up window displayed.



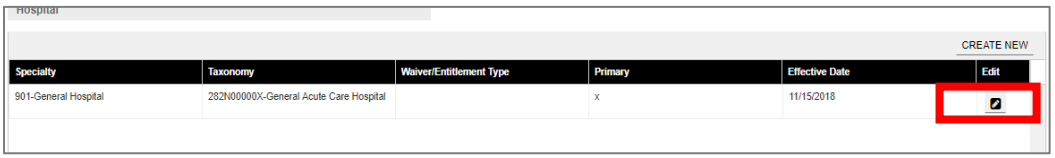


Once saved, the specialty information will be displayed.

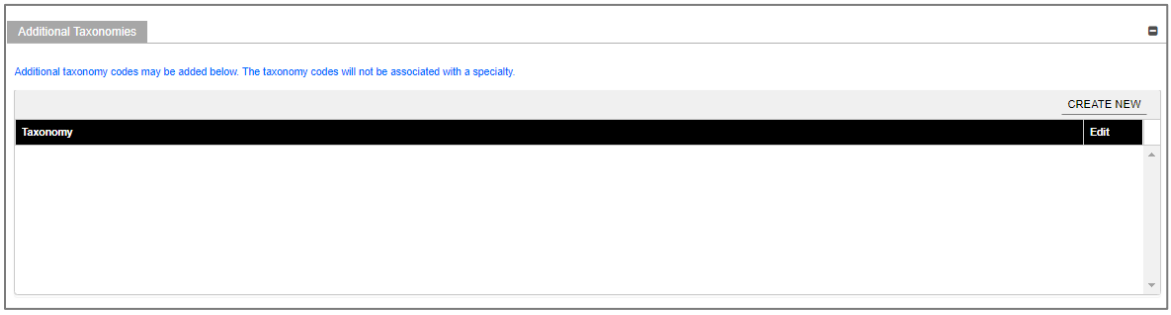


PRIMARY SPECIALTY REQUIRED: *You must have one Primary Specialty in order to Save and Continue to the next step. To make a Specialty "Primary," check the "Make Primary" checkbox in that specific specialty.*

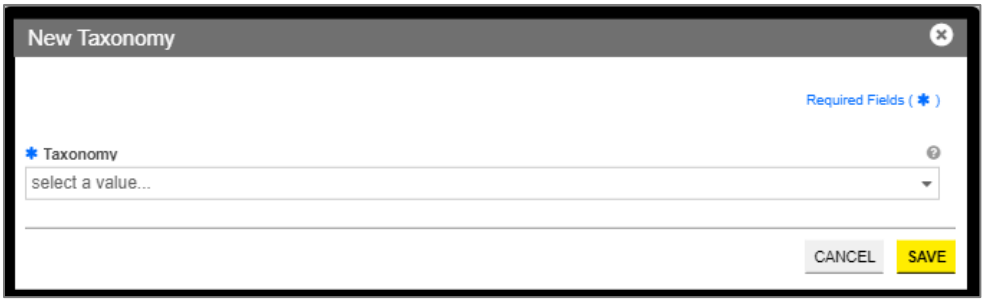
b. To edit an added specialty, click the **Edit** button next to the desired specialty and save the changes.



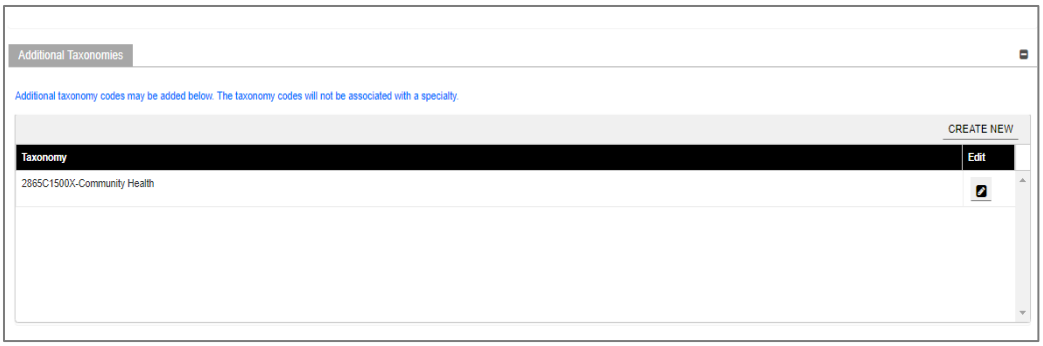
2. Related taxonomies can be added and edited in the **Additional Taxonomies** section of the Specialties page.



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

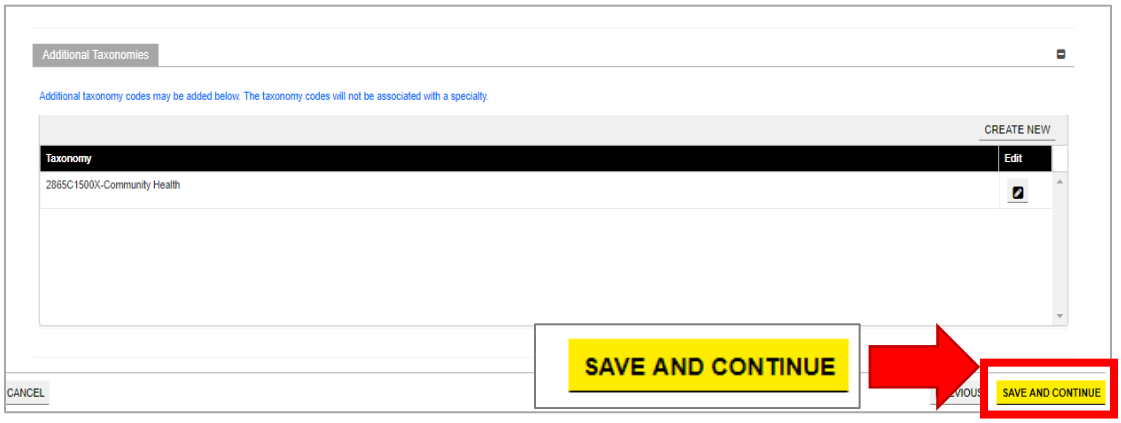


Once a taxonomy is selected from the **Taxonomy** drop-down list and saved, the taxonomy displays in the panel.



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

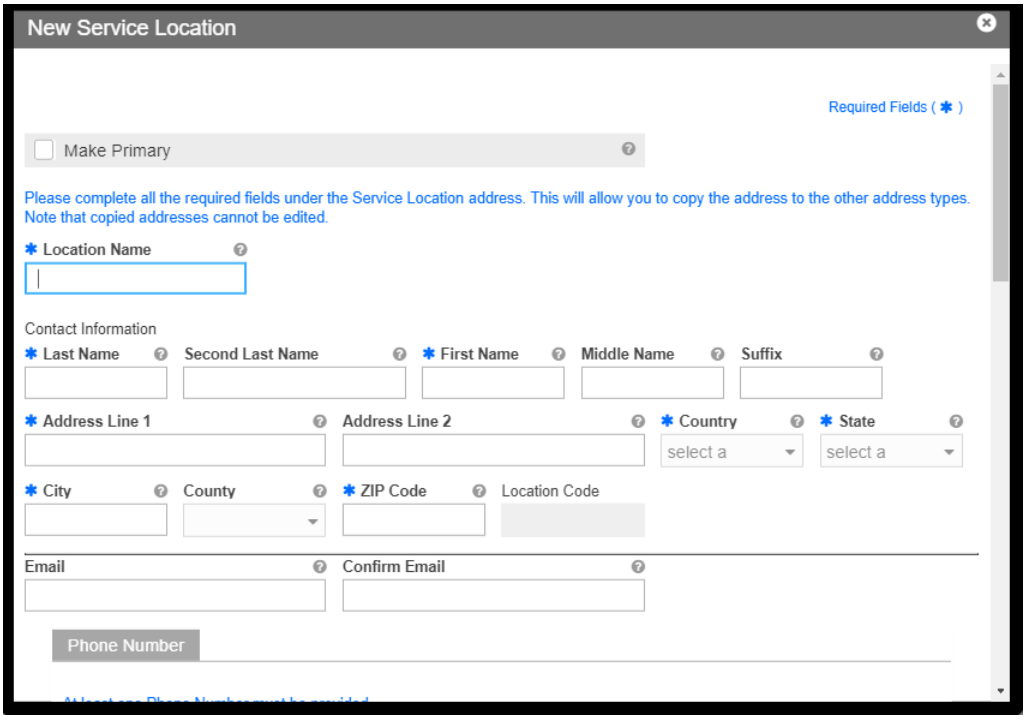
Table 4 – Service Location

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. d. Click Save and Continue.	Service Location page is saved. Progress bar advances to the next available page.

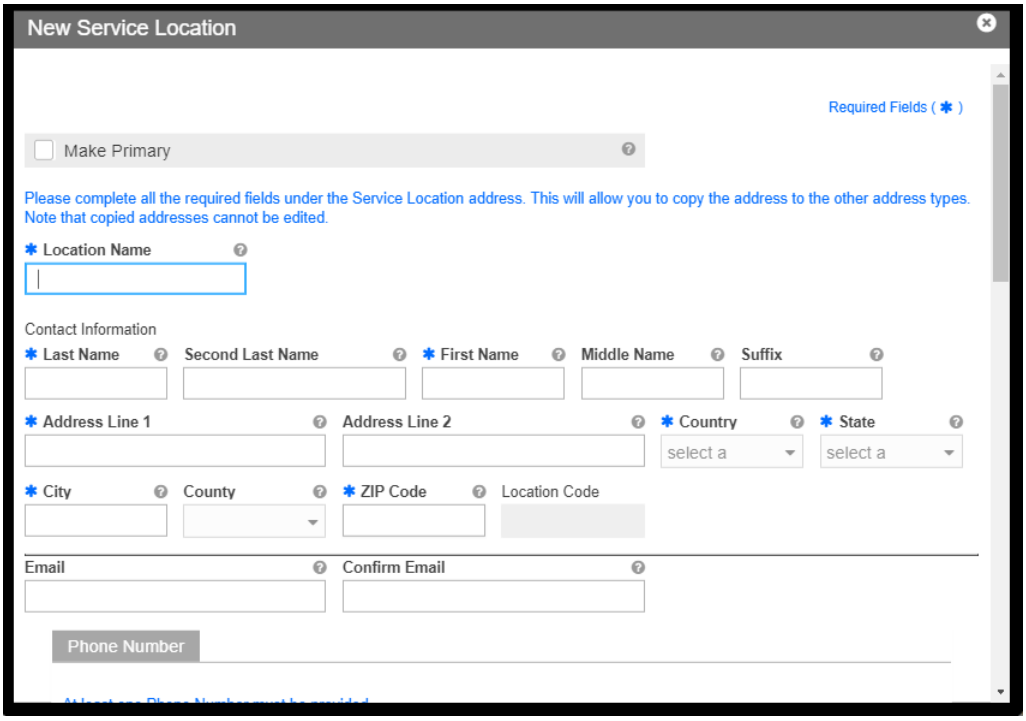
Detailed Steps

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:

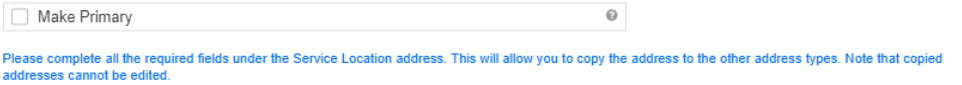


Service Location Name and Contact Information – Complete the required fields.

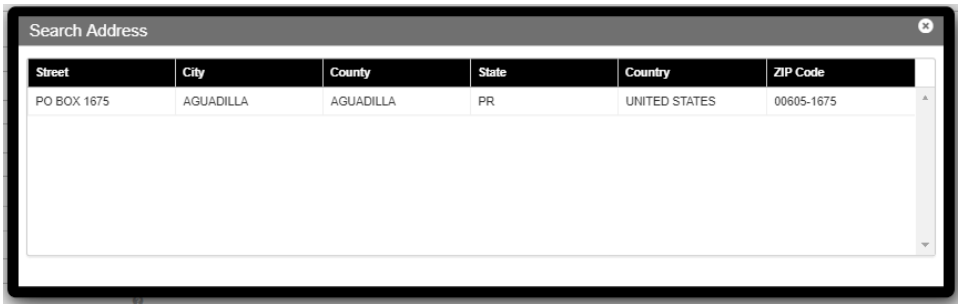


PRIMARY SERVICE LOCATION: *A primary service location is required in order to Save and Continue to the next enrollment step.*

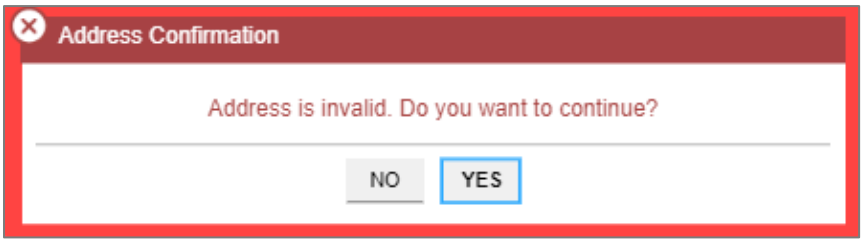
Check the "Make Primary" box when adding a new Service Location to mark it as your primary location.



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.*



If address 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

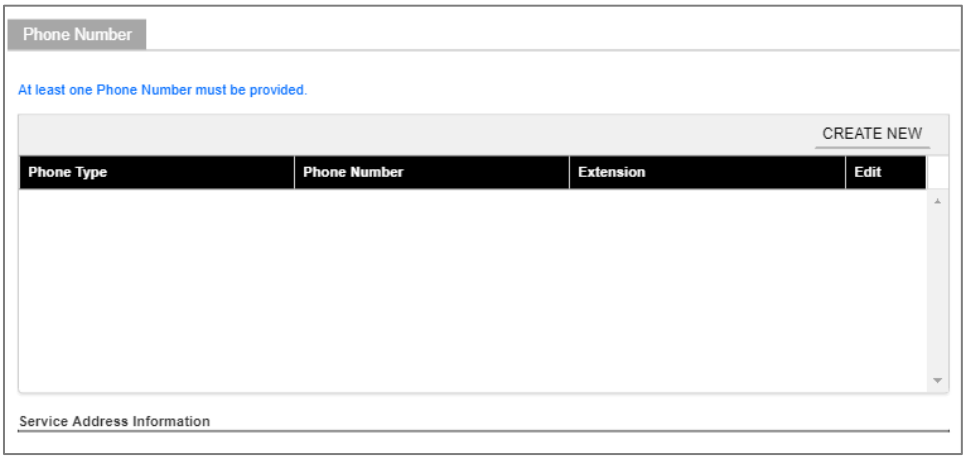
San Juan PR 00917-5030

Example of an invalid address: Torre Hospital Auxilio Mutuo

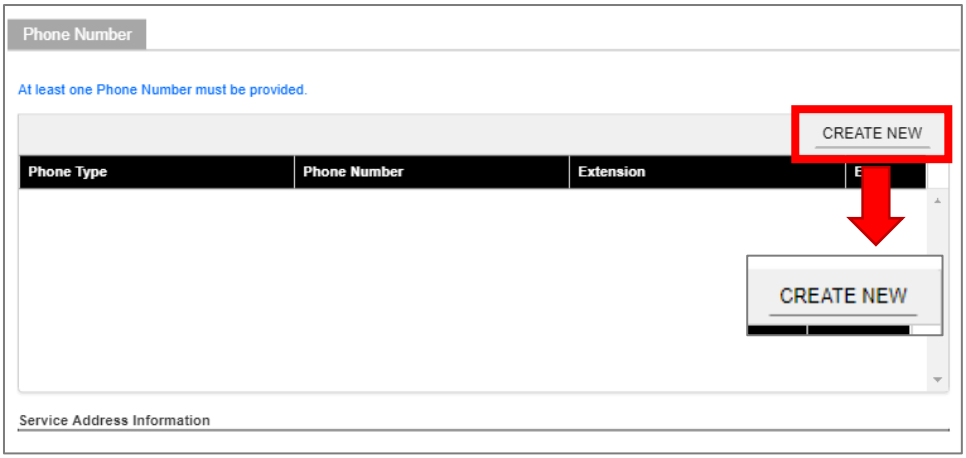
735 Ave Ponce de León Suite 710

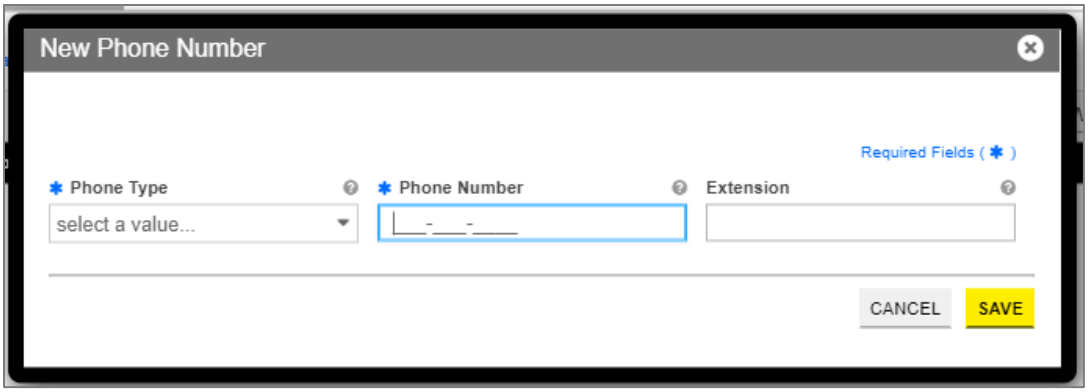
San Juan PR 00917-5030

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 window.



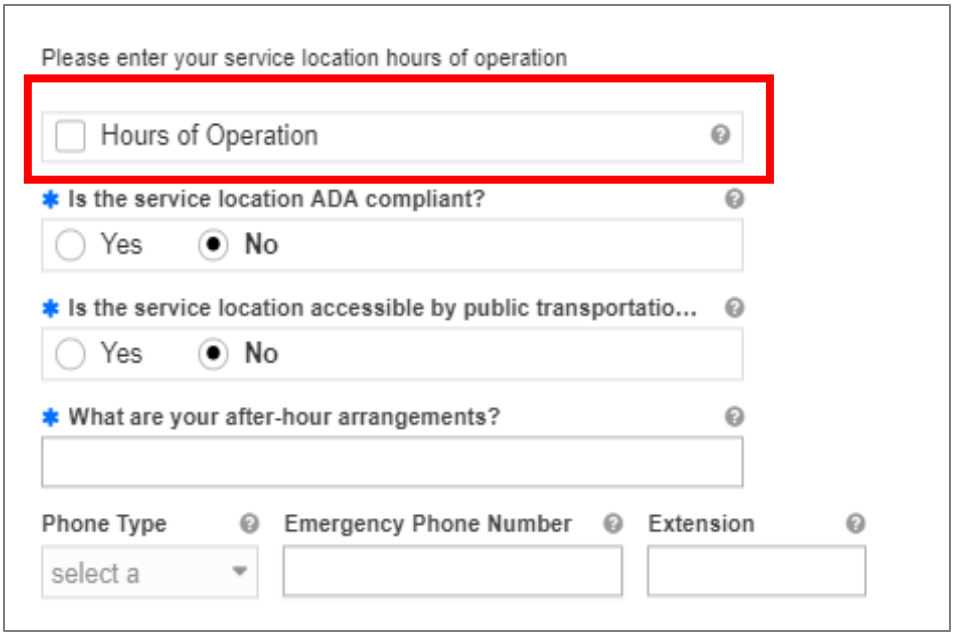


Once the information is saved, the phone number displays in the relevant panel.

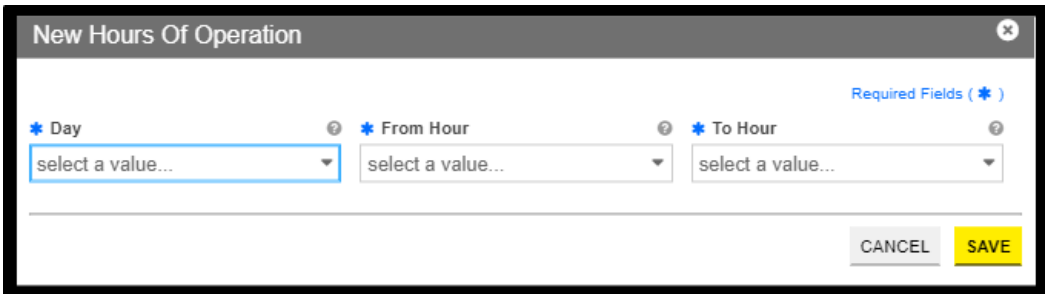
To edit an added service location phone number, click the **Edit** button next to the phone number and save the changes.

Service Location Hours – Disclose the Service Location's hours of operation.

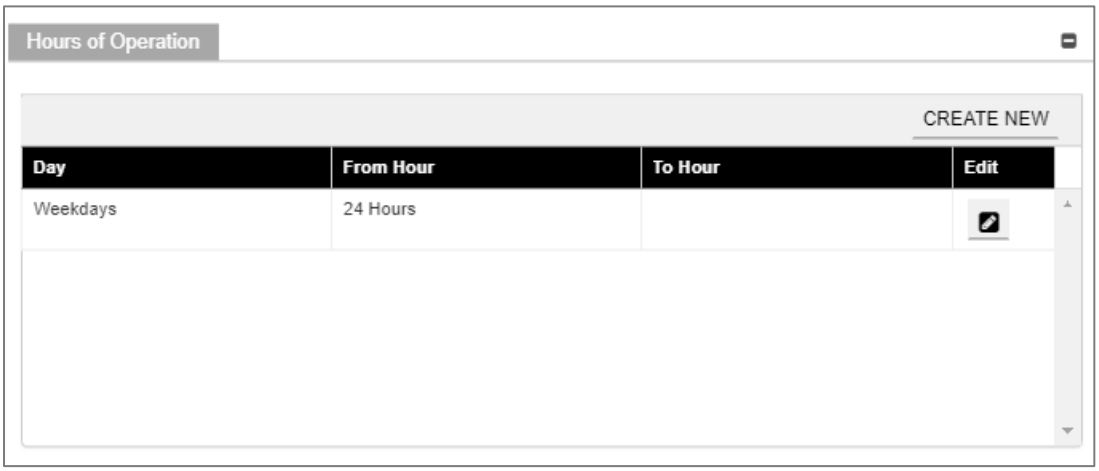
Check the box next to **Hours of Operation**.



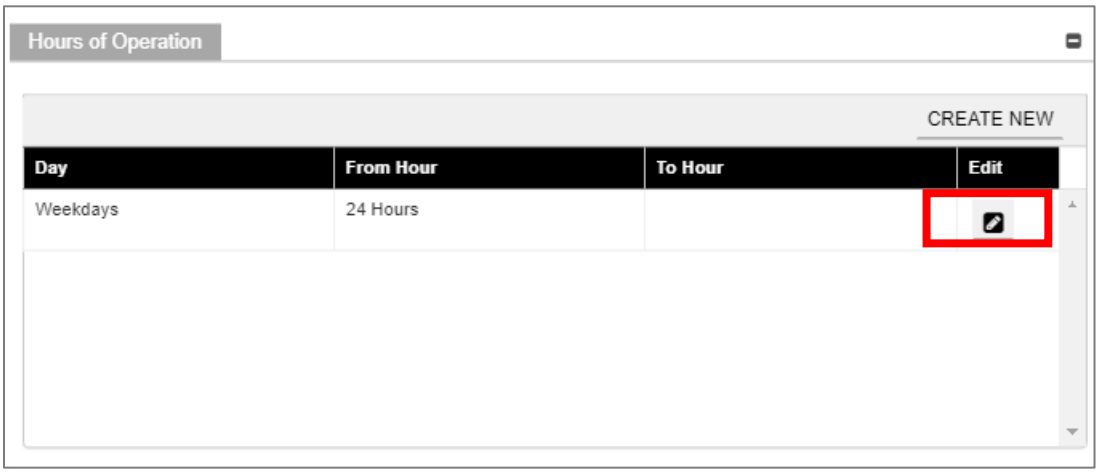
In the new Hours of Operation panel that displays, add hours of operation by clicking **Create New** and complete the required fields in the displayed pop-up window.



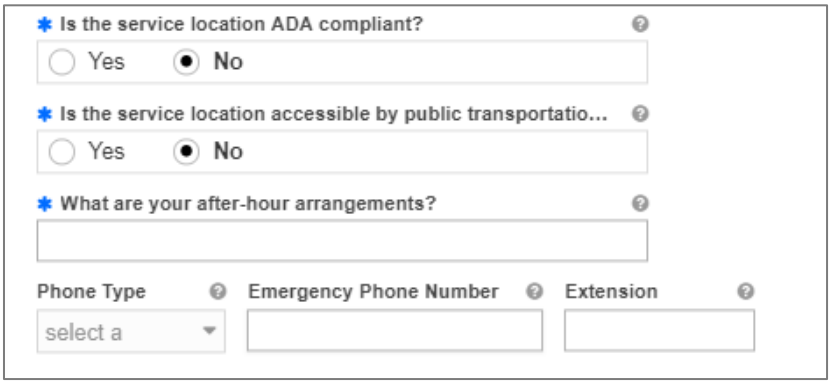
Once the information is saved, the hours of operation display in the relevant panel.



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



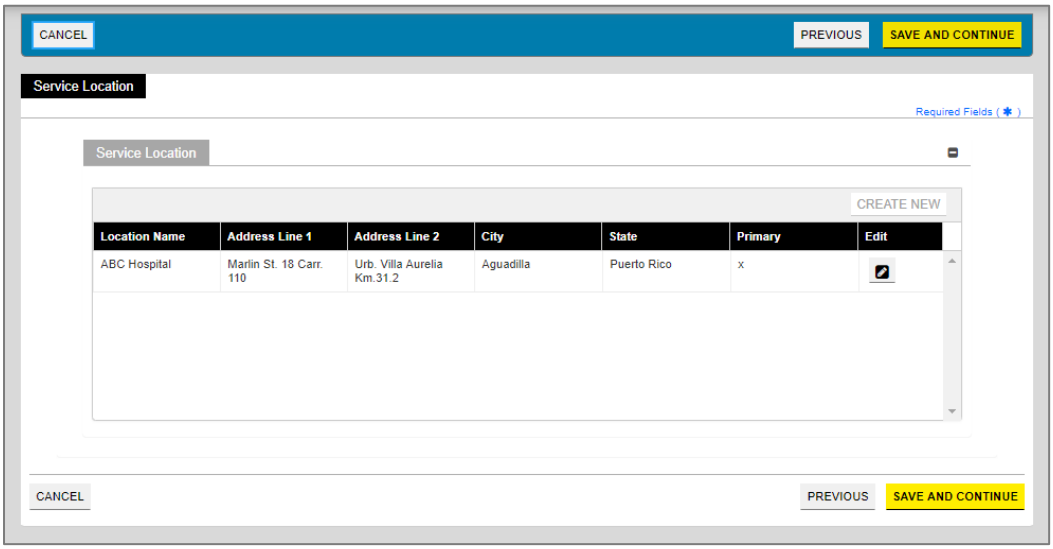
Answer the questions regarding your service location hours by selecting or typing in the relevant answer.



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.



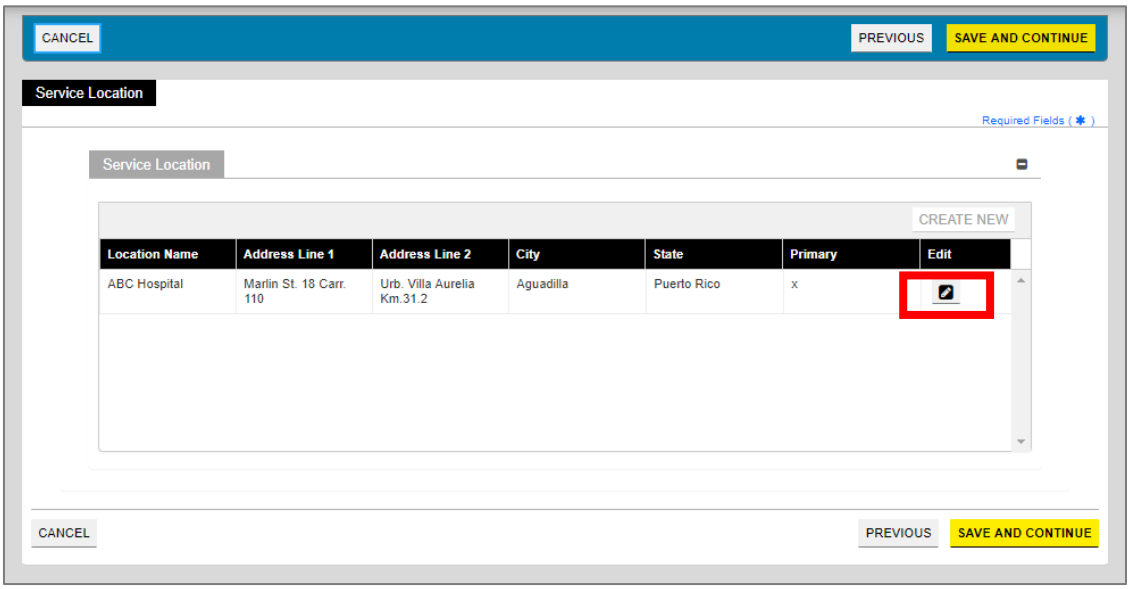
MULTIPLE SERVICE LOCATIONS: *Based on the application Provider Type, you may be able to add more than one service location on this application.*

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

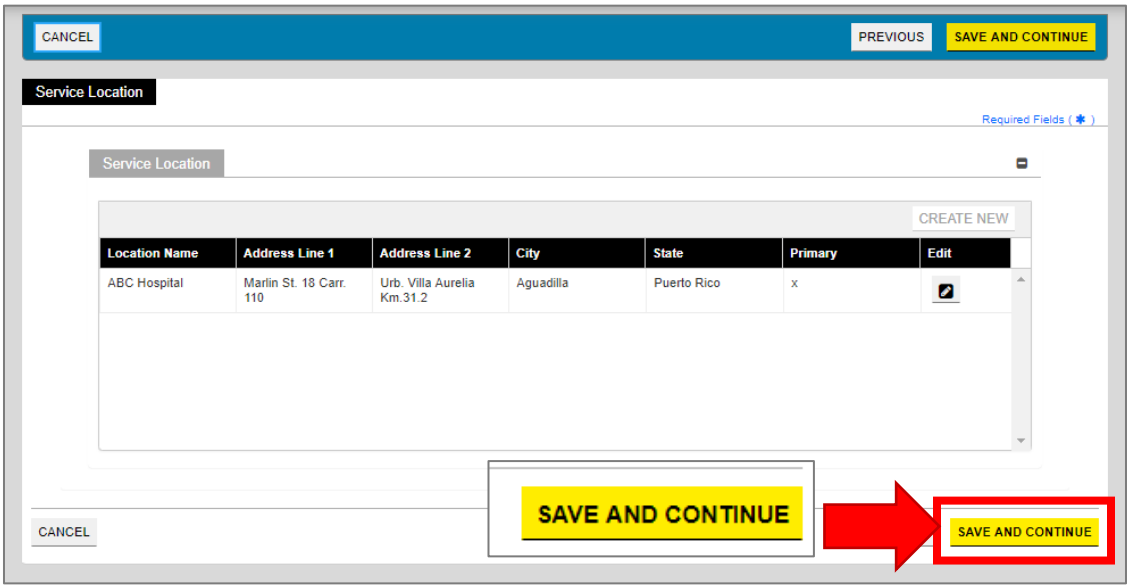
Follow the previous steps to add multiple service locations to your application, if applicable.

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.



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



3.4 Addresses

Quick Reference – Addresses

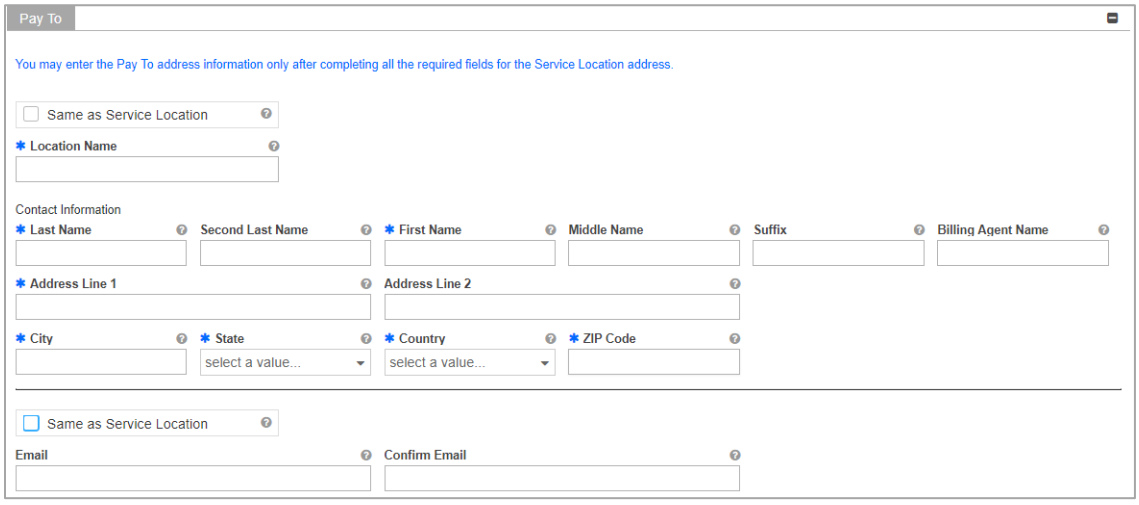
Table 5 – Addresses

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.

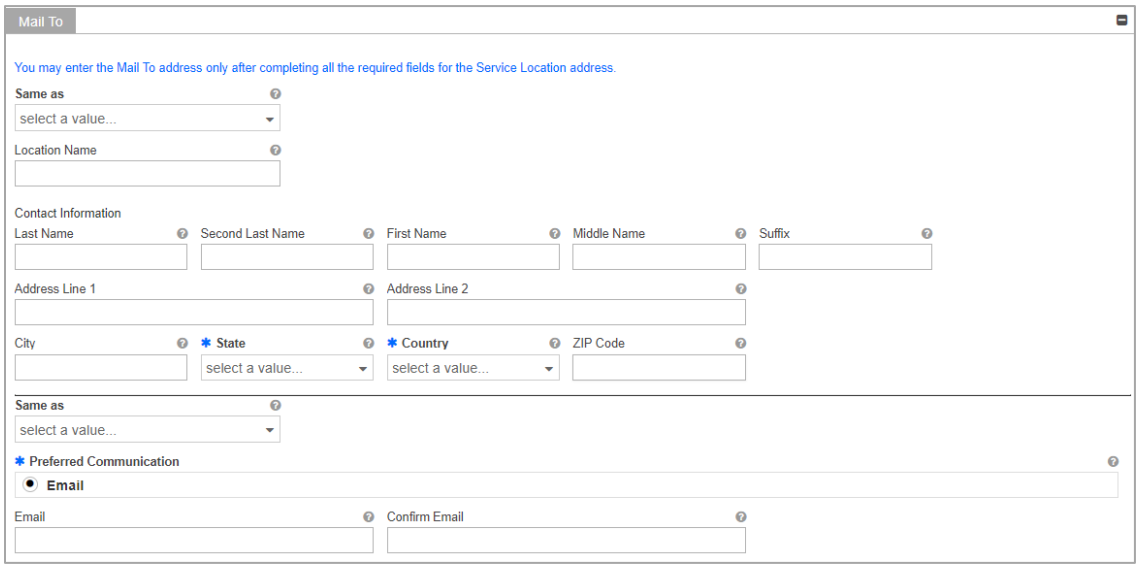
Detailed Steps

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

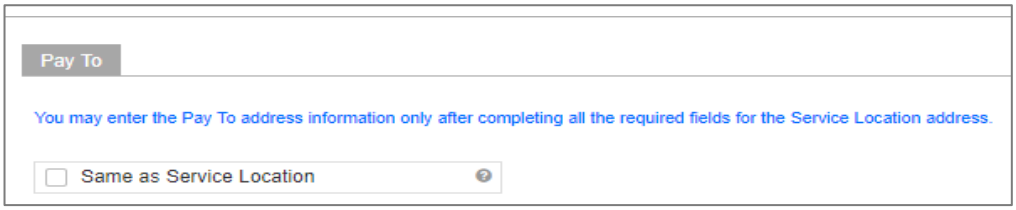
   Example: Pay To Address



Example: Mail To Address

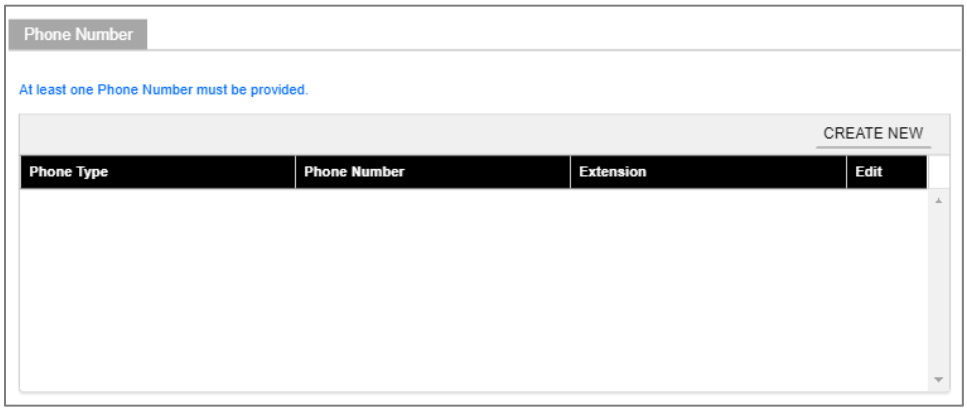


ADDRESS SAME AS SERVICE LOCATION: *If the addresses to be entered in this section are the same address as the Primary Service Location, click the "Same as Service Location" checkbox at the top of each Address type section. This will automatically fill the Address with the same information entered as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

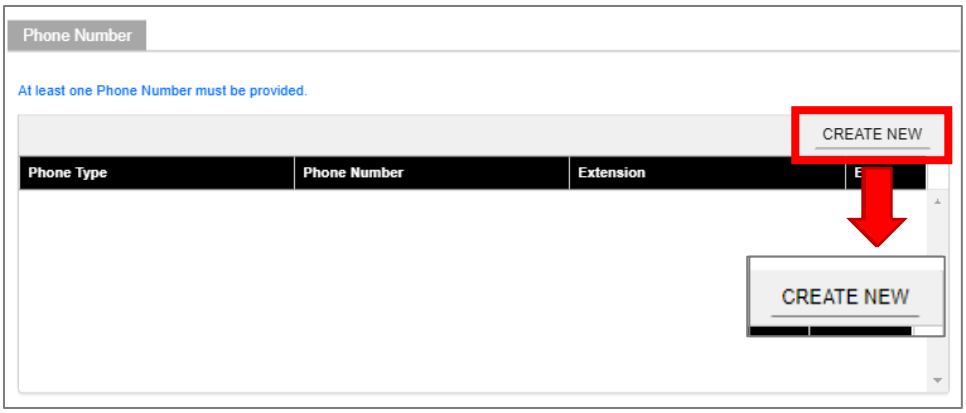


For some Address types, you could see a drop-down list at the beginning named "Same As". The drop-down list will include all address types you have entered up to this point (example: Service Location, Pay To, etc.). This will automatically complete the Address fields with the same information previously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

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



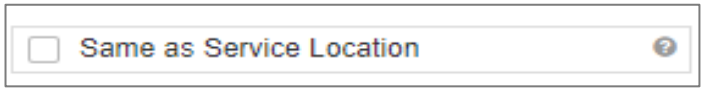
a. To add a phone number, click **Create New** at the top-right of the **Phone Number** section and complete the required fields in the displayed pop-up window.



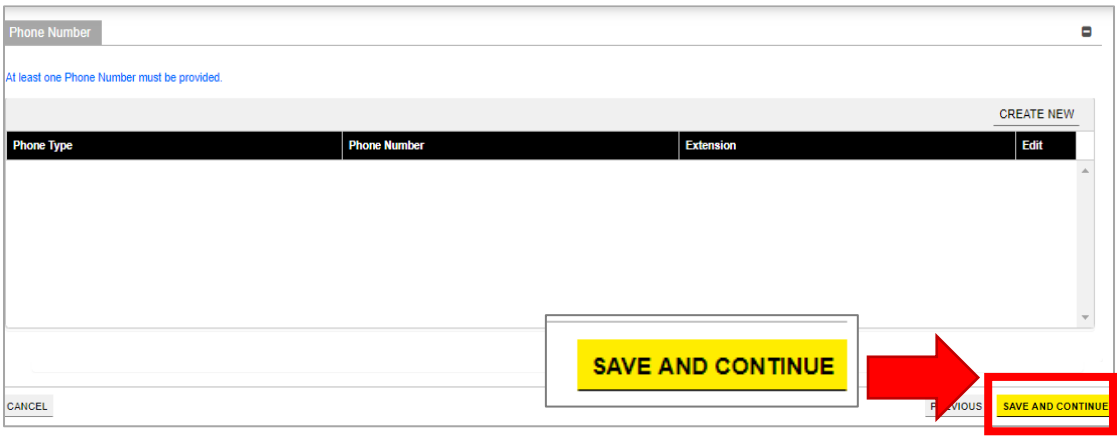
Once the information is saved, the phone number information is displayed.

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 the Primary 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.

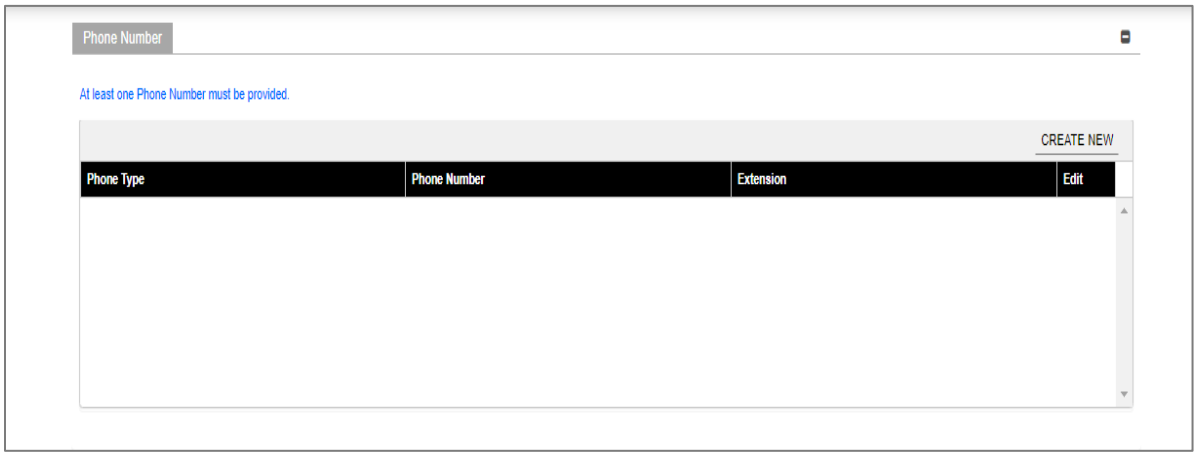
Quick Reference – Capacities

Table 6 – Capacities

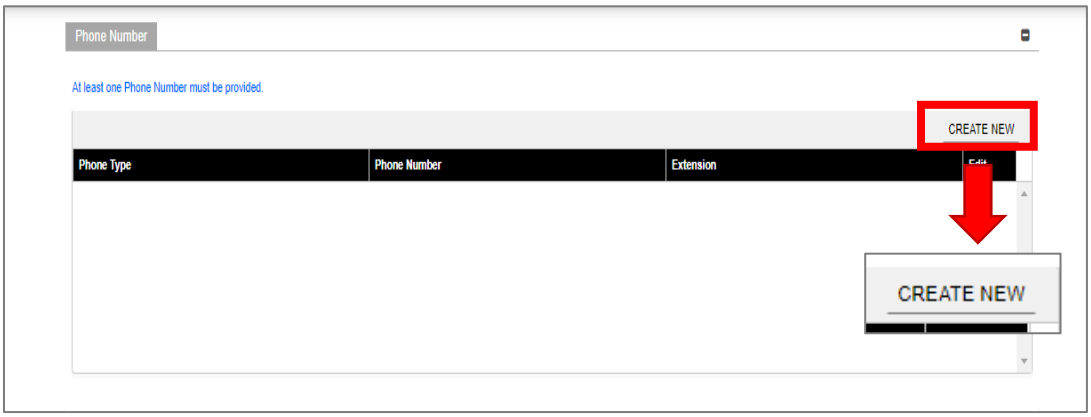
Step	Task	Action	Result
Start from the Capacity page. This page displays after clicking Save and Continue from the previous page.			
1	Add Capacity information.	a. To add capacity information, click Create New and complete the required fields in the displayed pop-up window. Once the information is saved, 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.

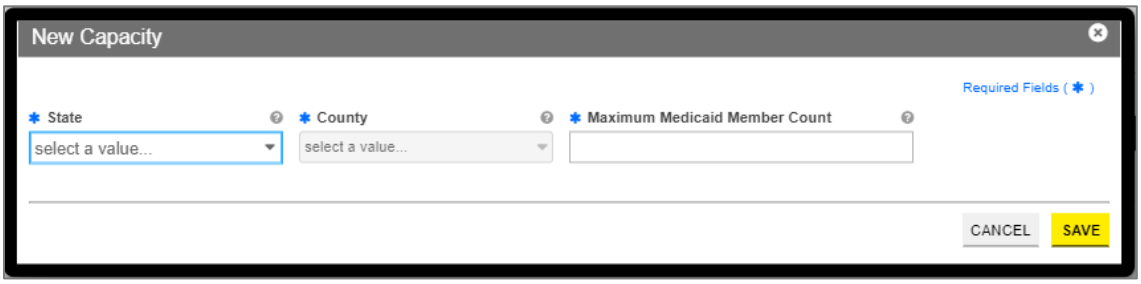
Detailed Steps

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



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



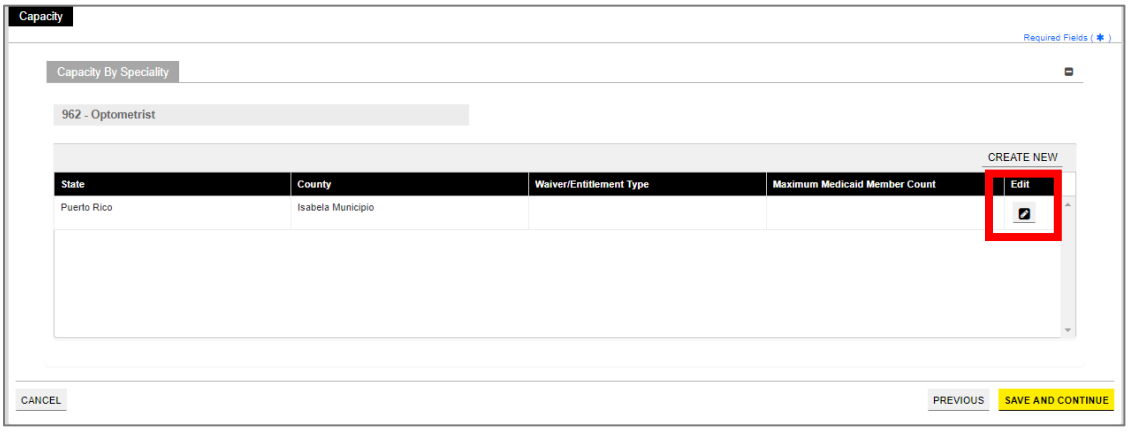


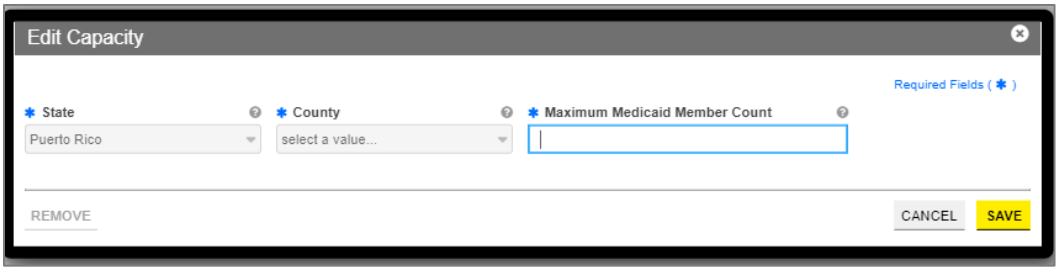
Once the information is saved, the capacity displays in the relevant panel.

***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.*

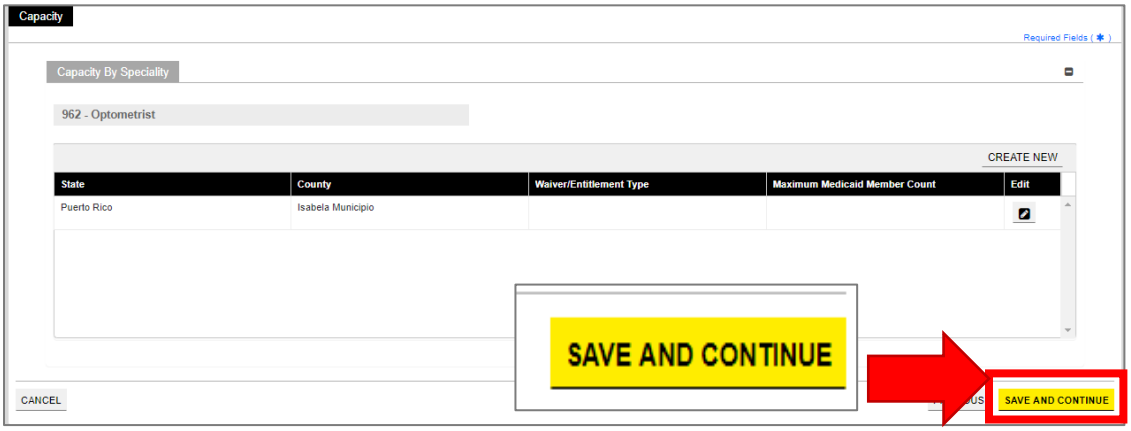
See the next step for instructions on editing a capacity.

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** at the bottom-right to save the Capacity page.



3.6 Organization

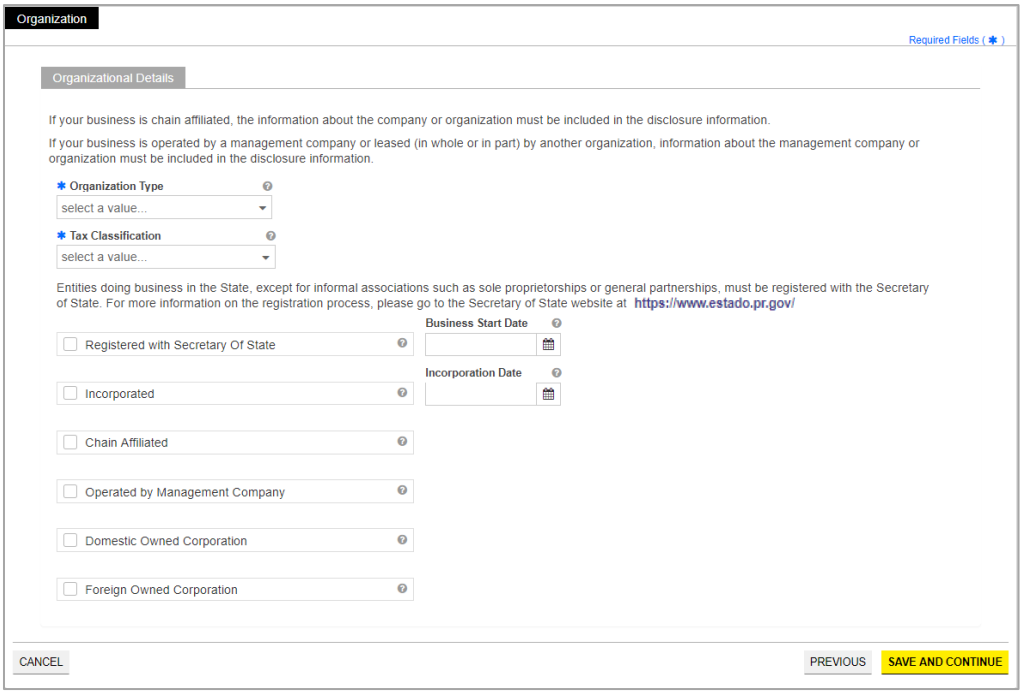
Quick Reference – Organization

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

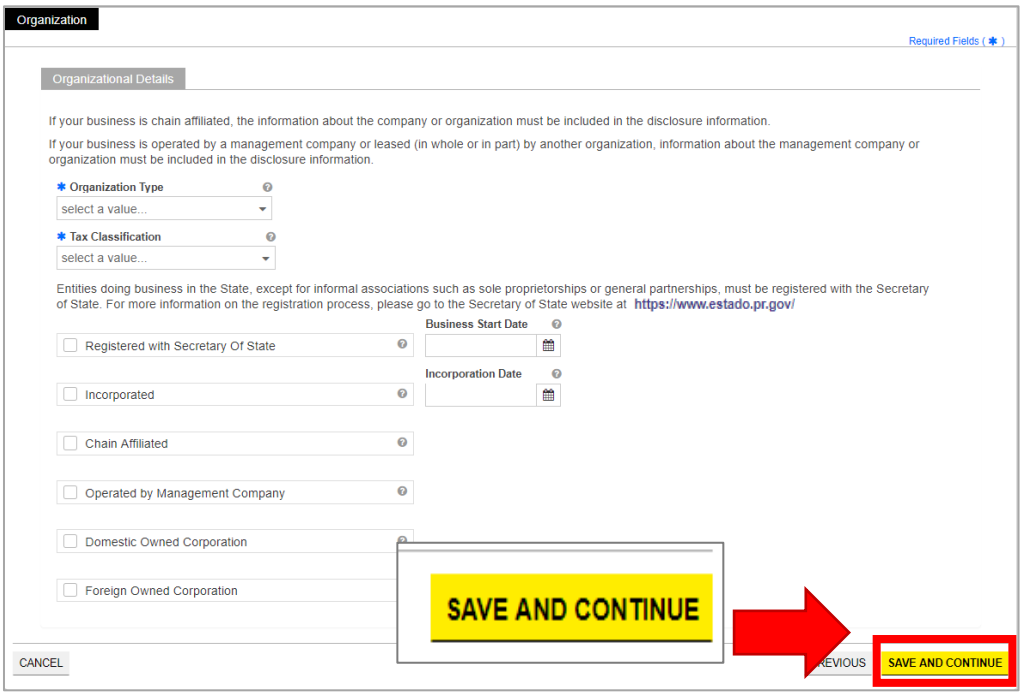
1. The Organization page is displayed.
   a. Complete the required and relevant fields in the **Organizational Details** section.



***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 of the page to save the information entered on the Organization page.



3.7 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

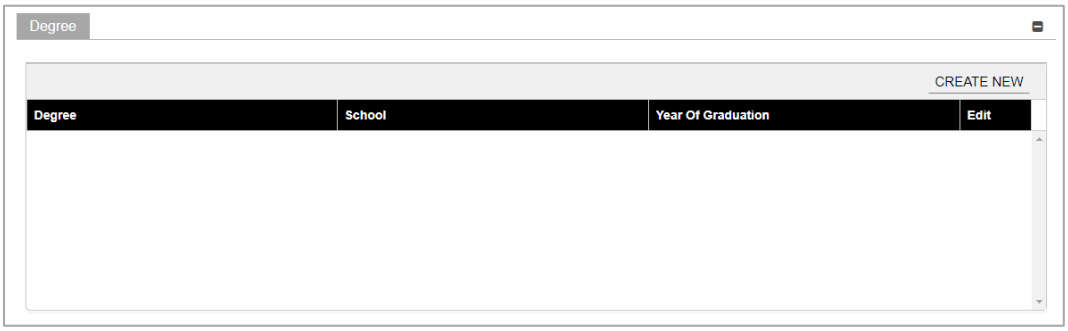
Table 8 – Credentials

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. Degree b. License c. Medicare Participation d. Medicaid Program e. DEA f. Puerto Rico Controlled Substance Certificate Click Save and Continue.	Credentials are successfully added and saved. Progress bar advances to the next available page.

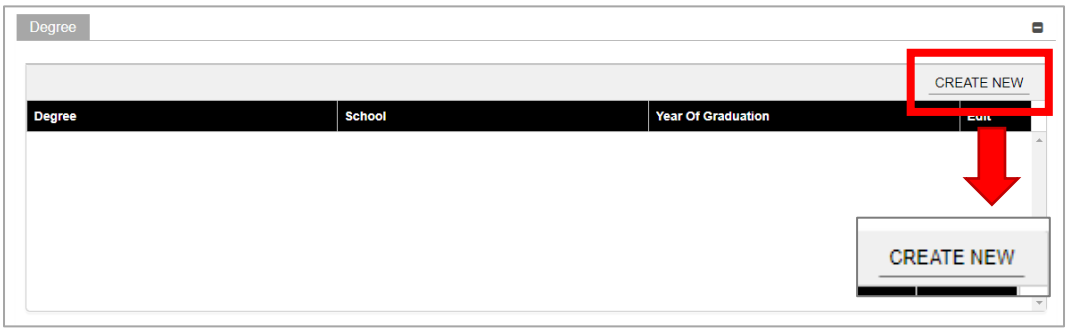
Detailed Steps

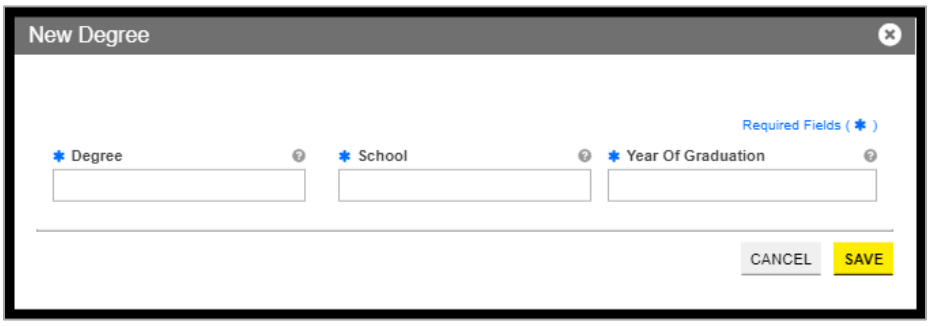
1. The Credentials page is displayed. The credential information that may be collected for Individual enrollments are shown below:

   a. **Degree** – Required for most Individual enrollments.

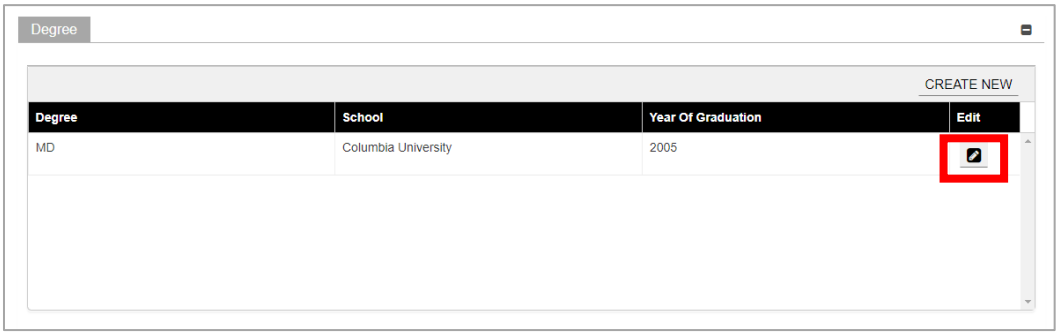


To add a new degree, click **Create New** at the top-right of the **Degree** section and complete the required fields in the displayed pop-up window. Once saved, the degree information will be displayed.

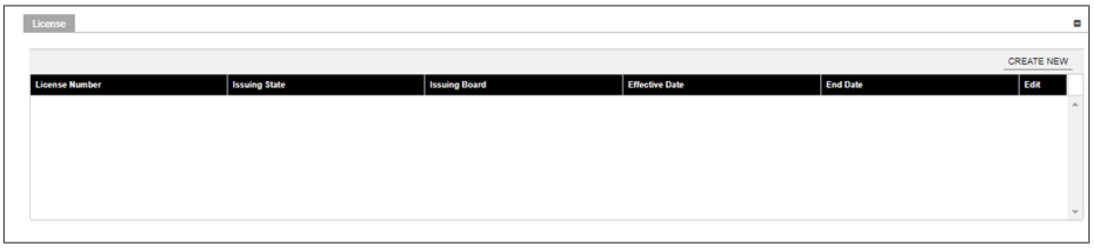




To edit an added Degree, click the **Edit** button next to the desired degree and save the changes.

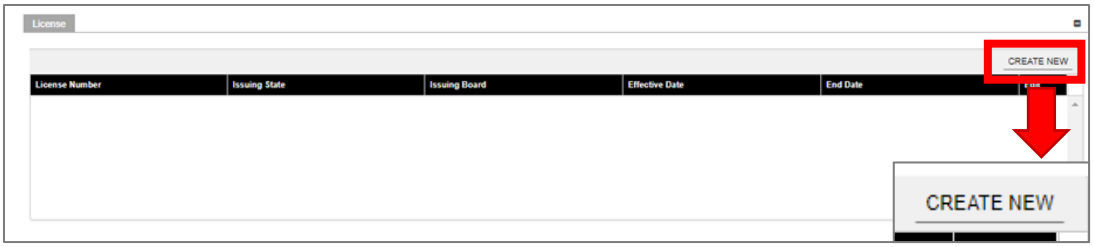


b. **License** – Add a license, in good standing, in the same state as the service location.



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

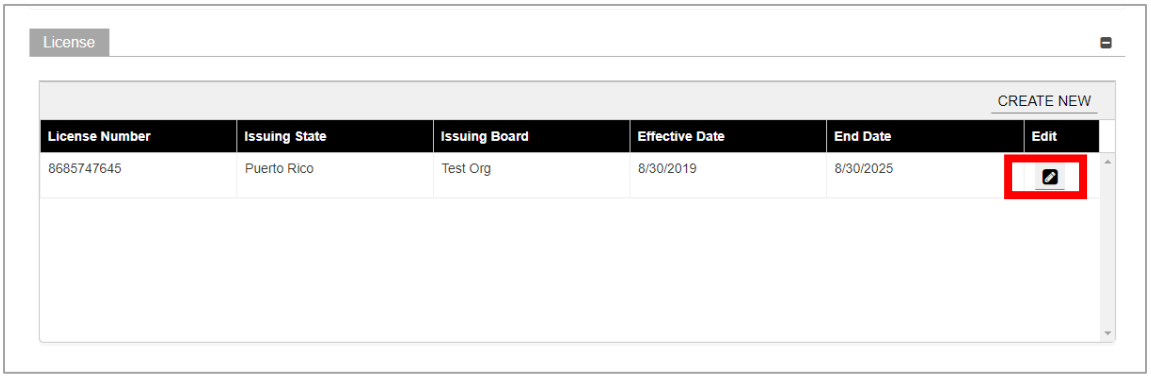
To add a new license, click **Create New** at the top-right of the **License** section and complete the required fields in the displayed pop-up window.



***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 information will be displayed.

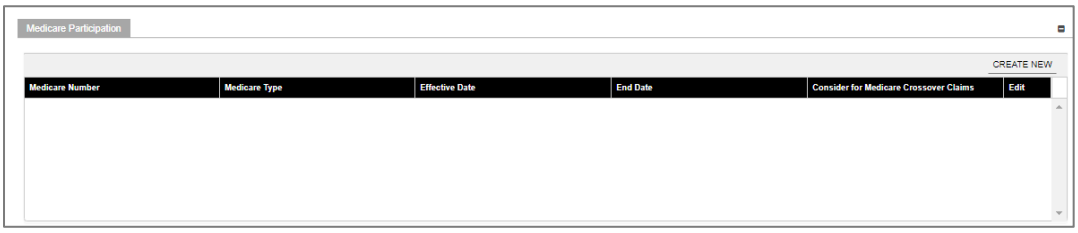
To edit an added license, click the **Edit** button next to the desired license and save the changes.



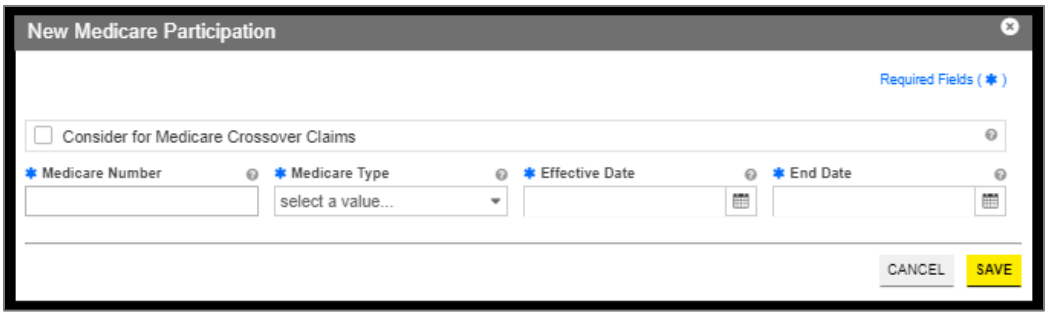
***ADDING MULTIPLE LICENSES**: You can add more than one license to the License panel if needed.*

Repeat the previous steps to add more licenses.

c. **Medicare Participation** – If this panel displays, your enrollment requires the collection of Medicare Participation information.

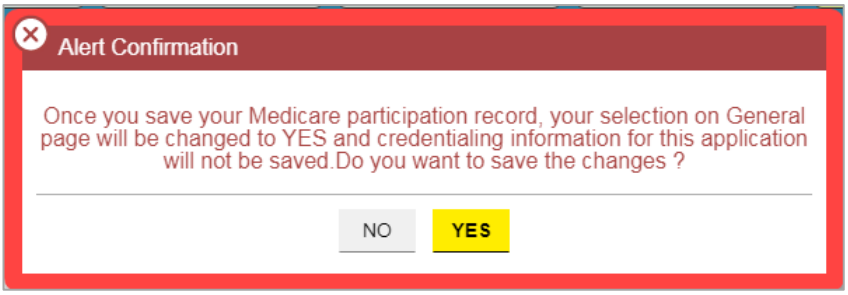


To add new Medicare Participation information, click **Create New** at the top-right of the **Medicare Participation** section and complete the required fields in the displayed pop-up window.



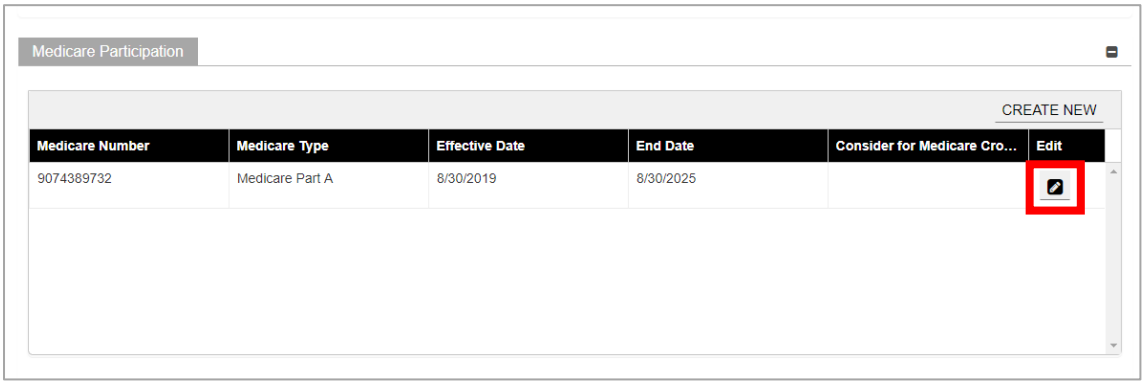
Once saved, the Medicare Participation information will be displayed.

***NOTE:** If you answered "No" to the "Are you Medicare enrolled?" question on the General Information page, you will receive this pop-up warning:*



Click "Yes" to save the credential information you entered. This will update the answer to the question on the General page to "Yes".

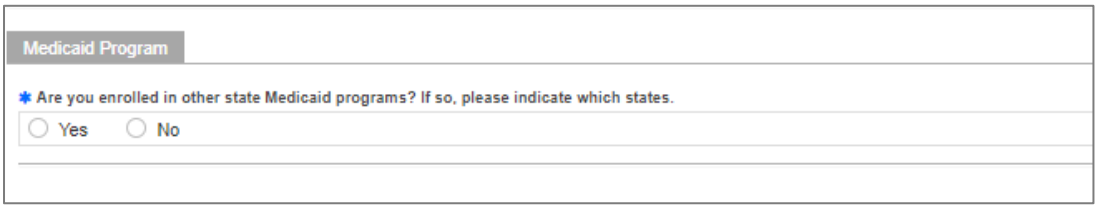
To edit an added Medicare Participation entry, click the **Edit** button next to the desired Medicare Participation entry and save the changes.



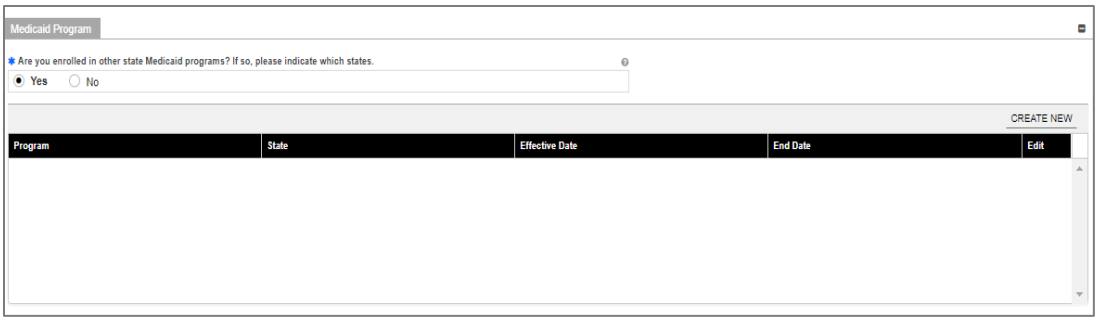
***ADDING MULTIPLE RECORDS**: You can add more than one record to the Medicare Participation panel if needed.*

Repeat the previous steps to add more records.

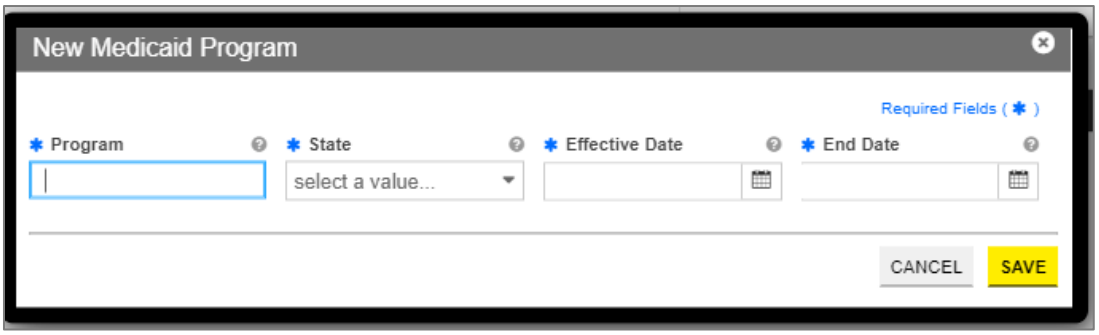
d. **Medicaid Program** – Indicate if you are enrolled in any other state Medicaid Program by selecting **Yes** or **No**.



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

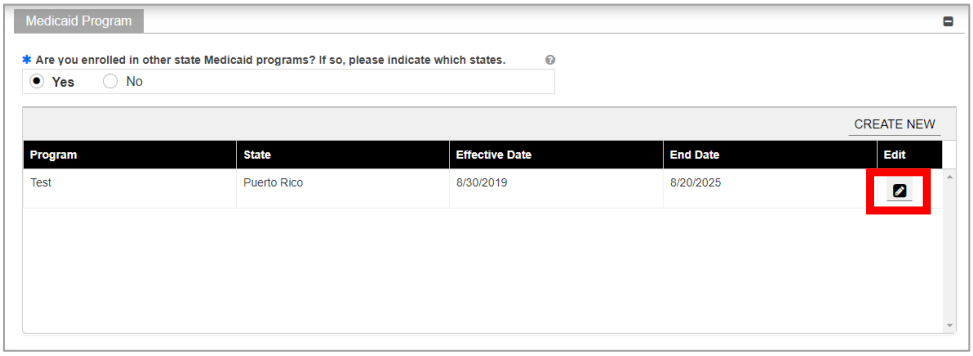


Click **Create New** at the top-right of the **Medicaid Program** section and complete the required fields in the displayed pop-up window.



Once the information is saved, the Medicaid Program information is displayed.

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

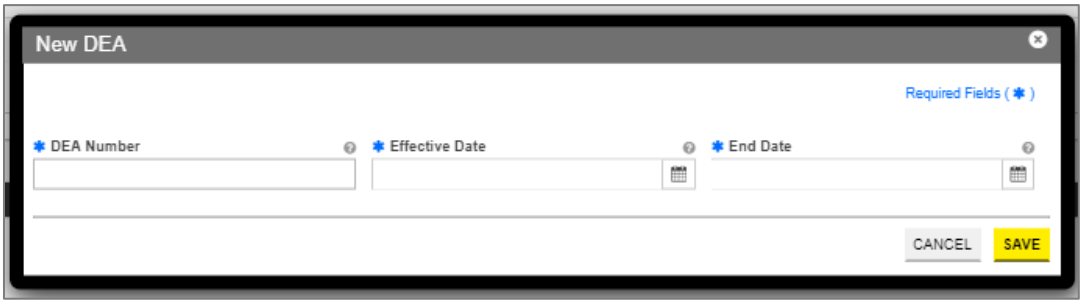


***ADDING MULTIPLE RECORDS**: You can add more than one record to the Medicaid Program panel if needed.*

Repeat the previous steps to add more records.

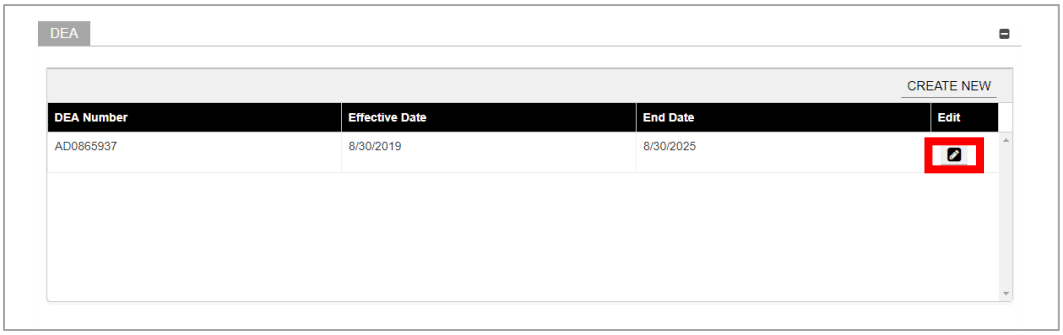
e. **DEA** – Add Drug Enforcement Administration (DEA) number information.

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.

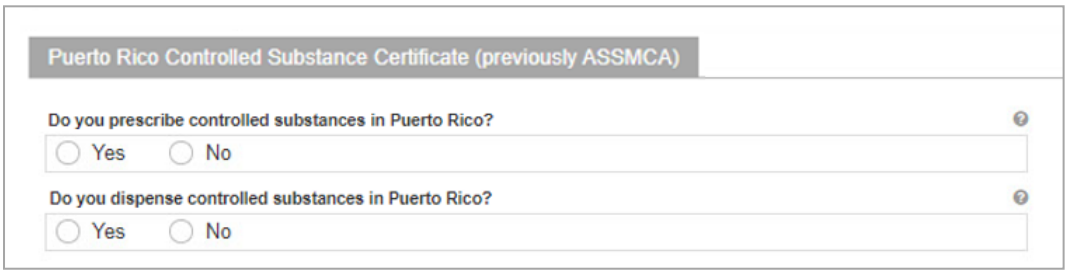


Once saved, the DEA information will be displayed.

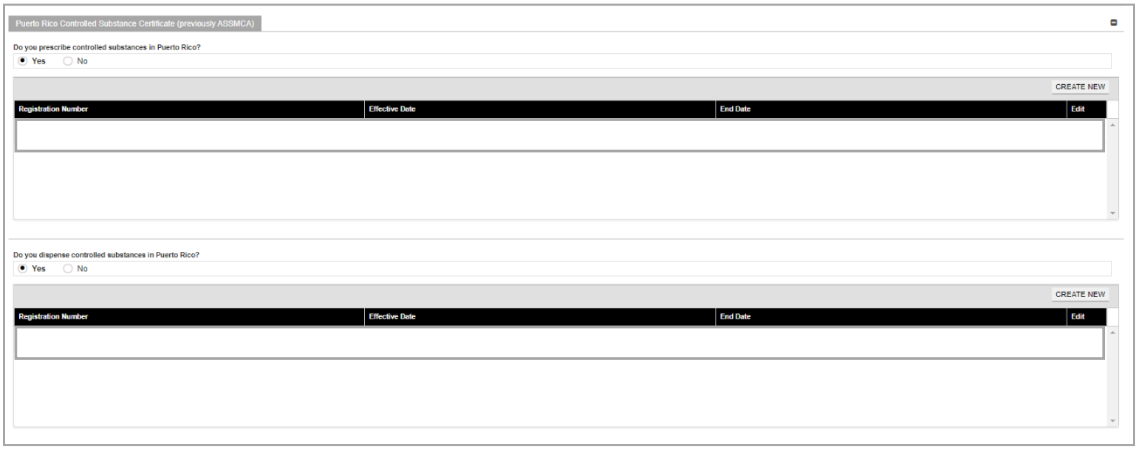
To edit an added DEA number entry, click the **Edit** button next to the desired DEA number and save the changes.



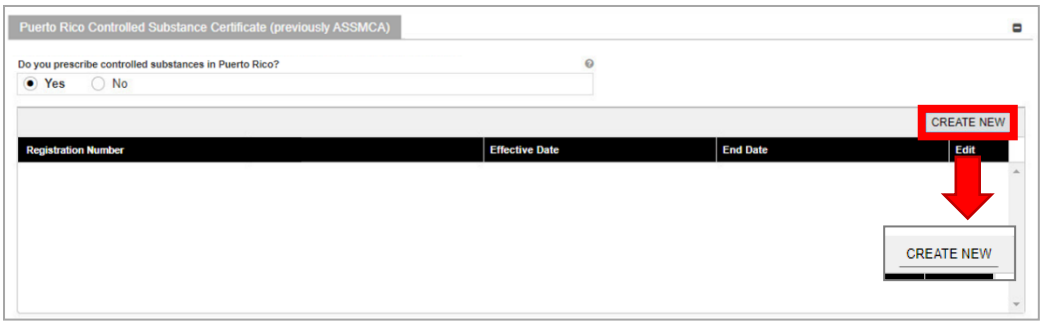
f. **Puerto Rico Controlled Substance Certificate** – Indicate if you prescribe and/or dispense controlled substances in Puerto Rico by selecting **Yes** or **No**.

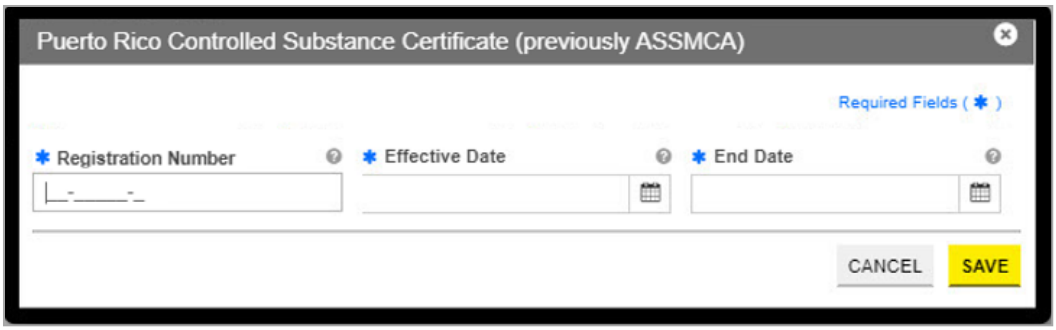


If **Yes** is selected for either question, a new section opens for you to add your Registration Number.



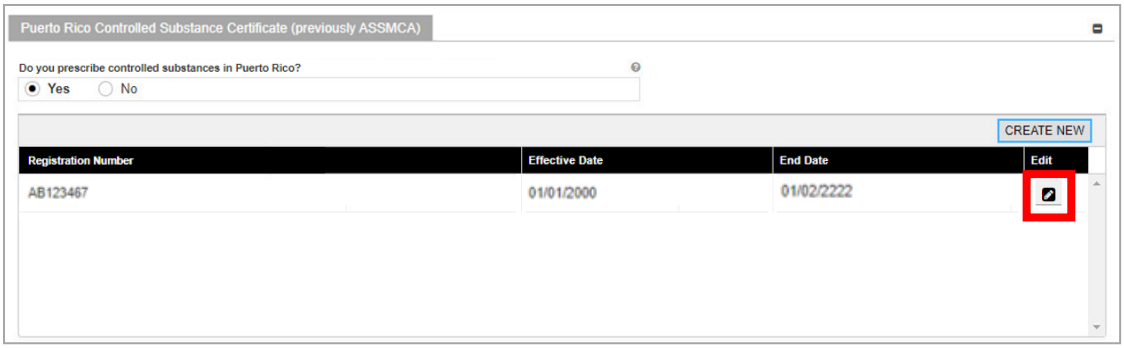
Click **Create New** at the top-right of the new section and complete the required fields in the displayed pop-up window.





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

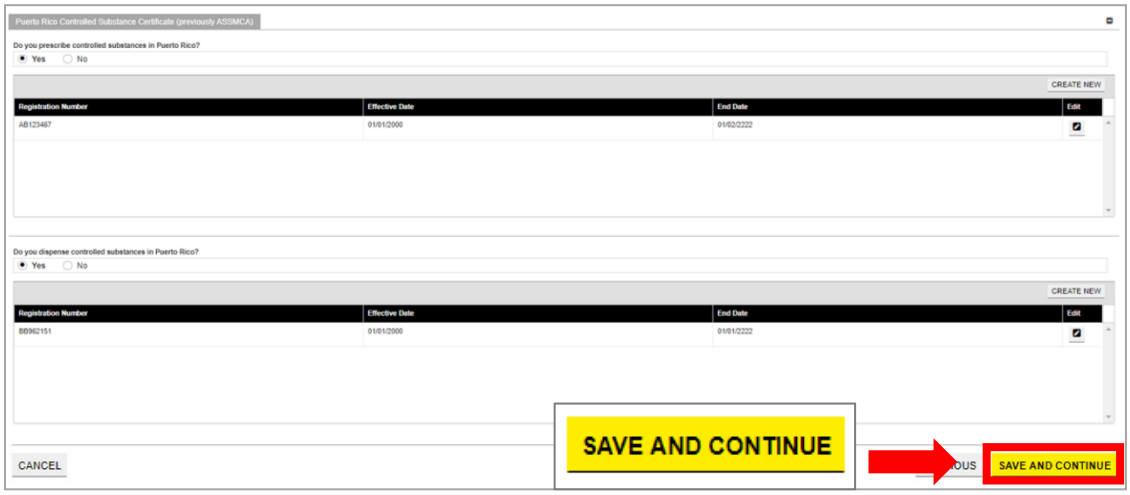
To edit an added Registration Number entry, click the **Edit** button next to the desired entry and save the changes.



***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.



3.8 Provider Type

The Provider Type page is presented if the Provider Type and Specialty disclosed in previous steps requires provider type information to be entered. If this page is not available on your application, you can continue to Section 3.9 Other to see the instructions for your next required step.

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

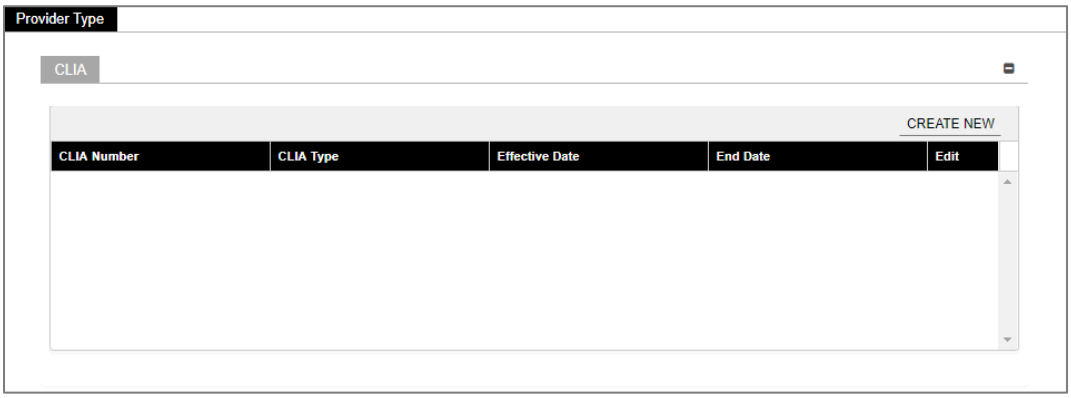
Quick Reference – Provider Type

Table 9 – Provider Type

Step	Task	Action	Result
Start from the Provider Type page. This page displays after clicking Save and Continue from the previous page.			
1	Add Provider Type information.	Complete the required information for any of the following sections that are presented: a. CLIA b. Collaborating Physician Click Save and Continue.	Provider Type information is added and saved. Progress bar advances to the next available page.

Detailed Steps

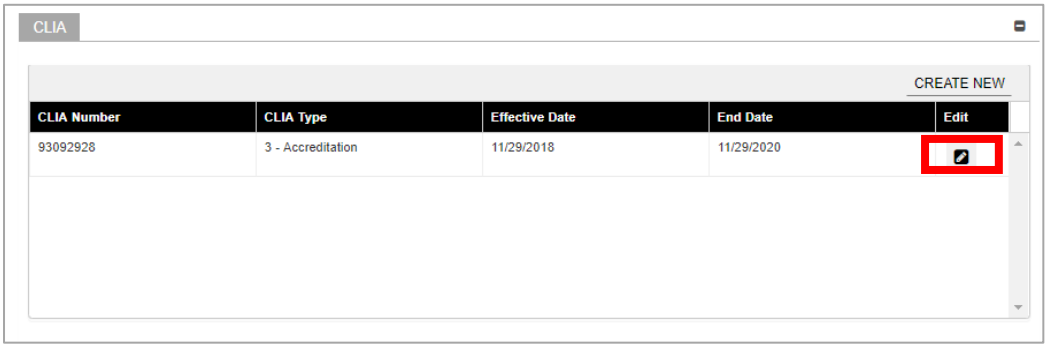
1. The Provider Type page is displayed. The provider type information that may be collected for Individual enrollments are shown below.
   a. **CLIA (Certified Laboratory Improvement Amendments)** - Required for Providers who bill laboratory services.



To add a new CLIA entry, click **Create New** in the CLIA panel and complete the required fields in the displayed pop-up screen.

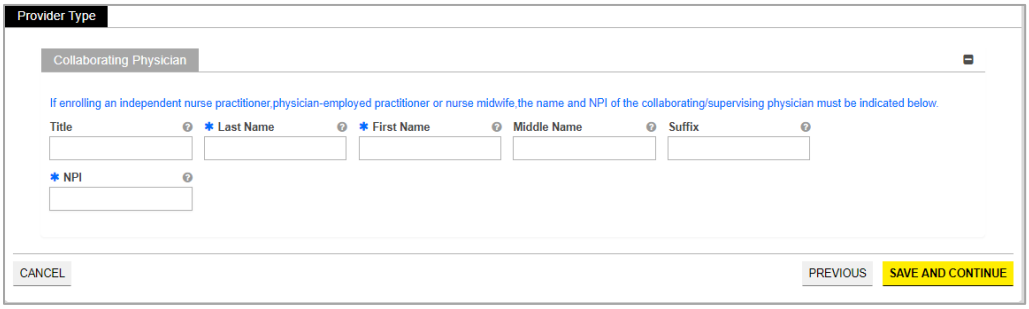
Once saved, the information will display in the CLIA panel.

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

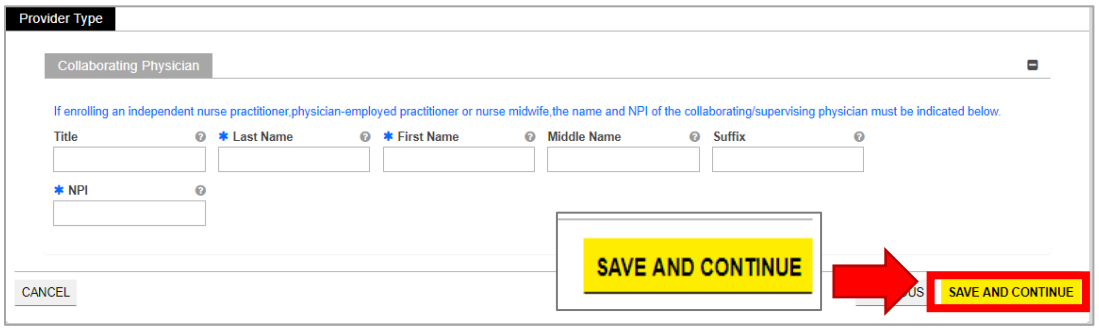


b. **<u>Collaborating Physician</u>** – Displays if the Provider Type, per state eligibility rules, should have a supervising or collaborating physician.

Complete the fields displayed in this section.



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



***SAVE AND CONTINUE BUTTON LOCATION**: The panel or section under which the Save and Continue button is found will differ based on the Provider Type chosen.*

3.9 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

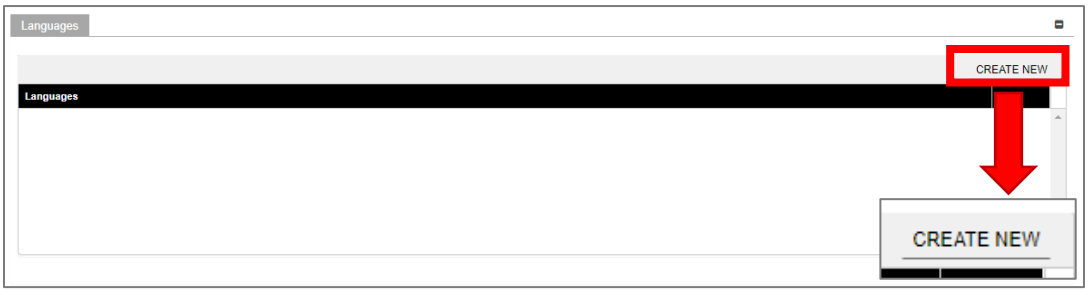
Table 10 – Other

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.

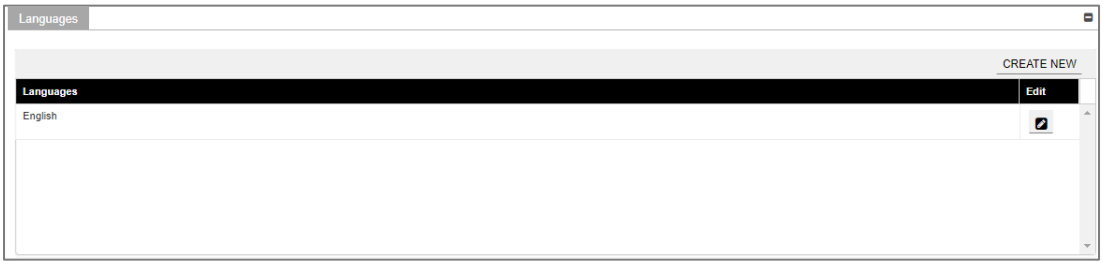
Detailed Steps

1. The Other page is displayed. The other information that may be collected for Individual enrollments are shown below.

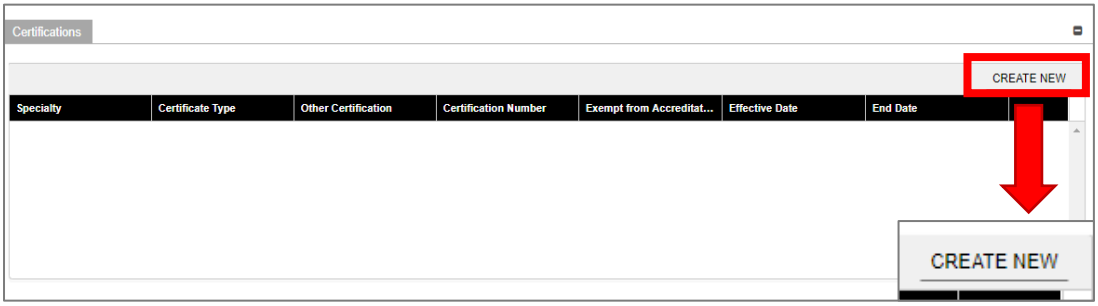
   a. **Languages** – To add a new language, click **Create New** at the top-right of the **Languages** section and select the applicable language from the **Languages** drop-down list in the pop-up window.

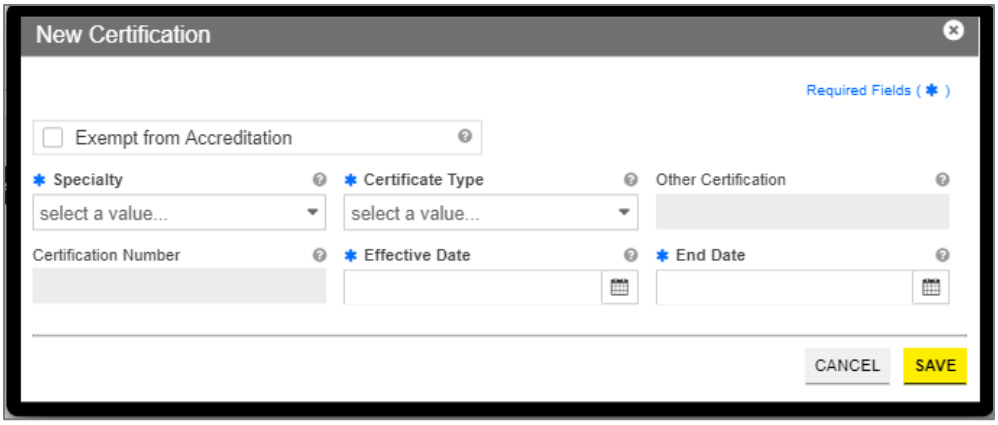


   Once the information is saved, the language information is displayed.

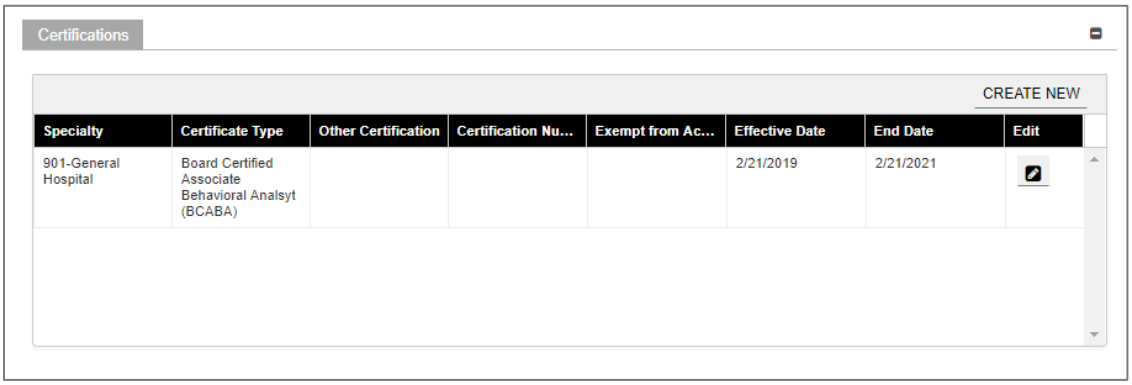


   b. **Certifications** – To add a new certification, click **Create New** at the top-right of the **Certification** section and complete the required fields in the displayed pop-up window.

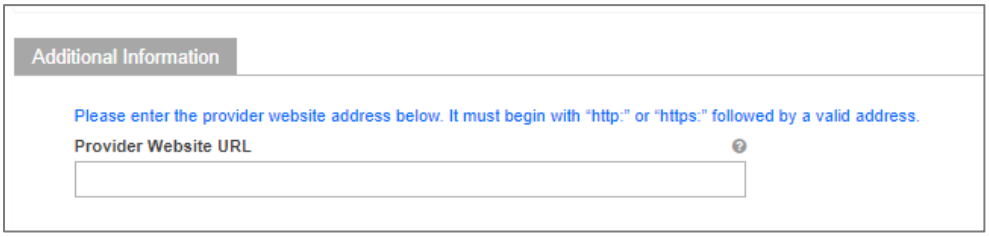




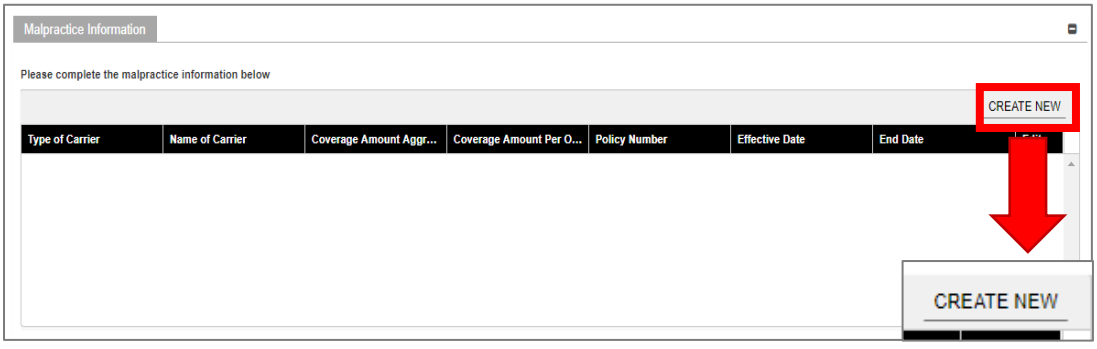
Once the information is saved, the certification information is displayed.

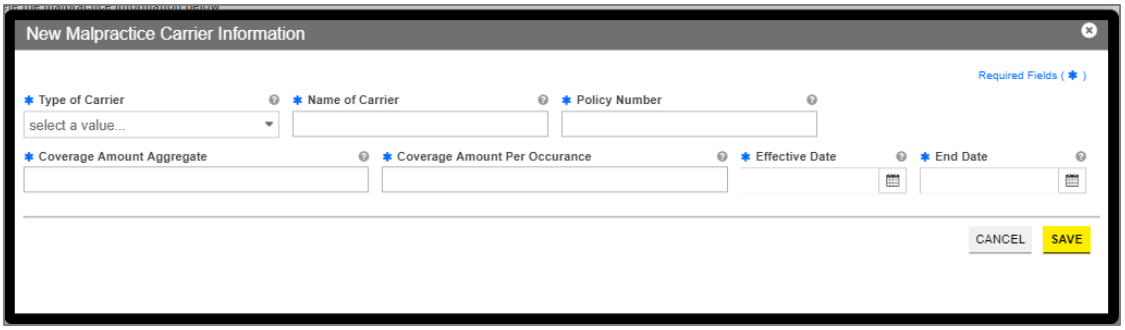


c. **<u>Additional Information</u>** – Enter the **URL** for your provider's website. This step is optional.

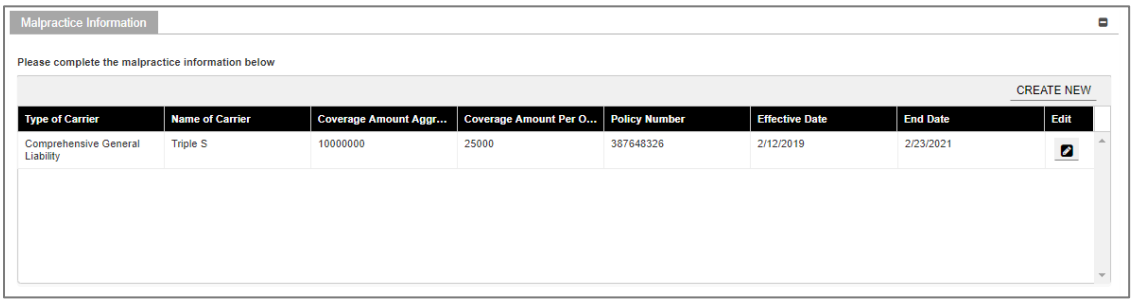


d. **<u>Malpractice Carrier Information</u>** – To add new malpractice carrier information, click **Create New** at the top-right of the **Malpractice Information** section and complete the required fields in the displayed pop-up window.



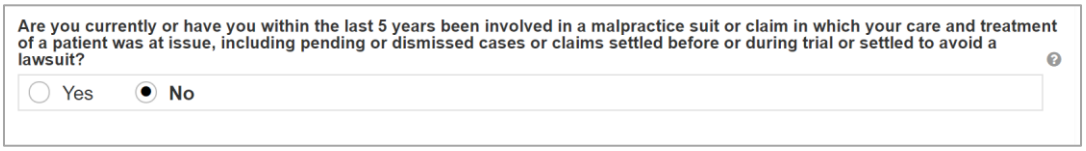


Once the information is saved, the carrier information is displayed.

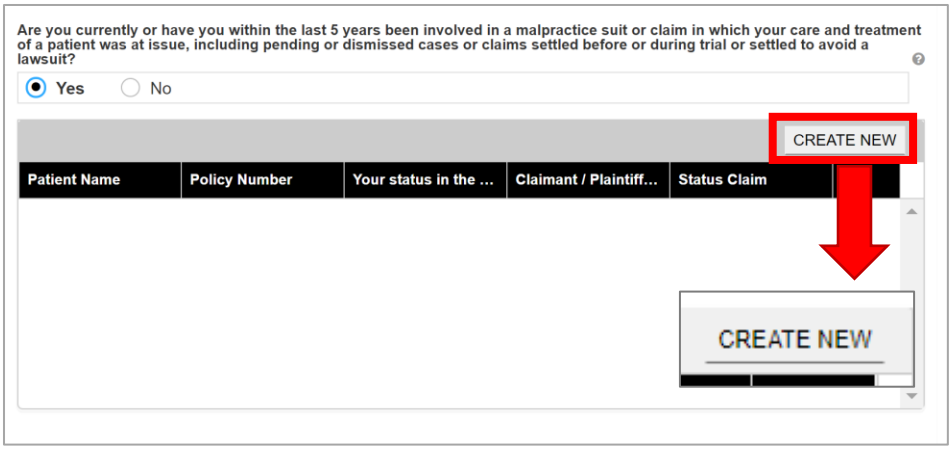


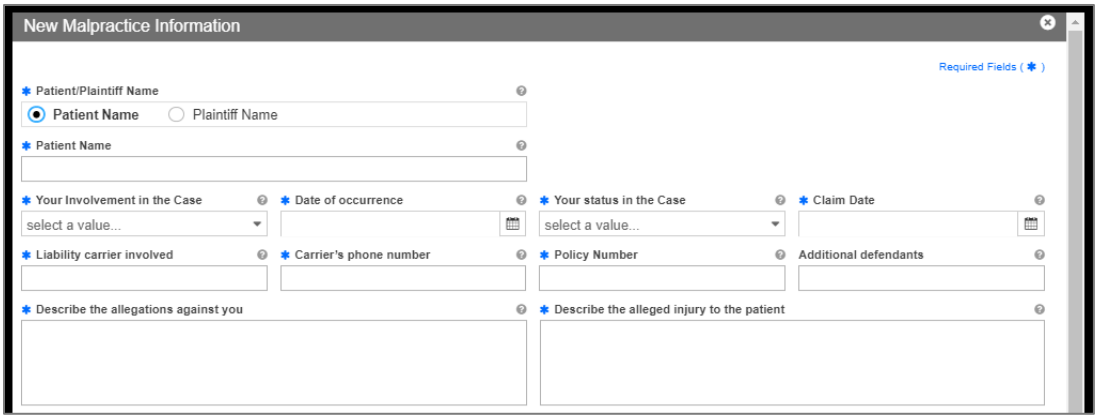
e. **Malpractice Suit Information** –Select **Yes** or **No** to answer the question regarding current and previous Malpractice suits.

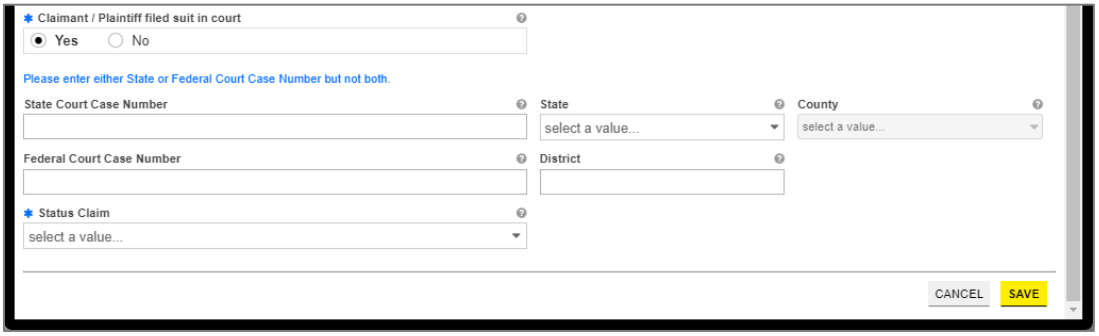
If **No** is selected, no additional information is needed.



If **Yes** is selected, a panel is presented to collect information regarding current and previous malpractice suits. To add the suit information, click **Create New** at the top-right of the **Malpractice Suit** section and complete the required fields in the displayed pop-up window.

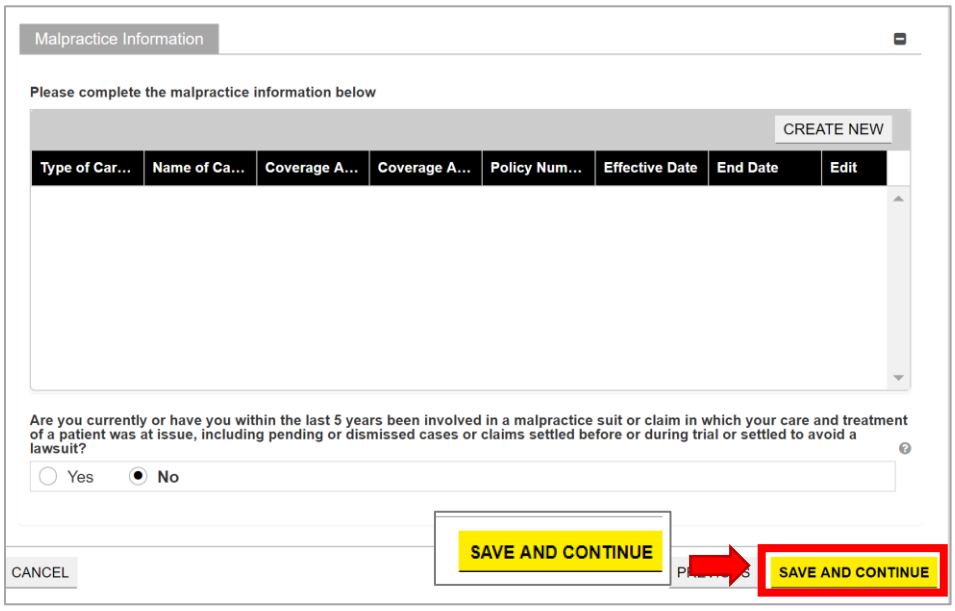






Once the information is saved, the malpractice suit information is displayed.

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



3.10 Disclosures

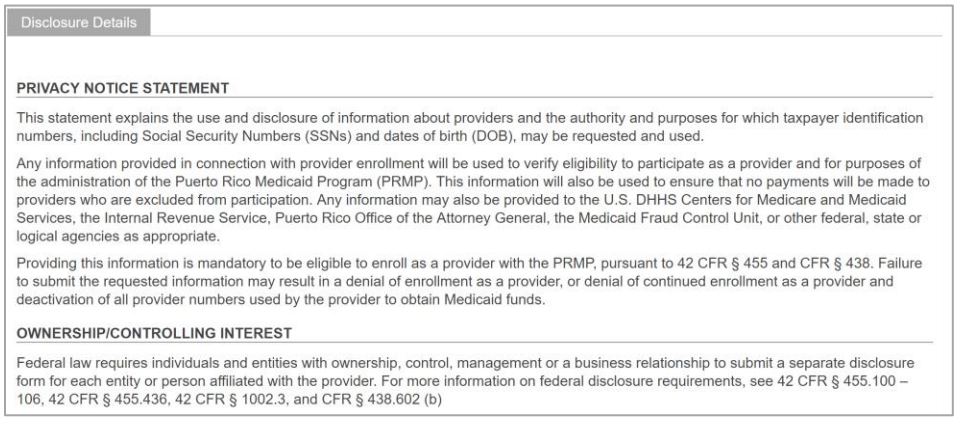
Quick Reference – Disclosures

Table 11 – 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. c. Click Save and Continue once all forms are completed.	Disclosures are completed.

Detailed Steps

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


Disclosure Details

PRIVACY NOTICE STATEMENT

This statement explains the use and disclosure of information about providers and the authority and purposes for which taxpayer identification numbers, including Social Security Numbers (SSNs) and dates of birth (DOB), may be requested and used.

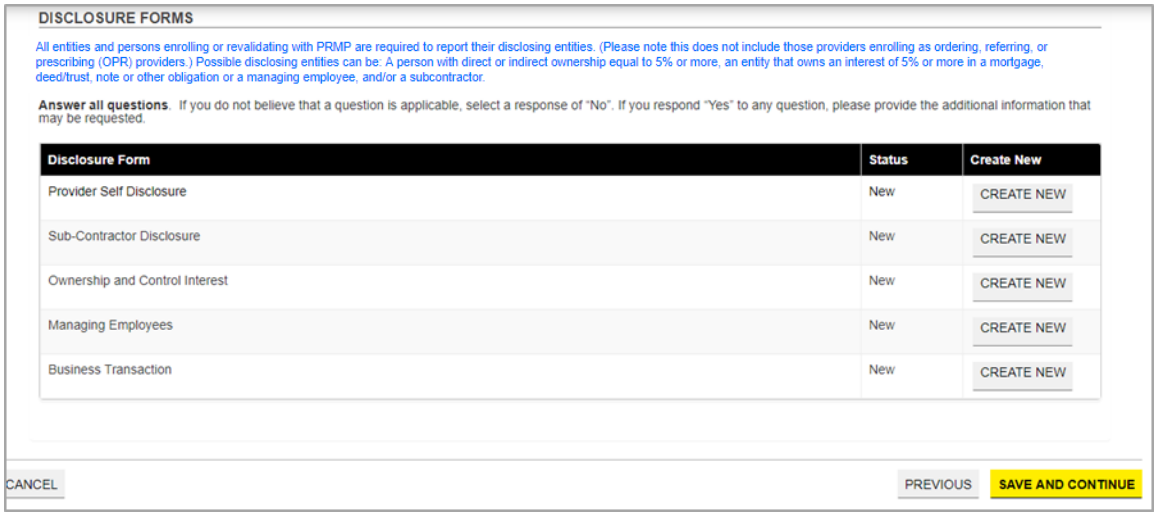
Any information provided in connection with provider enrollment will be used to verify eligibility to participate as a provider and for purposes of the administration of the Puerto Rico Medicaid Program (PRMP). This information will also be used to ensure that no payments will be made to providers who are excluded from participation. Any information may also be provided to the U.S. DHHS Centers for Medicare and Medicaid Services, the Internal Revenue Service, Puerto Rico Office of the Attorney General, the Medicaid Fraud Control Unit, or other federal, state or logical agencies as appropriate.

Providing this information is mandatory to be eligible to enroll as a provider with the PRMP, pursuant to 42 CFR § 455 and CFR § 438. Failure to submit the requested information may result in a denial of enrollment as a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain Medicaid funds.

OWNERSHIP/CONTROLLING INTEREST

Federal law requires individuals and entities with ownership, control, management or a business relationship to submit a separate disclosure form for each entity or person affiliated with the provider. For more information on federal disclosure requirements, see 42 CFR § 455.100 – 106, 42 CFR § 455.436, 42 CFR § 1002.3, and CFR § 438.602 (b)

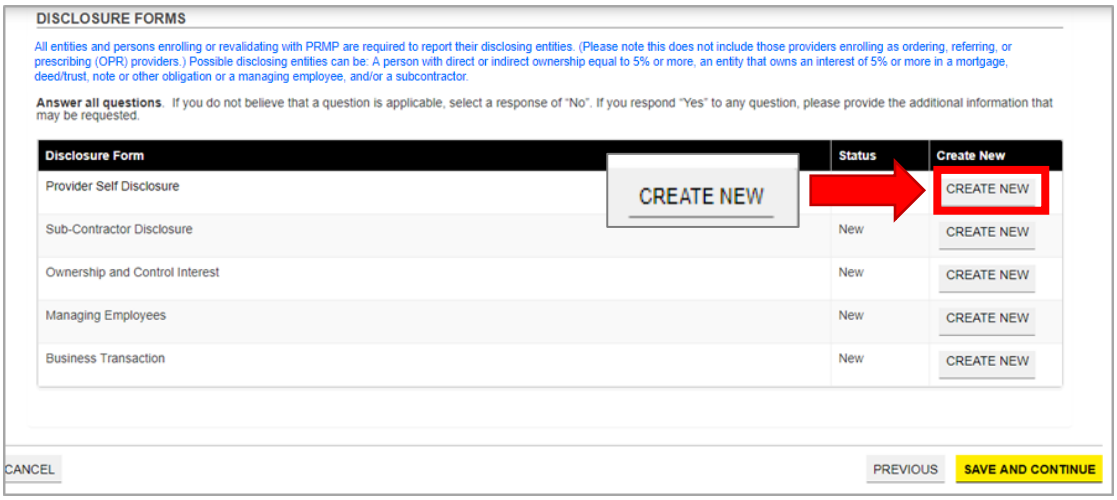
Note that your list of disclosures may differ from the following examples as the disclosure requirements are based on your responses throughout the enrollment application. Disclosures that do not apply to your application will not display.



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

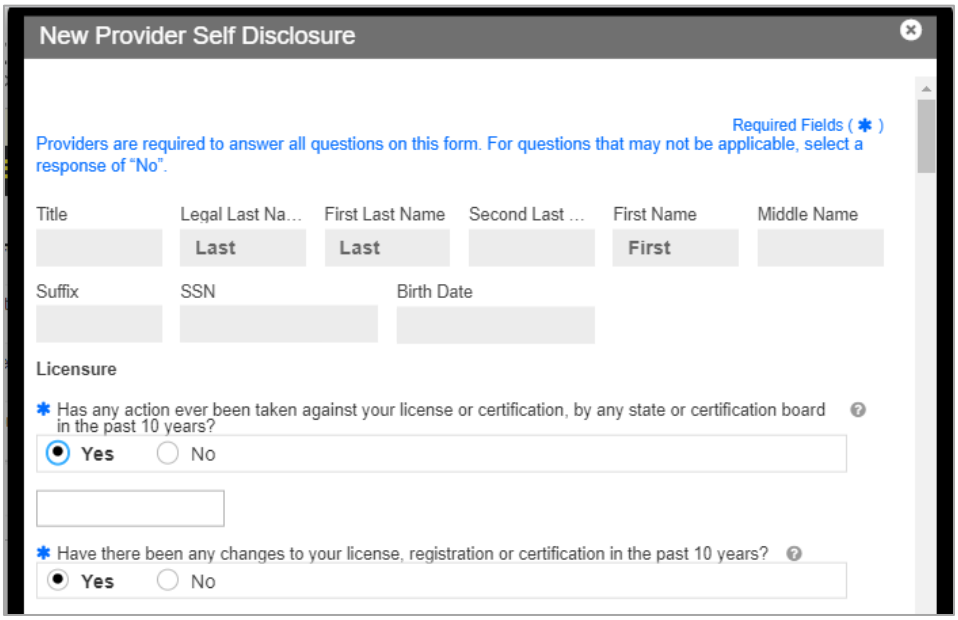
   Some disclosures allow more than one form to be completed. The **Create New** button will be enabled if the form can be completed again.

   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.



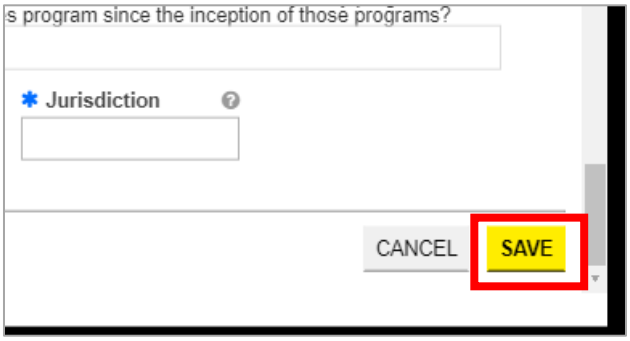
   The form then displays in a pop-up window. Complete all fields within the form.

Example: Provider Self Disclosure



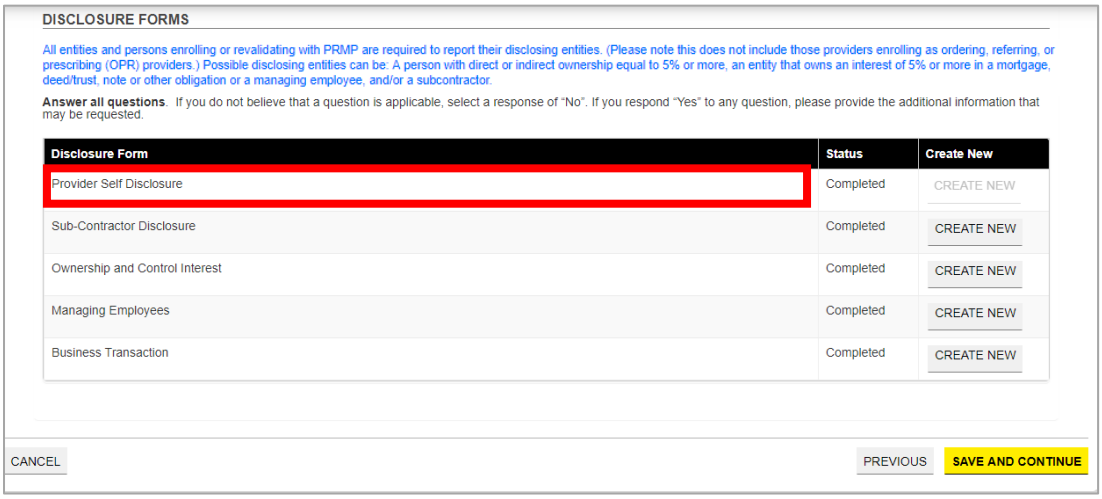
***ADDITONAL FIELDS IN FORM**: If "Yes" is clicked for any question on the form, an additional field or panel will display to add more information.*

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

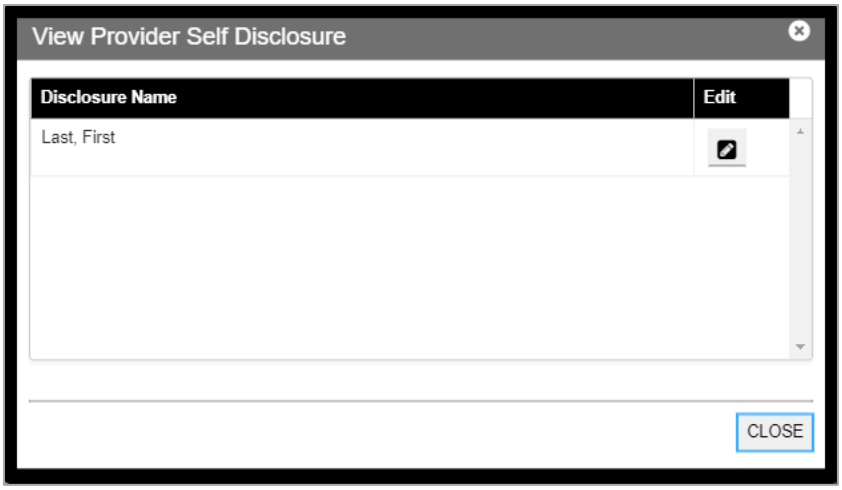


When the form is saved, the form's status will change to "Completed".

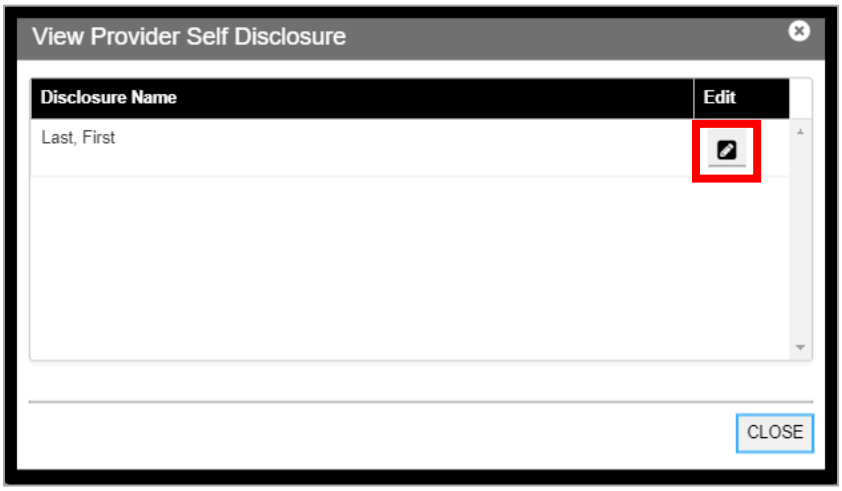
b. To edit or delete an added disclosure form, click on the name of the desired form.



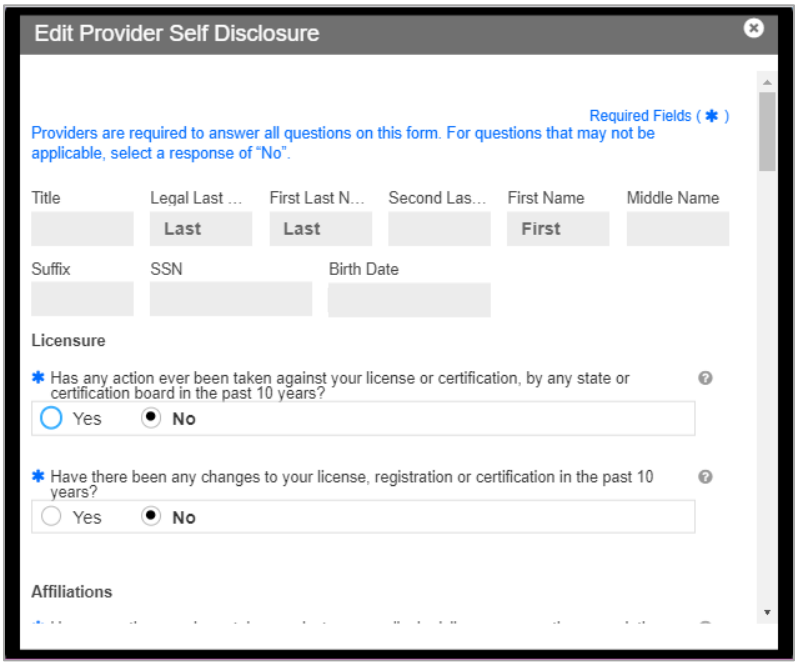
A pop-up window displays the forms you have submitted for that disclosure type. If you completed more than one form for that disclosure type, you will see multiple forms.



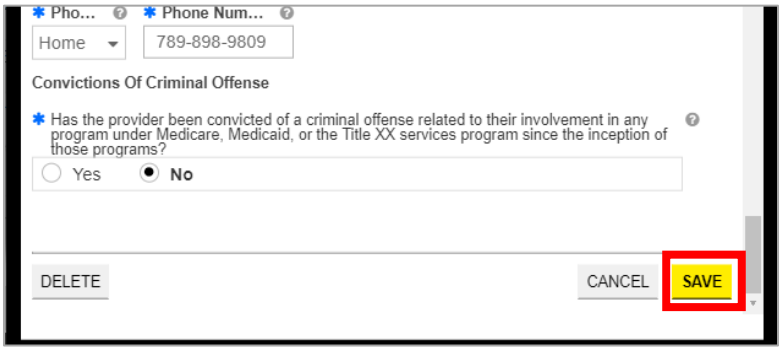
Click the **Edit** button next to the desired form from the list.



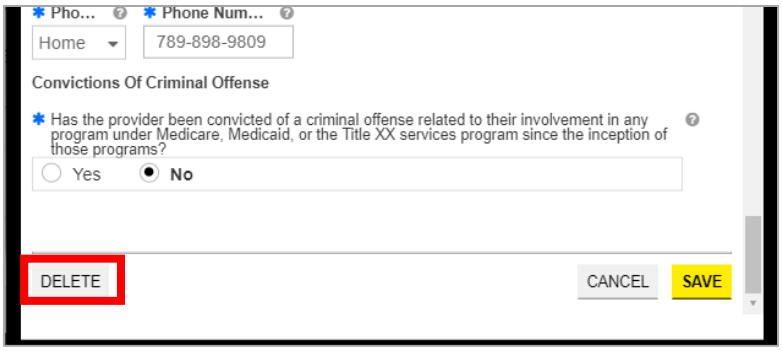
The completed form is displayed in a new pop-up window. There you can edit any field you had previously completed.



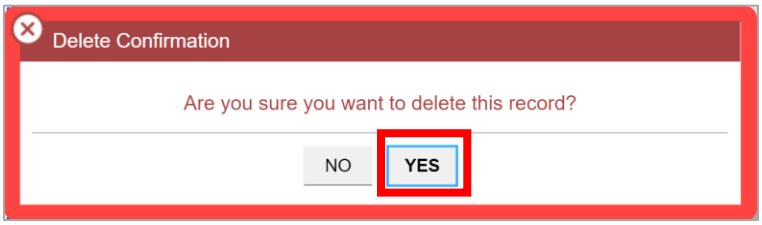
To save any information you have edited, scroll to the bottom of the form and click **Save** in the bottom-right corner.



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



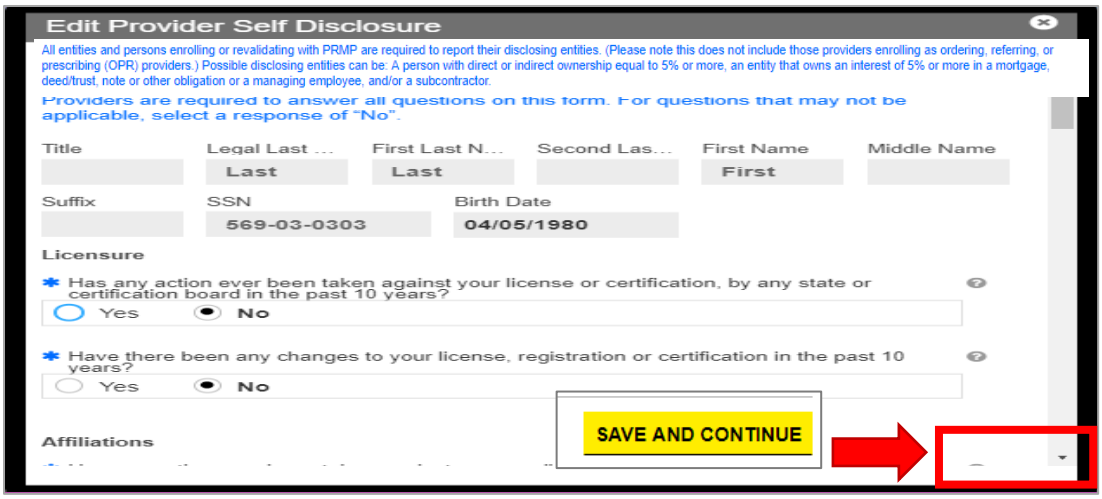
A pop-up window displays for you to confirm if you would like to delete the form. Click **Yes**.



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 to save 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.

3.11 Background Check

<u>NOTE:</u> 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 Individual Provider Type. If this is the case, go to **Section 3.12 Attachments** to view the instructions for your next required step.

Quick Reference – Background Check

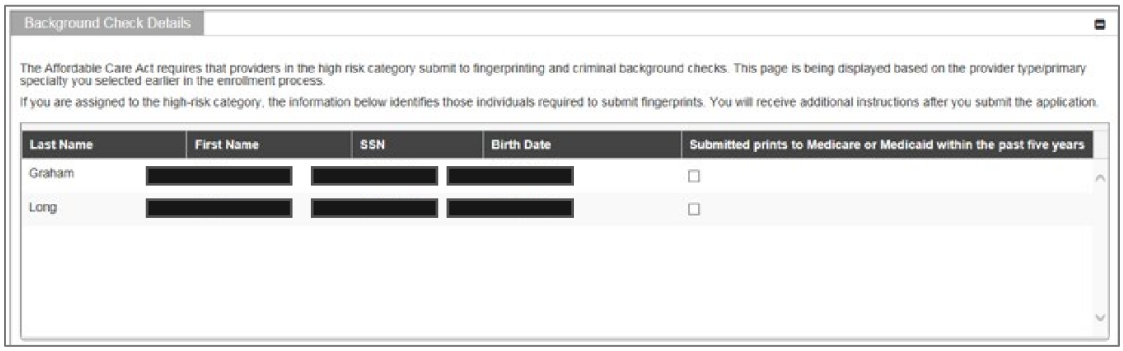
Table 12 – Background Check

Step	Task	Action	Result
Start from the Background Check page. This page displays after clicking Save and Continue from the previous page.			

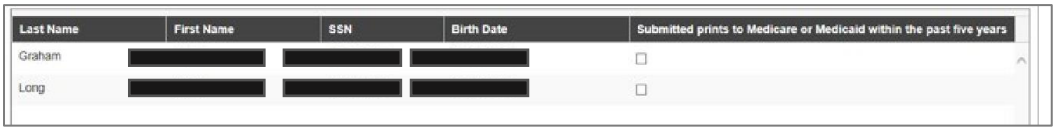
Step	Task	Action	Result
1	Review Background Check information.	a. Verify that all names displayed in the Background Check Details panel are correct. b. Check the box in the final column of the panel if the person has submitted fingerprints to Medicaid within the past five years. c. Click Save and Continue.	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.

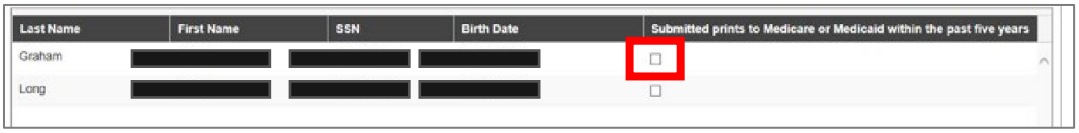


   a. Verify that all names displayed in the Background Check Details panel are correct.



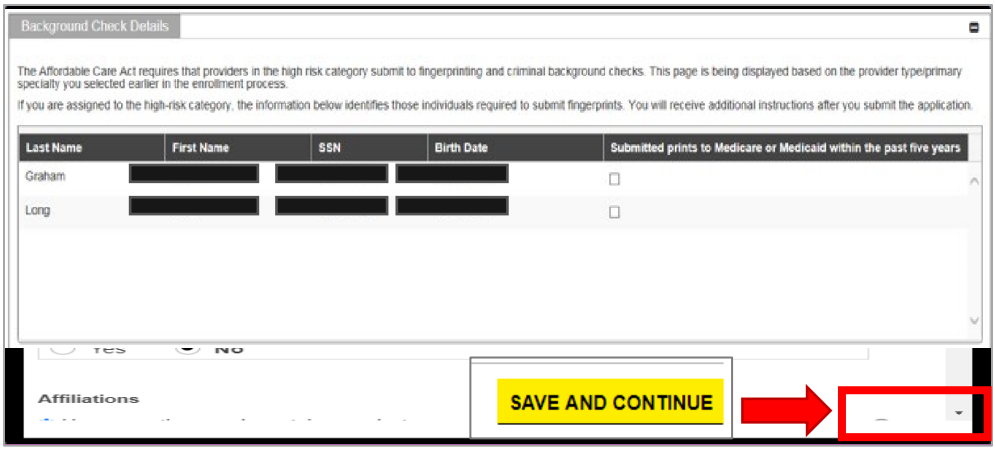
MISSING OWNERS OR INCORRECT INFORMATION: *If information displayed is incorrect or any owners are missing, go back to the Disclosures step in your enrollment (discussed in* **Section 3.10***), update and save the information.*

   b. 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 five years, you do not have to click the check box and no additional steps are required.

   c. Click **Save and Continue** at the bottom-right to save the Background Check step.



3.12 Attachments

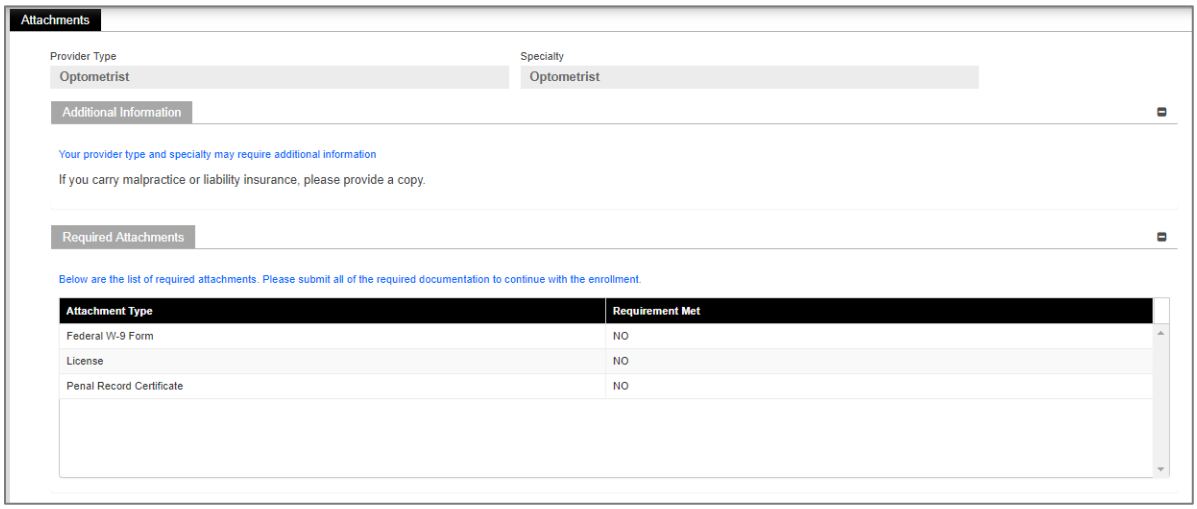
Quick Reference – Attachments

Table 13 – 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 attachments requested at the top of the 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. b. Click Save and Continue.	Attachments are added and saved. Progress bar advances to the next available page.

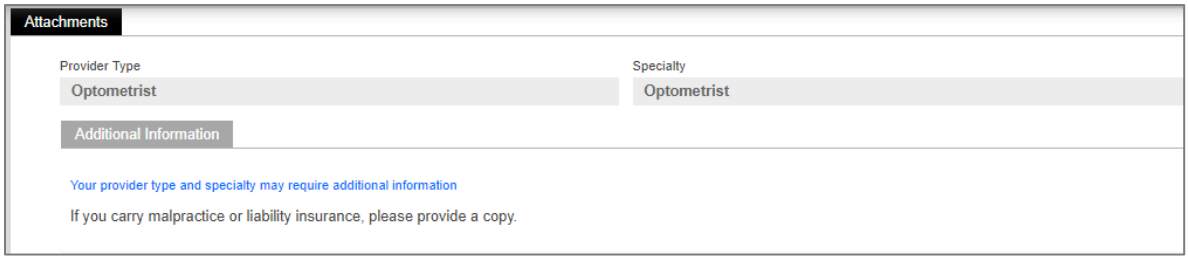
Detailed Steps

1. The Attachments page is displayed.

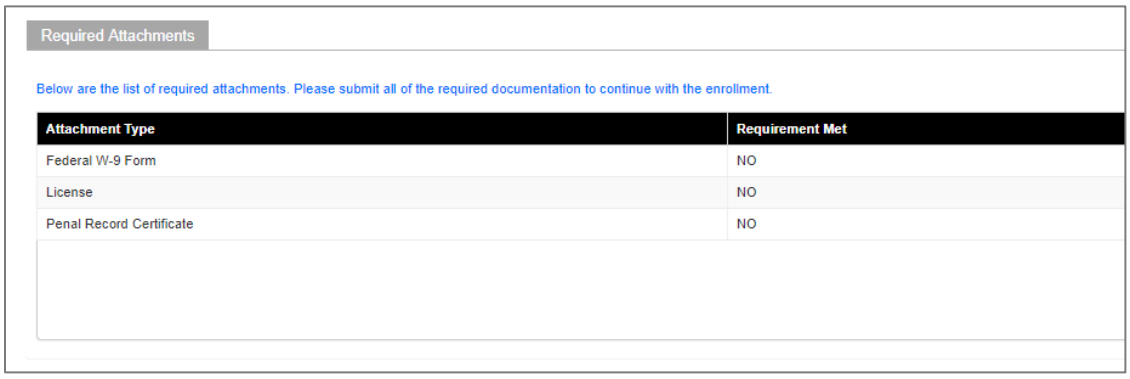


Additional Information indicates any required additional documentation based on Provider Type and information provided during previous enrollment steps.

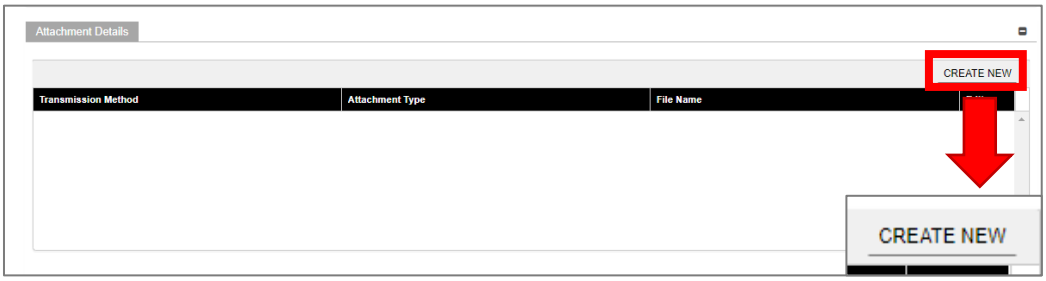
Example: Copy of Malpractice or Liability Insurance



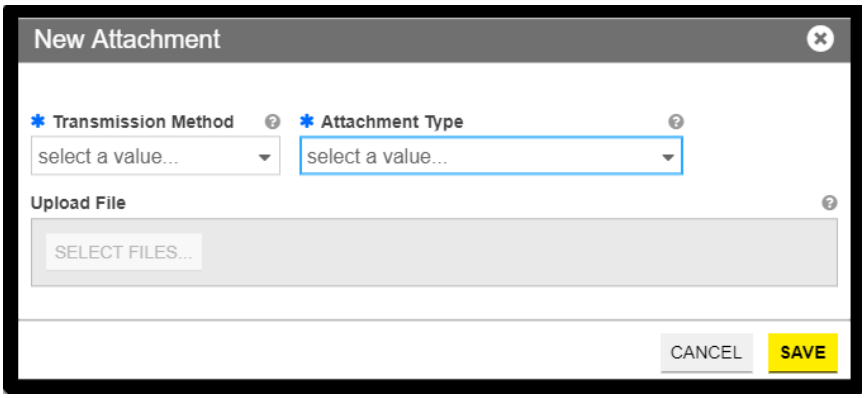
Required attachments for your Provider type and specialty are displayed in the **Required Attachments** section. The Requirement Met column displays “No” if attachment has not been added.



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

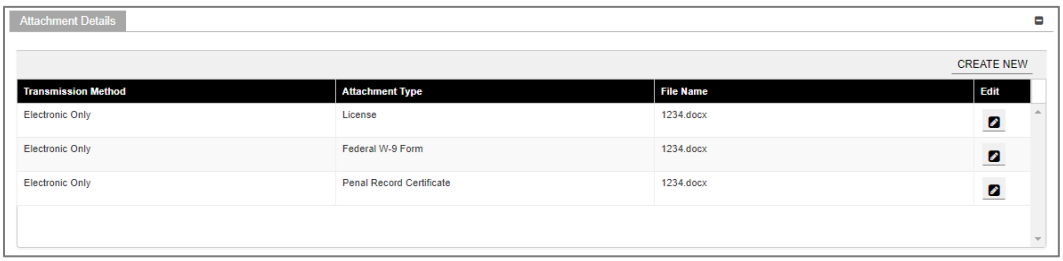


Complete all the required fields in the pop-up window and upload the document.



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

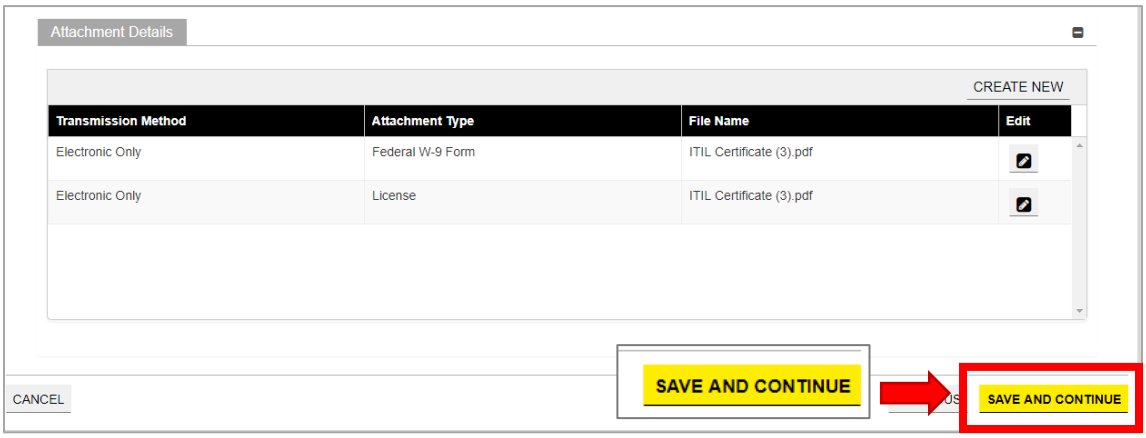
Once saved, the attachment displays in the panel.



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

Attachment Type	Requirement Met
Federal W-9 Form	Yes
License	Yes
Penal Record Certificate	Yes

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 step and continuing to the next enrollment step.*

3.13 Agreement/Submit

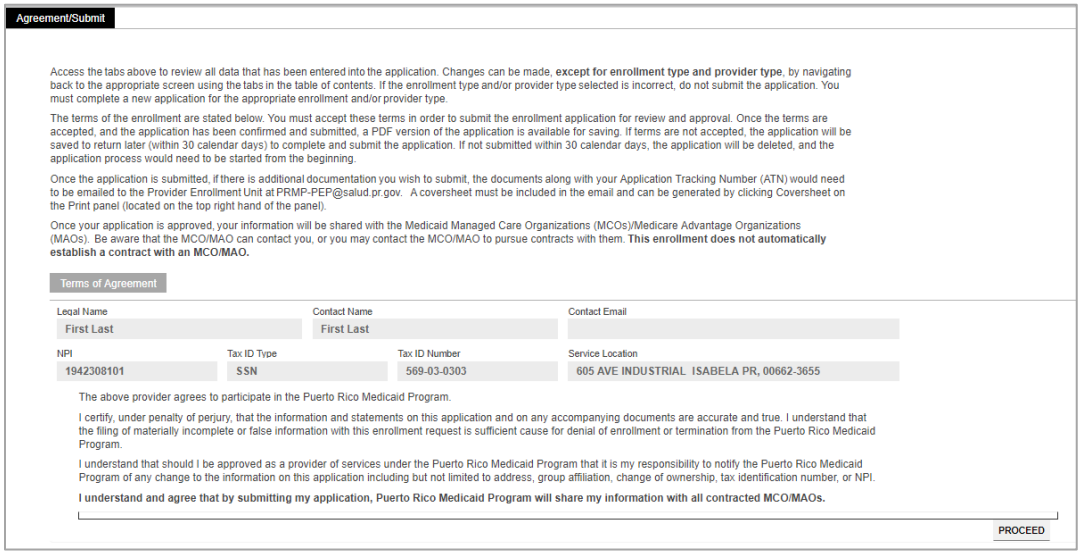
Quick Reference – Agreement/Submit

Table 14 – Agreement/Submit

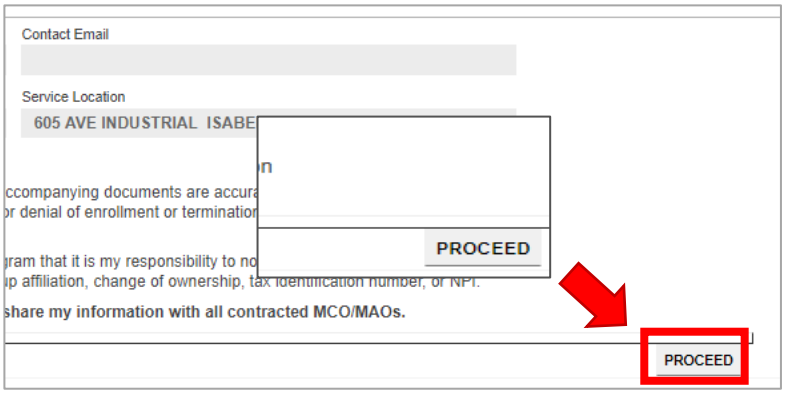
Step	Task	Action	Result
Start from the Agreement/Submit page. This page displays after clicking Save and Continue from the previous page.			
1	Accept Terms and Conditions.	Click Proceed to accept the terms and conditions.	Provider Agreement PDF displays.
2	Accept Provider Agreement.	Read the Provider 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.

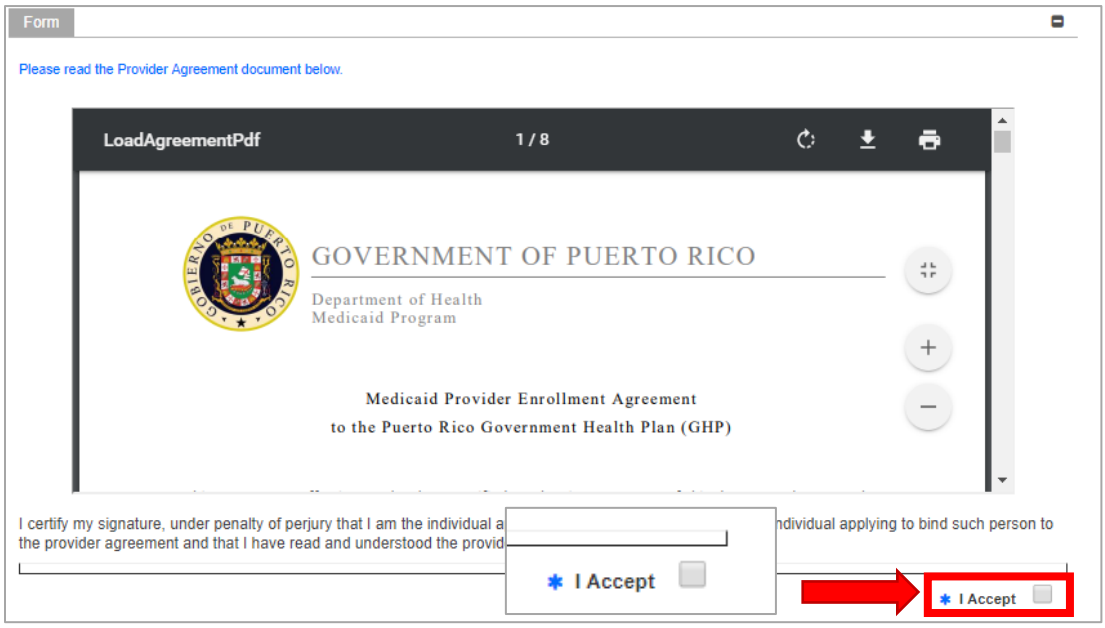


2. A new section with a PDF form displays underneath.

***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.*

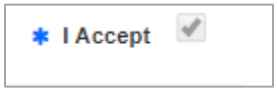
Print or save a copy of the Provider Agreement now to keep for your records. Once you have completed this step, you will not be able to return to the Provider Agreement.

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

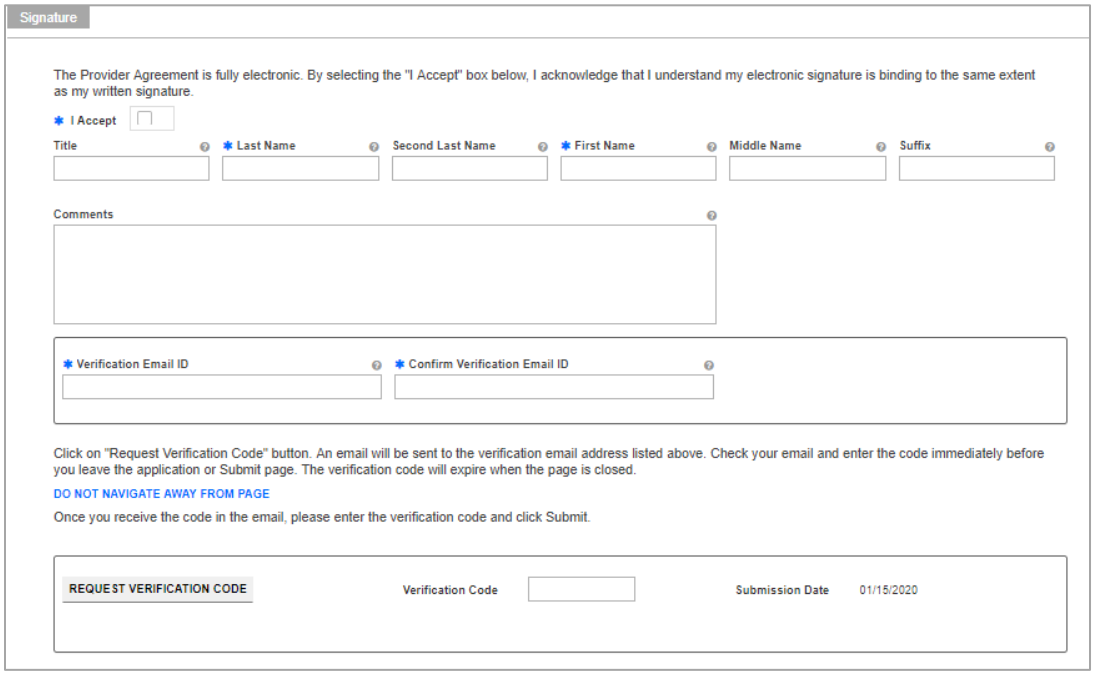


3. A pop-up window displays to confirm your agreement. Click **Yes**.

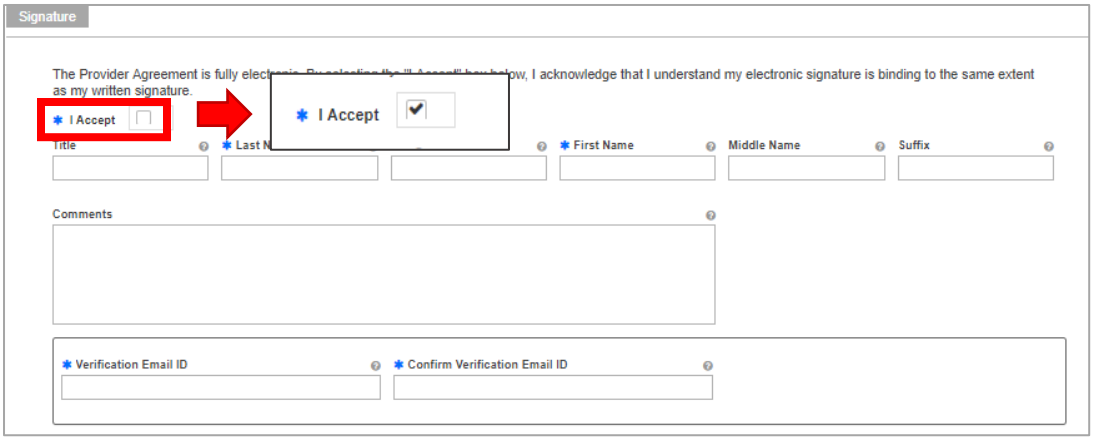
The **I Accept** checkbox is now checked.



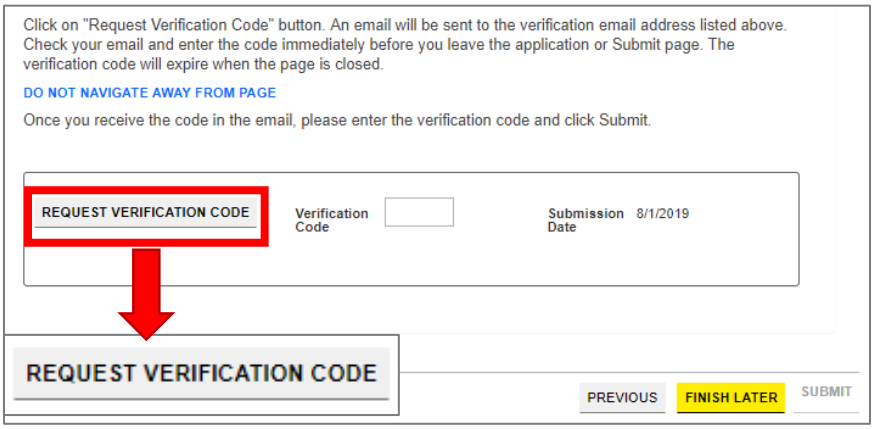
4. The **Signature** section displays.



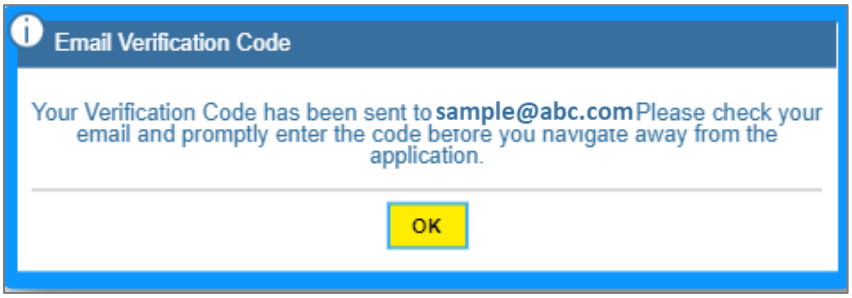
a. Click the **I Accept** checkbox in this section and complete the rest of the fields.



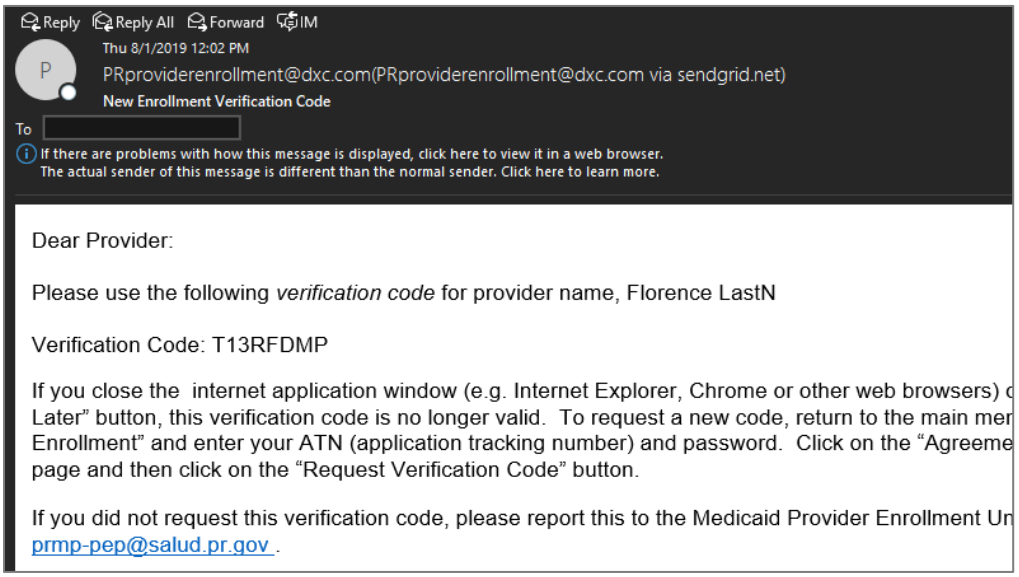
b. Click **Request Verification Code**.



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



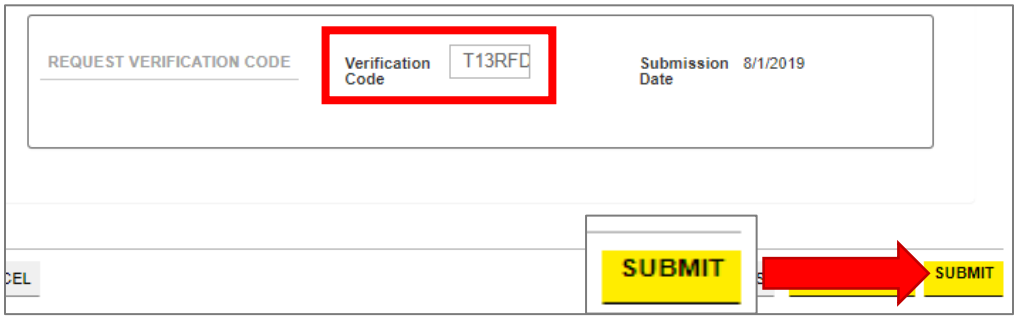
Example of email received with verification code:



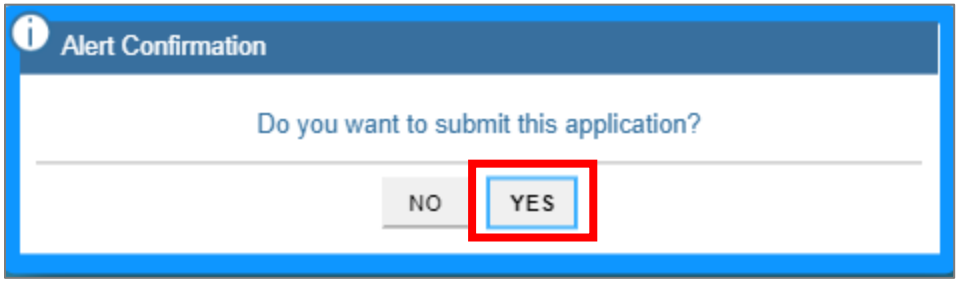
***VALID VERIFICATION CODE**: If you close the internet window containing your enrollment application before entering the verification code sent to you, that verification code is no longer valid.*

*If this happens, resume your enrollment using your ATN and enrollment password (see **Section 2.3** in the **Provider Enrollment Portal (PEP) Navigation Reference Guide** for detailed steps), and request a new verification code.*

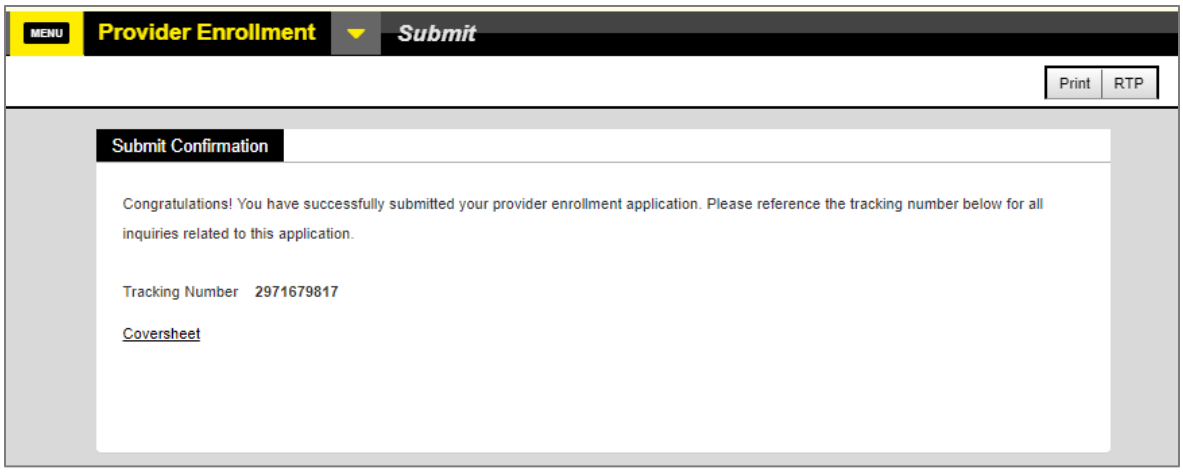
5. Enter the verification code in the **Verification Code** field and click **Submit**.



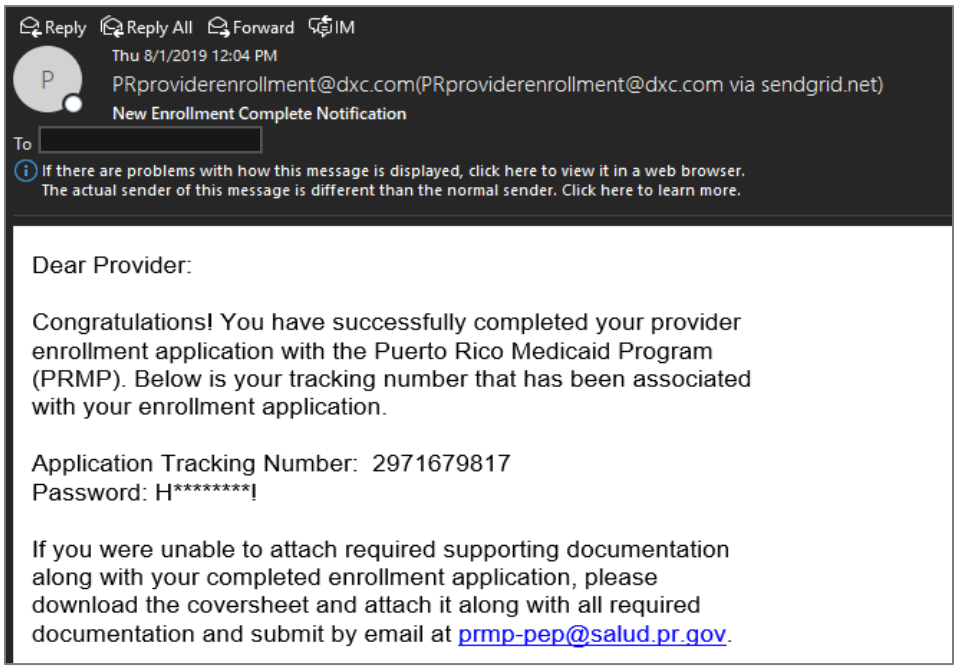
6. Confirm the submission by clicking **Yes** in the pop-up window.



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.


Reply Reply All Forward IM

Thu 8/1/2019 12:04 PM

P

PRproviderenrollment@dxc.com(PRproviderenrollment@dxc.com via sendgrid.net)

New Enrollment Complete Notification

To

If there are problems with how this message is displayed, click here to view it in a web browser.
The actual sender of this message is different than the normal sender. Click here to learn more.

Dear Provider:

Congratulations! You have successfully completed your provider enrollment application with the Puerto Rico Medicaid Program (PRMP). Below is your tracking number that has been associated with your enrollment application.

Application Tracking Number: 2971679817
Password: H********!

If you were unable to attach required supporting documentation along with your completed enrollment application, please download the coversheet and attach it along with all required documentation and submit by email at prmp-pep@salud.pr.gov.

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.

4.1 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.

4.2 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.

4.3 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.

4.4 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.