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# 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 5.0

## Change History

Version #	Date	Modified By	Description
5.0	11/10/2023	Gainwell Technologies	R23-R26 Updates
4.0	05/12/2023	Gainwell Technologies.com	R19-R22 Updates
3.0	03/15/2021	Gainwell Technologies	R17/R18 Updates
2.0	10/28/2020	Gainwell Technologies	Gainwell Rebranding
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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

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URL	Uniform Resource Locator
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## 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.prmms.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"> <li>a. Pop-up window displays, indicating that once the application is saved the Enrollment Type cannot be changed.</li> <li>b. The required enrollment steps for an OPR and a progress bar display at the top of the page.</li> </ul>
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"> <li>a. Provider Information and related questions</li> <li>b. Contact Information</li> </ul> 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.



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The screenshot shows the 'Puerto Rico Medicaid Program PROVIDER ENROLLMENT PORTAL'. The 'General Information' tab is active. It displays a 'Tracking Number: 8057465962' with a help icon. Below this, the 'General' section contains the 'Initial Enrollment Information' sub-section. This sub-section has three fields: 'Enrollment Type' (a dropdown menu with 'select a value...' selected), 'Provider Type' (a dropdown menu with 'select a value...' selected), and 'Effective Date' (a date field with '11/03/2023' and a calendar icon). A 'Provider Information' tab is visible at the bottom.

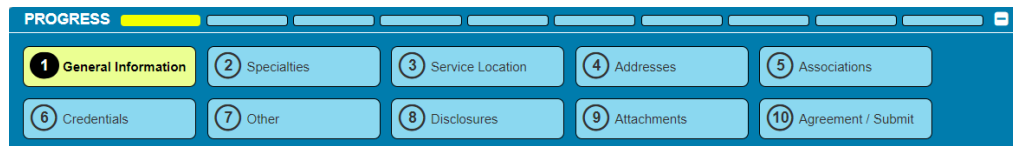
In the Initial **Enrollment Information** section, click the dropdown list under **Enrollment Type** and select the “**Ordering, Prescribing, Referring**” option.

This screenshot shows the 'General' section of the portal. The 'Initial Enrollment Information' sub-section is expanded, and the 'Enrollment Type' dropdown menu is open. The menu lists several options: 'select a value...', 'select a value...' (highlighted in blue), 'Atypical Providers', 'Facility', 'Group or Clinic', 'Individual or Sole Proprietor', 'Individual Within A Group', and 'Ordering, Prescribing, Referring' (highlighted with a red border).

- 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.

The screenshot shows a pop-up window titled 'ENROLLMENT TYPE'. It contains the following text: '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.' Below the text is an 'OK' button.

- 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.



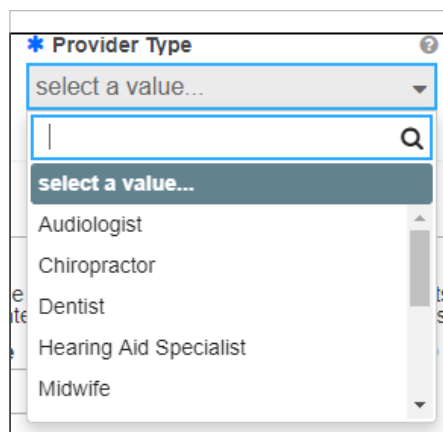
A progress bar with 10 steps. Step 1, 'General Information', is highlighted in yellow. The other steps are in light blue boxes: 2 Specialties, 3 Service Location, 4 Addresses, 5 Associations, 6 Credentials, 7 Other, 8 Disclosures, 9 Attachments, and 10 Agreement / Submit. Above the steps is a yellow progress bar labeled '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.

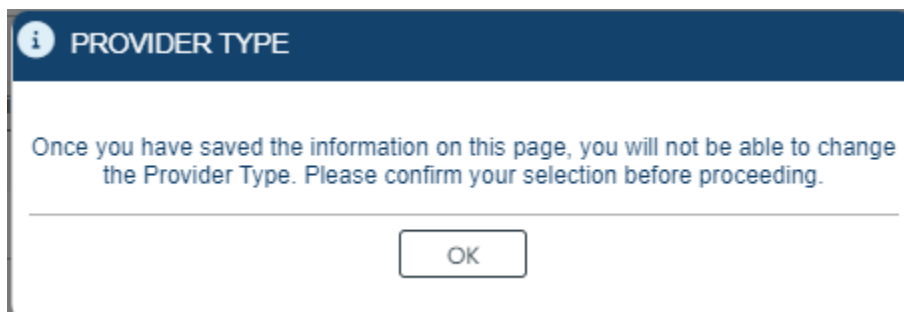


A screenshot of a dropdown menu titled 'Provider Type'. The menu is open, showing a search bar and a list of provider types: Audiologist, Chiropractor, Dentist, Hearing Aid Specialist, and Midwife. The search bar has a magnifying glass icon. The list is scrollable.



**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:

1. In the **Effective Date** field, enter 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.

3. 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.



**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.

Are you currently enrolled as a Provider? ?  
☐ Yes ☒ No

Were you previously enrolled as a Provider? ?  
☐ Yes ☒ No

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

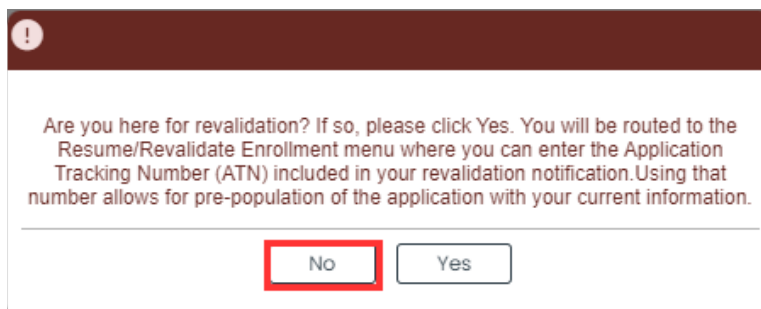
- Applying with a different Enrollment Type.

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

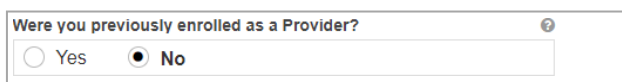
Click **No** in the displayed revalidation pop-up window.

A pop-up window with a dark red header containing a white exclamation mark icon. The main text area is white with red text that reads: "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." Below the text are two buttons: "No" and "Yes". The "No" button is highlighted with a red rectangular border.

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.

A form with two sections. The first section is titled "Are you currently enrolled as a Provider?" and contains two radio buttons: "Yes" (selected) and "No". The second section is titled "Current Provider Identifier" and contains a text input field.

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

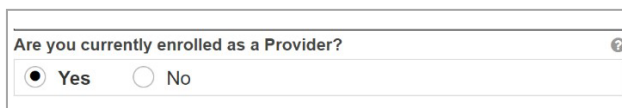
A form titled "Were you previously enrolled as a Provider?" with a question mark icon. It contains two radio buttons: "Yes" and "No" (selected).

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

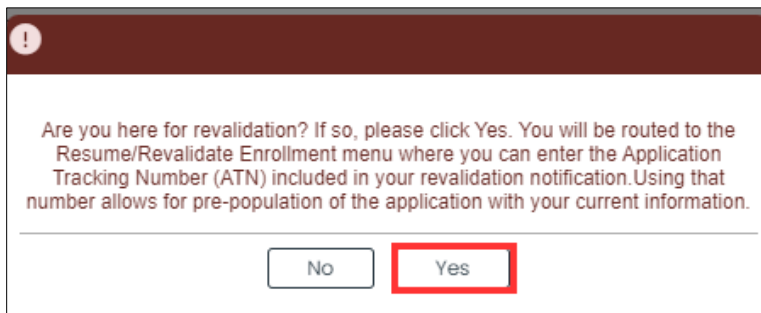
- If you were previously approved for enrollment in PRMP through PEP,  
AND
- If you are currently active in the PRMP,  
AND
- You received a letter requesting you to revalidate your enrollment.

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.

A form titled "Are you currently enrolled as a Provider?" with a question mark icon. It contains two radio buttons: "Yes" (selected) and "No".

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

A pop-up window with a dark red header containing a white exclamation mark icon. The main body is white with red text. The text reads: "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." At the bottom, there are two buttons: "No" and "Yes". The "Yes" button is highlighted with a red rectangular border.

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.

A form with two sections. The first section is titled "Are you currently enrolled as a Provider?" and has two radio buttons: "Yes" and "No". The "No" button is selected. The second section is titled "Were you previously enrolled as a Provider?" and has two radio buttons: "Yes" and "No". The "Yes" button is selected. To the right of the second section is a text input field labeled "Previous Provider Identifier" with a question mark icon to its right.

Are you currently enrolled as a Provider? ?

☐ Yes ☒ No

Were you previously enrolled as a Provider? ? ★ Previous Provider Identifier ?

☒ Yes ☐ No

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.

A form with a single question: "Are you Medicare enrolled?" followed by a question mark icon. Below the question are two radio buttons: "Yes" and "No". The "No" button is selected.

Are you Medicare enrolled? ?

☐ Yes ☒ No

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

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Contact Information

Title

\*

Last Name

?

Second Last Name

?

\*

First Name

?

Middle Name

?

Suffix

?

\*

Address Line 1

?

Address Line 2

?

\*

City

?

\*

State

?

\*

Country

?

\*

ZIP Code/ Postal Code

?

\*

Phone Type

?

\*

Telephone Number

?

Telephone Number Ext...

?

Fax Number

?

\*

Email Address

?

\*

Confirm Email

?

\*

Preferred Communication

?



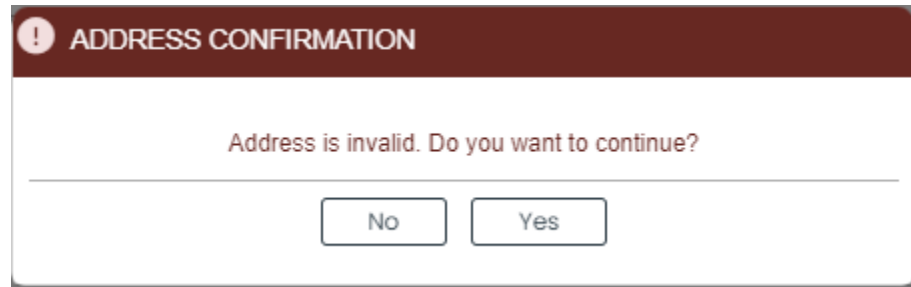
**VALID ADDRESS:** The PEP system will validate the address entered. If there is an updated variation, select that address from the pop-up window that displays.

Search Address

Number	Street	City	County	State	Country	ZIP Code
735	AVE PONCE DE LEON	SAN JUAN	SAN JUAN	PR	UNITED STATES	00917-5022



*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*

Contact Information

Title \* Last Name \* Second Last Name \* First Name \* Middle Name \* Suffix \*

\* Address Line 1 \* Address Line 2 \*

\* City \* State \* Country \* ZIP Code/ Postal Code \*

SAN JUAN Puerto Rico United States 00917-5030

\* Phone Type \* Telephone Number \* Telephone Number Exten... \* Fax Number \*

Work

\* Email Address \* Confirm Email \*

\* Preferred Communication \*

select a value...

Cancel Save and Continue

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.

\* Preferred Communication ?

select a value...

Cancel

### 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.			

Step	Task	Action	Result
1	Add one or more Specialties.	<p>a. To add a new specialty, click Create New. Once saved, the specialty information will be displayed.</p> <p>b. To edit a specialty, click the Edit button next to the desired specialty and save the changes.</p>	Specialties are added.
2	Add Additional Taxonomies (if applicable).	<p>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.</p> <p>b. To edit an added taxonomy, click the Edit button next to the desired taxonomy and save the changes.</p> <p>Click Save and Continue.</p>	<p>Additional Taxonomies are added.</p> <p>Progress bar advances to the next available page.</p>

## Detailed Steps

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

**Specialties**

[Required Fields \( \\* \)](#)

Specialties

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type

Midwife

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
-----------	----------	---------	----------------	------

- 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.

Create New

Specialty	Taxonomy	Primary	Effective Date	Edit
-----------	----------	---------	----------------	------

New Specialty

Required Fields ( \* )

☐ Make Primary

\* Specialty

select a value...

\* Taxonomy

select a value...

\* Effective Date

Cancel

Save

Once saved, the specialty will be displayed.

Specialties

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type

Midwife

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
934-Licensed Midwife	176B00000X-Midwife	x	3/23/2023	



**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.


New Specialty

☒ Make Primary

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

The screenshot shows the 'Specialties' panel. At the top, there is a note: 'The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.' Below this, the 'Provider Type' is set to 'Midwife'. A 'CREATE NEW' button is visible. The main table has the following data:

Specialty	Taxonomy	Primary	Effective Date	Edit
934-Licensed Midwife	176B00000X-Midwife	x	3/23/2023	

The screenshot shows the 'Additional Taxonomies' panel. It includes a note: 'Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.' There is a 'Create New' button at the top right. Below is a table with the following structure:

Taxonomy	Edit

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

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

This screenshot is identical to the previous one, but the 'Create New' button is highlighted with a red rectangular box to indicate it should be clicked.

The screenshot shows the 'New Taxonomy' dialog box. It has a title bar with a close button. Inside, there is a label '\* Taxonomy' and a dropdown menu with the text 'select a value...'. To the right of the dropdown is a help icon (?). At the bottom, there are 'Cancel' and 'Save' buttons. A note 'Required Fields ( \* )' is visible in the top right corner.

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

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Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
367A00000X-Advanced Practice Midwife	

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

Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
367A00000X-Advanced Practice Midwife	

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

Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
367A00000X-Advanced Practice Midwife	

CANCEL PREVIOUS **SAVE AND CONTINUE**

### 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.	<p>a. To add a new Service Location, click Create New and complete the required address fields in the displayed pop-up window.</p> <p>b. Click Save to add this information.</p> <p>c. To edit an added Service Location, click the Edit button next to the desired taxonomy and save the changes.</p> <p>Click Save and Continue.</p>	<p>Service Location page is saved.</p> <p>Progress bar advances to the next available page.</p>

#### Detailed Steps

1. Service Location page is displayed.

Service Location

Required Fields (\*)

Service Location

Create New

Location ...	Address L...	Address L...	City	State	Primary	Edit

Cancel Previous Save and Continue

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

Service Location

Required Fields ( \* )

Service Location

Create New

Location ...	Address L...	Address L...	City	State	Primary	Edit
--------------	--------------	--------------	------	-------	---------	------

CancelPreviousSave and Continue

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    \* City

\* State    \* ZIP Code/ ...    Location Code    County    \* Country

select a
select a
select a

Email    Confirm Email



**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.

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.




**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.

Search Address

Number	Street	City	County	State	Country	ZIP Code
735	AVE PONCE DE LEON	SAN JUAN	SAN JUAN	PR	UNITED STATES	00917-5030

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

 ADDRESS CONFIRMATION

Address is invalid. Do you want to continue?

*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.

Phone Number			
At least one Phone Number must be provided.			
			Create New
Phone Type	Telephone Number	Extension	Edit

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

Phone Number			
At least one Phone Number must be provided.			
			Create New
Phone Type	Telephone Number	Extension	Edit

New Phone Number

Required Fields ( \* )

\* Phone Type

select a value...


\* Telephone Number

Telephone Number Exten...

Cancel

Save

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

Phone Number			
At least one Phone Number must be provided.			
			Create New
Phone Type	Telephone Number	Extension	Edit
Work	787-882-5581		

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

Phone Number			
At least one Phone Number must be provided.			
			Create New
Phone Type	Telephone Number	Extension	Edit
Work	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

☐ Yes ☒ No

☐ Yes ☒ No

Phone Type Emergency Phone ... 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.

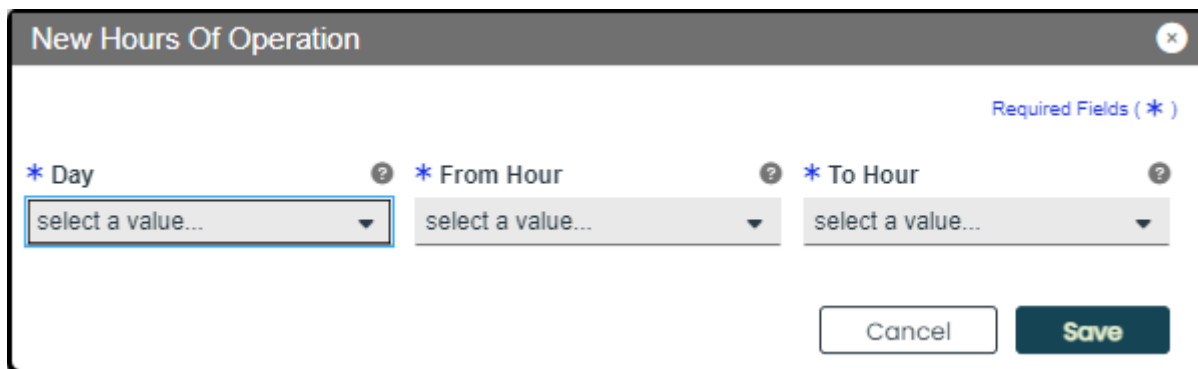
Please enter your service location hours of operation

☒ Hours of Operation

Hours of Operation

Create New

Day	From Hour	To Hour	Edit



**New Hours Of Operation**

Required Fields ( \* )

\* Day ? \* From Hour ? \* To Hour ?

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

Cancel Save

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



**Hours of Operation**

Create New

Day	From Hour	To Hour	Edit
EveryDay	24 Hours		

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

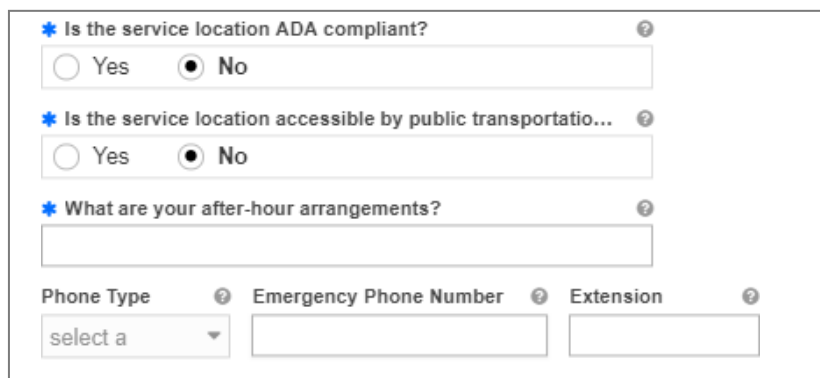


**Hours of Operation**

Create New

Day	From Hour	To Hour	Edit
EveryDay	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 transportation... ?

☐ Yes ☒ No

\* What are your after-hour arrangements? ?

Phone Type ? Emergency Phone Number ? Extension ?

select a [dropdown] [text box] [text box]

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

### Service Address Information

☐ Accepting New Patients with Special Needs ?

☐ Age Restrictions ?

\* Accepting New Patients ?

select a value... ▼

\* Preferred Patient Gender ?

select a value... ▼

Cancel

Save

- a. 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 ?

☐ Age Restrictions ?

\* Accepting New Patients ?

select a value... ▼

\* Preferred Patient Gender ?

select a value... ▼

Cancel

Save

Once the information is saved, the service location displays.

Service Location Required Fields ( \* )

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
Hospital	735 AVE PONCE DE LEON		SAN JUAN	Puerto Rico	x	

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.

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

Service Location Required Fields ( \* )

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
Hospital	735 AVE PONCE DE LEON		SAN JUAN	Puerto Rico	x	

Cancel Previous Save and Continue


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

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Service Location

Required Fields ( \* )

Service Location

Location Name	Address Line 1	Address Line 2	City	State	Primary	Edit
Hospital	735 AVE PONCE DE LEON		SAN JUAN	Puerto Rico	x	

Cancel

Previous

Save and Continue



## 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.	<ul style="list-style-type: none"><li>a. Click Create New to add at least one phone number.</li><li>b. To edit an existing phone number, click the Edit button next to the desired number and save the changes.</li><li>c. Click Save and Continue.</li></ul>	<p>A phone number is added to each Address type. Address information is saved.</p> <p>Progress bar advances to the next available page.</p>

### 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: Pay To Address*

Pay To

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

☐ Same as Service Location

\* Location Name

CONTACT INFORMATION

\* Last Name

Second Last Name

\* First Name

Middle Name

Suffix

Billing Agent Name

\* Address Line 1

Address Line 2

\* City

\* State

select a value...

\* ZIP Code/ Postal C...

\* Country

select a value...

☐ Same as Service Location

Email

Confirm Email

*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

Location Name

CONTACT INFORMATION

Last Name

Second Last Name

First Name

Middle Name

Suffix

Address Line 1

Address Line 2

City

\* State

ZIP Code/ Postal Code

\* Country

select a value...



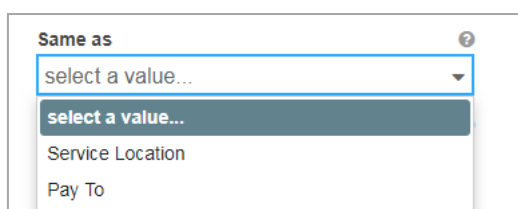
**ADDRESS SAME AS SERVICE LOCATION:** If the addresses to be entered in this section are the same address as the Primary Service Location, click the “Same as Service Location” checkbox at the top of each Address type section. This will automatically fill the Address with the same information entered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


## Pay To

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

☐ Same as Service Location 

*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.*



Same as 

select a value...

select a value...

Service Location

Pay To

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

## Phone Number

At least one Phone Number must be provided.

Create New

- 3.

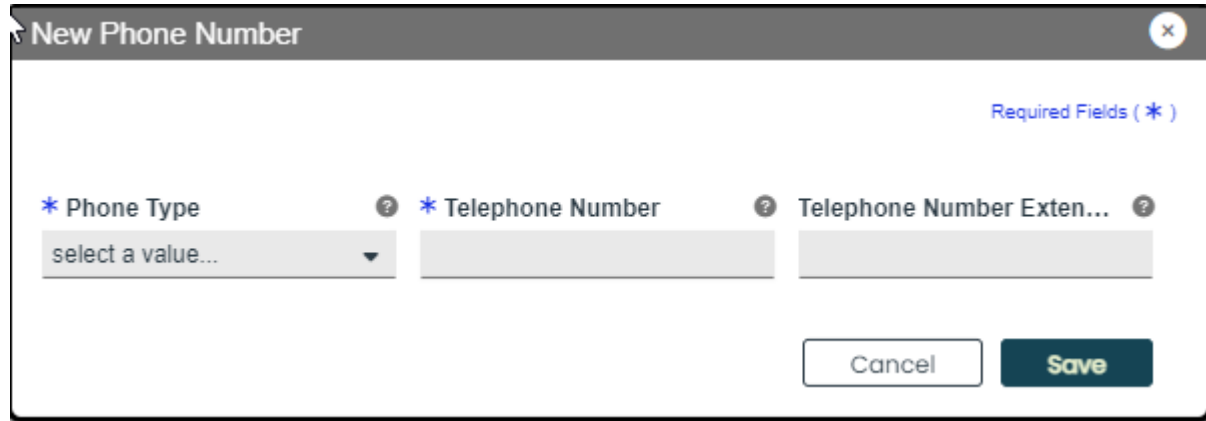
- a. To add a phone number, click **Create New** at the top-right of the **Phone Number** section and complete the required fields in the displayed pop-up window.

## Phone Number

At least one Phone Number must be provided.


Create New

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




A modal window titled "New Phone Number" with a close button (X) in the top right corner. Below the title bar, there is a label "Required Fields ( \* )" in blue. The form contains three input fields: "Phone Type" (a dropdown menu with "select a value..." selected), "Telephone Number" (a text input field), and "Telephone Number Exten..." (a text input field). Each field has a question mark icon to its right. At the bottom right of the modal are two buttons: "Cancel" and "Save".

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

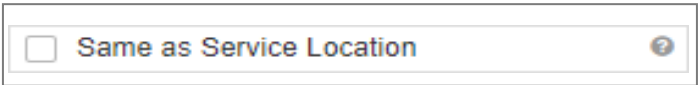
Create New			
Phone Type	Telephone Number	Extension	Edit
Home	787-882-5581		

- 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	Telephone 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.*



A checkbox labeled "Same as Service Location" with a question mark icon to its right.

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

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Phone Number

At least one Phone Number must be provided.

Create New

Phone Type	Telephone Number	Extension	Edit
Work	787-882-5581		

Cancel

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.	<p>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.</p> <p>b. To edit added capacity information, click the Edit button next to the desired capacity entry and save the changes.</p> <p>Click Save and Continue.</p>	<p>Capacity information is added and saved.</p> <p>Progress bar advances to the next available page.</p>

#### 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.

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Capacity

Required Fields ( \* )

Capacity By Specialty

934 - Licensed Midwife

CREATE NEW

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

CANCEL PREVIOUS SAVE AND CONTINUE

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

Capacity

Required Fields ( \* )

Capacity By Specialty

934 - Licensed Midwife

CREATE NEW

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

CANCEL PREVIOUS SAVE AND CONTINUE

New Capacity

Required Fields ( \* )

\* State ? \* County ? \* Maximum Medicaid Membe... ?

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

CANCEL SAVE

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.

Capacity

Capacity By Specialty

934 - Licensed Midwife

CREATE NEW

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

CANCEL PREVIOUS SAVE AND CONTINUE

Edit Capacity

Required Fields ( \* )

\* State \* County \* Maximum Medicaid Membe...

Puerto Rico San Juan

DELETE CANCEL SAVE



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

Capacity Required Fields (\*)

Capacity By Speciality

934 - Licensed Midwife

CREATE NEW

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

CANCEL PREVIOUS **SAVE AND CONTINUE**

## 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.	<ol style="list-style-type: none"> <li>Click Create New at the top-right of the Individual Association section.</li> <li>Type in the desired association's Provider Location ID or NPI in the pop-up screen and click Search.</li> <li>Click the desired Association from the Search Results.</li> <li>Once the information is saved, the association information will be displayed.</li> <li>Click Save and Continue.</li> </ol>	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**.

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

- 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.



**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.*

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

**Search Criteria**

Search By: NPI  
NPI: 111111112

CANCEL CLEAR SEARCH

**Search Results**

NPI	Provider Location	Business Name	Address Line 1	City	State	ZIP Code
111111112	035526803	SIT Test Pharmacy			Texas	770792678
111111112	035558506	DME Supply			Puerto Rico	009071431
111111112	038825100	O'Malley General Hospital Inc.			Texas	780280000
111111112	038825700	Blue Jay Memorial			Texas	770790000

10 Items per page 1-6 of 6 Items

CANCEL

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

**Associations**

Group Association

CREATE NEW

Provider Location ID	Business Name	Location Name	Address Line 1	City	State	ZIP Code/Postal Code	Effective Date	End Date	Edit
035558506	DME Supply	DME Supply			Puerto Rico	009071431	3/23/2023	12/31/9999	

10 Items per page 1 - 1 of 1 items

EXPORT TO EXCEL EXPORT TO PDF

CANCEL PREVIOUS SAVE AND CONTINUE

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

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Associations

Group Association

CREATE NEW

Provider Location ID	Business Name	Location Name	Address Line 1	City	State	ZIP Code/Postal Code	Effective Date	End Date	Edit
035558506	DME Supply	DME Supply			Puerto Rico	009071431	3/23/2023	12/31/9999	

10 Items per page

1 - 1 of 1 items

EXPORT TO EXCEL

EXPORT TO PDF

CANCEL

PREVIOUS

SAVE AND CONTINUE

## 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.	<p>Complete the required information for any of the following sections that are presented:</p> <ul style="list-style-type: none"> <li>a. Degree</li> <li>b. License</li> <li>c. Medicare Participation</li> <li>d. Medicaid Program</li> <li>e. DEA</li> <li>f. Puerto Rico Controlled Substance Certificate</li> </ul> <p>Click Save and Continue.</p>	<p>Credentials are successfully added and saved.</p> <p>Progress bar advances to the next available page.</p>

### Detailed Steps

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

The screenshot shows a web interface for adding degree information. At the top, there is a tab labeled 'Degree'. Below it is a table with the following columns: 'Degree', 'School', 'Year Of Graduation', and 'Edit'. In the top right corner of the table area, there is a button labeled 'CREATE NEW'. The table is currently empty.

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.

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The screenshot shows the 'Degree' section of the PEP. At the top right, there is a 'CREATE NEW' button highlighted with a red box. A red arrow points from this button down to another 'CREATE NEW' button located at the bottom right of the section.

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

The screenshot shows the 'Degree' section with a table containing one entry. The entry has the following details: Degree: MD, School: Columbia University, Year Of Graduation: 2005. The 'Edit' button next to this entry is highlighted with a red box.

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.

The screenshot shows the 'License' section with a table containing headers: License Number, Issuing State, Issuing Board, Effective Date, End Date, and Edit. A 'Create New' button is located at the top right of the section.

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

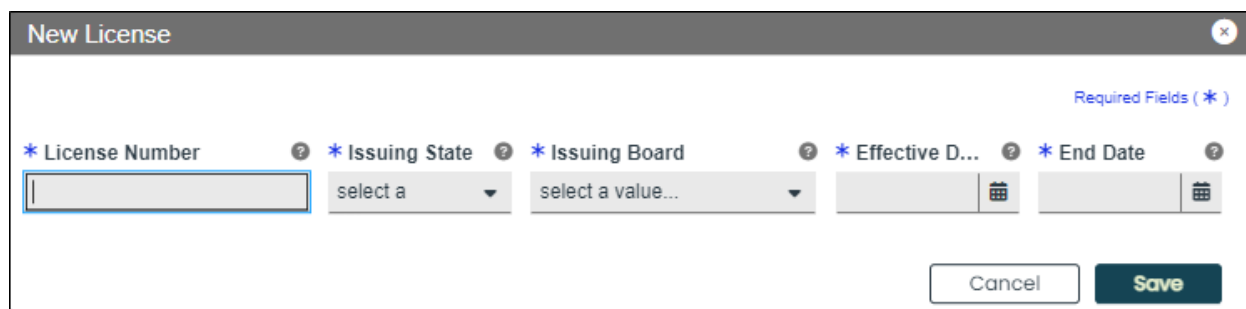


***LICENSE:*** Only add license information in this panel pertaining to medical licenses belonging to the provider being enrolled.

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.

The screenshot shows the 'License' section with the 'Create New' button at the top right highlighted by a red box.

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



**New License**

Required Fields ( \* )

\* License Number  ? \* Issuing State  ? \* Issuing Board  ? \* Effective D...  ? \* End Date



**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.

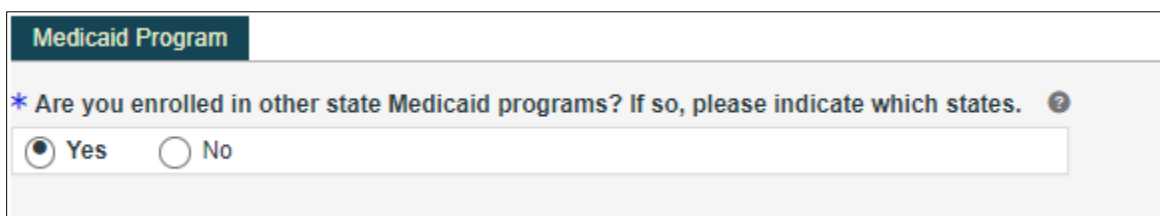
License <input type="button" value="Create New"/>					
License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
8685747645	Puerto Rico	OTHER - OTHER	11/08/2023	11/08/2033	<input type="button" value="Edit"/>



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



**Medicaid Program**

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

☒ Yes ☐ No

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



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Medicaid Program

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

☒ Yes ☐ No

CREATE NEW

Create New

Program	State	Effective Date	End Date	Edit
---------	-------	----------------	----------	------

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

Medicaid Program

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

☒ Yes ☐ No

CREATE NEW

Create New

Program	State	Effective Date	End Date	Edit
---------	-------	----------------	----------	------

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.

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**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	11/08/2023	11/08/2028	



**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.

- d. **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

**New DEA**

Required Fields (3)

\* DEA Number ? \* Effective Date ? \* End Date ?

CANCEL SAVE

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

CREATE NEW

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

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

**Puerto Rico Controlled Substance Certificate (previously ASSMCA)**

Do you prescribe controlled substances in Puerto Rico? ?

☐ Yes ☐ No

Do you dispense controlled substances in Puerto Rico? ?

☐ Yes ☐ 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.

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Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Do you prescribe controlled substances in Puerto Rico?

☒ Yes ☐ No

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

CREATE NEW

Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Required Fields ( \* )

\* 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.

Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Do you prescribe controlled substances in Puerto Rico?

☒ Yes ☐ No

Registration Number	Effective Date	End Date	Edit
AB123457	01/01/2000	01/02/2222	

CREATE NEW



**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.

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Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Do you prescribe controlled substances in Puerto Rico?  
☒ Yes ☐ No

Registration Number	Effective Date	End Date	Edit
AB1234567	9/18/2009	9/18/2022	

Do you dispense controlled substances in Puerto Rico?  
☒ Yes ☐ No

Registration Number	Effective Date	End Date	Edit
BB9876543	9/18/2009	9/18/2022	

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.	<p>Complete the required information for any of the following sections that are presented:</p> <ul style="list-style-type: none"> <li>a. Languages</li> <li>b. Certifications</li> <li>c. Additional Information</li> <li>d. Malpractice Carrier Information</li> <li>e. Malpractice Suit Information</li> </ul> <p>Click Save and Continue.</p>	<p>Other information is added and saved.</p> <p>Progress bar advances to the next available page.</p>

#### 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.

##### Other

Required Fields ( \* )

Languages

At least one record is required. Provider cannot save and continue until a record is added.

Create New

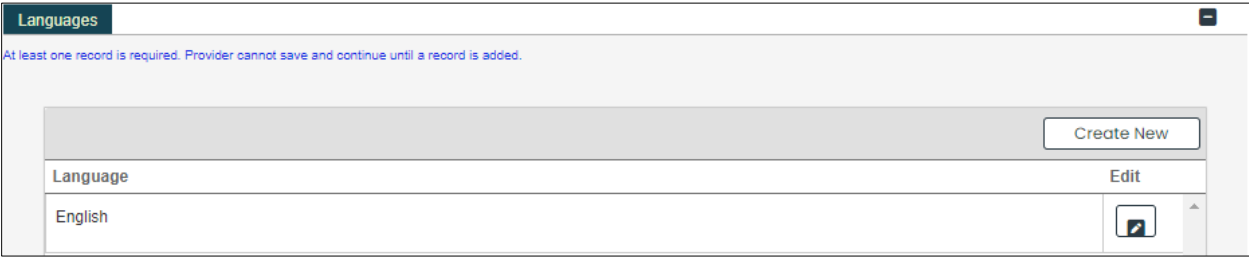
Language

Edit



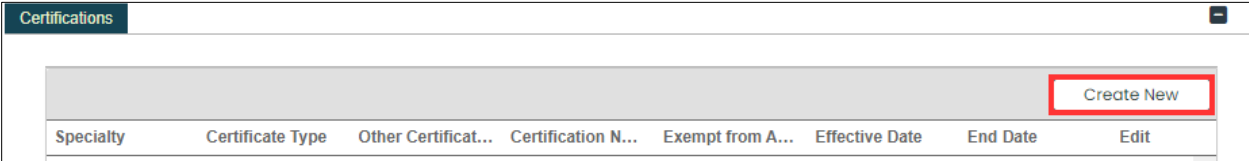
A pop-up window titled "New Language" with a close button in the top right corner. It contains a label "\* Language" with a question mark icon, followed by a dropdown menu showing "select a value...". A legend in the top right corner indicates "Required Fields ( \* )". At the bottom right are "Cancel" and "Save" buttons.

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

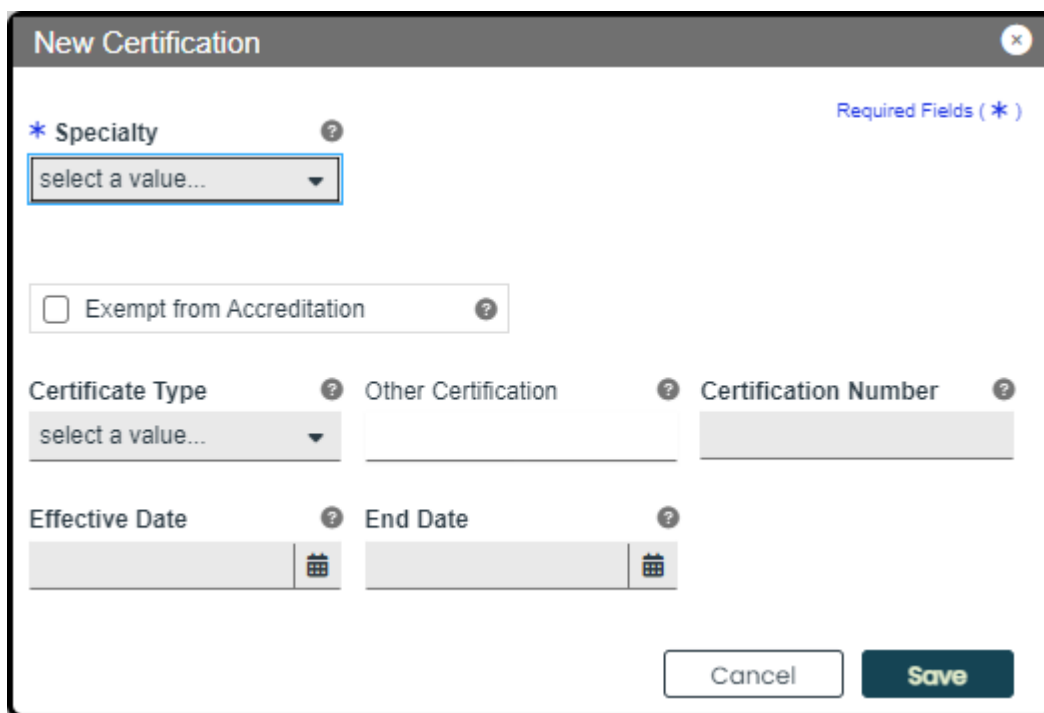


A table titled "Languages" with a message "At least one record is required. Provider cannot save and continue until a record is added." The table has two columns: "Language" and "Edit". A "Create New" button is located at the top right. The table contains one row with the value "English" in the "Language" column and an edit icon in the "Edit" column.

- 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.



A table titled "Certifications" with a "Create New" button highlighted in a red box at the top right. The table has columns: "Specialty", "Certificate Type", "Other Certificat...", "Certification N...", "Exempt from A...", "Effective Date", "End Date", and "Edit".



**New Certification**

**\* Specialty** ? Required Fields ( \* )

select a value...

☐ Exempt from Accreditation ?

**Certificate Type** ? **Other Certification** ? **Certification Number** ?

select a value... \_\_\_\_\_

**Effective Date** ? **End Date** ?

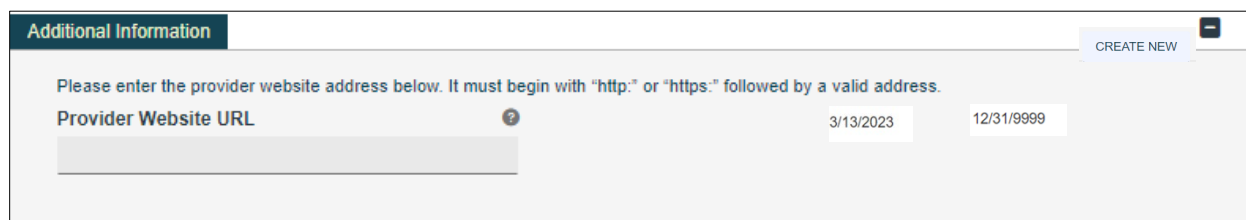
\_\_\_\_\_

Cancel Save

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

Certifications							
Create New							
Specialty	Certificate Type	Other Certificat...	Certification N...	Exempt from A...	Effective Date	End Date	Edit
941-Non	Other	Medical Transport	5551234		11/08/2023	11/08/2033	

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



**Additional Information** CREATE NEW

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

**Provider Website URL** ? 3/13/2023 12/31/9999

\_\_\_\_\_

- 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.



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Malpractice Information

At least one record is required. Provider cannot save and continue until a record is added.

Please complete the malpractice information below

Create New

Type of Carrier	Name of Carrier	Coverage Amo...	Coverage Amo...	Policy Number	Effective Date	End Date	Edit
-----------------	-----------------	-----------------	-----------------	---------------	----------------	----------	------

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

Malpractice Information

At least one record is required. Provider cannot save and continue until a record is added.

Please complete the malpractice information below

Create New

Type of Carrier	Name of Carrier	Coverage Amo...	Coverage Amo...	Policy Number	Effective Date	End Date	Edit
Comprehensive General Liability	Triple M	2000000	500000	3675643205	11/08/2023	11/08/2025	

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

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 an issue, including pending or dismissed cases or claims settled before or during trial or settled to avoid a lawsuit?

☒ Yes
 ☐ No

**Note:** Enter all information in this panel, however, if you have a large volume of cases or claims, you may enter the most recent case in this section and then must include a detail document with a list of all other cases or claims within the 5-year period in the additional information tab / attachment section.

Create New

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

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

New Malpractice Information

Required Fields ( \* )

\* Patient/Plaintiff Name

☒ Patient Name ☐ Plaintiff Name

\* Patient Name

\* Your Involvement in the Case

select a value...

\* Date of occurrence

\* Your status in the Case

select a value...

\* 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

select a value...

County

select a value...

Federal Court Case Number

District

\* Status Claim

select a value...

Cancel


Save

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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.

Create New

Patient Name	Policy Number	Your status in the Case	Claimant / Plaintiff filed suit...	Status Claim	Edit
Tropical Punch	387648326	Co-Defendant	Yes	Pending	

Cancel

Previous

Save and Continue

## 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.	<p>a. Complete the disclosure forms displayed by clicking Create New next to each form.</p> <p>b. To edit or delete a form, click the desired form's name and then the Edit button in the displayed pop-up window.</p> <p>Click Save and Continue once all forms are completed.</p>	<p>Disclosures are completed.</p> <p>Progress bar advances to the next available page.</p>

### 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.

## Disclosures

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 local 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)

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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.

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 answer "Yes" to any question, please provide the additional information that may be requested.		
Disclosure Form	Status	Create New
Provider Self Disclosure	New	<a href="#">Create New</a>
Sub-Contractor Disclosure	New	<a href="#">Create New</a>
Ownership and Control Interest	New	<a href="#">Create New</a>
Managing Employees	New	<a href="#">Create New</a>
Business Transaction	New	<a href="#">Create New</a>

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

Disclosure Form	Status	Create New
Provider Self Disclosure	New	<a href="#">Create New</a>
Sub-Contractor Disclosure	New	<a href="#">Create New</a>

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

*Example: Provider Self Disclosure*

**New Provider Self Disclosure**

Required Fields ( \* )

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

Title Last Name ... First Last N... Second Las... First Name Middle Name

Suffix Birth Date 11/07/1993 SSN 123-45-6789

**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**.

**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**

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

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

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Disclosure Form	Status	Create New
Provider Self Disclosure	Completed	<a href="#">Create New</a>
Sub-Contractor Disclosure	Completed	<a href="#">Create New</a>
Ownership and Control Interest	New	<a href="#">Create New</a>

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.

**Edit SubContractor Disclosure**

Required Fields ( \* )

Sub-contractor disclosure form collects information of any subcontractor entity/individual with which the provider has had any business transactions totaling more than \$25,000 during the preceding 12 month period.

Provide the following information for each entity/individual as described above:

\* Has the provider had business transactions with any subcontractor totalling more than \$25,000 during the preceding 12 month period?

☒ Yes ☐ No

\* Is this entity an individual or a corp...

☒ Individual ☐ Corporation

Title \* Last Name o... \* First Last Na... \* Second Last N...

Last Also

\* First ... \* Middle ... \* Suffix \* SSN \* Birth Date

First

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

\* If the SubContractor is a corporation, select 'yes' and provide the owner information below by clicking 'create new'. If the SubContractor is an individual, select 'no'.

☐ 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.

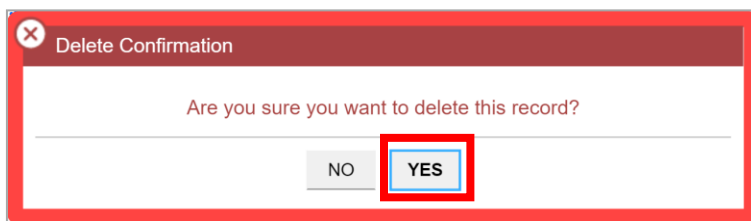
\* If the SubContractor is a corporation, select 'yes' and provide the owner information below by clicking 'create new'. If the SubContractor is an individual, select 'no'.

☐ Yes ☒ No

**Delete** Cancel Save



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

A red-bordered pop-up window titled "Delete Confirmation" with a close button (X) in the top-left corner. The text inside asks, "Are you sure you want to delete this record?". At the bottom, there are two buttons: "NO" and "YES". The "YES" button is highlighted with a red border.

Delete Confirmation

Are you sure you want to delete this record?

NO 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.

Disclosure Form	Status	Create New
Provider Self Disclosure	Completed	<button>Create New</button>
Sub-Contractor Disclosure	Completed	<button>Create New</button>
Ownership and Control Interest	Completed	<button>Create New</button>
Managing Employees	Completed	<button>Create New</button>
Business Transaction	Completed	<button>Create New</button>

Cancel Previous **Save and Continue**



**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.	<p>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.</p> <p>Click Save and Continue.</p>	<p>Attachments are added and saved.</p> <p>Progress bar advances to the next available page.</p>

#### Detailed Steps

1. The Attachments page is displayed.
2. Additional Information indicates any required additional documentation based on your Provider Type and information provided during previous enrollment steps.

### Attachments

Required Fields ( \* )

Provider Type: Non-Emergency Medical Transportation    Specialty: Non-Emergency Medical Transportation

**Additional Information**

Your provider type and specialty may require additional information.

If you are required to attach the Provider Consent Form, please click [Here](#) to download form.

If you have a large volume of malpractice cases or claims, please provide a detail document with a list of the other cases or claims within the 5-year period using the **malpractice suit or claim list** attachment type.

If this is a Change of Ownership (CHOW), please attach the purchase/sale contract and a letter that explains this is a CHOW and includes the old owner's NPI, Medicaid ID, and effective date of the new ownership. Use the **Change of Ownership (CHOW)** Attachment Type.

If you're enrolling as business with an Employer Identification Number (EIN) selecting an enrollment type of any of the following: Facility, Group or Atypical provider, the consent form is not required. Please upload a statement that you are enrolling as a group or facility and that an individual provider's consent is not required.

**Required Attachments**

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Provider Enrollment Consent Form	NO
General Liability Insurance	NO
Transportation Department Certification – Public Services Commission Certification for each unit (ambulance)	NO

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.

**Required Attachments**

Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.

Attachment Type	Requirement Met
Provider Enrollment Consent Form	NO
General Liability Insurance	NO
Transportation Department Certification – Public Services Commission Certification for each unit (ambulance)	NO

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

Attachment Details			
			Create New
Transmission Method	Attachment Type	File Name	Edit
There are no records found.			

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

New Attachment

Required Fields ( \* )

\* Transmission Method

select a value...

\* Attachment Type

select a value...

Upload File

Select Files...

Cancel

Save



**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.

Attachment Details			
			Create New
Transmission Method	Attachment Type	File Name	Edit
Electronic Only	Federal W-9 Form	Sample File.pdf	
Electronic Only	Physician's board certification: Evidence of current board certification by ABMS, AOA, ABOMS, ABPS, ABOPPM, RCPSCG, CFPC or RCPCS	Sample File.pdf	

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

Required Attachments	
Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.	
Attachment Type	Requirement Met
Provider Enrollment Consent Form	Yes
General Liability Insurance	Yes
Transportation Department Certification – Public Services Commission Certification for each unit (ambulance)	Yes

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

Attachment Details			
Create New			
Transmission Method	Attachment Type	File Name	Edit
Electronic Only	Federal W-9 Form	Sample File.pdf	
Electronic Only	Physician's board certification: Evidence of current board certification by ABMS, AOA, ABOMS, ABPS, ABOPPM, RCPSG, CFPC or RCPCS	Sample File.pdf	



**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.

#### 3.11.1 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.

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### Agreement/Submit

Required Fields ( \* )

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 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 on your Tax ID/SSN	Contact Name	Contact Email	Tax ID Type
			SSN
Tax ID Number	Service Location		
123-45-6789	735 AVE PONCE DE LEON SAN JUAN PR, 009175030		

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](#)

[Cancel](#) [Previous](#) [Finish Later](#) [Submit](#)

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

responsibility to notify the Puerto Rico  
ation, change of ownership, tax

nation with all contracted MCO/MAOs.

[Proceed](#)

[Finish Later](#) [Submit](#)

A new section with a PDF form displays underneath.

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Form

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.

Form

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)

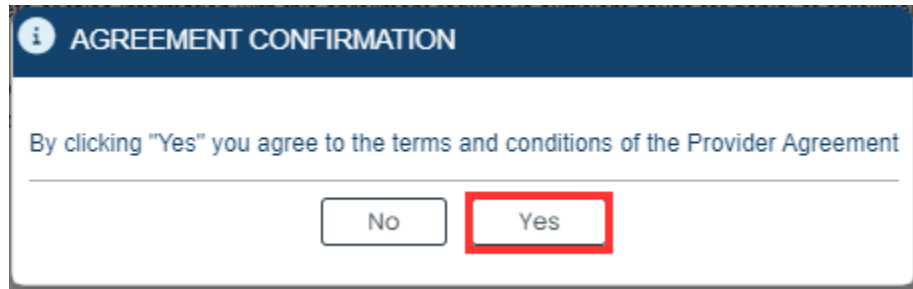
I certify my signature, under penalty of perjury that I am the individual applying to bind such person to the provider agreement and that I have read and understood the provider agreement.

☐ I Accept

☐ I Accept



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



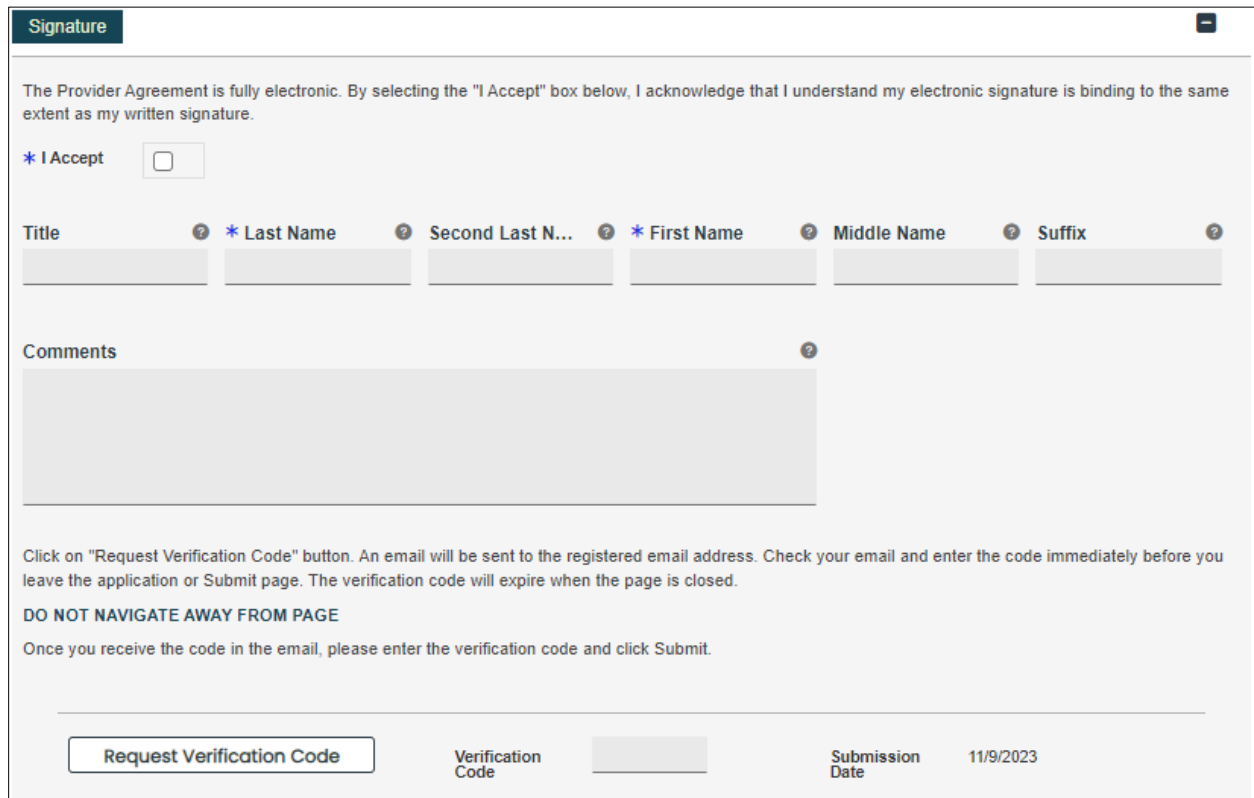
The image shows a pop-up window titled "AGREEMENT CONFIRMATION" with a blue header bar. Below the header, it says "By clicking 'Yes' you agree to the terms and conditions of the Provider Agreement". At the bottom, there are two buttons: "No" and "Yes". The "Yes" button is highlighted with a red rectangular border.

The **I Accept** checkbox converts into a Yes.



The image shows a small rectangular box with a blue border. Inside, it says "Required Fields ( \* )" in blue, "I Accept" in black, and "Yes" in black below a horizontal line.

3. The **Signature** section displays.



The image shows a form titled "Signature" with a dark blue header bar. Below the header, it says "The Provider Agreement is fully electronic. By selecting the 'I Accept' box below, I acknowledge that I understand my electronic signature is binding to the same extent as my written signature." Below this text is a checkbox labeled "\* I Accept". Below the checkbox are six input fields: "Title", "\* Last Name", "Second Last N...", "\* First Name", "Middle Name", and "Suffix". Each field has a question mark icon to its right. Below the input fields is a "Comments" section with a large text area and a question mark icon to its right. Below the comments section is a paragraph of text: "Click on 'Request Verification Code' button. An email will be sent to the registered email address. 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." Below this text is the text "DO NOT NAVIGATE AWAY FROM PAGE" and another paragraph: "Once you receive the code in the email, please enter the verification code and click Submit." At the bottom of the form is a "Request Verification Code" button, a "Verification Code" input field, a "Submission Date" label, and the date "11/9/2023".

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

**Signature**

The Provider Agreement is fully electronic. By selecting the "I Accept" box below, same extent as my written signature.

\* I Accept ☒

Click **Request Verification Code**.

Click on "Request Verification Code" button. An email will be sent to the registered email address. 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.

<b>Request Verification Code</b>	Verification Code	<input type="text"/>	Submission Date	11/9/2023
----------------------------------	-------------------	----------------------	-----------------	-----------

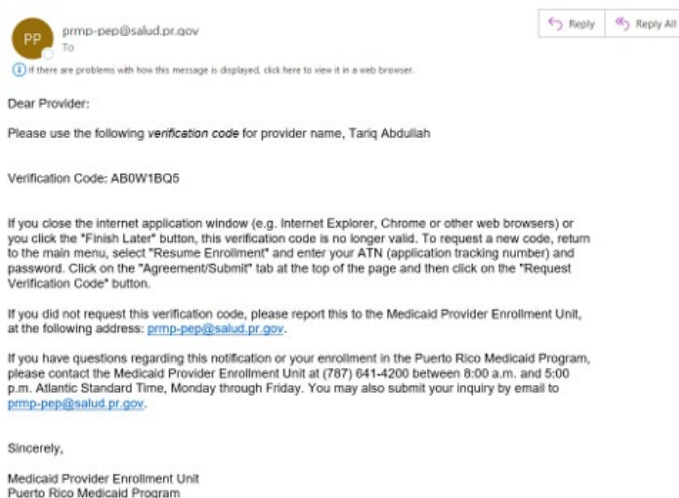
The verification code will be sent to the email address confirmed in the required fields.

**Email Verification Code**

Your Verification Code has been sent to **sample@abc.com**. Please check your email and promptly enter the code into the application. **Do not navigate away from the application.**

**OK**

*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.*

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

A screenshot of the PEP enrollment form. The 'Verification Code' field is highlighted with a red box and contains the code 'AB0W1BQ5'. The 'Submission Date' is '3/14/2023'. A red arrow points to the 'SUBMIT' button.

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

A screenshot of an 'ALERT CONFIRMATION' pop-up window. It asks 'Do you want to submit this application?' and has two buttons: 'No' and 'Yes'. The 'Yes' button is highlighted with a red box.

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

The screenshot shows the 'Puerto Rico Medicaid Program PROVIDER ENROLLMENT PORTAL'. The header includes a logo, the program name, and a 'Submit' button. Below the header, there's a 'Submit Confirmation' section. It contains a congratulatory message, a reminder to check spam/junk folders for emails from [PRMP-PEP@salud.pr.gov](mailto:PRMP-PEP@salud.pr.gov), and a tracking number: 8057465962. Contact information for the Provider Enrollment Team is also provided. At the bottom, there are links for 'DISCLAIMER', 'WEBSITE REQUIREMENTS', and 'PRIVACY POLICY'.

**Puerto Rico Medicaid Program**  
PROVIDER ENROLLMENT PORTAL

PROVIDER ENROLLMENT **Submit**

**Submit Confirmation**

Congratulations! You have successfully submitted your provider enrollment application. Please reference the tracking number below for all inquiries related to this application.

As a reminder, the PEP will email you important notifications that may require your immediate attention **as they may have due dates**. Please ensure that you check your spam/junk folder and mark [PRMP-PEP@salud.pr.gov](mailto:PRMP-PEP@salud.pr.gov) as a safe sender. If you are not receiving email from this address and do not find them in your spam/junk folder, please contact your administration to research the issue.

Tracking Number: 8057465962

Provider Enrollment Team  
[prmp-pep@salud.pr.gov](mailto:prmp-pep@salud.pr.gov)  
Contact number: (787) 641-4200

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

The screenshot shows an email notification from [prmp-pep@salud.pr.gov](mailto:prmp-pep@salud.pr.gov) to Jordan, Jenea. The subject is 'New Enrollment Complete Notification'. The body of the email informs the provider that their application has been received and is being evaluated. It provides the application tracking number (1426435421) and a password (\*\*\*\*\*). It also includes contact information for the Medicaid Provider Enrollment Unit and a link to the PEP. The email is signed by the Medicaid Provider Enrollment Unit of the Puerto Rico Medicaid Program.

**New Enrollment Complete Notification**

[prmp-pep@salud.pr.gov](mailto:prmp-pep@salud.pr.gov)  
To: Jordan, Jenea

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Dear Provider:

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

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

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

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

Sincerely,  
Medicaid Provider Enrollment Unit  
Puerto Rico Medicaid Program

## **4 Notifications**

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

### **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.