



GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Enrollment_OPR_Ref_Guide

Provider Enrollment Portal (PEP)
Enrollment Steps – Ordering,
Prescribing, and Referring (OPR)
Providers

Phase Two Final User Documentation
Training Material – Reference Guide

Version 3.0

Change History

Version #	Date	Modified By	Description
3.0	03/15/2021	Gainwell Technologies	R17/R18 Updates
2.0	10/28/2020	Gainwell Technologies	Gainwell Rebranding
1.0	07/15/2020	DXC Technology	Approved Deliverable

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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
DDE	Direct Data Entry
DEA	Drug Enforcement Agency
EDI	Electronic Data Interchange
EIN	Employee Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identifier
LMS	Learning Management System
MCD	Medicaid ID
NPI	National Provider Identifier
OPR	Ordering, Prescribing, and Referring Provider
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 – Ordering, Prescribing and Referring (OPR) Providers 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 OPR 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.prmis.pr.gov>

After reading the **Provider Enrollment Portal (PEP) Enrollment Steps – Ordering, Prescribing and Referring (OPR) Providers 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 Ordering, Prescribing, and Referring (OPR) enrollment type applies to physicians or other eligible providers that enroll in Medicaid to order, prescribe, refer or attend items or services for Medicaid beneficiaries, even though they do not submit claims to Medicaid.

The Enrollment Process for an OPR 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 dropdown list under Enrollment Type and select Ordering, Prescribing, Referring.	<ul style="list-style-type: none"> a. Pop-up window displays, indicating that once the application is saved the Enrollment Type cannot be changed. b. The required enrollment steps for an OPR 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: <ul style="list-style-type: none"> 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.

Tracking Number:

General

Initial Enrollment Information

* Enrollment Type * Provider Type * Effective Date

Provider Information

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

In the Initial **Enrollment Information** section, click the dropdown list under **Enrollment Type** and select the **“Ordering, Prescribing, Referring”** option.

Tracking Number: 9572834801

General

Initial Enrollment Information

* Enrollment Type * Provider Type

* Enrollment Type

select a value...

select a value...

Atypical Providers

Facility

Group or Clinic

Individual or Sole Proprietor

Individual Within A Group

Ordering, Prescribing, Referring

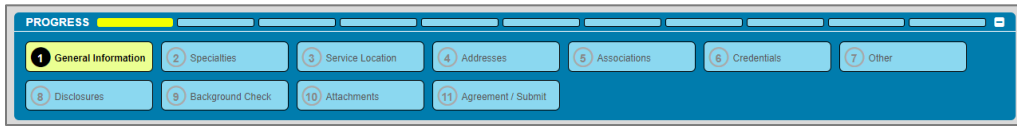
- a. Once an Enrollment Type is selected, a pop-up window displays, indicating that once data on this page is saved, the Enrollment Type cannot be changed.

Enrollment Type

Once you have saved the information on this page, you will not be able to change the Enrollment Type. Please confirm your selection before proceeding.

OK

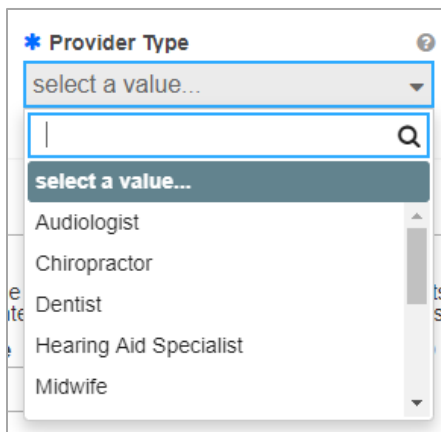
- b. The steps required to complete the enrollment for an OPR display at the top of the page, along with a progress bar to show your current progress.



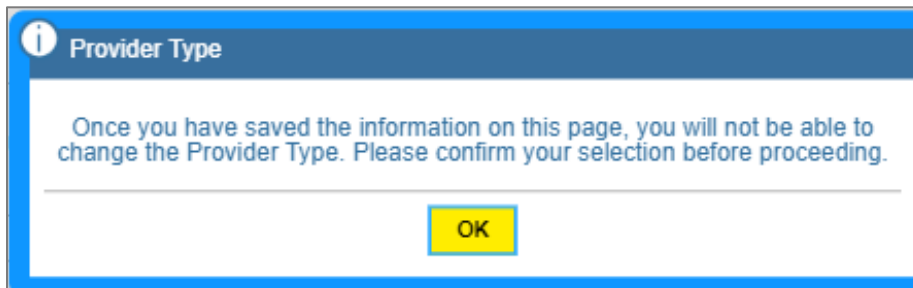
DIFFERENT ENROLLMENT STEPS DISPLAYED: The steps displayed at the top of the screen may continue to change during the enrollment process as more information is entered in the application that dictate the remaining steps that are required.

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

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

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

The screenshot shows the 'General' tab of the enrollment form. Under 'Initial Enrollment Information', there are three required fields: 'Enrollment Type' (set to 'Facility'), 'Provider Type' (set to 'select a value...'), and 'Effective Date' (set to '07/15/2019').



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. **Provider Information and related questions** – Includes fields to enter identifying information about the provider being enrolled.

For an OPR, this section displays individual-related fields.

The screenshot shows the 'Provider Information' section. It includes a note: 'The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.' Fields include Title, Legal Last Name, First Last Name, Second Last Name, First Name, Middle Name, Suffix, Gender, What is your ethnicity?, Birth Date, SSN, NPI, and Preferred Communication Language.



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.

The screenshot shows two questions: 'Are you currently enrolled as a Provider?' and 'Were you previously enrolled as a Provider?'. Both have radio buttons for 'Yes' and 'No', with 'No' selected in both cases.

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.

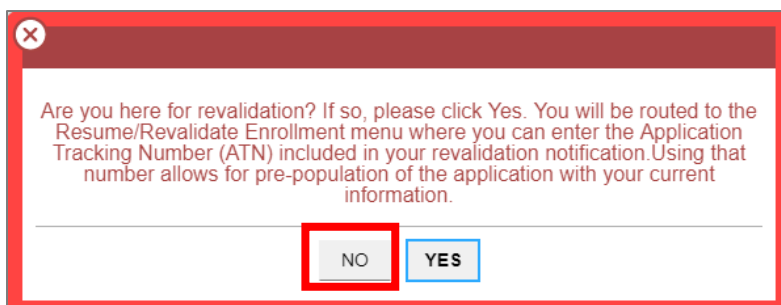
Select **Yes** for the currently enrolled question.



Are you currently enrolled as a Provider? ?

Yes No

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



Are you here for revalidation? If so, please click Yes. You will be routed to the Resume/Revalidate Enrollment menu where you can enter the Application Tracking Number (ATN) included in your revalidation notification. Using that number allows for pre-population of the application with your current information.

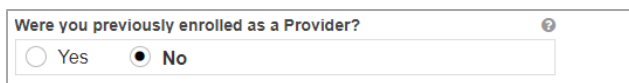
You will be prompted to enter your Current Provider Identifier. This is the Medicaid Identifier (MCD) that was listed in your Welcome Letter and is associated with your previously approved PEP enrollment application. If you have multiple service locations, enter the MCD for any active service location.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



Are you currently enrolled as a Provider? ? Yes No

★ Current Provider Identifier ?

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



Were you previously enrolled as a Provider? ?

Yes No

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.

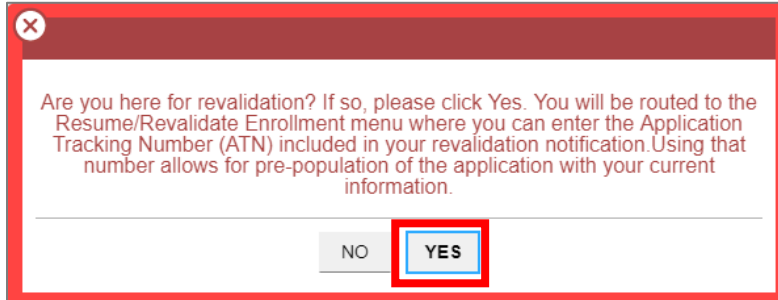
Select **Yes** for the currently enrolled question.



Are you currently enrolled as a Provider?

Yes No

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



Are you here for revalidation? If so, please click Yes. You will be routed to the Resume/Revalidate Enrollment menu where you can enter the Application Tracking Number (ATN) included in your revalidation notification. Using that number allows for pre-population of the application with your current information.

NO YES



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.



Are you currently enrolled as a Provider?

Yes No

Were you previously enrolled as a Provider?

Yes No

Previous Provider Identifier

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.



Are you Medicare enrolled?

Yes No

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

The screenshot shows a 'Contact Information' form with the following fields: Title, Last Name, Second Last Name, First Name, Middle Name, Suffix, Address Line 1, Address Line 2, City, State (dropdown), Country (dropdown), ZIP Code, Phone Type (dropdown), Phone Number, Extension, Fax Number, Email Address, Confirm Email, and Preferred Communication (dropdown).



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.

The 'Search Address' pop-up window displays a table with the following data:

Street	City	County	State	Country	ZIP Code
PO BOX 1675	AGUADILLA	AGUADILLA	PR	UNITED STATES	00605-1675

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

The 'Address Confirmation' pop-up window displays the following message:

Address is invalid. Do you want to continue?

Buttons: NO, YES

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.

The screenshot shows a 'Contact Information' form with the following fields: Title, Last Name, Second Last Name, First Name, Middle Name, and Suffix; Address Line 1 and Address Line 2; City, State (dropdown), Country (dropdown), and ZIP Code (dropdown); Phone Type (dropdown), Phone Number, Extension, and Fax Number; Email Address and Confirm Email; and Preferred Communication (dropdown). At the bottom left is a 'CANCEL' button. At the bottom right, a yellow 'SAVE AND CONTINUE' button is highlighted with a red box, and a red arrow points to another yellow 'SAVE AND CONTINUE' button also highlighted with a red box.



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.

This close-up shows the 'Preferred Communication' dropdown menu with the text 'select a value...' and a red box around the 'CANCEL' button located at the bottom left of the form area.

3.2 Specialties

Quick Reference – Specialties

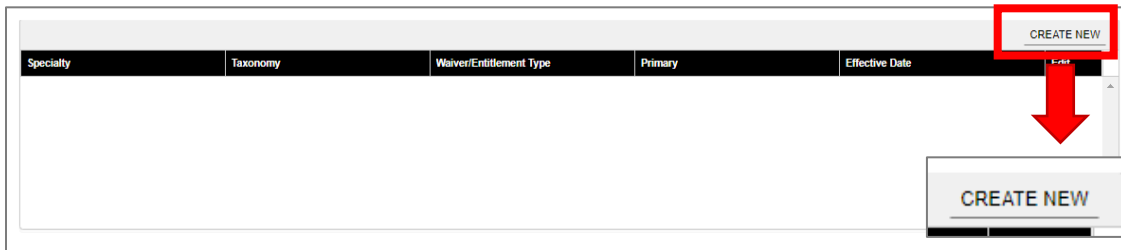
Table 3 – Specialties

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.

- 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.



The 'New Specialty' form contains the following fields:

- Make Primary
- * Specialty (dropdown menu)
- * Taxonomy (dropdown menu)
- * Effective Date (calendar icon)

Buttons: CANCEL, SAVE

Once saved, the specialty will be displayed.

Specialty	Taxonomy	Waiver/Entitlement Type	Primary	Effective Date	Edit
901-General Hospital	282N00000X-General Acute Care Hospital		x	11/15/2018	



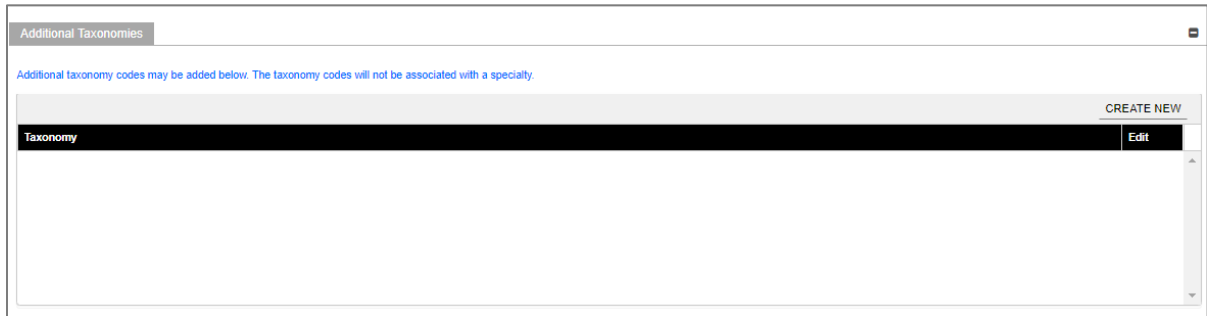
PRIMARY SPECIALTY REQUIRED: You must have one Primary Specialty in order to Save and Continue to the next step. To make a Specialty “Primary,” check the “Make Primary” checkbox in that specific specialty.

Make Primary

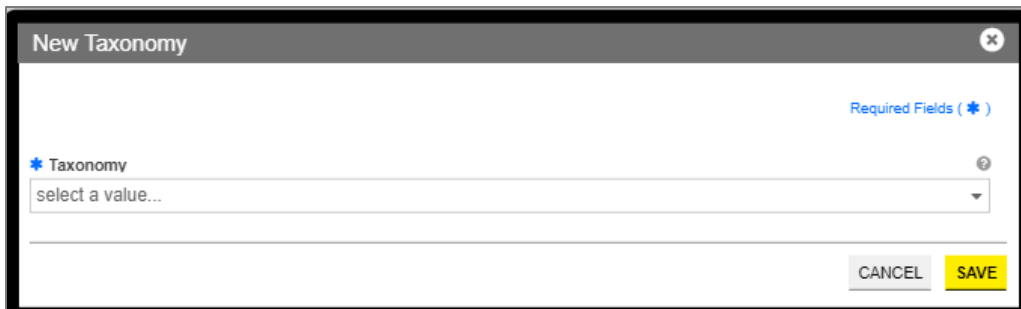
- b. To edit an added specialty, click the **Edit** button next to the desired specialty and save the changes.

The screenshot shows the same table as above, but the 'Edit' button (represented by an edit icon) for the first row is highlighted in a red box.

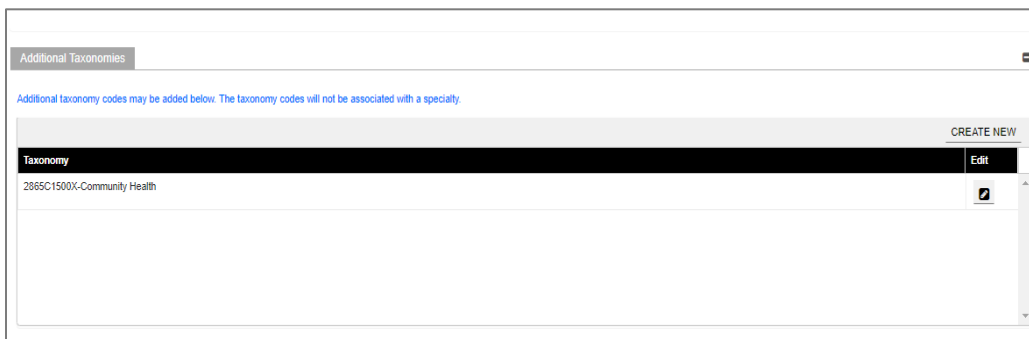
2. Related taxonomies can be added and edited in the **Additional Taxonomies** section of the Specialties page.



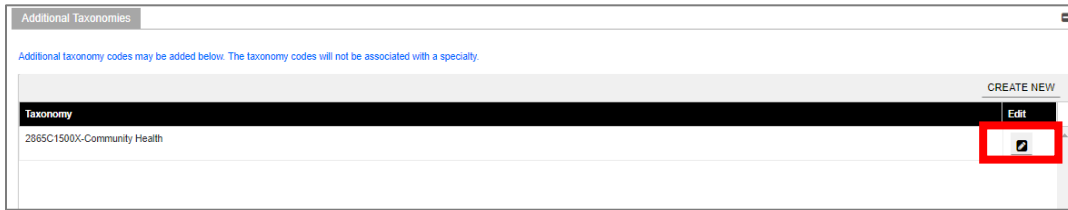
- a. To add a new taxonomy, click **Create New** at the top-right of the Additional Taxonomies panel.



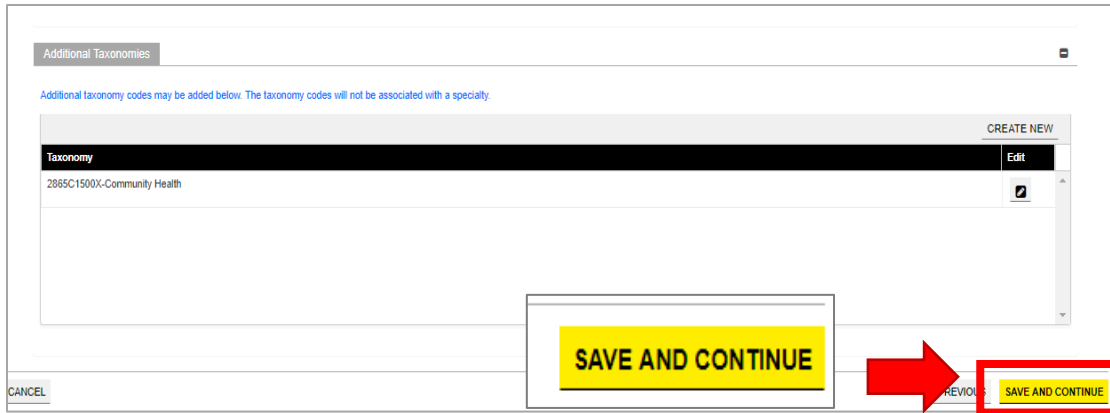
Once a taxonomy is selected from the **Taxonomy** dropdown list and saved, the taxonomy displays in the panel.



- 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 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.

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
---------------	----------------	----------------	------	-------	---------	------

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

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
---------------	----------------	----------------	------	-------	---------	------

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New Service Location

Required Fields (★)

Make Primary

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.

* Location Name

Contact Information

* Last Name * Second Last Name * First Name Middle Name Suffix

* Address Line 1 Address Line 2 * Country * State

* City County * ZIP Code Location Code

Email Confirm Email

Phone Number

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

New Service Location

Required Fields (★)

Make Primary

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.

* Location Name

Contact Information

* Last Name * Second Last Name * First Name Middle Name Suffix

* Address Line 1 Address Line 2 * Country * State

* City County * ZIP Code Location Code

Email Confirm Email

Phone Number



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.

 Make Primary

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.



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.

Street	City	County	State	Country	ZIP Code
PO BOX 1675	AGUADILLA	AGUADILLA	PR	UNITED STATES	00605-1675

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

Address Confirmation

Address is invalid. Do you want to continue?

NO YES

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.

The screenshot shows a web interface for managing phone numbers. At the top, there is a tab labeled "Phone Number" and a message: "At least one Phone Number must be provided." Below this is a table with the following columns: "Phone Type", "Phone Number", "Extension", and "Edit". A "CREATE NEW" button is located in the top right corner of the table area. Below the table, there is a section for "Service Address Information".

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


This screenshot is similar to the previous one, but it highlights the "CREATE NEW" button in the top right of the table with a red box. A red arrow points from this button to a larger, separate "CREATE NEW" button that appears to be a modal or pop-up window.

The screenshot shows a "New Phone Number" pop-up window. It contains three required fields: "Phone Type" (a dropdown menu with "select a value..." selected), "Phone Number" (a text input field with a blue border and a placeholder "L _ - _ -"), and "Extension" (a text input field). There are "CANCEL" and "SAVE" buttons at the bottom right. A "Required Fields" indicator is visible in the top right corner.

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

CREATE NEW			
Phone Type	Phone Number	Extension	Edit
Home	787-882-5581		


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


CREATE NEW			
Phone Type	Phone Number	Extension	Edit
Home	787-882-5581		

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


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

Please enter your service location hours of operation


Hours of Operation 




* Is the service location ADA compliant? 

Yes No

* Is the service location accessible by public transportatio... 

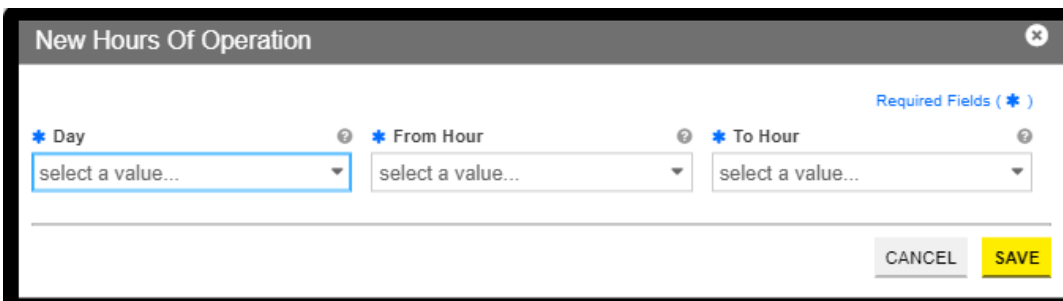
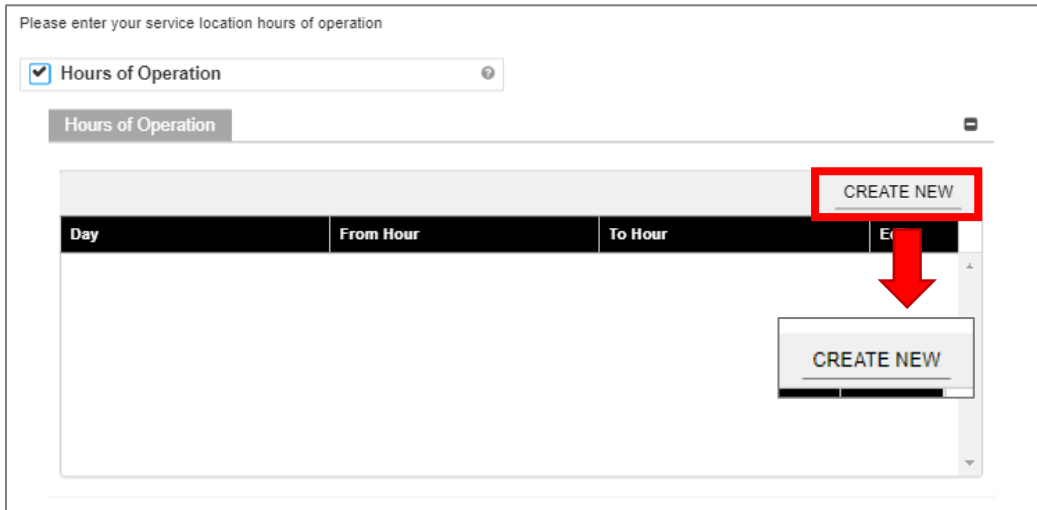
Yes No

* What are your after-hour arrangements? 

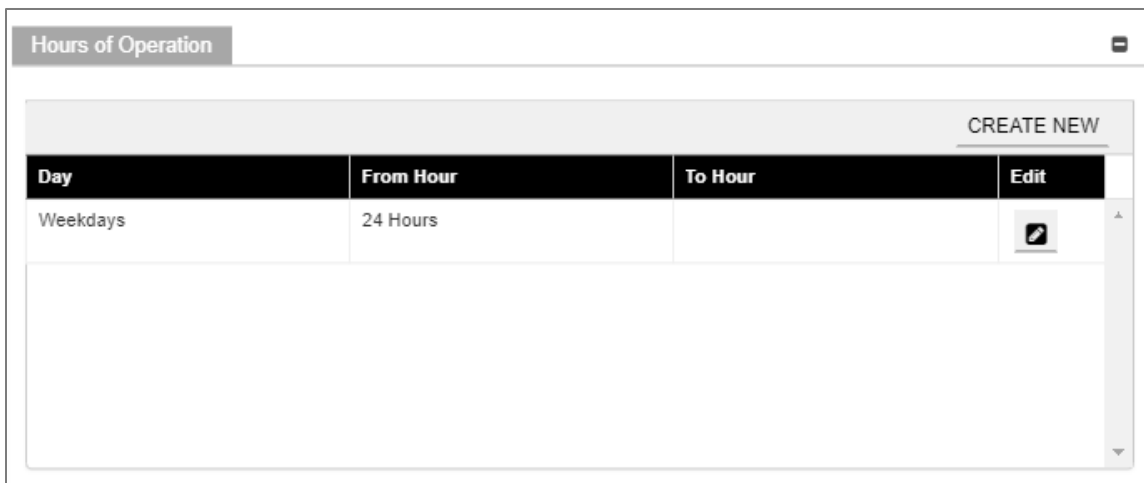
Phone Type  Emergency Phone Number  Extension 

select a


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.

Hours of Operation			
			CREATE NEW
Day	From Hour	To Hour	Edit
Weekdays	24 Hours		

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

* Is the service location ADA compliant? ?
 Yes No

* Is the service location accessible by public transportatio... ?
 Yes No

* What are your after-hour arrangements? ?

Phone Type ? Emergency Phone Number ? Extension ?

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

Service Address Information
<input type="checkbox"/> Accepting New Patients with Special Needs ?
<input type="checkbox"/> Opt Out of Provider Directory ?
<input type="checkbox"/> Age Restrictions ?
* Accepting New Patients ? <input type="text" value="select a value..."/>
<input type="button" value="CANCEL"/> <input type="button" value="SAVE"/>

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

Service Address Information

Accepting New Patients with Special Needs

Opt Out of Provider Directory

Age Restrictions

* Accepting New Patients
select a value...

SAVE

SAVE

Once the information is saved, the service location displays.

Service Location

Required Fields (*)

CREATE NEW

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
ABC Hospital	Marlin St. 18 Carr. 110	Urb. Villa Aurelia Km. 31.2	Aguadilla	Puerto Rico	x	

CANCEL PREVIOUS SAVE AND CONTINUE

CANCEL PREVIOUS SAVE AND CONTINUE



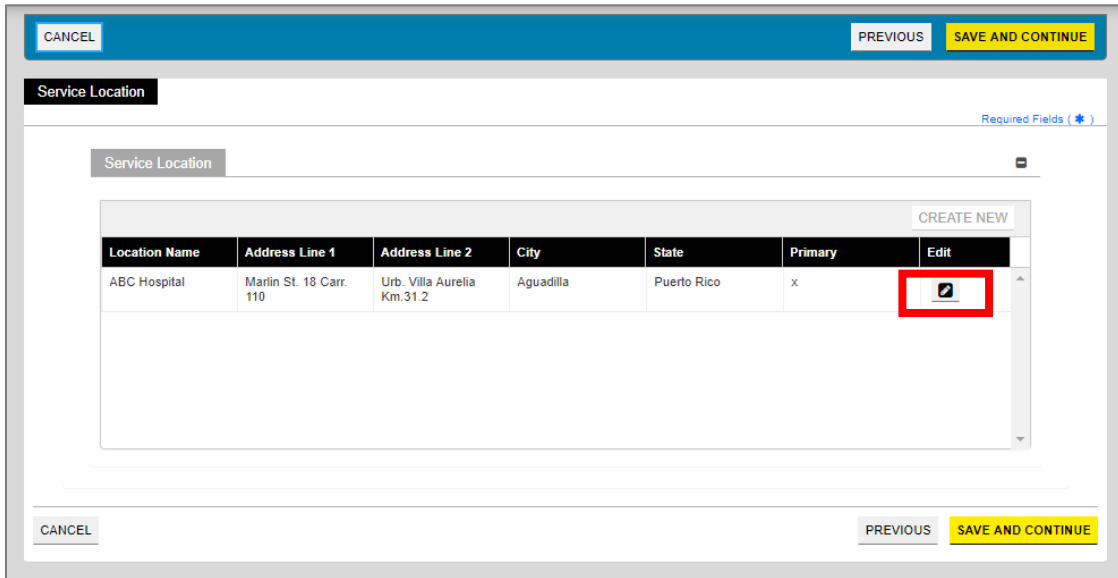
MULTIPLE SERVICE LOCATIONS: Based on the application Provider Type, you may be able to add more than one service location on this application.

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.

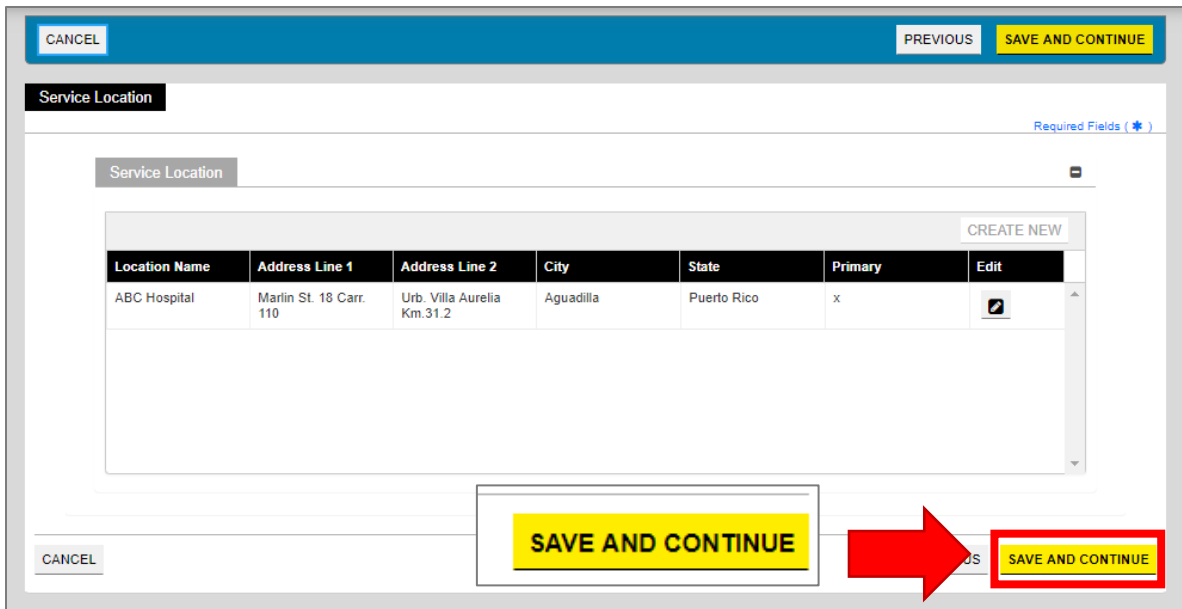
- c. To edit an added Service Location, click the **Edit** button next to the desired location and save the changes.



The screenshot shows the 'Service Location' page in the Provider Enrollment Portal. At the top, there are buttons for 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'. Below the page title, there is a 'Service Location' section with a 'CREATE NEW' button. A table lists service locations with columns for Location Name, Address Line 1, Address Line 2, City, State, Primary, and Edit. The first row contains 'ABC Hospital', 'Marlin St. 18 Carr. 110', 'Urb. Villa Aurelia Km.31.2', 'Aguadilla', 'Puerto Rico', and 'x'. The 'Edit' button for this row is highlighted with a red box.

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
ABC Hospital	Marlin St. 18 Carr. 110	Urb. Villa Aurelia Km.31.2	Aguadilla	Puerto Rico	x	

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



The screenshot shows the 'Service Location' page, identical to the previous one. A red arrow points from a yellow 'SAVE AND CONTINUE' button at the bottom center to another yellow 'SAVE AND CONTINUE' button at the bottom right, which is highlighted with a red box.

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.

Ordering, Prescribing, and Referring (OPR) enrollments require the Mail To addresses only apart from the service location address, as no payments are made to OPR Providers.

Example: Mail To Address

Mail To

You may enter the Mail To address only after completing all the required fields for the Service Location address.

Same as ?

select a value... ▼

Location Name ?

Contact Information

Last Name ? Second Last Name ? First Name ? Middle Name ? Suffix ?

Address Line 1 ? Address Line 2 ?

City ? * State ? * Country ? ZIP Code ?

 select a value... ▼ select a value... ▼

Same as ?

select a value... ▼

* Preferred Communication ?

Email ?

Email ? Confirm Email ?



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.

Phone Number

At least one Phone Number must be provided.

Phone Type	Phone Number	Extension	Edit
------------	--------------	-----------	------

CREATE NEW

CREATE NEW

New Phone Number

Required Fields (*)

* Phone Type ? * Phone Number ? Extension ?

select a value... | |

CANCEL SAVE

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

CREATE NEW

Phone Type	Phone Number	Extension	Edit
Home	787-882-5581		

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

CREATE NEW

Phone Type	Phone Number	Extension	Edit
Home	787-882-5581		



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.

Same as Service Location ?

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

Phone Number

At least one Phone Number must be provided.

CREATE NEW

Phone Type	Phone Number	Extension	Edit
------------	--------------	-----------	------

CANCEL **SAVE AND CONTINUE** PREVIOUS **SAVE AND CONTINUE**

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 Associations](#) 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.

The screenshot shows the 'Capacity' page interface. At the top, there's a 'Capacity' header and a 'Required Fields' indicator. Below that is a 'Capacity By Specialty' section with a dropdown menu currently set to '962 - Optometrist'. A 'CREATE NEW' button is located to the right of the dropdown. Underneath is a table with the following columns: 'State', 'County', 'Waiver/Entitlement Type', 'Maximum Medicaid Member Count', and 'Edit'. The table contains one entry: 'Puerto Rico' for State, 'Isabela Municipio' for County, and an edit icon in the 'Edit' column. At the bottom of the page, there are three buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.

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

The screenshot shows the 'Capacity' panel with a table containing one entry for 'Puerto Rico' in 'Isabela Municipio'. A red box highlights the 'CREATE NEW' button in the top right corner of the table, and a red arrow points down to a larger 'CREATE NEW' button at the bottom right of the panel.

The screenshot shows the 'New Capacity' pop-up window. It contains three required fields: State, County, and Maximum Medicaid Member Count. The State and County fields are dropdown menus with 'select a value...' text. The Maximum Medicaid Member Count field is a text input box. There are 'CANCEL' and 'SAVE' buttons at the bottom right.

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

The screenshot shows the 'Capacity' panel with a table containing one entry for 'Puerto Rico' in 'Isabela Municipio'. A red box highlights the 'Edit' button next to the entry.

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The 'Edit Capacity' modal form contains three required fields: 'State' (a dropdown menu with 'Puerto Rico' selected), 'County' (a dropdown menu with 'select a value...' selected), and 'Maximum Medicaid Member Count' (a text input field). At the bottom left is a 'REMOVE' button, and at the bottom right are 'CANCEL' and 'SAVE' buttons.

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

The 'Capacity' page shows a table titled 'Capacity By Specialty' for '962 - Optometrist'. The table has columns for State, County, Waiver/Entitlement Type, Maximum Medicaid Member Count, and Edit. A row is visible for Puerto Rico, Isabela Municipio. A red arrow points from a 'SAVE AND CONTINUE' button in the bottom center to a 'SAVE AND CONTINUE' button in the bottom right corner, which is highlighted with a red box. Other buttons like 'CANCEL' and 'PREVIOUS' are also visible.

State	County	Waiver/Entitlement Type	Maximum Medicaid Member Count	Edit
Puerto Rico	Isabela Municipio			

3.6 Associations

NOTE: The Associations page displays based on the Provider Type and Specialty disclosed in previous steps. If you intend to add Group associations to your OPR 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 3.7 Credentials](#) to see the instructions for your next required step.

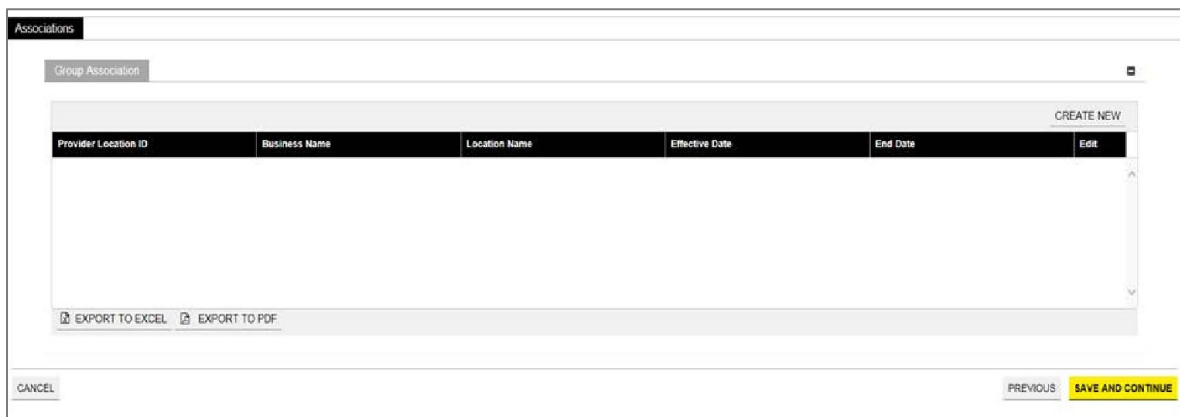
Quick Reference – Associations

Table 7 – Associations

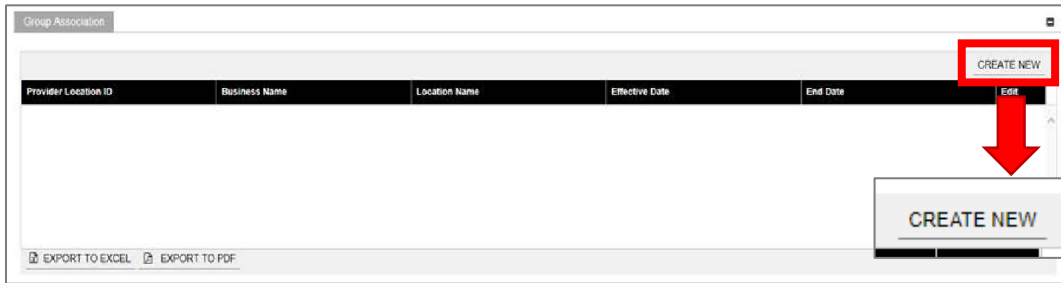
Step	Task	Action	Result
Start from the Associations page. This page displays after clicking Save and Continue from the previous page.			
1	Add Individual Associations.	a. Click Create New at the top-right of the Individual Association section. b. Type in the desired association's Provider Location ID 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. e. Click Save and Continue.	Associations are saved.

Detailed Steps

- The Associations page displays. **OPR** enrollment types display a **Group** Associations panel, which allows the association to one or more already-enrolled **Facilities**.

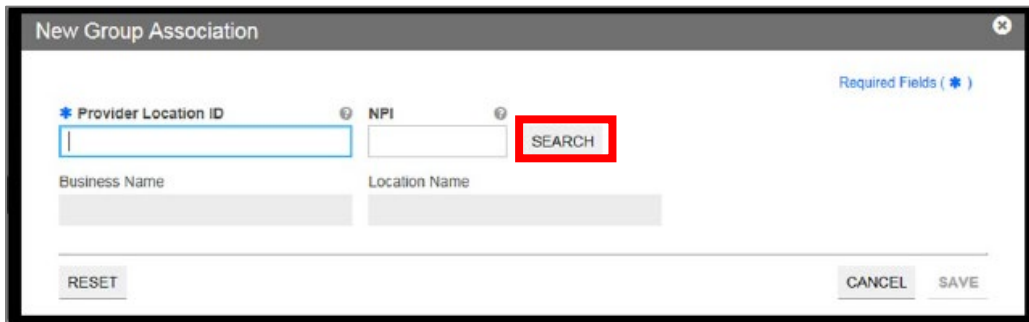


- a. To add a new Association, click **Create New** at the top right corner of the **Group Association** section.



The screenshot shows a table titled "Group Association" with columns: Provider Location ID, Business Name, Location Name, Effective Date, and End Date. A "CREATE NEW" button is highlighted in red in the top right corner of the table. A red arrow points from this button to a larger "CREATE NEW" button located below the table. At the bottom left, there are links for "EXPORT TO EXCEL" and "EXPORT TO PDF".

- b. 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.



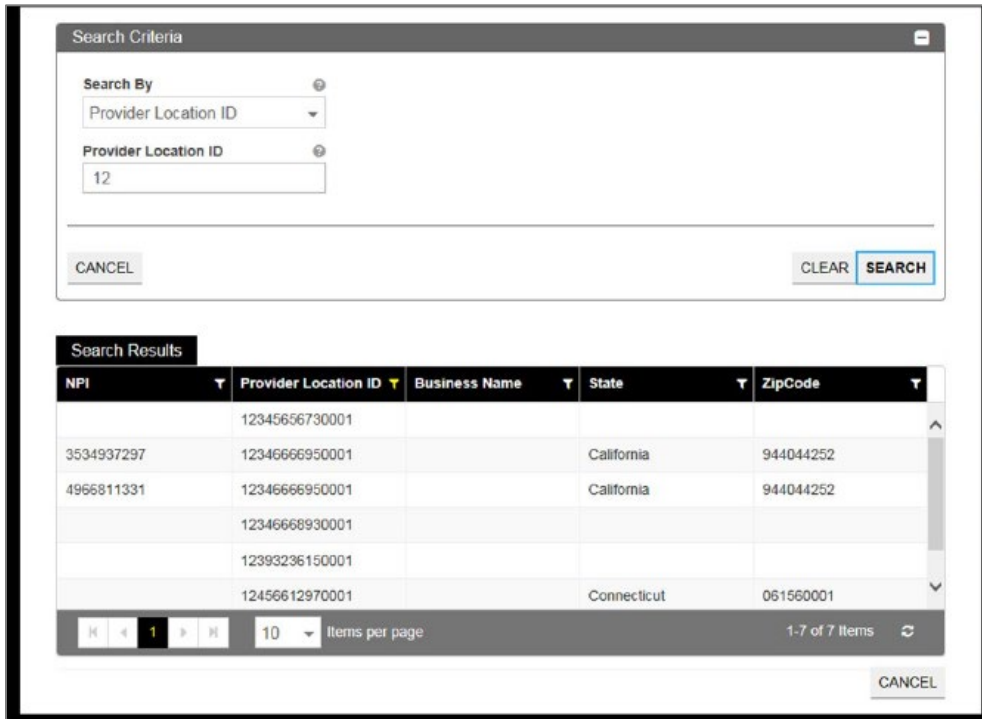
The screenshot shows a "New Group Association" pop-up form. It contains input fields for "Provider Location ID" and "NPI", both marked as required. A "SEARCH" button is highlighted in red. Below these are fields for "Business Name" and "Location Name". At the bottom, there are "RESET", "CANCEL", and "SAVE" buttons.



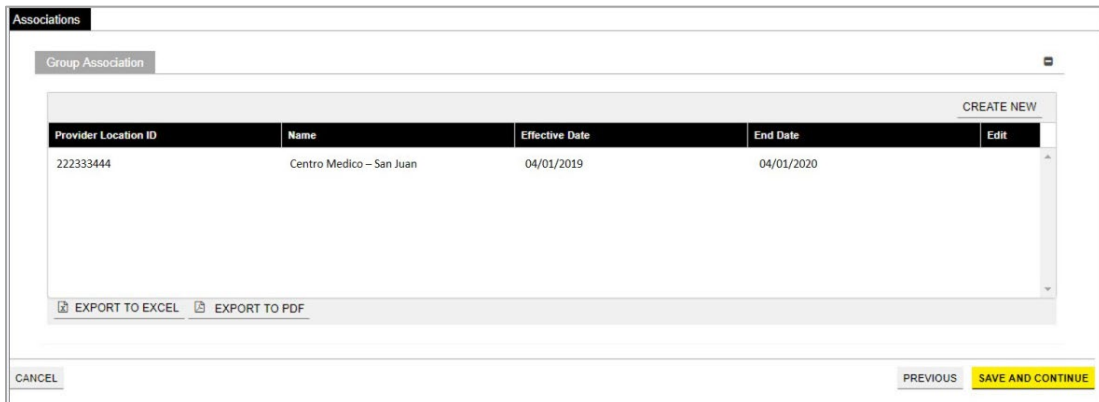
ADDING ASSOCIATIONS: Associations are limited to providers that are **already enrolled** in the Medicaid program. If a provider is not found with the entered search criteria, an error message displays indicating that an invalid Provider number was entered.

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

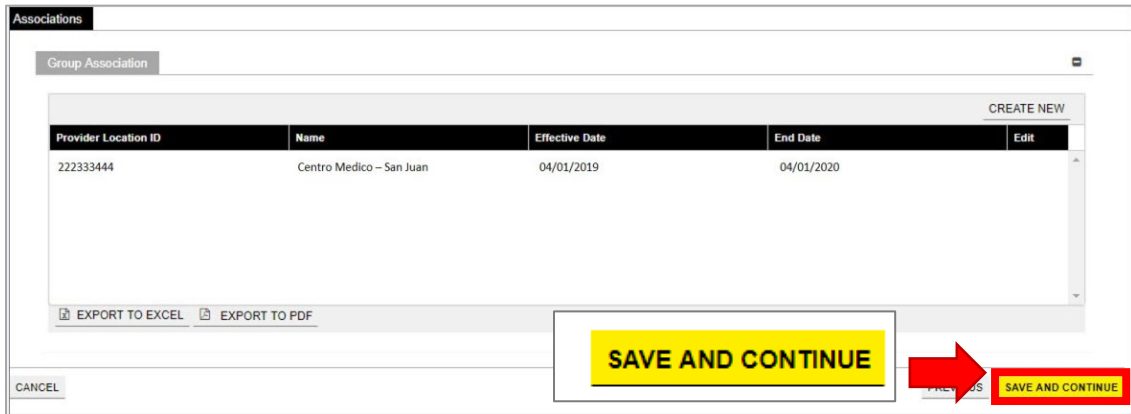
- c. Click the desired association from the Search Results. This will populate the New Group Association pop-up window with data from the selected association.



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



- e. Click the **Save and Continue** button at the bottom right to save the Associations 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: <ol style="list-style-type: none"> Degree License Medicare Participation Medicaid Program DEA 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

- a. The Credentials step displays. Below are the credentials that can display for OPR enrollments:
 - a. **Degree** - Add degree information.

Degree	School	Year Of Graduation	Edit
--------	--------	--------------------	------

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.

Degree	School	Year Of Graduation	Edit
--------	--------	--------------------	------

New Degree

Required Fields (*)

* Degree: MD

* School: Univ of Iowa

* Year Of Graduation: 2004

Cancel Save

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

Degree	School	Year Of Graduation	Edit
MD	Columbia University	2005	

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

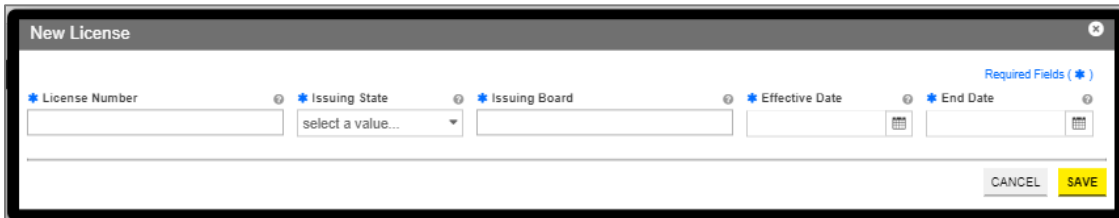
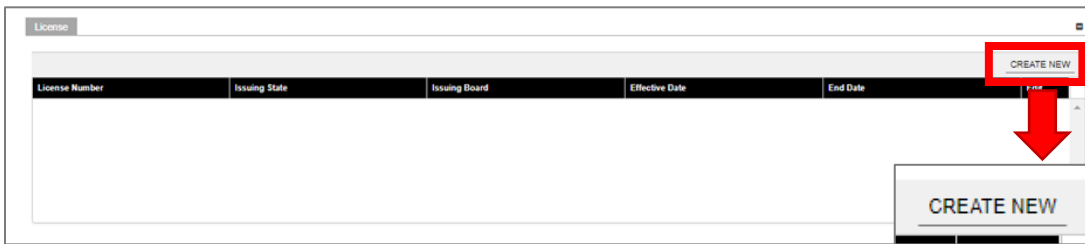


License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
----------------	---------------	---------------	----------------	----------	------



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.



New License

Required Fields (*)

* License Number

* Issuing State

* Issuing Board

* Effective Date

* End Date

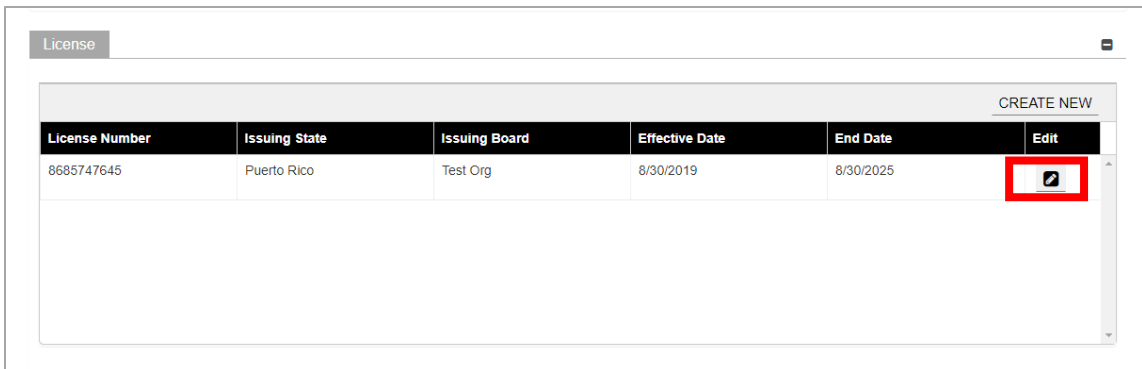
CANCEL SAVE




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.



License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
8685747645	Puerto Rico	Test Org	8/30/2019	8/30/2025	



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.

Medicare Number	Medicare Type	Effective Date	End Date	Consider for Medicare Crossover Claims	Edit
-----------------	---------------	----------------	----------	----------------------------------------	------

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.

Medicare Number	Medicare Type	Effective Date	End Date	Consider for Medicare Crossover Claims	Edit
-----------------	---------------	----------------	----------	----------------------------------------	------

New Medicare Participation

Consider for Medicare Crossover Claims

*** Medicare Number** *** Medicare Type** *** Effective Date** *** End Date**

CANCEL SAVE

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:

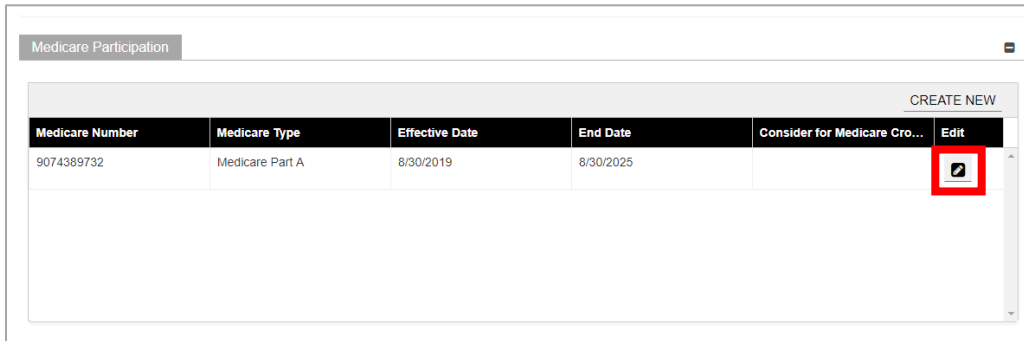
Alert Confirmation

Once you save your Medicare participation record, your selection on General page will be changed to YES and credentialing information for this application will not be saved. Do you want to save the changes ?

NO YES

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.



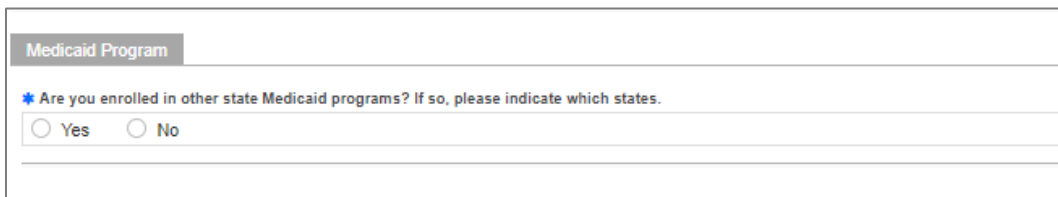
The screenshot shows a table titled "Medicare Participation" with a "CREATE NEW" button at the top right. The table has the following columns: Medicare Number, Medicare Type, Effective Date, End Date, Consider for Medicare Cro..., and Edit. A single row is visible with the following data: Medicare Number: 9074389732, Medicare Type: Medicare Part A, Effective Date: 8/30/2019, End Date: 8/30/2025, and an Edit button (pencil icon) highlighted with a red box.



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

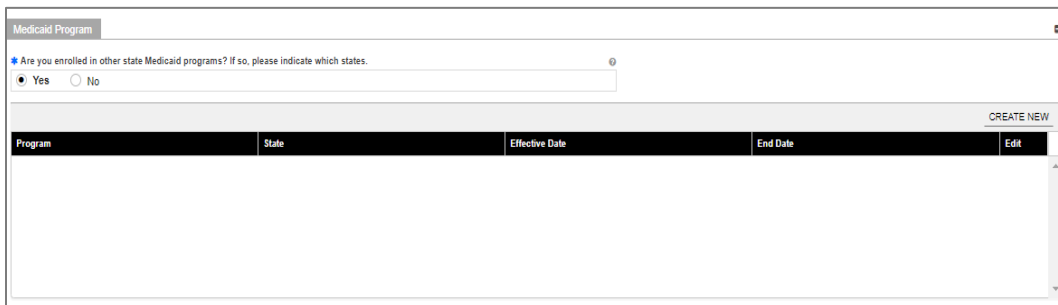
Repeat the previous steps to add more records.

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



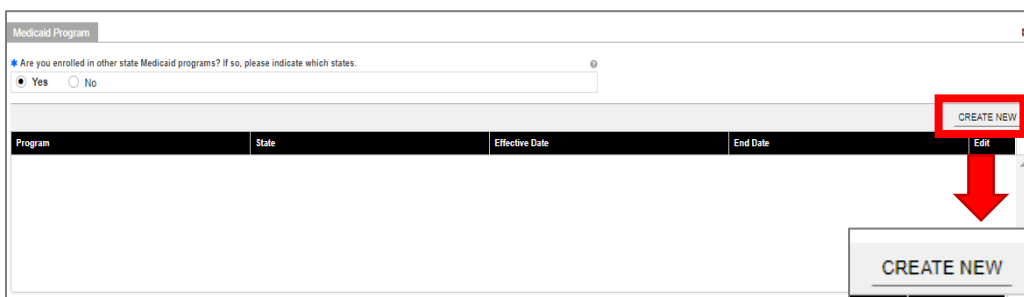
The screenshot shows the "Medicaid Program" section. It contains a question: "Are you enrolled in other state Medicaid programs? If so, please indicate which states." Below the question are two radio buttons: "Yes" and "No".

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



The screenshot shows the "Medicaid Program" section with the "Yes" radio button selected. A new table is displayed below the question. The table has the following columns: Program, State, Effective Date, End Date, and Edit. The table is currently empty.

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



The screenshot shows the "Medicaid Program" section with the "Yes" radio button selected. A red arrow points from the "CREATE NEW" button at the top right of the table to a larger "CREATE NEW" button at the bottom right of the form.

New Medicaid Program

Required Fields (*)

* Program ? * State ? * Effective Date ? * End Date ?

select a value...

CANCEL SAVE

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.

Medicaid Program

* Are you enrolled in other state Medicaid programs? If so, please indicate which states.

Yes No

CREATE NEW

Program	State	Effective Date	End Date	Edit
Test	Puerto Rico	8/30/2019	8/20/2025	



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.

DEA

CREATE NEW

DEA Number	Effective Date	End Date	Edit
------------	----------------	----------	------

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.

DEA

CREATE NEW

DEA Number	Effective Date	End Date	Edit
------------	----------------	----------	------

CREATE NEW

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.

DEA Number	Effective Date	End Date	Edit
AD0865937	8/30/2019	8/30/2025	

- 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.

Registration Number	Effective Date	End Date	Edit
---------------------	----------------	----------	------

Registration Number: [] Effective Date: [] End Date: []

CANCEL SAVE

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.

Registration Number	Effective Date	End Date	Edit
AB123467	01/01/2000	01/02/2222	



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.

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

Puerto Rico Controlled Substances Certificate (previously ASOMCA)

Do you prescribe controlled substances in Puerto Rico?
 Yes No

Registration Number	Effective Date	End Date	Edit
AB123457	01/01/2000	01/02/2022	

CREATE NEW

Do you dispense controlled substances in Puerto Rico?
 Yes No

Registration Number	Effective Date	End Date	Edit
BB942151	01/01/2000	01/01/2022	

CREATE NEW

CANCEL

SAVE AND CONTINUE

PREVIOUS **SAVE AND CONTINUE**

3.8 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 9 – 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

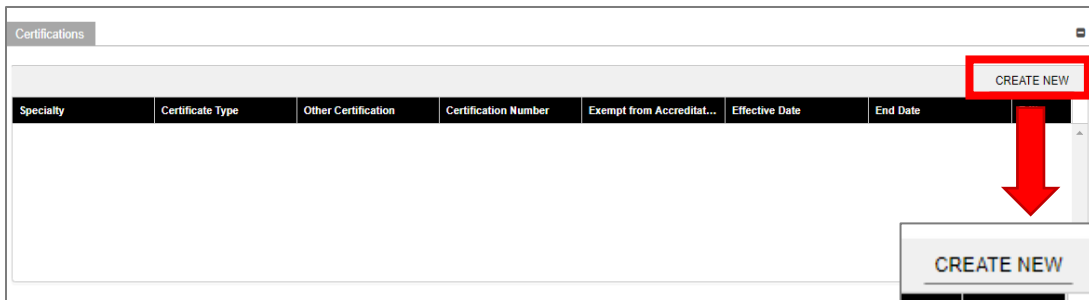
- The Other page is displayed. The other information that may be collected for OPR enrollments are shown below.
 - Languages** –To add a new language, click **Create New** at the top-right of the **Languages** section and select the applicable language from the **Languages** drop-down list in the pop-up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

Specialty	Certificate Type	Other Certification	Certification Nu...	Exempt from Ac...	Effective Date	End Date	Edit
901-General Hospital	Board Certified Associate Behavioral Analyst (BCABA)				2/21/2019	2/21/2021	

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

Additional Information

Please enter the provider website address below. It must begin with "http:" or "https:" followed by a valid address.

Provider Website URL ?

- d. **Malpractice Carrier Information** – 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.

Malpractice Information

Please complete the malpractice information below

CREATE NEW

Type of Carrier	Name of Carrier	Coverage Amount Aggr...	Coverage Amount Per O...	Policy Number	Effective Date	End Date	Edit
<div style="border: 1px solid #ccc; padding: 5px; width: fit-content; margin: 0 auto;">CREATE NEW</div>							

New Malpractice Carrier Information

Required Fields (*)

* Type of Carrier ?

* Name of Carrier ?

* Policy Number ?

* Coverage Amount Aggregate ?

* Coverage Amount Per Occurrence ?

* Effective Date ?

* End Date ?

CANCEL
SAVE

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

Malpractice Information

Please complete the malpractice information below

CREATE NEW

Type of Carrier	Name of Carrier	Coverage Amount Aggr...	Coverage Amount Per O...	Policy Number	Effective Date	End Date	Edit
Comprehensive General Liability	Triple S	10000000	25000	387648326	2/12/2019	2/23/2021	<div style="border: 1px solid #ccc; padding: 2px; width: 15px; height: 15px; margin: 0 auto;">✎</div>

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

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

Are you currently or have you within the last 5 years been involved in a malpractice suit or claim in which your care and treatment of a patient was at issue, including pending or dismissed cases or claims settled before or during trial or settled to avoid a lawsuit?

Yes No

If you select **Yes**, 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.

Are you currently or have you within the last 5 years been involved in a malpractice suit or claim in which your care and treatment of a patient was at issue, including pending or dismissed cases or claims settled before or during trial or settled to avoid a lawsuit?

Yes No

Patient Name	Policy Number	Your status in the ...	Claimant / Plaintiff...	Status Claim

CREATE NEW

CREATE NEW

New Malpractice Information

Required Fields (*)

* Patient/Plaintiff Name
 Patient Name Plaintiff Name

* Patient Name

* Your Involvement in the Case * Date of occurrence * Your status in the Case * Claim Date

* Liability carrier involved * Carrier's phone number * Policy Number * Additional defendants

* Describe the allegations against you * Describe the alleged injury to the patient

* Claimant / Plaintiff filed suit in court
 Yes No

Please enter either State or Federal Court Case Number but not both.

State Court Case Number State County

Federal Court Case Number District

* Status Claim

CANCEL SAVE

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.

3.9 Disclosures

Quick Reference – Disclosures

Table 10 – 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. Progress bar advances to the next available page.

Detailed Steps

1. The Disclosure page lists the required forms that need to be completed. For OPR enrollments, only the **Provider Self Disclosure** form is required.

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)

DISCLOSURE FORMS

All entities and persons enrolling or revalidating with PRMP are required to report their disclosing entities. (Please note this does not include those providers enrolling as ordering, referring, or prescribing (OPR) providers.) Possible disclosing entities can be: A person with direct or indirect ownership equal to 5% or more, an entity that owns an interest of 5% or more in a mortgage, deed/trust, note or other obligation or a managing employee, and/or a subcontractor.

Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please provide the additional information that may be requested.

Disclosure Form	Status	Create New
Provider Self Disclosure	New	CREATE NEW

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

Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please provide the additional information that may be requested.

Disclosure Form	Status	Create New
Provider Self Disclosure	CREATE NEW	CREATE NEW

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

Example: Provider Self Disclosure

New Provider Self Disclosure

Providers are required to answer all questions on this form. For questions that may not be applicable, select a response of "No".

Required Fields (*)

Title Legal Last Name First Last Name Second Last Name First Name Middle Name

Suffix SSN Birth Date

569-03-0303 04/05/1980

Licensure

* Has any action ever been taken against your license or certification, by any state or certification board in the past 10 years?

Yes No

* Have there been any changes to your license, registration or certification in the past 10 years?

Yes No



ADDITIONAL 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**.

is program since the inception of those programs?

* Jurisdiction ?

CANCEL SAVE

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

Provider Enrollment Portal (PEP) Enrollment Steps – Ordering, Prescribing, and Referring (OPR)
Providers Training Material – Reference Guide

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

Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please may be requested.

Disclosure Form
Provider Self Disclosure

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.

Disclosure Name	Edit
Last, First	

CLOSE

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

Disclosure Name	Edit
Last, First	

CLOSE

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

Edit Provider Self Disclosure

Providers are required to answer all questions on this form. For questions that may not be applicable, select a response of "No".

Required Fields (*)

Title Legal Last Name First Last Name Second Last Name First Name Middle Name

Suffix SSN Birth Date

Licensure

* Has any action ever been taken against your license or certification, by any state or certification board in the past 10 years?

Yes No

* Have there been any changes to your license, registration or certification in the past 10 years?

Yes No

Affiliations

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

* Pho... * Phone Num...

Home 789-898-9809

Convictions Of Criminal Offense

* Has the provider been convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs?

Yes No

DELETE CANCEL **SAVE**

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

* Pho... * Phone Num...

Home 789-898-9809

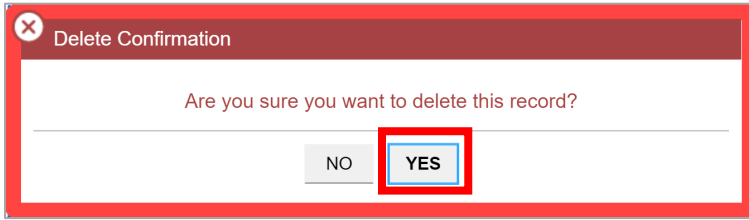
Convictions Of Criminal Offense

* Has the provider been convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs?

Yes No

DELETE CANCEL SAVE

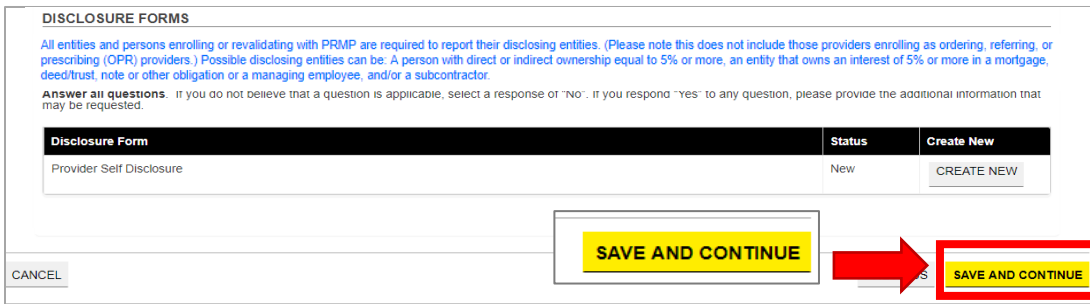
A pop-up window displays for you to confirm if you would like to delete the form. Click **Yes**.



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.”

- b. Once the form is completed, click **Save and Continue** at the bottom-right to save the Disclosure page.



SAVING AND CONTINUING: The required form must display a Completed status to save the Disclosures step and continue to the next enrollment step.

If required form remains incomplete, you will not be allowed to continue to the next step.

3.10 Attachments

Quick Reference – Attachments

Table 11 – 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.	<ul style="list-style-type: none"> 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.

The screenshot shows the 'Attachments' page. At the top, there are two dropdown menus for 'Provider Type' and 'Specialty', both set to 'Optometrist'. Below these is an 'Additional Information' section with a blue link: 'Your provider type and specialty may require additional information'. A note states: 'If you carry malpractice or liability insurance, please provide a copy.' Below this is a 'Required Attachments' section with another blue link: 'Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.' A table follows with the following data:

Attachment Type	Requirement Met
Federal W-9 Form	NO
License	NO
Penal Record Certificate	NO

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

Example: Copy of Malpractice or Liability Insurance

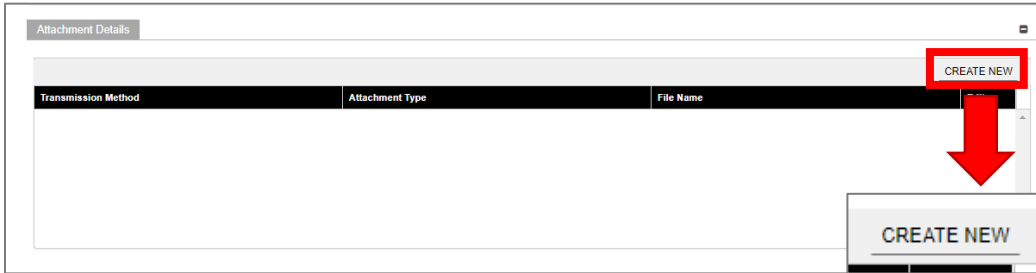
This screenshot is identical to the one above, showing the 'Attachments' page with 'Provider Type' and 'Specialty' set to 'Optometrist', and the 'Additional Information' section.

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.

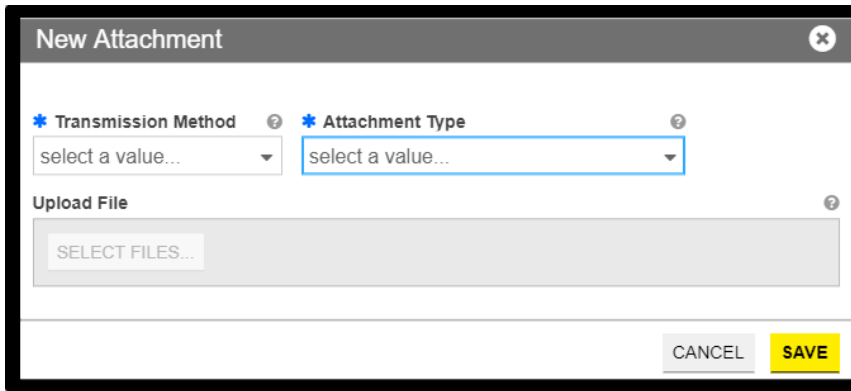
This is a close-up of the 'Required Attachments' section. It includes the same blue link and table as seen in the previous screenshots:

Attachment Type	Requirement Met
Federal W-9 Form	NO
License	NO
Penal Record Certificate	NO

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

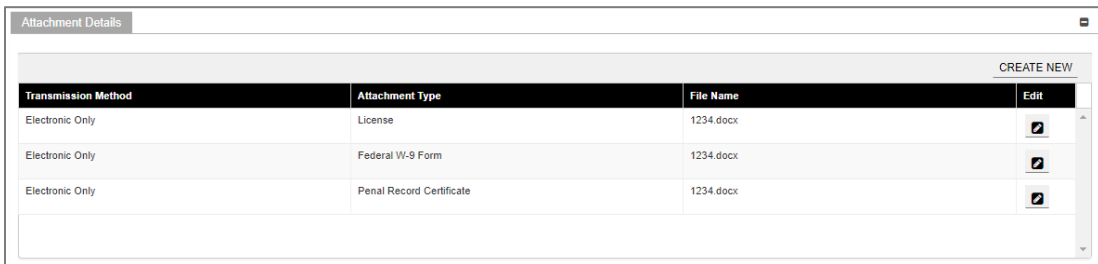


Complete all the required fields in the pop-up window and upload the document.



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

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

The screenshot shows the 'Attachment Details' interface. It features a table with the following data:

Transmission Method	Attachment Type	File Name	Edit
Electronic Only	Federal W-9 Form	ITIL Certificate (3).pdf	[Edit Icon]
Electronic Only	License	ITIL Certificate (3).pdf	[Edit Icon]

At the bottom of the interface, there is a 'CANCEL' button on the left, a 'SAVE AND CONTINUE' button in the center, and a red arrow pointing to another 'SAVE AND CONTINUE' button on the right.



SAVING AND CONTINUING: All required attachments must be added before saving the Attachments step and continuing to the next enrollment step.

3.11 Agreement/Submit

Quick Reference – Agreement/Submit

Table 12 – 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.

Agreement/Submit

Access the tabs above to review all data that has been entered into the application. Changes can be made, except for enrollment type and provider type, by navigating back to the appropriate screen using the tabs in the table of contents. If the enrollment type and/or provider type selected is incorrect, do not submit the application. You must complete a new application for the appropriate enrollment and/or provider type.

The terms of the enrollment are stated below. You must accept these terms in order to submit the enrollment application for review and approval. Once the terms are accepted, and the application has been confirmed and submitted, a PDF version of the application is available for saving. If terms are not accepted, the application will be saved to return later (within 30 calendar days) to complete and submit the application. If not submitted within 30 calendar days, the application will be deleted, and the application process would need to be started from the beginning.

Once the application is submitted, if there is additional documentation you wish to submit, the documents along with your Application Tracking Number (ATN) would need to be emailed to the Provider Enrollment Unit at PRMP-PEP@salud.pr.gov. A coversheet must be included in the email and can be generated by clicking Coversheet on the Print panel (located on the top right hand of the panel).

Once your application is approved, your information will be shared with the Medicaid Managed Care Organizations (MCOs)/Medicare Advantage Organizations (MAOs). Be aware that the MCO/MAO can contact you, or you may contact the MCO/MAO to pursue contracts with them. This enrollment does not automatically establish a contract with an MCO/MAO.

Terms of Agreement

Legal Name First Last	Contact Name First Last	Contact Email
NPI 1942308101	Tax ID Type SSN	Tax ID Number 569-03-0303
Service Location 605 AVE INDUSTRIAL ISABELA PR, 00662-3655		

The above provider agrees to participate in the Puerto Rico Medicaid Program.

I certify, under penalty of perjury, that the information and statements on this application and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this enrollment request is sufficient cause for denial of enrollment or termination from the Puerto Rico Medicaid Program.

I understand that should I be approved as a provider of services under the Puerto Rico Medicaid Program that it is my responsibility to notify the Puerto Rico Medicaid Program of any change to the information on this application including but not limited to address, group affiliation, change of ownership, tax identification number, or NPI.

I understand and agree that by submitting my application, Puerto Rico Medicaid Program will share my information with all contracted MCO/MAOs.

PROCEED

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

Contact Email

Service Location
605 AVE INDUSTRIAL ISABELA PR, 00662-3655

accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this enrollment request is sufficient cause for denial of enrollment or termination from the Puerto Rico Medicaid Program.

I understand that should I be approved as a provider of services under the Puerto Rico Medicaid Program that it is my responsibility to notify the Puerto Rico Medicaid Program of any change to the information on this application including but not limited to address, group affiliation, change of ownership, tax identification number, or NPI.

I understand and agree that by submitting my application, Puerto Rico Medicaid Program will share my information with all contracted MCO/MAOs.

PROCEED

PROCEED

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

Please read the Provider Agreement document below.

LoadAgreementPdf 1 / 8

GOVERNMENT OF PUERTO RICO
Department of Health
Medicaid Program

Medicaid Provider Enrollment Agreement
to the Puerto Rico Government Health Plan (GHP)

I certify my signature, under penalty of perjury that I am the individual applying, or I am duty authorized by the individual applying to bind such person to the provider agreement and that I have read and understood the provider agreement & provider manuals.

* I Accept



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.

Please read the Provider Agreement document below.

LoadAgreementPdf 1 / 8

GOVERNMENT OF PUERTO RICO
Department of Health
Medicaid Program

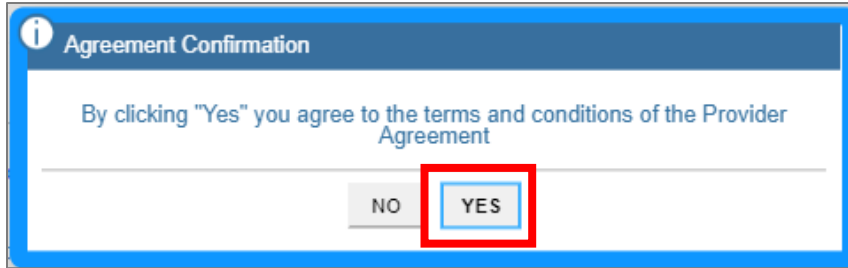
Medicaid Provider Enrollment Agreement
to the Puerto Rico Government Health Plan (GHP)

I certify my signature, under penalty of perjury that I am the individual a individual applying to bind such person to the provider agreement and that I have read and understood the provid

* I Accept

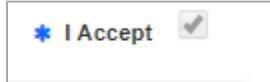
* I Accept

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



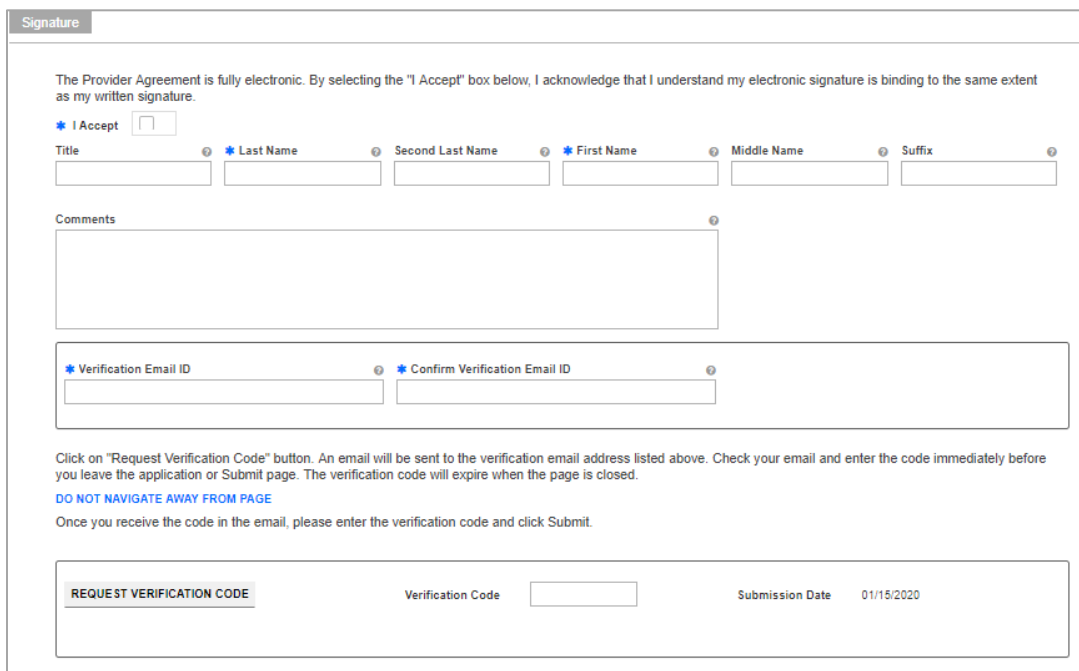
The image shows a blue-bordered dialog box titled "Agreement Confirmation". Inside, it says "By clicking 'Yes' you agree to the terms and conditions of the Provider Agreement". At the bottom, there are two buttons: "NO" and "YES". The "YES" button is highlighted with a red square.

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



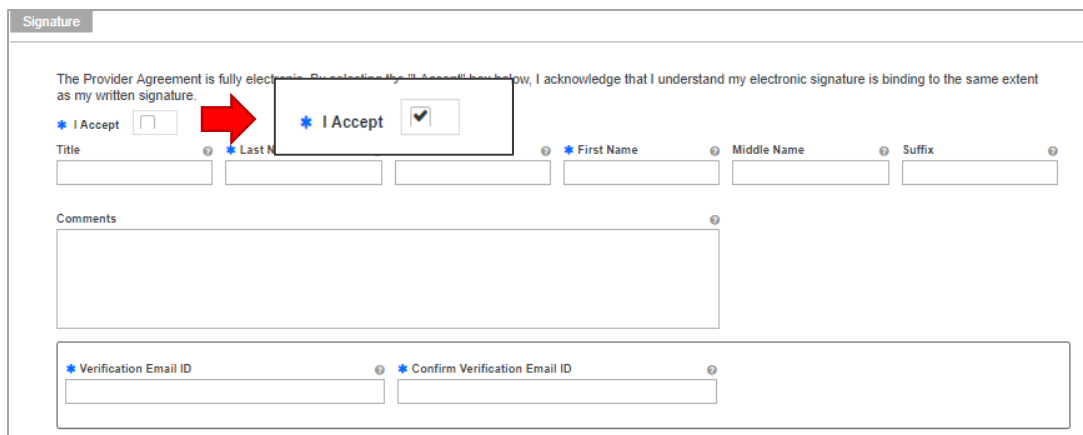
The image shows a checkbox labeled "I Accept" with a checkmark icon to its right, indicating it is selected.

4. The **Signature** section displays.



The image shows the "Signature" section of the enrollment portal. It includes a "Signature" tab, a paragraph of text explaining the electronic signature process, an "I Accept" checkbox, and several input fields for personal information: Title, Last Name, Second Last Name, First Name, Middle Name, and Suffix. There is also a large "Comments" text area. Below these are two input fields for "Verification Email ID" and "Confirm Verification Email ID". At the bottom, there is a "REQUEST VERIFICATION CODE" button, a "Verification Code" input field, and a "Submission Date" field showing "01/15/2020".

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



The image shows the "Signature" section of the enrollment portal, similar to the previous one, but with the "I Accept" checkbox checked. A red arrow points to the checked checkbox. The rest of the form fields are empty.

b. Click **Request Verification Code**.

Click on "Request Verification Code" button. An email will be sent to the verification email address listed above. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.

DO NOT NAVIGATE AWAY FROM PAGE

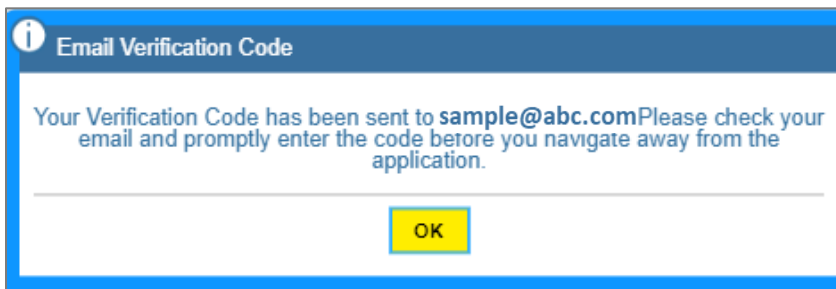
Once you receive the code in the email, please enter the verification code and click Submit.

REQUEST VERIFICATION CODE	Verification Code <input type="text"/>	Submission Date 8/1/2019
----------------------------------	----------------------------------------	--------------------------

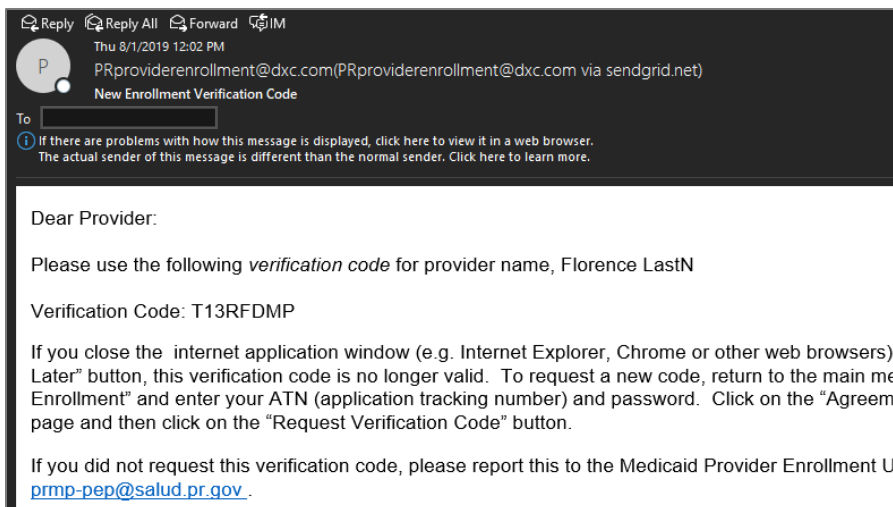
REQUEST VERIFICATION CODE

PREVIOUS **FINISH LATER** SUBMIT

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**.

The screenshot shows a web form titled "REQUEST VERIFICATION CODE". It features a "Verification Code" input field containing the text "T13RFD", which is highlighted with a red rectangular box. To the right of the input field, the text "Submission Date 8/1/2019" is displayed. Below the form, there are two yellow "SUBMIT" buttons. A red arrow points from the first "SUBMIT" button to the second one.

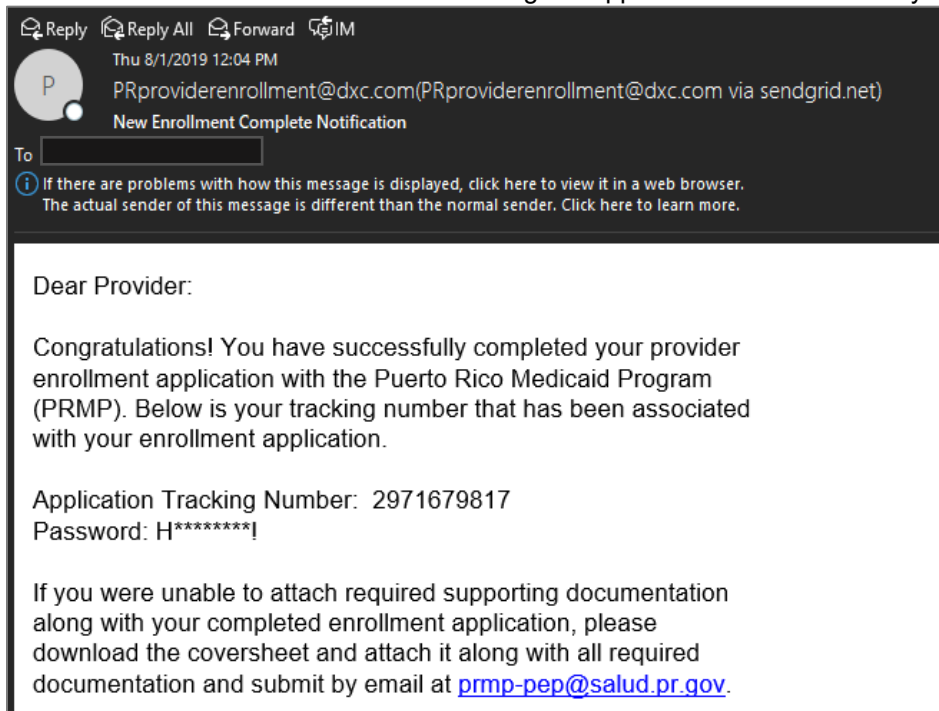
6. Confirm the submission by clicking **Yes** in the pop-up window.

The screenshot shows a blue-bordered pop-up window titled "Alert Confirmation". The main text inside the window asks, "Do you want to submit this application?". At the bottom of the window, there are two buttons: "NO" and "YES". The "YES" button is highlighted with a red rectangular box.

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

The screenshot shows the "Submit Confirmation" page in the PEP. The page has a dark header with "MENU", "Provider Enrollment", and "Submit". There are "Print" and "RTP" buttons in the top right corner. The main content area is titled "Submit Confirmation" and contains the following text: "Congratulations! You have successfully submitted your provider enrollment application. Please reference the tracking number below for all inquiries related to this application." Below this text, the "Tracking Number 2971679817" is displayed. At the bottom, there is a link labeled "Coversheet".

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



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.