GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Nav_Ref_Guide

Provider Enrollment Portal (PEP) Navigation

Phase Two Final User Documentation

Training Material – Reference Guide

Version 4.0

gainwell

Change History

Version #	Date	Modified By	Description
1.0	07/15/2020	DXC Technology	Approved Deliverable
2.0	09/14/2020	DXC Technology	Added c. Revalidation Enrollment with Owner Association Data to Section 2.4
3.0	10/30/2020	Gainwell Technologies	Gainwell Rebranding
4.0	03/15/2021	Gainwell Technologies	R17/R18 Updates

Contents

Tables

1 Acronyms

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

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

Table 1 – Acronyms

Acronyms	Definition
ATN	Application Tracking Number
CLIA	Certified Laboratory Improvement Amendments
DEA	Drug Enforcement Administration
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EIN	Employee Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
LMS	Learning Management System
NPI	National Provider Identifier
OTP	One-Time Password
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PII	Personally Identifiable Information
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
SSN	Social Security Number
URL	Uniform Resource Locator

2   Overview

The Provider Enrollment Portal (PEP) Navigation Reference Guide includes general system navigation and enrollment applications applicable to providers. General system navigation includes using the portal menus and managing enrollment passwords. Enrollment applications include registering for a new enrollment, resuming and revalidating enrollments, and verifying enrollment statuses.

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

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

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

After reading the PEP Navigation Reference Guide, Providers should be able to complete these learning objectives in PEP:

- Navigate through provider enrollment menus

- Manage an enrollment application password

- Register for a new enrollment

- Resume or revalidate an enrollment application

- Verify an enrollment application's status

- Understand the general enrollment process steps

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

2.1 Registering for a New Enrollment Application

You must register before you start a new enrollment application in the Provider Enrollment Portal (PEP). This allows you to add credentials that you will use to resume your enrollment application and verify your enrollment application status.

Quick Reference – Registering for a New Enrollment Application

Table 2 – Registering for a New Enrollment Application

| Step	Task	Action	Result
Open a supported internet browser and go to the Uniform Resource Locator (URL) for Puerto Rico's Provider Enrollment Portal: https://pr.hppcloud.com		
1	Start a new enrollment entry.	Click Menu, then Provider Enrollment, then New Enrollment.	Welcome page displays.
2	Begin enrollment process.	Complete Enrollment Pre-Checklist then click Start in the lower-right of the Welcome section.	New Enrollment Registration page displays.
3	Complete enrollment registration.	Complete Registration page.	Requirements to register to complete a new Provider Enrollment application are completed.
4	Submit enrollment registration.	Click Register button at the bottom of the Registration page.	a. Application Tracking Number (ATN) displays on a pop-up window. b. An email is sent to the registered email address with registration details specific to this application.
5	Display blank enrollment application.	Click OK on the pop-up window.	New enrollment application displays. Follow the required steps according to your enrollment type, which can be found in the corresponding PEP Enrollment Reference Guide.

Detailed Steps

1. Open a supported internet browser from the list below and type in the URL for PEP or click PEP from your supported internet browser's favorite's shortcut, if you have bookmarked it.

   Supported internet browsers include:

   - Microsoft Internet Explorer (version 7.0 and later)
   - Google Chrome (version 70.0.3538 and later)
   - Microsoft Edge (version 41.16299.15 and later)
   - Mozilla Firefox (version 2.0 and later)

   Once in the PEP Homepage, click the **Menu** button and from the Provider Enrollment dropdown menu, select **New Enrollment**.
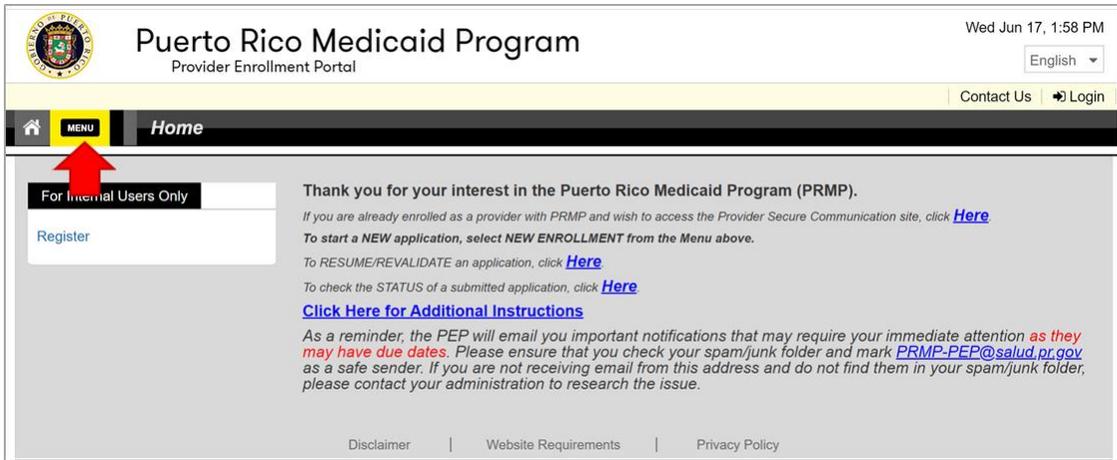
NOTE: You must register for your new enrollment only through the **New Enrollment Menu** option, not through the **Register Now** link.
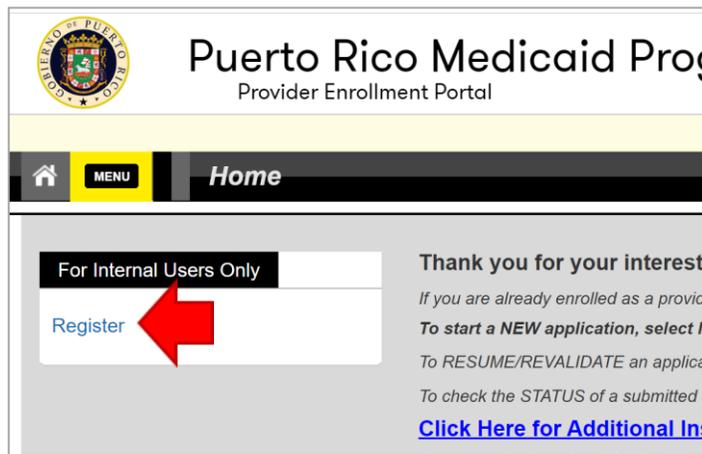
*You will also not be logging into the Provider Enrollment Portal at any time. Therefore, you will not be using the **Login** option displayed at the top of the Home Page.*
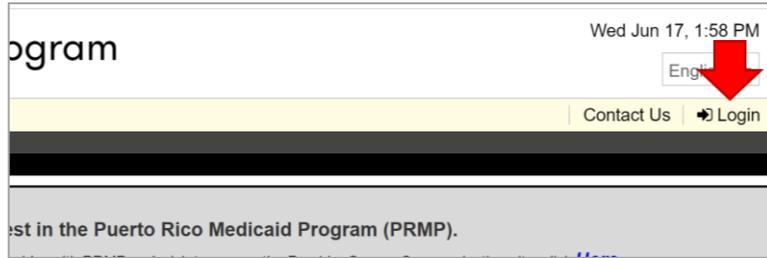
Both the Register link and the Login option are used only by PEP internal users.

2. The Welcome page displays.

Fill out the fields in the **Enrollment Pre-Checklist** section and click **Generate Pre-Checklist**. This will generate a checklist with the documents and credentials required for your enrollment application, based on your enrollment and provider type.

*<u>NOTE</u>: This step is **optional.** You can start your enrollment application without a Pre-Checklist.*

Generated Pre-Checklist Example:

When you are ready to begin the enrollment registration process, click **Start** in the **Welcome** section.

3. The Registration page displays. This is a required step before starting a new enrollment application. Enter the following information in the relevant fields:

   a. **Email address** – Your enrollment application tracking number will be sent to the email address disclosed in the registration, in addition to any communications during enrollment.

   b. **Password** – Create a new password. This will be used, along with the tracking number sent via email, to resume this enrollment application if it is not submitted right away.

   Note: Passwords must be between 8 and 20 characters and include a minimum of one lowercase letter, one uppercase letter, and one numeric digit.
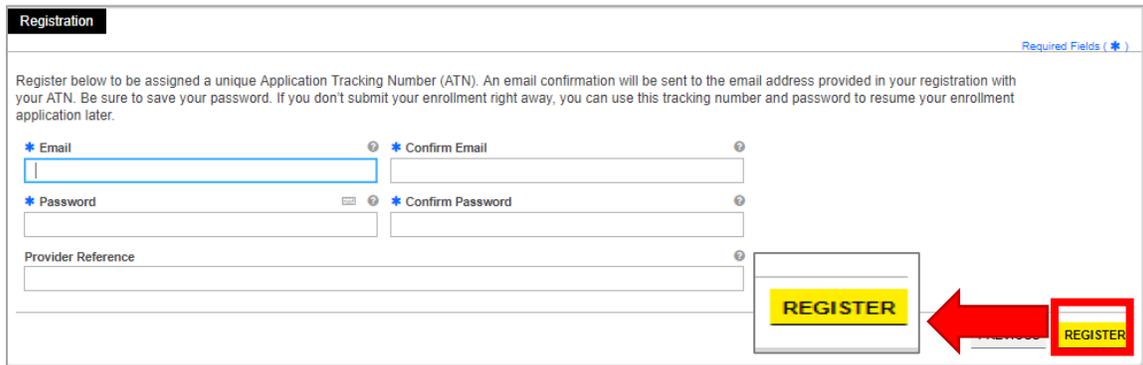
   c. **Provider Reference** – This field is optional. It is used to enter internal reference information to help you identify the enrollment application. Information entered here should not exceed 100 characters.
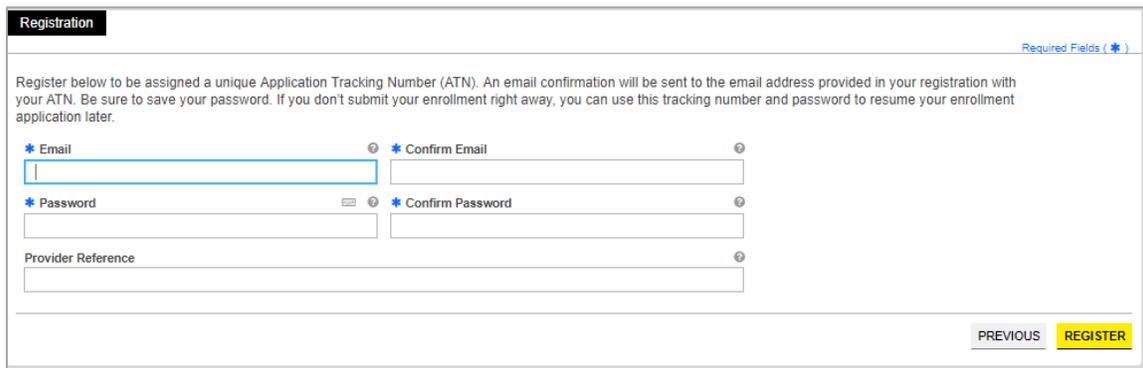
4. Once all required information is entered in the relevant fields, click the **Register** button on the bottom right corner.

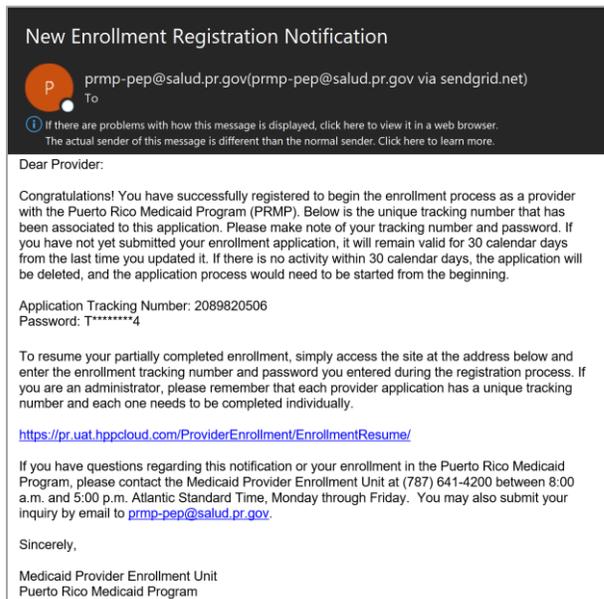A pop-up window displays your Application Tracking Number (ATN) for this enrollment application and informs you that this number will be sent via email as well.
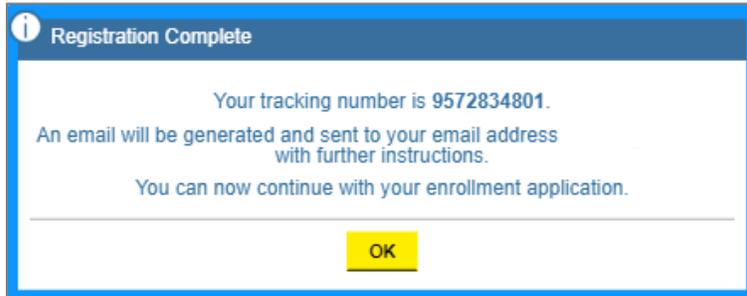
The email sent by the system contains the ATN, a password hint (the first and last character of your password), and the Provider Reference, if it was included.
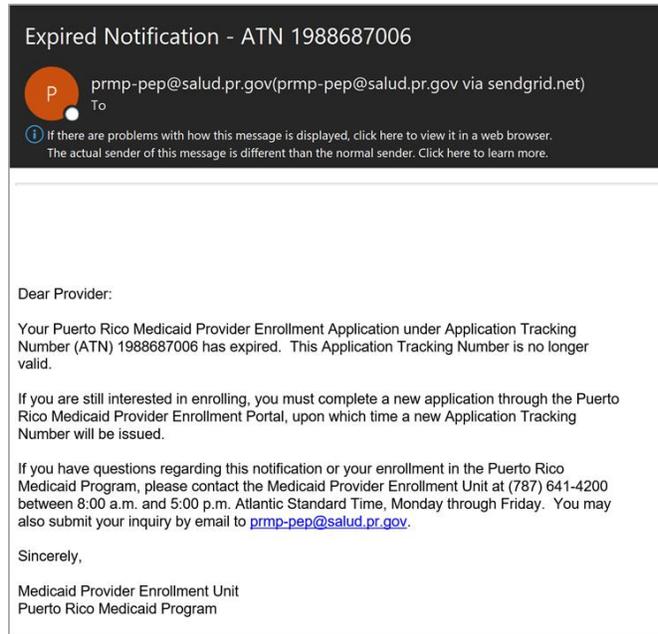

APPLICATION TRACKING NUMBER: *Keep your Application Tracking Number (ATN) stored safely where you will be able to find it. You will need this number to resume your enrollment and to register in the Secure Communications Website.*
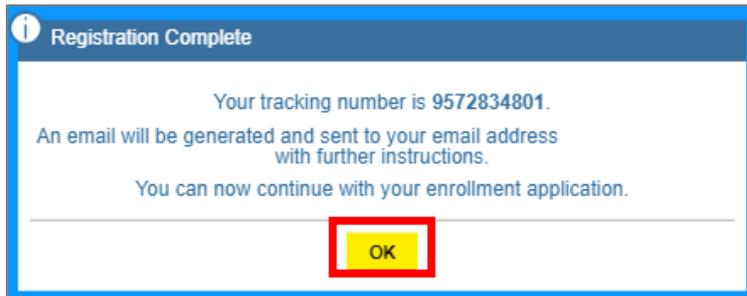
Make sure to check if your registration email was sent to your junk mail folder.

If you do not take action with your enrollment application within a 30-day period, your application will expire due to inactivity. A notification informing you that your application has expired will be sent to the registered email address for that application.

Example of a New Enrollment Expired Notification:

Expired Notification - ATN 1988687006

P   prmp-pep@salud.pr.gov(prmp-pep@salud.pr.gov via sendgrid.net)
     To

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

Dear Provider:

Your Puerto Rico Medicaid Provider Enrollment Application under Application Tracking
Number (ATN) 1988687006 has expired. This Application Tracking Number is no longer
valid.

If you are still interested in enrolling, you must complete a new application through the Puerto
Rico Medicaid Provider Enrollment Portal, upon which time a new Application Tracking
Number will be issued.

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

Sincerely,

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

5. Click **OK** on the pop-up window to start the enrollment process.

ⓘ Registration Complete

Your tracking number is **9572834801**.
An email will be generated and sent to your email address
with further instructions.
You can now continue with your enrollment application.

OK

A new blank enrollment application displays, with the Application's Tracking Number at the top of the screen.

ENROLLMENT STEPS: **Section 3** of this **Reference Guide** contains a general overview of all enrollment steps. Hold the CTRL button and click HERE to view **Section 3**.

To view the enrollment process steps in greater detail, including images of each step and requirements for your specific enrollment and provider type, refer to the Provider Enrollment Portal (PEP) Enrollment Steps Reference Guide for your enrollment type.

2.2   Manage Password

In the **Manage Password** section of the PEP, you have the option of resetting your enrollment application password.

Quick Reference – Manage Password

Table 3 – Manage Password

Step	Task	Action	Result
Start from PEP Home page.			
1	Access Manage Password page.	Click Menu, then Provider Enrollment, then Manage Password.	Manage Password page displays.
2	Enter credentials to reset password.	Enter your ATN, existing password, and new password in the required fields.	Requirements to reset password are added successfully.
3	Reset password.	Click Submit to save new password.	a) Password is reset. b) An email is sent to the registered email address acknowledging password reset.

Detailed Steps

1. In the Provider Enrollment dropdown, click **Manage Password**.

2. In the Reset Password panel, enter your ATN, existing password, and new password.
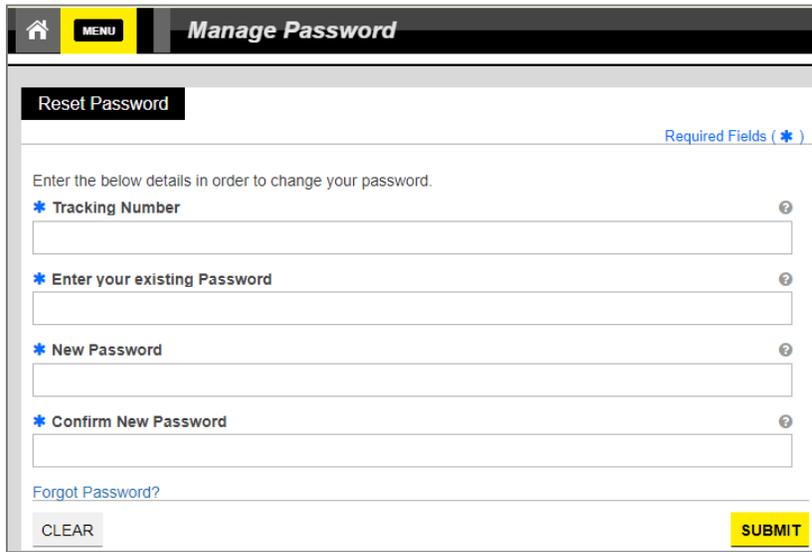
ENROLLMENT PASSWORD: *If you do not remember the password that you created when registering your enrollment application, verify the email sent with your ATN. This email contains a hint of the password that you created (first/last character of the password and length).*
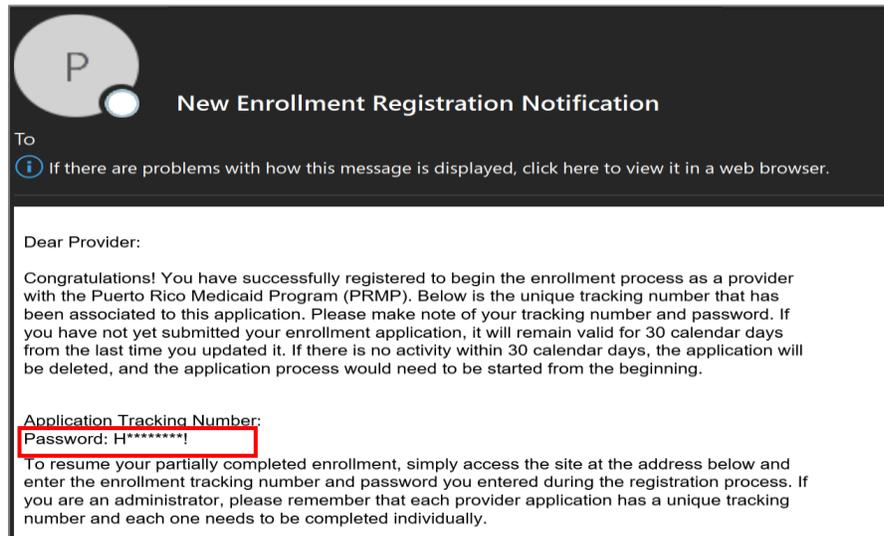
If a hint is not enough to remind you of your password, click the Forgot Password link located at the bottom of the panel.

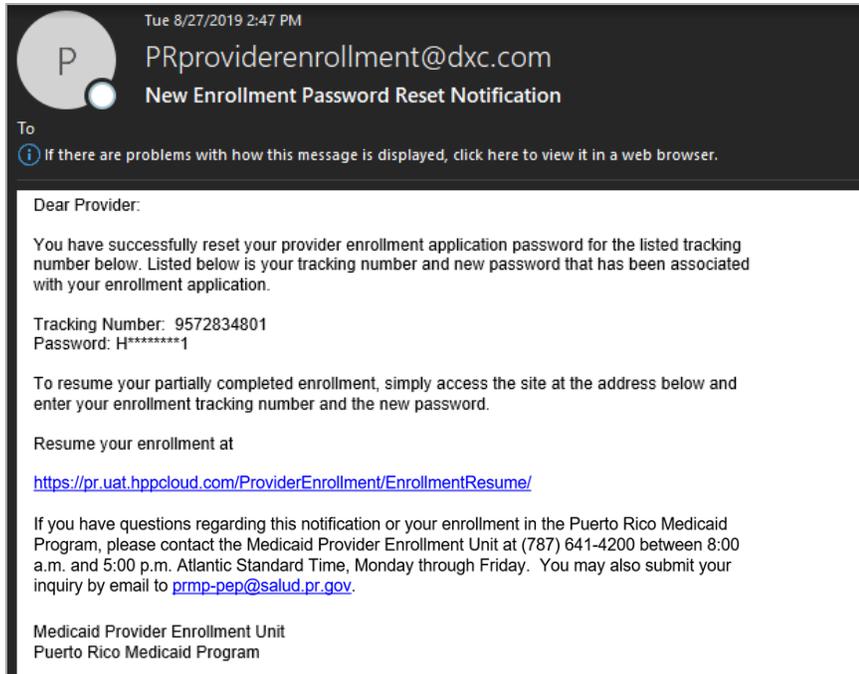*Enter your ATN in the displayed pop-up window to generate a One-Time Password (OTP)*

3. Click **Submit** at the bottom of the screen to save the new password.

Once the new password is submitted:

  a. Enrollment application password is reset.
  b. An email is sent to the registered email address acknowledging password reset.

Tue 8/27/2019 2:47 PM

P   PRproviderenrollment@dxc.com

New Enrollment Password Reset Notification

To

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

Dear Provider:

You have successfully reset your provider enrollment application password for the listed tracking number below. Listed below is your tracking number and new password that has been associated with your enrollment application.

Tracking Number: 9572834801
Password: H********1

To resume your partially completed enrollment, simply access the site at the address below and enter your enrollment tracking number and the new password.

Resume your enrollment at

https://pr.uat.hppcloud.com/ProviderEnrollment/EnrollmentResume/

If you have questions regarding this notification or 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.

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

2.3 Cancelling an Enrollment

You may cancel a partially-completed enrollment application through the PEP Menu. This allows you to start a new enrollment application if your partially-completed application contained an error, such as an incorrect Enrollment or Provider Type that can not be modified.

Quick Reference – Cancelling an Enrollment

Table 4 – Cancelling an Enrollment

Step	Task	Action	Result
Start from PEP Home page.			
1	Access Cancel Enrollment page.	Click Menu, then Provider Enrollment, then Cancel Enrollment.	Cancel Enrollment page displays.
2	Enter enrollment credentials.	Enter your Application Tracking Number (ATN) and enrollment password, then click Submit.	The entered enrollment application is cancelled.

Detailed Steps

1. In the Provider Enrollment dropdown, click **Cancel Enrollment**.

2. The Cancel Enrollment page displays. Enter your enrollment application's tracking number (ATN) and password created during your enrollment registration in the indicated fields.

FORGOT ENROLLMENT PASSWORD: *To view the steps discussed in **Section 2.2** for a forgotten enrollment password, hold CTRL button and click* HERE.

Click **Submit** once all required fields are completed.

Your enrollment cancellation confirmation will display in the next page.

2.4 Resume/Revalidate Enrollment

The Resume/Revalidate option allows you to complete an application that has not yet been submitted, edit a returned application, or start the provider enrollment revalidation process.

Revalidation is required every 3 years for all providers.

Quick Reference – Resume/Revalidate Enrollment

Table 5 – Resume/Revalidate Enrollment

Step	Task	Action	Result
Start from PEP Home page.			
1	Access Resume Enrollment page.	Click Menu, then Provider Enrollment, then Resume/Revalidate Enrollment.	Resume/Revalidate Enrollment screen is displayed.
2	Add enrollment credentials.	Enter your application tracking number and enrollment password.	Credentials to resume/revalidate an enrollment are added.
3	Submit Resume/Revalidate enrollment credentials.	Click Generate Authentication Code at the bottom of the page.	The relevant enrollment application displays after completing a two-factor authorization process. a. Resume Enrollment: displays enrollment to continue. b. Revalidate Enrollment: displays new revalidation application. c. Revalidation Enrollment with Owner Association Data.

Detailed Steps

1. In the Provider Enrollment dropdown, click **Resume/Revalidate Enrollment**.
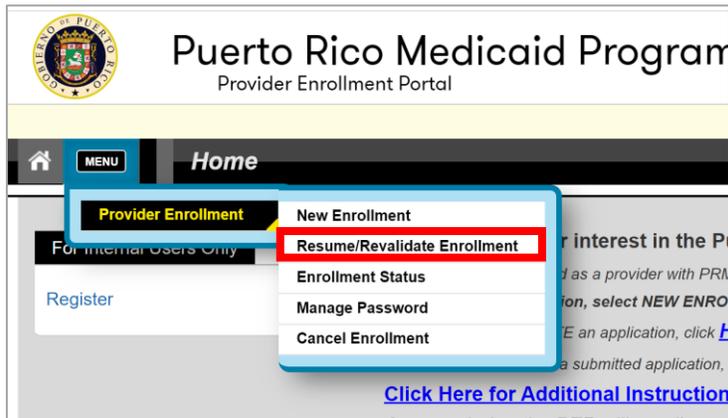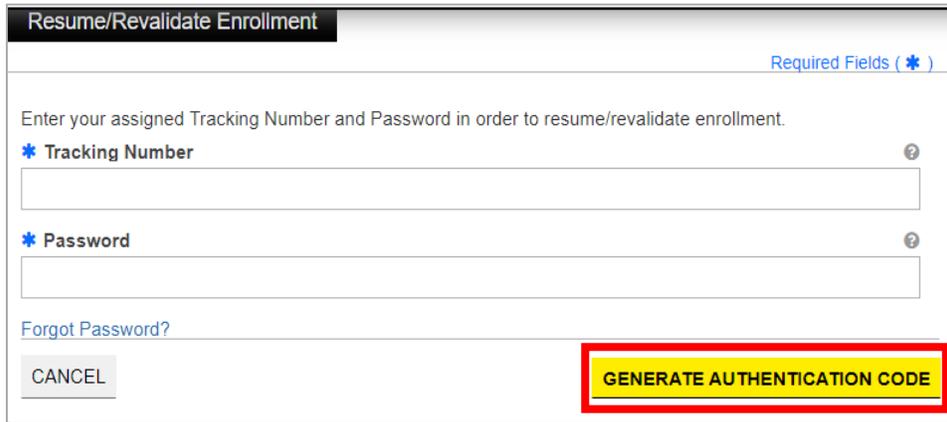
2. Enter your ATN and Password created during enrollment registration in the indicated fields. If this is a Revalidation, an ATN and Password will be provided in a Revalidation notification.
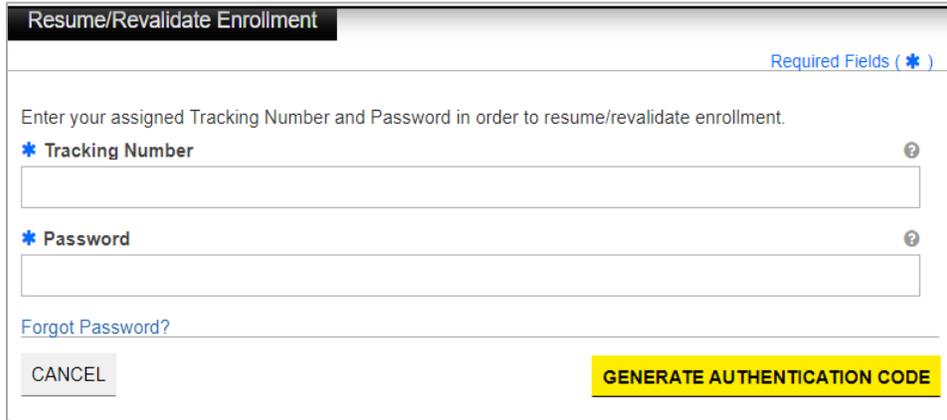
Resume/Revalidate Enrollment

Required Fields (✱)

Enter your assigned Tracking Number and Password in order to resume/revalidate enrollment.

✱ **Tracking Number**   ❓

✱ **Password**   ❓

Forgot Password?

CANCEL   **GENERATE AUTHENTICATION CODE**

🎓 ***FORGOT ENROLLMENT PASSWORD****: To view the steps discussed in **Section 2.2** for a forgotten enrollment password, hold CTRL button and click HERE.*

3. Click **Generate Authentication Code** at the bottom of the page to submit your credentials.

Resume/Revalidate Enrollment

Required Fields (✱)

Enter your assigned Tracking Number and Password in order to resume/revalidate enrollment.

✱ **Tracking Number**   ❓

✱ **Password**   ❓

Forgot Password?

CANCEL   **GENERATE AUTHENTICATION CODE**

🎓 ***NOTE****: After clicking the Generate Authentication Code button, you will have to complete a two-factor authorization process to continue to the next page.*

A new page displays the relevant enrollment application.

a. If you are **resuming an enrollment application**: The partially-completed application displays, starting with the last step you had completed. You can resume completing the application.

b. If you are **<u>revalidating an enrollment</u>**: The new revalidation application displays.

The application steps will be pre-populated with the following data obtained from previous enrollment(s):

- General page (Initial Enrollment Information and Provider Information panels)
- Specialties
- Addresses (including Hours of Operation)
- Organization
- Associations
- Credentials
- Provider Type
- Others

The application also displays grayed-out fields that are filled with information from the previous enrollment application.
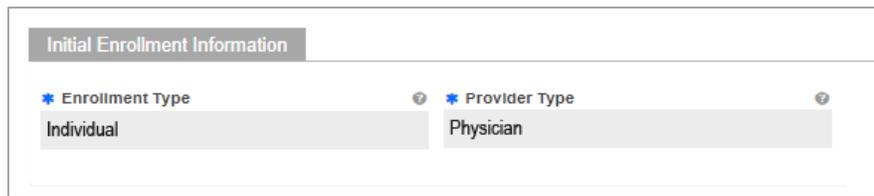
Initial Enrollment Information			
✱ Enrollment Type	❓	✱ Provider Type	❓
Individual		Physician	

<u>NOTE:</u> These fields are read-only and cannot be modified during the revalidation process. If modification is needed, contact customer service.

Read-only fields can include:

- Enrollment type
- Provider type
- Birth date (if applicable)
- NPI
- SSN (if applicable)
- EIN (if applicable)
- Legal name
- Tax name

You may update any fields that are not grayed out (i.e., white fields).

Review each application page before submitting to ensure that all questions are answered and any incorrect information has been updated.

c. Revalidation Enrollment with Owner Association Data.

When you get to the Disclosure page you will see the 'Ownership and Control Interest' under the Disclosure Form Column. The Status Colum will show the word **Started**. This is a button and the user needs to click on it to finish the disclosure for the Ownership and Control Interest panel. There could be more than one panel to edit.

The View Ownership and Control Interest subpanel will be displayed after the **Started** action has been selected.

When you edit the Owner, the panel will open for the Ownership and Control Interest to edit the information and check what is prepopulated. Make sure to edit each one of the owners listed in order to complete this disclosure and continue the revalidation enrollment.

Complete the owner information and save the data. Continue to edit each owner until all have been saved.

Once all owner information has been saved click the close button on the pop up panel.
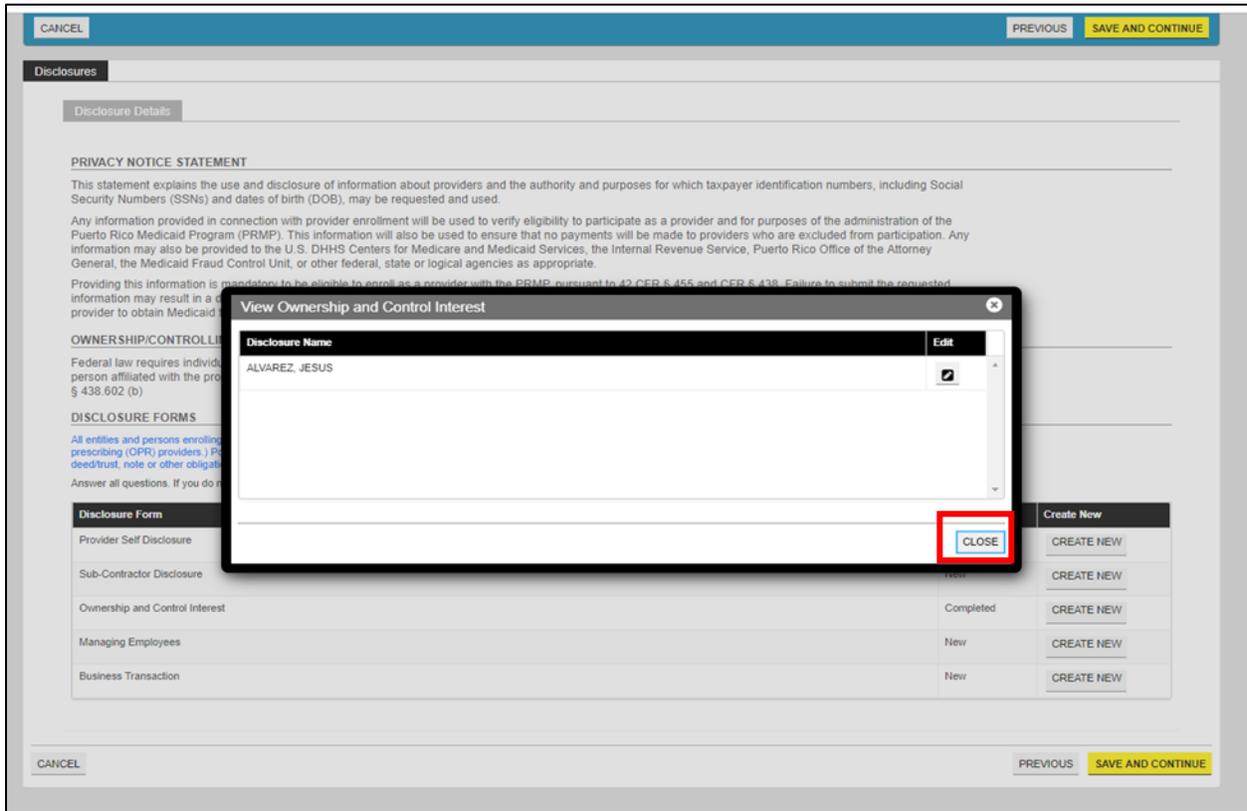
The disclosure for Ownership and Control Interest will be marked complete and the you can continue with the enrollment.
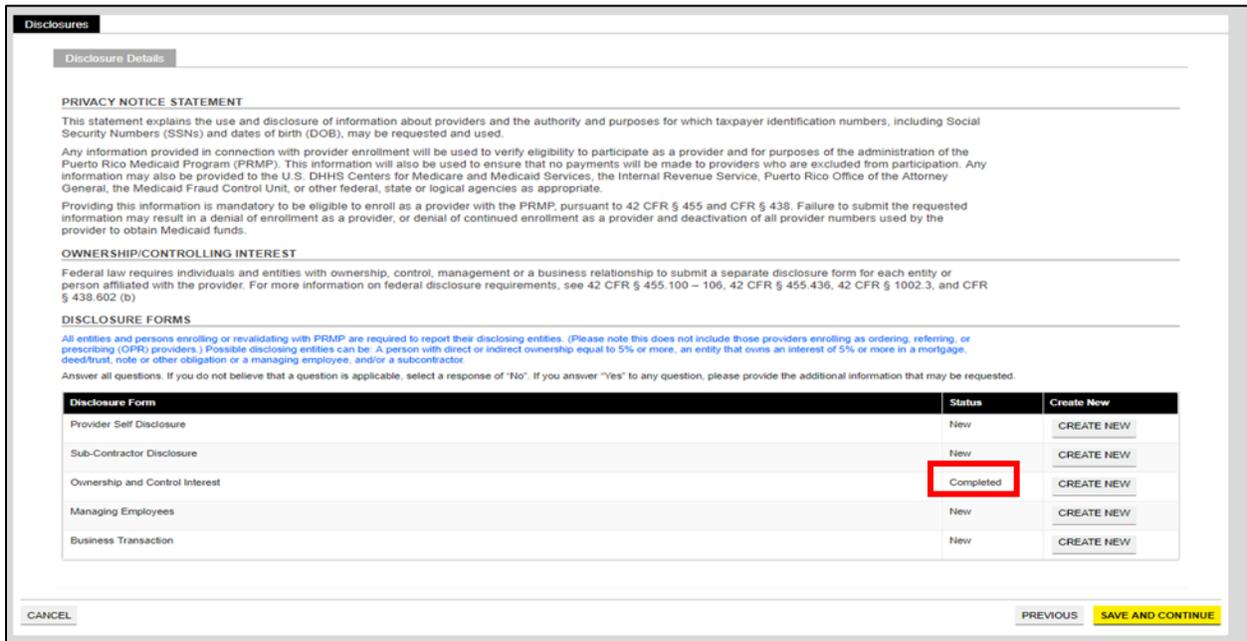
Once each section is filled in all disclosures will be marked complete. You will be able to add attachments and then submit the application. Once it is submitted an email is sent with this information.

You may also go to the enrollment status menu option and enter the ATN and password to see the status of the revalidation enrollment.

2.5 Enrollment Status

Once the enrollment application is submitted, you can verify the status of your enrollment application through the PEP.

Quick Reference – Enrollment Status

Table 6 – Enrollment Status

Step	Task	Action	Result
Start from PEP Home page.			
1	Access Enrollment Status page.	Click Menu, then Provider Enrollment, then Enrollment Status.	Enrollment Status credentials page displays.
2	Add enrollment credentials.	Enter your ATN and application password, then click Generate Authentication Code.	Enrollment Status displays after completing a two-factor authorization process.

Detailed Steps

1. In the Provider Enrollment dropdown, click **Enrollment Status**.

2. The Enrollment Status credentials page displays. Enter your enrollment application's tracking number and password created during your enrollment registration in the indicated fields.

*FORGOT ENROLLMENT PASSWORD: To view the steps discussed in **Section 2.2** for a forgotten enrollment password, hold CTRL button and click HERE.*

Click **Generate Authentication Code** once all required fields are completed.

NOTE: After clicking the Generate Authentication Code button, you will have to complete a two-factor authorization process to continue to the next page.

Your application's Enrollment Status displays.

NOTE: If you have questions regarding your enrollment in the Puerto Rico Medicaid Program (PRMP), please submit your inquiry by email to prmp-pep@salud.pr.gov OR contact the Medicaid Provider Enrollment Unit at (787) 641-4200.

3 Enrollment Process Overview

The enrollment process in PEP has various steps that you must complete in order to submit your enrollment application. Below is a flowchart demonstrating the overall enrollment process steps in chronological order as they may appear in your enrollment, followed by a general description of each enrollment step.

NOTE: To view the enrollment process steps described in greater detail, including images of each step and requirements for your specific enrollment and provider type, refer to the Provider Enrollment Portal (PEP) Enrollment Steps Reference Guide for your enrollment type.

3.1 Enrollment Process Flowchart

General Information	→	Specialties	→	Service Location	→	Addresses

Capacities	→	Organization	→	Associations	→	Credentials

Provider Type	→	Other	→	Disclosures	→	Background Check

Attachments	→	Fees	→	Agree/Submit
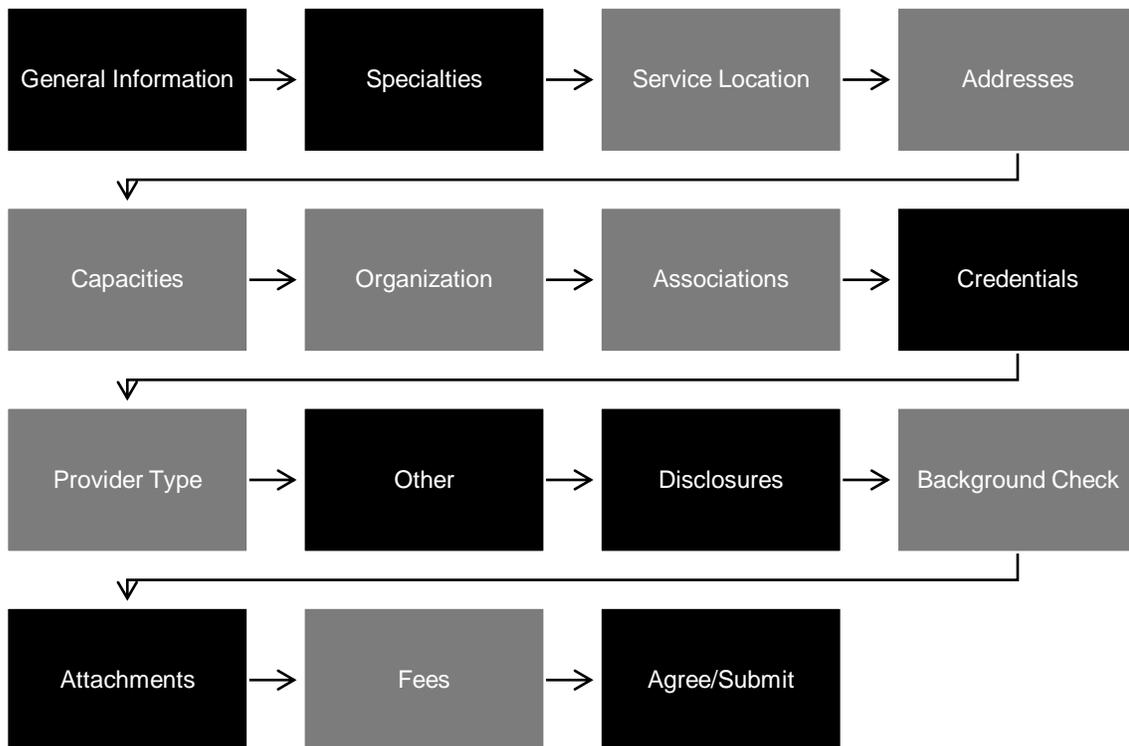
LEGEND:

■ – Step is required for all Enrollment/Provider types

▦ – Step is required based on Enrollment/Provider type, or other details

3.2 Enrollment Steps Description

1. **General Information** – Choose your enrollment and provider type, and add general information pertaining to your enrollment. Information added in this step includes provider information, general credential information, contact information, and home address.

2. **Specialties** – Add specialties and taxonomies for the provider type that you selected in the General Information step.

3. **Service Location** – Add the service location address and all information related to that address (phone number, hours of operation, service address information, etc.).

4. **Addresses** – If applicable, add additional address types apart from the Service Location address. Examples include Pay To and Mail To addresses.

5. **Capacities** – Add additional specialty details, if determined to be required by your provider type and specialty disclosed in previous steps.

6. **Organization** – If applicable, add organizational details such as organization type and tax classifications.

7. **Associations** – If applicable, disclose individual or group associations for your enrollment type. This step is optional and is limited to adding associations with providers that are already enrolled.

8. **Credentials** – Add all relevant licensure and Medicare participation information. Credentials can include Degree, License, DEA, Medicare, and Medicaid.

9. **Provider Type** – If applicable, add provider type required credentials. Provider credentials can include CLIA, Bed Information, Level of Maternal Care, Surety Bond information, and Collaborating Physician.

10. **Other** – Add additional required credentials. Other credentials can include Languages, Certifications, Facility Accreditations, Additional Information, and Malpractice Information.

11. **Disclosures** – Complete the disclosure forms displayed, which can include Provider Self Disclosure, Sub-Contractor Disclosure, Ownership and Control Interest, Managing Employees, and Business Transaction.

12. **Background Check** – View additional requirements for high-risk Providers.

13. **Attachments** – Add the required supporting documentation listed for your enrollment application.

14. **Fees** – If applicable, answer application fee questions and pay the amount due.

15. **Agreement/Submit** – Accept the terms and conditions contained within the Provider Agreement and review the information displayed. Once this is completed, obtain a verification code and submit your enrollment.