



GOVERNMENT OF PUERTO RICO

Department of Health  
Medicaid Program

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# 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



## 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

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# 1 Acronyms

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

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

**Table 1 – Acronyms**

Acronyms	Definition
ATN	Application Tracking Number
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.prmms.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: <a href="https://pr.hppcloud.com">https://pr.hppcloud.com</a>			
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.	<ol style="list-style-type: none"> <li>a. Application Tracking Number (ATN) displays on a pop-up window.</li> <li>b. An email is sent to the registered email address with registration details specific to this application.</li> </ol>
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.

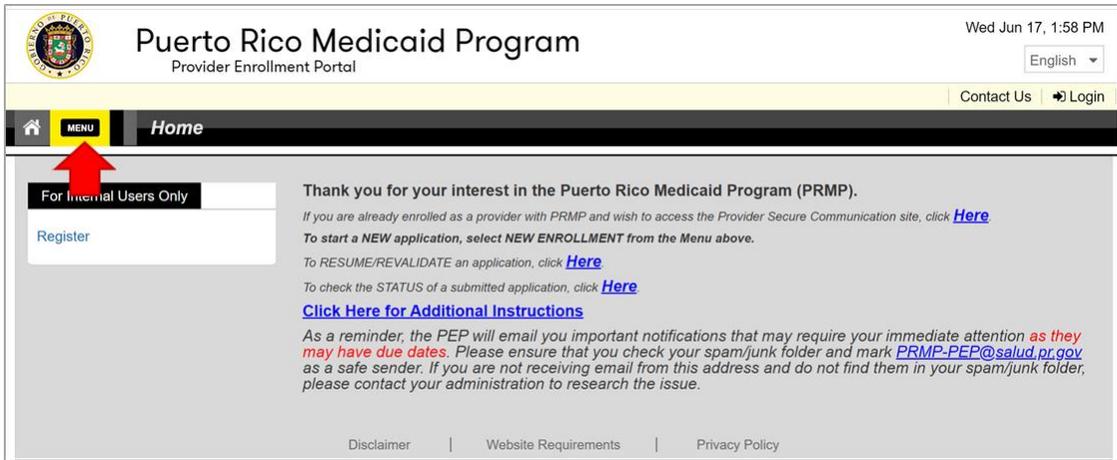
### Detailed Steps

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.

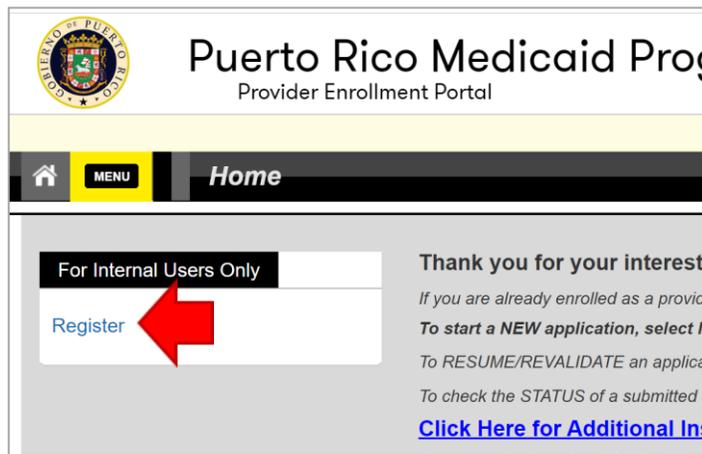
Supported internet browsers include:

- 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)

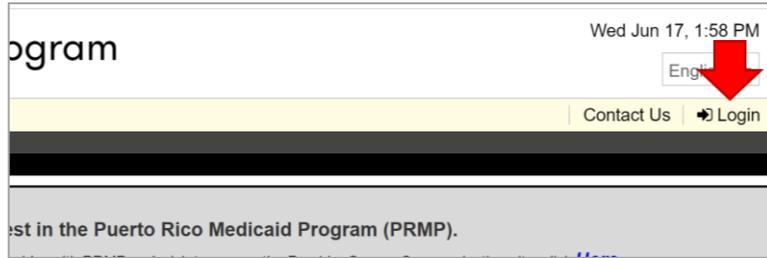
Once in the PEP Homepage, click the **Menu** button and from the Provider Enrollment dropdown menu, select **New Enrollment**.



**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.



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

Generated Pre-Checklist Example:

**Healthcare Solutions**  
Modular Payer System

**Pre-Enrollment Checklist**

**Criteria**

<b>Enrollment Type</b> Facility	<b>Provider Type</b> Ambulance
<b>Speciality Type</b> 263-Category III - Ambulance - Rolling Emergency Room	<b>Tax ID Type</b> <input checked="" type="radio"/> EIN <input type="radio"/> SSN

**Are you Medicare enrolled?**  
 Yes  No

**Results**

Please find below the credentials and documents required to complete the enrollment application. The requirements may still vary based on any other criteria that you may enter during the enrollment application. All the credentials mentioned here that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

- License details are required.
- Languages details are required.
- Malpractice Information details are required.
- Application Fee details are required.

**Required Attachments:**

- Federal W-9 Form details are required.
- License details are required.
- Malpractice/Liability Insurance details are required.

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

**Welcome**

Welcome to the Provider Enrollment Portal (PEP) for the Puerto Rico Medicaid Program (PRMP)

To start a NEW application please click the "Start" button in the bottom right corner to begin the enrollment process. The application will automatically save each time you click "Continue".

To RESUME/REVALIDATE an application, click [Here](#).

Group members (individuals within a group) only need to be enrolled once and may affiliate to multiple enrolled groups. All attachments must be complete, legible and current. Be sure to retain copies of any supporting documentation for your records.

You will be notified via email if your application cannot be processed because it is incomplete, or the information is incorrect.

For a list of credentials and documents required to complete your enrollment application, complete the required fields below and click the "Generate Pre-Checklist" button.

Additional Resources:

For general enrollment Frequently Asked Questions (FAQs) click [Here](#).

For additional Guidance, please review the PEP Reference Guide(s) and Computer Based Training (CBT) courses [Here](#).

For questions related to 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 contact the unit by email to prmp-pep@salud.pr.gov.

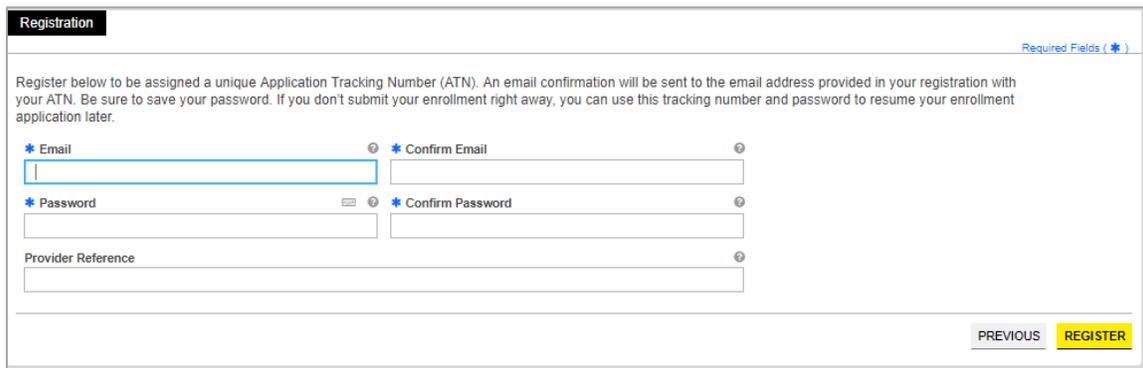
**START** ← **START**

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.

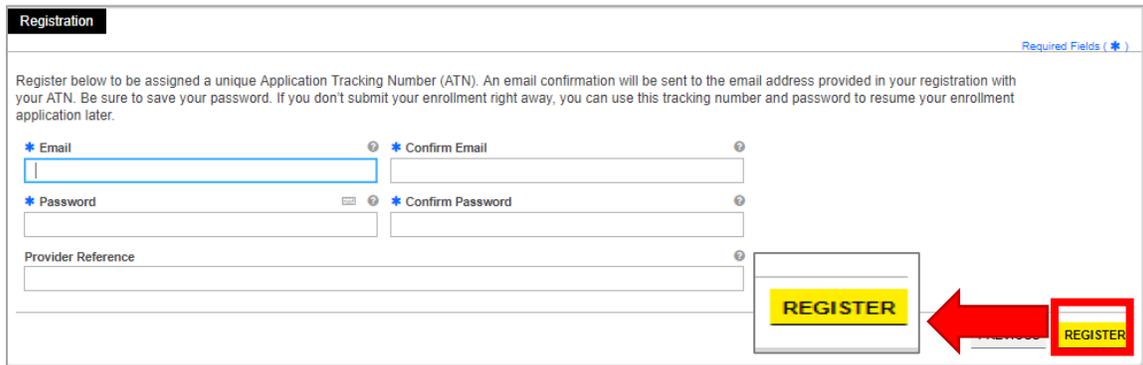
- c. **Provider Reference** – This field is optional. It is used to enter internal reference information to help you identify the enrollment application. Information entered here should not exceed 100 characters.



The screenshot shows the 'Registration' page with the following fields and buttons:

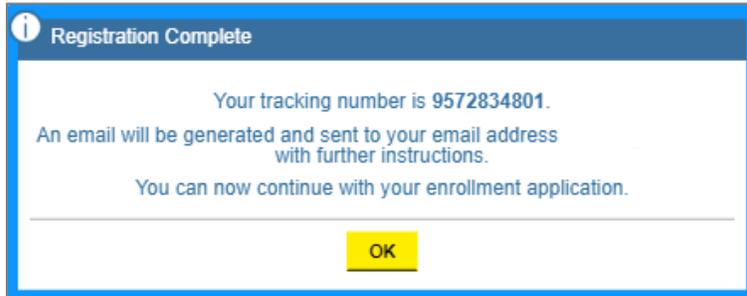
- Email** (required field)
- Confirm Email** (required field)
- Password** (required field)
- Confirm Password** (required field)
- Provider Reference** (optional field)
- PREVIOUS** button
- REGISTER** button (highlighted in yellow)

4. Once all required information is entered in the relevant fields, click the **Register** button on the bottom right corner.

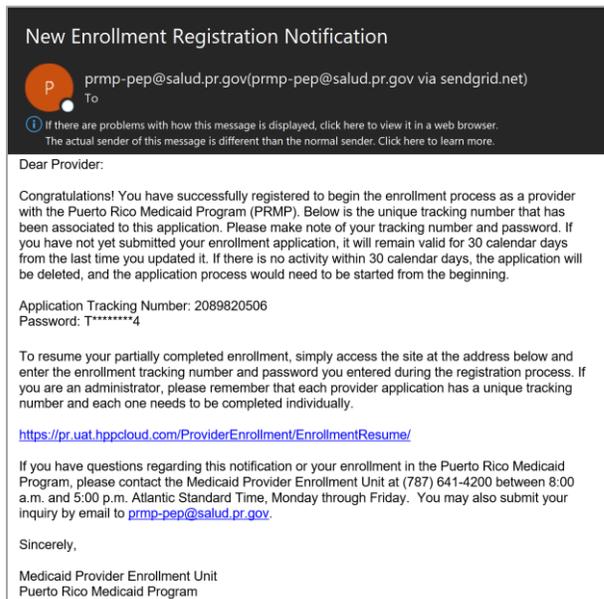


This screenshot is identical to the previous one, but includes a red arrow pointing from the right towards the yellow 'REGISTER' button, indicating the next step in the process.

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.

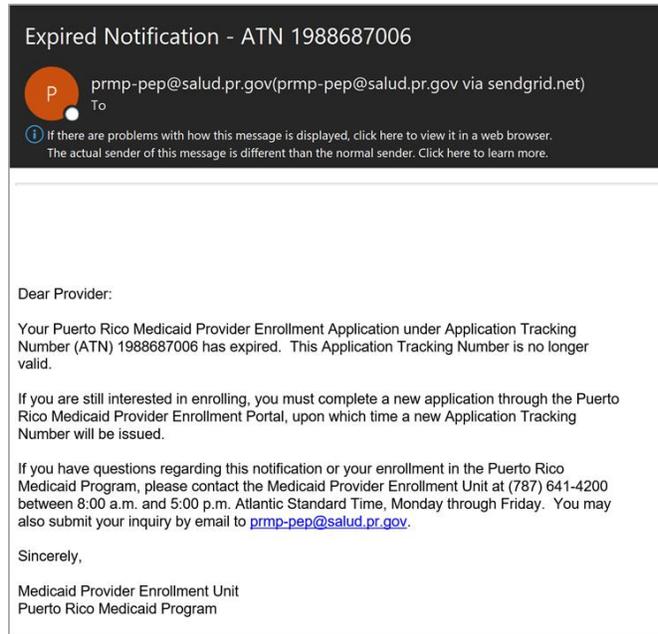


**APPLICATION TRACKING NUMBER:** Keep your Application Tracking Number (ATN) stored safely where you will be able to find it. You will need this number to resume your enrollment and to register in the Secure Communications Website.

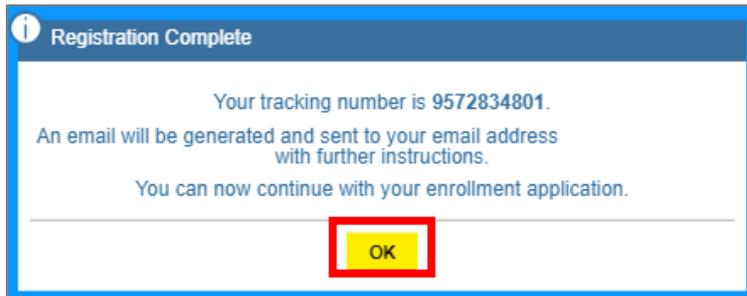
Make sure to check if your registration email was sent to your junk mail folder.

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:*



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



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

The screenshot displays the Puerto Rico Medicaid Program Provider Enrollment Portal. At the top, the header includes the program name and a welcome message for Natalia Carril. Below the header is a navigation menu with 'Provider Enrollment' and 'General Information' options. The main content area shows a 'Tracking Number: 9572834801' and a 'General' tab. Under the 'General' tab, there is a section for 'Initial Enrollment Information' with four required fields: 'Enrollment Type' (dropdown menu), 'Provider Type' (dropdown menu), 'Effective Date' (calendar icon), and 'Receipt Date' (calendar icon).



**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

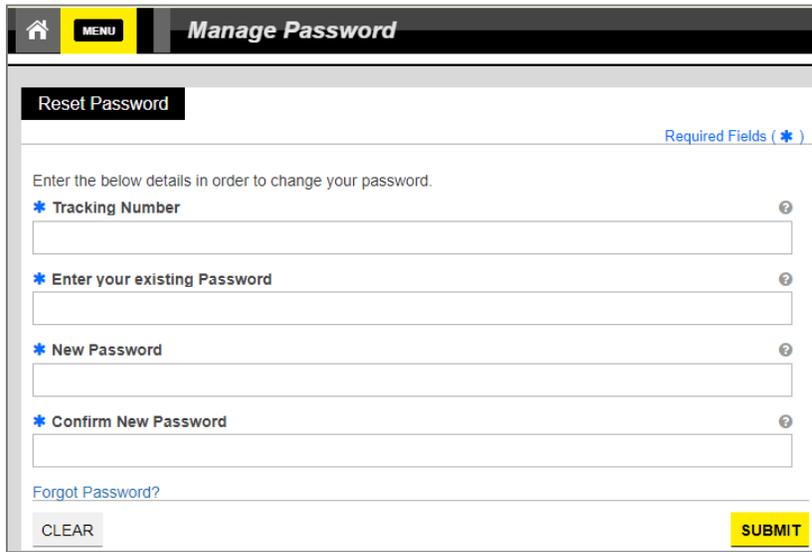
Step	Task	Action	Result
Start from PEP Home page.			
1	Access Manage Password page.	Click Menu, then Provider Enrollment, then Manage Password.	Manage Password page displays.
2	Enter credentials to reset password.	Enter your ATN, existing password, and new password in the required fields.	Requirements 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**.



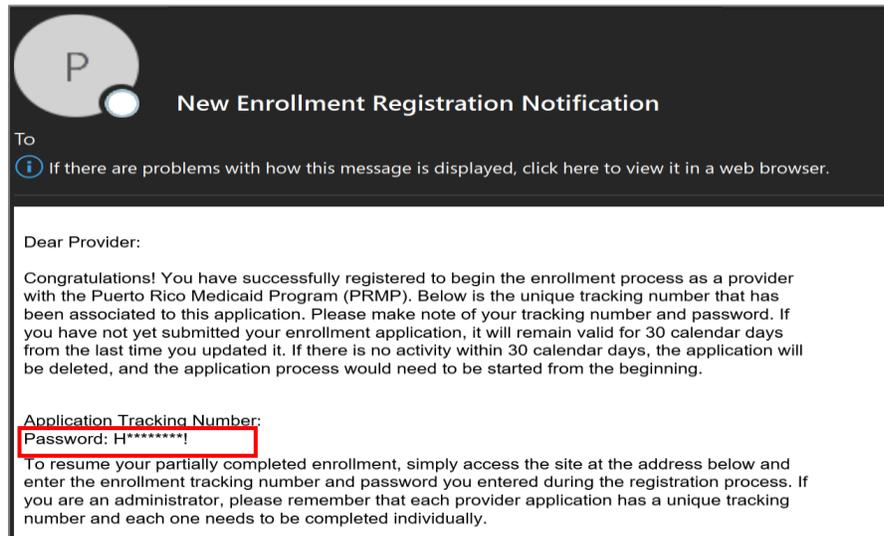
2. In the Reset Password panel, enter your ATN, existing password, and new password.



The screenshot shows the 'Manage Password' interface. At the top, there is a navigation bar with a home icon, a 'MENU' button, and the title 'Manage Password'. Below this is a 'Reset Password' section. A blue link 'Required Fields (\*)' is visible. The instructions state: 'Enter the below details in order to change your password.' There are four required input fields: 'Tracking Number', 'Enter your existing Password', 'New Password', and 'Confirm New Password'. Each field has a question mark icon to its right. Below the fields is a 'Forgot Password?' link. At the bottom left is a 'CLEAR' button, and at the bottom right is a yellow 'SUBMIT' button.



**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).



The screenshot shows an email notification titled 'New Enrollment Registration Notification'. It features a circular profile picture with the letter 'P'. The recipient is listed as 'To'. Below this is an information icon and a link: 'If there are problems with how this message is displayed, click here to view it in a web browser.' The main body of the email starts with 'Dear Provider:' followed by a congratulatory message: 'Congratulations! You have successfully registered to begin the enrollment process as a provider with the Puerto Rico Medicaid Program (PRMP). Below is the unique tracking number that has been associated to this application. Please make note of your tracking number and password. If you have not yet submitted your enrollment application, it will remain valid for 30 calendar days from the last time you updated it. If there is no activity within 30 calendar days, the application will be deleted, and the application process would need to be started from the beginning.' Below this, there are two lines of text: 'Application Tracking Number:' and 'Password: H\*\*\*\*\*!'. The 'Password' line is highlighted with a red rectangular box. The email concludes with instructions: 'To resume your partially completed enrollment, simply access the site at the address below and enter the enrollment tracking number and password you entered during the registration process. If you are an administrator, please remember that each provider application has a unique tracking number and each one needs to be completed individually.'



If a hint is not enough to remind you of your password, click the *Forgot Password* link located at the bottom of the panel.

The screenshot shows the 'Manage Password' interface. At the top, there is a navigation bar with a home icon, a 'MENU' button, and the title 'Manage Password'. Below this is a 'Reset Password' section with a 'Required Fields (\*)' indicator. The instructions state: 'Enter the below details in order to change your password.' There are four required input fields: 'Tracking Number', 'Enter your existing Password', 'New Password', and 'Confirm New Password'. Each field has a question mark icon. At the bottom left of the form is a 'CLEAR' button, and at the bottom right is a yellow 'SUBMIT' button. A red rectangular box highlights the 'Forgot Password?' link located below the input fields.

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

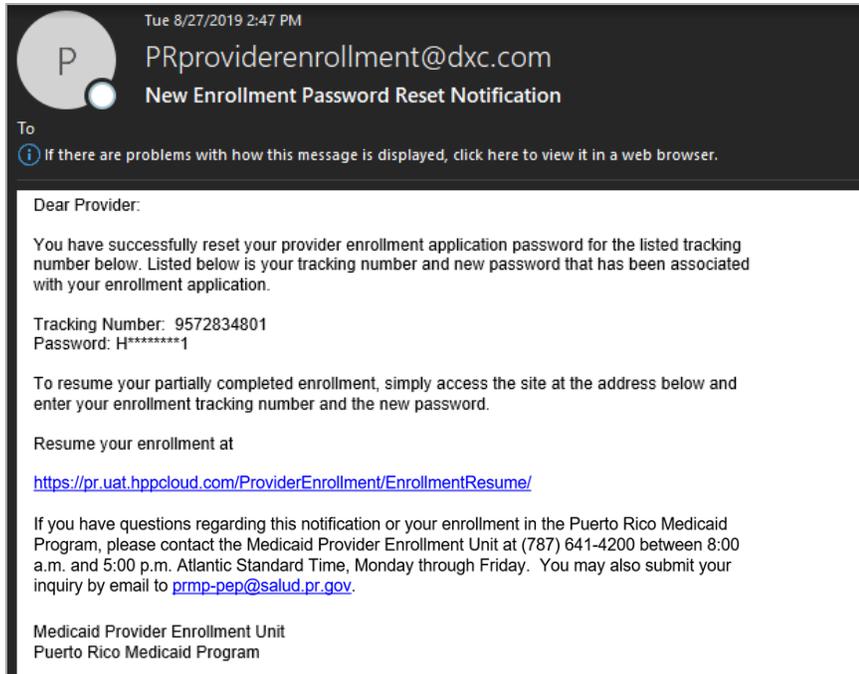
The screenshot shows a 'Generate OTP' pop-up window. It has a title bar with a close button (X). The main area contains a 'Required Fields (\*)' indicator and a single input field labeled 'Tracking Number' with a question mark icon. To the right of the input field is a 'GENERATEOTP' button.

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

This screenshot is identical to the one above, showing the 'Manage Password' page with the 'Reset Password' form. The 'SUBMIT' button at the bottom right is now highlighted with a red rectangular box.

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.



## 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.

**Cancel Enrollment** Required Fields ( \* )

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to Cancel your unsubmitted enrollments.

If you have questions or concerns, please reach out to the Provider Enrollment Team [pmp-pep@salud.pr.gov](mailto:pmp-pep@salud.pr.gov)

\* Application Tracking Number ?

\* Password ?

[Forgot Password?](#)



**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.

**Cancel Enrollment** Required Fields ( \* )

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to Cancel your unsubmitted enrollments.

If you have questions or concerns, please reach out to the Provider Enrollment Team [pmp-pep@salud.pr.gov](mailto:pmp-pep@salud.pr.gov)

\* Application Tracking Number ?

\* Password ?

[Forgot Password?](#)

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.

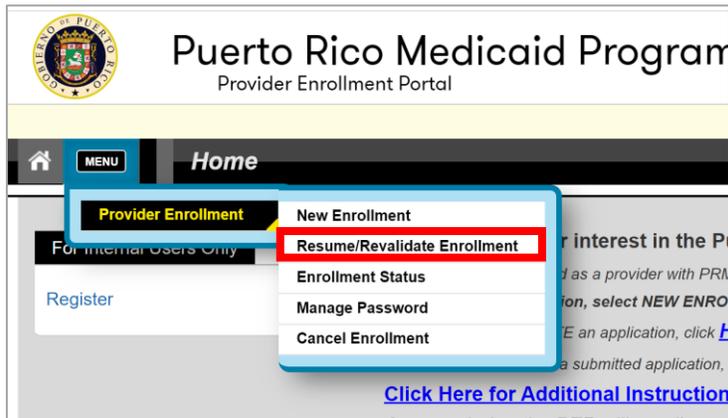
### Quick Reference – Resume/Revalidate Enrollment

Table 5 – Resume/Revalidate Enrollment

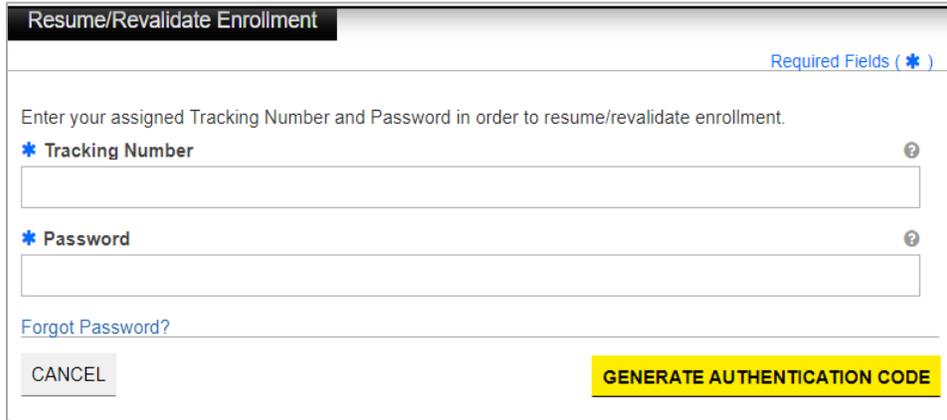
Step	Task	Action	Result
Start from PEP Home page.			
1	Access Resume Enrollment page.	Click Menu, then Provider Enrollment, then Resume/Revalidate Enrollment.	Resume/Revalidate Enrollment screen is displayed.
2	Add enrollment credentials.	Enter your application tracking number and enrollment password.	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. <ul style="list-style-type: none"> <li>a. Resume Enrollment: displays enrollment to continue.</li> <li>b. Revalidate Enrollment: displays new revalidation application.</li> <li>c. Revalidation Enrollment with Owner Association Data.</li> </ul>

### Detailed Steps

1. In the Provider Enrollment dropdown, click **Resume/Revalidate Enrollment**.

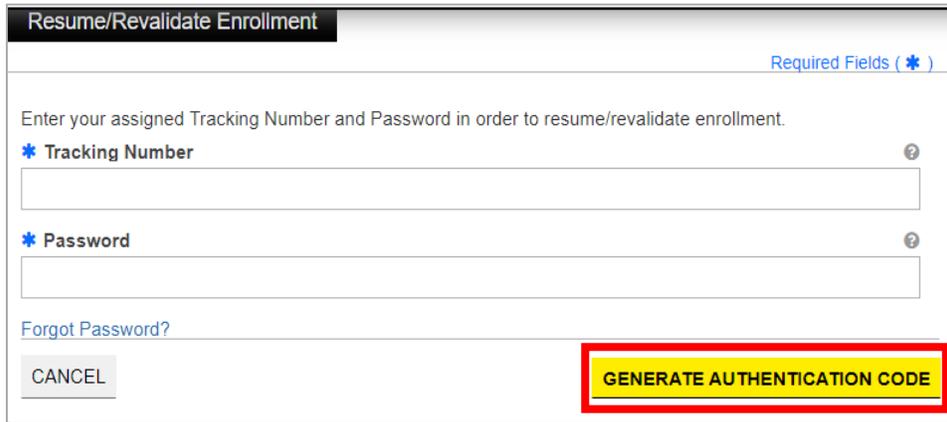


2. Enter your ATN and Password created during enrollment registration in the indicated fields. If this is a Revalidation, an ATN and Password will be provided in a Revalidation notification.



**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.



**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.

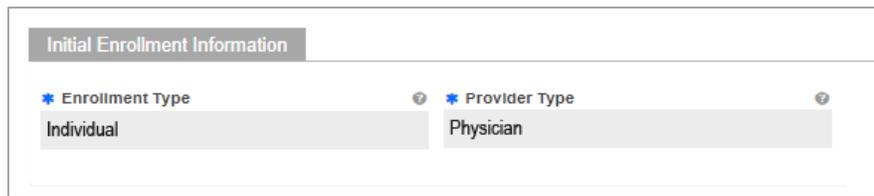
- a. If you are **resuming an enrollment application**: The partially-completed application displays, starting with the last step you had completed. You can resume completing the application.

- b. If you are **revalidating an enrollment**: 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.



The screenshot shows a form titled "Initial Enrollment Information". It contains two read-only fields: "Enrollment Type" with the value "Individual" and "Provider Type" with the value "Physician". Both fields are grayed out and have a small question mark icon in the top right corner.

**NOTE:** 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 Column 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.

Provider Enrollment Portal (PEP) Navigation Training Material – Reference Guide

**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 logical agencies as appropriate.

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

**OWNERSHIP/CONTROLLING INTEREST**

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

**DISCLOSURE FORMS**

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

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

Disclosure Form	Status	Create New
Provider Self Disclosure	New	CREATE NEW
Sub-Contractor Disclosure	New	CREATE NEW
Ownership and Control Interest	Started	CREATE NEW
Managing Employees	New	CREATE NEW
Business Transaction	New	CREATE NEW

CANCEL PREVIOUS SAVE AND CONTINUE

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

**Disclosures**

Disclosure Details

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

**OWNERSHIP/CONTROLLING INTEREST**

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

**DISCLOSURE FORMS**

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

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

Disclosure Form	Status	Create New
Provider Self Disclosure	New	CREATE NEW
Sub-Contractor Disclosure	New	CREATE NEW
Ownership and Control Interest	Started	CREATE NEW
Managing Employees	New	CREATE NEW
Business Transaction	New	CREATE NEW

**View Ownership and Control Interest**

Disclosure Name	Edit
ALVAREZ, JESUS	<input type="checkbox"/>

CLOSE

CANCEL PREVIOUS SAVE AND CONTINUE

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.

**Edit Ownership and Control Interest**

Required Fields ( 4 )

A person with an ownership or control interest means a person or corporation that has a direct or indirect ownership interest totaling 5% or more in the provider, is an officer or director of a provider organized as a corporation or non-profit, or is a partner in a provider organized as a partnership.

Providers are required to complete one form for each owner or controlling interest. If no person meets the criteria, select "No".

Is there any entity (individual or corporation) with an ownership or controlling interest in the disclosing entity as described above?

Yes  No

1. Is this entity an individual or a corporation?

Individual  Corporation

% interest  
5

Title  Legal Last Name  First Last Name  Second Last Name

First Name  Middle Name  Suffix  SSN  Birth Date

JESUS  M  583-42-0095  06/26/1950

Address Line 1  Address Line 2

158 CALLE FONT MARTELO

City  State  Country  ZIP Code

HUMACAO  Puerto Rico  United States  00791-3337

Email Address  Confirm Email

egospmanager@gmail.com  egospmanager@gmail.com

Effective Date  End Date

07/16/2020  12/31/9999

2. Does this entity have ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity?

Yes  No

3. Has this entity been convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid, Children's Health Insurance Program, or the Title XX services since the inception of these programs?

Yes  No

4. Has this entity previously participated or currently participates as a provider in any other state's Medicaid program or Medicare?

Yes  No

5. Has this entity ever had their billing privileges revoked or had their participation in the program terminated for cause?

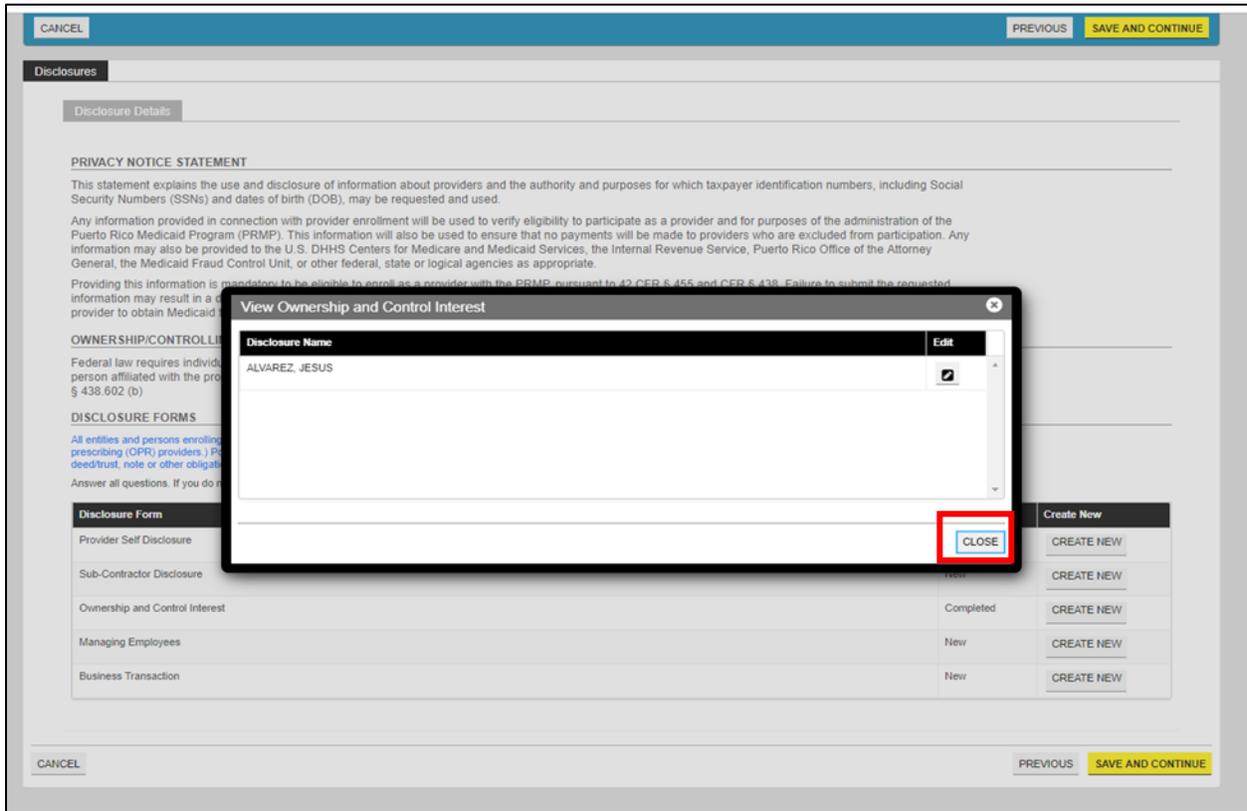
Yes  No

PREVIOUS SAVE AND CONTINUE

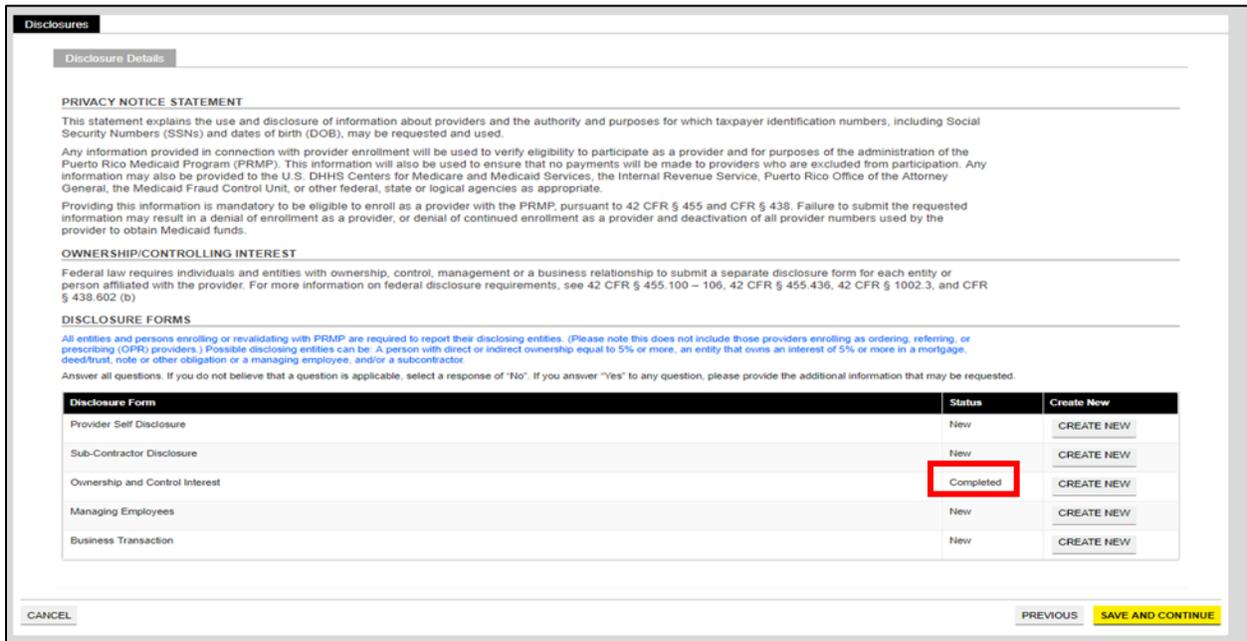
Complete the owner information and save the data. Continue to edit each owner until all have been saved.

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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.

The screenshot shows the 'Enrollment Status' page of the Puerto Rico Medicaid Program Provider Enrollment Portal. The page header includes the Puerto Rico state seal, the program name, and the current date and time (Thu Jul 16, 1:19 PM). A navigation bar shows 'Provider Enrollment' and 'Enrollment Status'. The main content area displays the following information:

Application Tracking Number	2782018292
Application Type	Revalidation
Submitted On	Thursday, July 16, 2020
Status	Pending
Status Date	7/16/2020

The word 'Pending' in the Status row is highlighted with a red box. A 'Print' button is visible in the top right corner of the content area.

## 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.

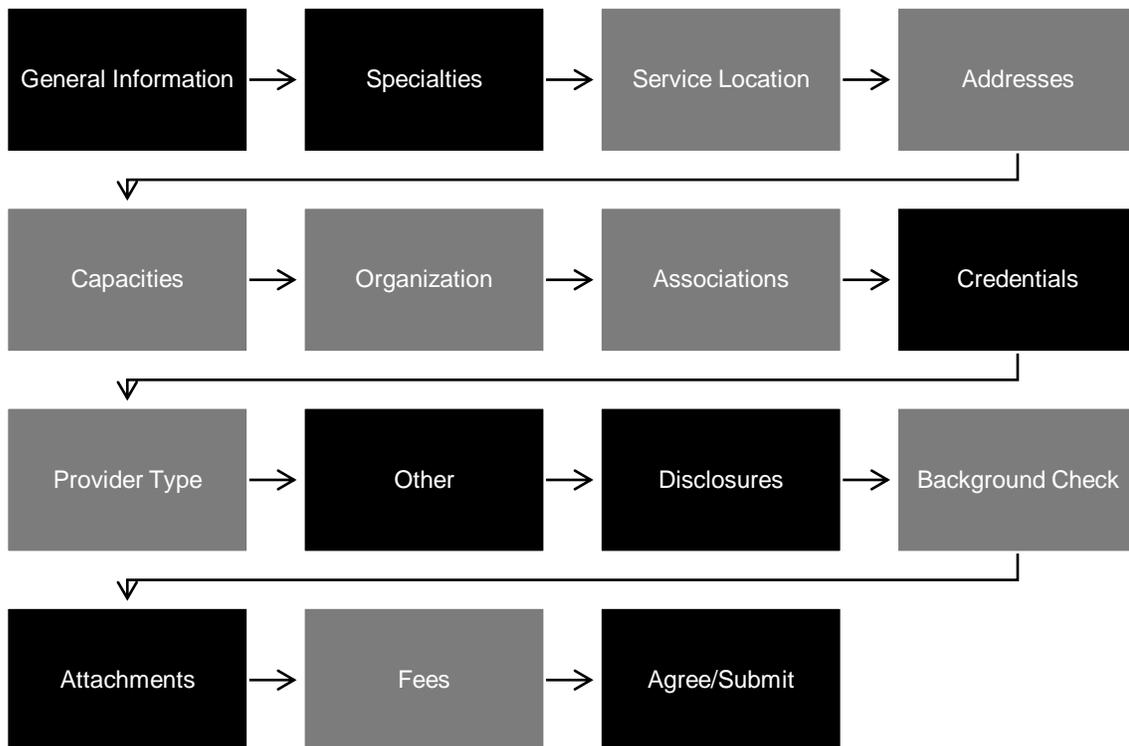
**NOTE:** If you have questions regarding your enrollment in the Puerto Rico Medicaid Program (PRMP), please submit your inquiry by email to [prmp-pep@salud.pr.gov](mailto:prmp-pep@salud.pr.gov) OR contact the Medicaid Provider Enrollment Unit at (787) 641-4200.

### 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



**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.