

DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

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Group_Ref_Guide

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

Phase Two Final User Documentation

Training Material – Reference Guide

Version 4.0

Change History

Version #	Date	Modified By	Description
4.0	05/12/2023	Gainwell Technologies	R19-R22 Updates
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1 Acronyms

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

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

Table 1 – Acronyms

Acronyms	Definition
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
ATN	Application Tracking Number
CLIA	Certified Laboratory Improvement Amendments
DDE	Direct Data Entry
DEA	Drug Enforcement Administration
EDI	Electronic Data Interchange
EIN	Employee Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identifier
IRS	Internal Revenue Service
LMS	Learning Management System
MCD	Medicaid ID
NPI	National Provider Identifier
PDF	Portable Document Format
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PII	Personally Identifiable Information
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
RTP	Return to Provider
SSN	Social Security Number
URL	Uniform Resource Locator

2 Overview

The **Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group Reference Guide** includes enrollment application instructions and notifications applicable to providers wishing to enroll in the Puerto Rico Medicaid Program (PRMP) using the Provider Enrollment Portal (PEP). In order to complete an application for enrollment as an Individual provider within a Group in the PRMP, you must complete all required enrollment steps and submit your application for review.

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

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

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

After reading the **Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group Reference Guide**, Providers should be able to complete these learning objectives in PEP:

- Complete all required enrollment application steps
- Submit an enrollment application
- Understand the different notifications received from the Provider Enrollment Portal and the required actions to take

Note: This training guide contains fictitious information and does not contain Protected Health Information (PHI) or Personally Identifiable Information (PII) data.

3 New Enrollment Application

A new enrollment application displays after having completed the Enrollment Registration page.

To see the detailed steps for completing the Enrollment Registration page, refer to **Section 2.1** of the **Provider Enrollment Portal (PEP) Navigation Reference Guide**.

The Individual Within a Group enrollment type applies to practitioners who are rendering providers. All billing for the provider's services is provided by one or more groups. The group must already be enrolled. All billing for the individual provider's services is provided by one or more affiliated group entity.

The Enrollment Process for an Individual Within a Group 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

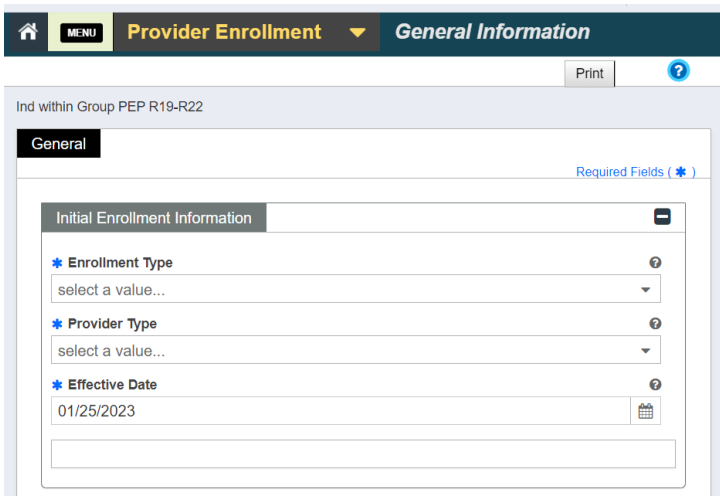
Quick Reference – General Information

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 drop-down list under Enrollment Type and select Individual Within a Group.	<ul style="list-style-type: none"> a. Pop-up window displays, indicating that once the application is saved, the Enrollment Type cannot be changed. b. The required enrollment steps and a progress bar display at the top of the page.
2	Select Provider Type.	Click the drop-down list under Provider Type and click the relevant Provider Type.	Pop-up window displays, indicating that once the application is saved, the Provider Type cannot be changed.
3	Add Effective Date.	Enter the date you wish the enrollment in PRMP to be effective.	Effective date is added
4	Add General Information.	Complete the rest of the General Information page, including: <ul style="list-style-type: none"> a. Provider Information and related questions b. Contact Information Click Save and Continue.	General Information is saved. Progress bar advances to the next available page.

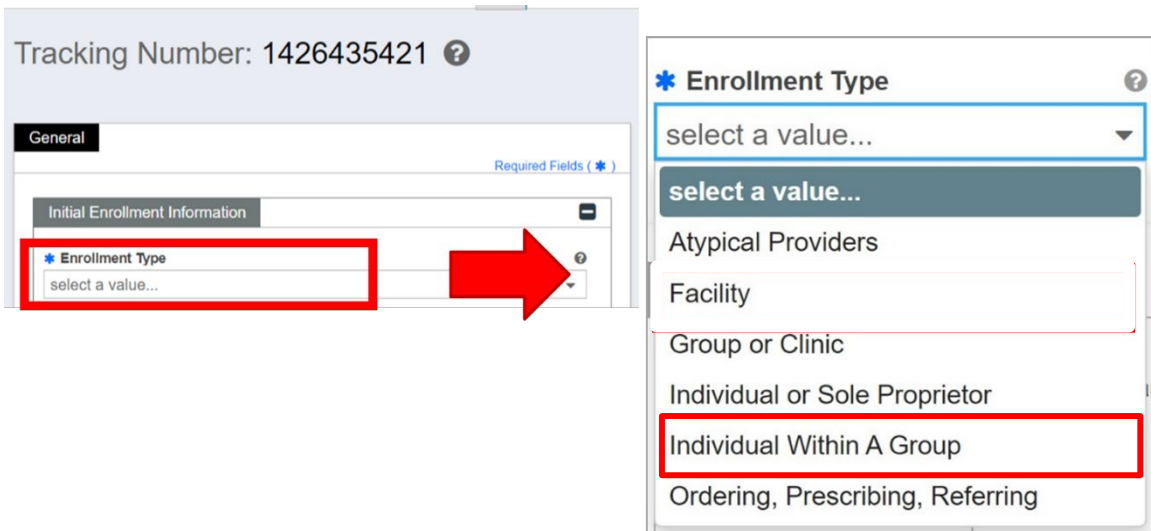
Detailed Steps

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



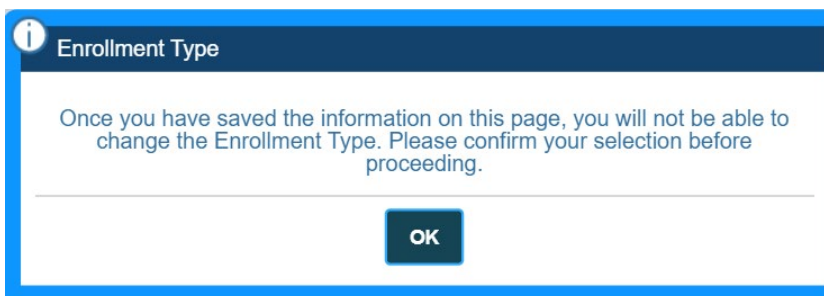
The screenshot shows the 'General Information' page for a provider enrollment. The 'Initial Enrollment Information' section is visible, containing three required fields: 'Enrollment Type' (a dropdown menu), 'Provider Type' (a dropdown menu), and 'Effective Date' (a date field). The 'Enrollment Type' field is highlighted with a red box.

In the Initial **Enrollment Information** section, click the drop-down list under **Enrollment Type** and select the “**Individual Within a Group**” option.



The screenshot shows the 'General Information' page with the 'Enrollment Type' dropdown menu open. The dropdown menu lists several options: 'Atypical Providers', 'Facility', 'Group or Clinic', 'Individual or Sole Proprietor', 'Individual Within A Group', and 'Ordering, Prescribing, Referring'. The 'Individual Within A Group' option is highlighted with a red box. A red arrow points from the dropdown menu to the 'Individual Within A Group' option.

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



The screenshot shows a pop-up window titled 'Enrollment Type'. The message inside reads: '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.' There is an 'OK' button at the bottom.

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



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

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

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



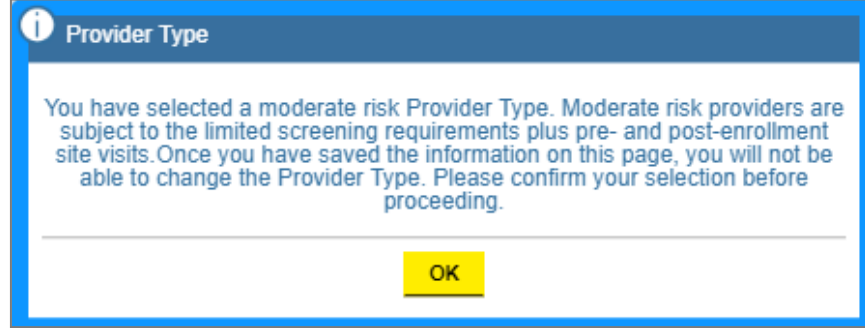
PROVIDER TYPE: The Provider Type drop-down list is dynamic based on the Enrollment Type selected. If you do not see your Provider Type in this list, verify that you have selected the correct Enrollment Type.

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



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

Example of Provider Type pop-up window with provider risk level disclosed:



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

General

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

Initial Enrollment Information

* Enrollment Type

Individual Within A Group

* Provider Type

select a value...

* Effective Date



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

4. Complete the remaining sections of the General information page.
 - a. **Provider Information and related questions** – Includes fields to enter identifying information about the provider being enrolled.

For an Individual Within a Group, this section displays individual-related fields.

Provider Information

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

Title

* Last Name on your T...

* First Last Name

Second Last Name

* First Name

Middle Name

Suffix

Gender

What is your ethnicity?

* Birth Date

* NPI

* SSN

* Preferred Communication Language



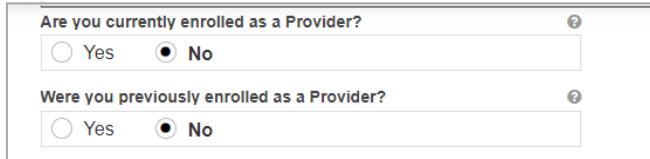
NOTE: Characters with accents are not accepted within PEP fields. If you are using your browser's auto-fill settings, verify that the information in the application's fields is correct before saving.

Answer the questions that display at the bottom of the **Provider Information** section. Answer the “**Are you currently enrolled as a Provider?**” and “**Were you previously enrolled as a provider?**” based on the appropriate scenario.

i. **New Enrollment:**

- If you have never been approved for enrollment in PRMP through PEP.

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



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:

1. 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

2. Applying with a different Enrollment Type.

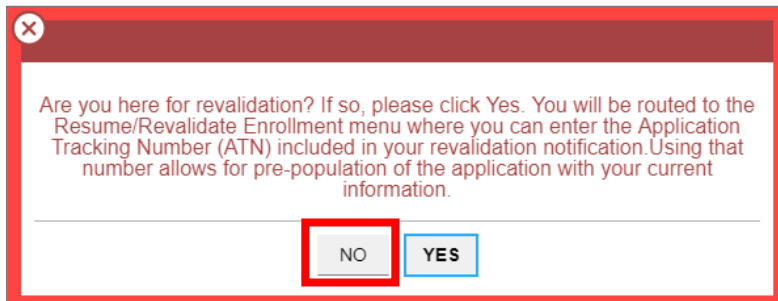
Please note that if you are applying with more than one Enrollment Type, you must **wait for your first enrollment application to be approved** before submitting your second application. You will need the provider identification number generated when your first enrollment application is approved in order to complete these steps.

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



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

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



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

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

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

* Current Provider Identifier

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

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

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

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

The letter will include your ATN from your previously approved enrollment application; the ATN will be used to auto-populate data in your revalidation enrollment application.

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

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

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

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

NO YES



NOTE: If Yes is clicked in the revalidation pop-up window, you will be taken to the Resume/Revalidate Enrollment menu option. This option is discussed in **Section 2.4** of the **Provider Enrollment Portal (PEP) Navigation Reference Guide**.

iv. **Reenrollment (Currently Inactive):**

- If you were previously approved for enrollment in PRMP through PEP,
AND

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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

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

Are you currently enrolled as a Provider?	
<input type="radio"/> Yes	<input checked="" type="radio"/> No
Were you previously enrolled as a Provider?	
<input checked="" type="radio"/> Yes	<input type="radio"/> No
Previous Provider Identifier	
<input type="text"/>	

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

Answer the remaining question that asks if you are Medicare enrolled.

Are you Medicare enrolled?
<input type="radio"/> Yes <input checked="" type="radio"/> No

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

Contact Information					
Title	* Last Name	Second Last Name	* First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Address Line 1		Address Line 2			
<input type="text"/>		<input type="text"/>			
* City	* State	* Country	* ZIP Code		
<input type="text"/>	select a value...	select a value...	<input type="text"/>		
* Phone Type	* Phone Number	Extension	Fax Number		
select a value...	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email Address		Confirm Email			
<input type="text"/>		<input type="text"/>			
* Preferred Communication					
select a value...					



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					
Street	City	County	State	Country	ZIP Code
PO BOX 1675	AGUADILLA	AGUADILLA	PR	UNITED STATES	00605-1675
<input type="text"/>					

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



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

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

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

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

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

CANCEL

SAVE AND CONTINUE



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.

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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

Email

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.			
1	Add one or more Specialties.	a. To add a new specialty, click Create New. Once saved, the specialty information will be displayed. b. To edit a specialty, click the Edit button next to the desired specialty and save the changes.	Specialties are added.
2	Add Additional Taxonomies (if applicable).	a. To add a taxonomy, click Create New at the top-right of the panel. Once filled out and saved, the taxonomy displays in the panel. b. To edit an added taxonomy, click the Edit button next to the desired taxonomy and save the changes. Click Save and Continue.	Additional Taxonomies are added. Progress bar advances to the next available page.

Detailed Steps

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

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

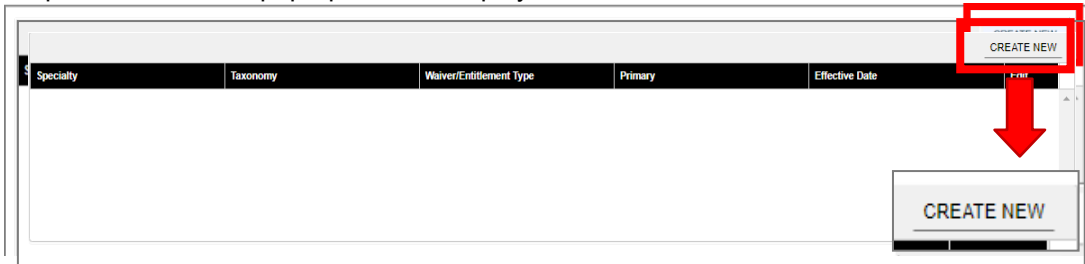
Hospital

CREATE NEW

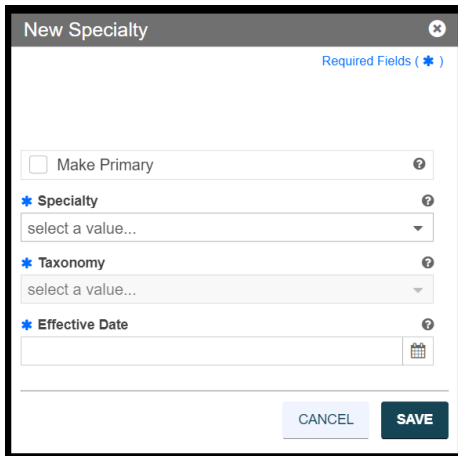
Specialty	Taxonomy	Primary	Effective Date	Edit
-----------	----------	---------	----------------	------

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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



Specialty	Taxonomy	Waiver/Entitlement Type	Primary	Effective Date	Edit
<div>CREATE NEW</div>					



New Specialty

Required Fields (4)

☐ Make Primary


* Specialty
select a value...

* Taxonomy
select a value...

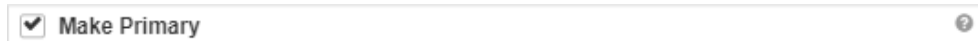
* Effective Date

CANCEL SAVE

Once saved, the specialty will be displayed.


Specialty	Taxonomy	Primary	Effective Date	Edit
901-General Hospital	282N00000X-General Acute Care Hospital		3/13/2023	

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.



☒ Make Primary

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

Specialty	Taxonomy	Primary	Effective Date	Edit
901-General Hospital	282N00000X-General Acute Care Hospital		3/13/2023	

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

Additional Taxonomies

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

Taxonomy	Edit
----------	------

CREATE NEW

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

Additional Taxonomies

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

Taxonomy	Edit
----------	------

CREATE NEW

CREATE NEW

New Taxonomy

Required Fields *

Taxonomy

select a value...

CANCEL SAVE

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

Additional Taxonomies

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

Taxonomy	Edit
2865C1500X-Community Health	

CREATE NEW

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

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

3.3 Service Location

The Service Location page is presented if the Provider Type and Specialty disclosed in previous steps requires service location information to be entered. If this page is not available on your application, you can continue to [Section 3.5 Organization](#) to see the instructions for your next required step.

Quick Reference – Service Location

Table 4 – Service Location

Step	Task	Action	Result
Start from the Service Location page. This page displays after clicking Save and Continue from the previous page.			
1	Add Service Location information.	<ol style="list-style-type: none"> a. Complete the required fields in the displayed pop-up window. Once the information is saved, the service location information is displayed. b. Click Save and Continue. 	<p>Service Location information is added and saved.</p> <p>Progress bar advances to the next available page.</p>

Detailed Steps

1. The Service Address Information page is displayed.

Service Location

Required Fields (*)

Service Address Information

☐ Accepting New Patients with Special Needs

☐ Age Restrictions

Min Age

Max Age

* Accepting New Patients

select a value...

* Preferred Patient Gender

select a value...

CANCEL

PREVIOUS

SAVE AND CONTINUE

- a) Click **Create New** and complete the required fields in the displayed pop- up window.

Service Location

Required Fields (*)

Service Location

CREATE NEW

Location Name	Address Line 1	Address Line 2	City	State	Primary

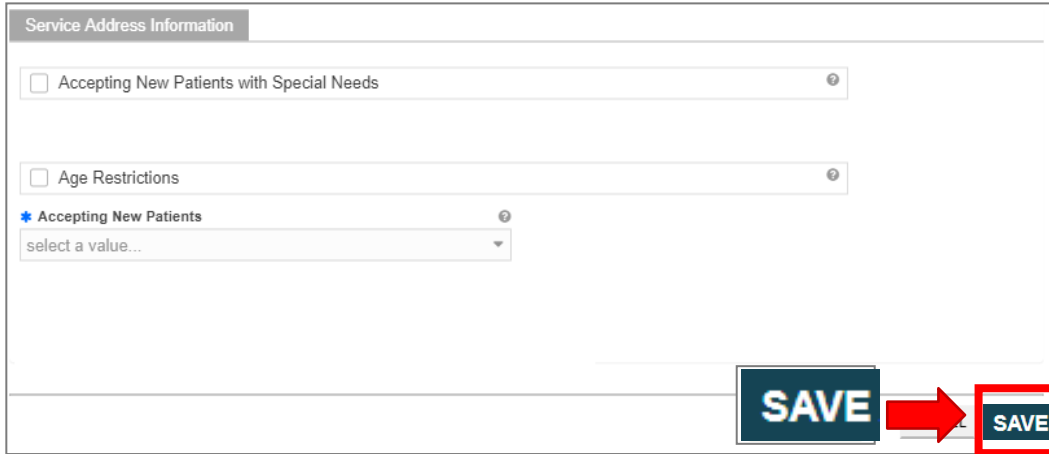
CREATE NEW

CANCEL

PREVIOUS

SAVE AND CONTINUE

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



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.

3.3 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 3.5 Organization](#) to see the instructions for your next required step.

Quick Reference – Capacities

Table 4 – 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>	Capacity information is added and saved. Progress bar advances to the next available page.

Detailed Steps

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

The screenshot shows the 'Capacity' page with a header 'Capacity By Specialty' and a dropdown menu showing '962 - Optometrist'. Below this is a table with the following columns: State, County, Waiver/Entitlement Type, Maximum Medicaid Member Count, and Edit. The first row of the table contains 'Puerto Rico' for State and 'Isabela Municipio' for County. At the bottom of the page, there are three buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.

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

The screenshot shows the 'Capacity' panel with a filter for '962 - Optometrist'. A table lists existing capacity entries. A red box highlights the 'CREATE NEW' button, and a red arrow points to it.

The 'New Capacity' pop-up window contains the following fields:

- State**: Dropdown menu with 'select a value...' text.
- County**: Dropdown menu with 'select a value...' text.
- Maximum Medicaid Member Count**: Text input field.

Buttons: 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.

The screenshot shows the 'Capacity' panel with a filter for '962 - Optometrist'. A table lists existing capacity entries. A red box highlights the 'Edit' button next to the first entry.

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Edit Capacity

Required Fields (*)

* State: Puerto Rico

* County: select a value...

* Maximum Medicaid Member Count:

REMOVE CANCEL SAVE

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

Capacity

Capacity By Specialty

962 - Optometrist

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

CANCEL

SAVE AND CONTINUE

PREVIOUS

SAVE AND CONTINUE

3.4 Organization

Quick Reference – Organization

Table 5 – Organization

Step	Task	Action	Result
Start from the Organization page. This page displays after clicking Save and Continue from the previous page.			
1	Add Organizational Details.	a. Complete the and relevant fields in the Organizational Details section. Click Save and Continue.	Organizational Details are saved. Progress bar advances to the next available page.

Detailed Steps

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

Organization

[Required Fields](#)

Organizational Details

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.

If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.

Organization Type
select a value...

Tax Classification
select a value...

Entities doing business in the State, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Secretary of State. For more information on the registration process, please go to the Secretary of State website at <https://www.estado.pr.gov/>

☐ Registered with Secretary Of State

☐ Incorporated

☐ Chain Affiliated

☐ Operated by Management Company

☐ Domestic Owned Corporation

☐ Foreign Owned Corporation

Business Start Date

Incorporation Date

<https://www.estado.pr.gov/>

[CANCEL](#) [PREVIOUS](#) [SAVE AND CONTINUE](#)



ORGANIZATIONAL DETAILS: The organizational details added in this page must match the information you disclose when filing your taxes.

If you have any questions regarding what information you enter in this step, consult your tax specialist.

- b. Click **Save and Continue** at the bottom-right of the page to save the information entered on the Organization page.

Organization

Required Fields ()

Organizational Details

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.
If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.

* Organization Type
select a value...

* Tax Classification
select a value...

Entities doing business in the State, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Secretary of State. For more information on the registration process, please go to the Secretary of State website at <https://www.estado.pr.gov/>

☐ Registered with Secretary Of State Business Start Date
☐ Incorporated Incorporation Date
☐ Chain Affiliated
☐ Operated by Management Company
☐ Domestic Owned Corporation
☐ Foreign Owned Corporation

CANCEL

SAVE AND CONTINUE

PREVIOUS

SAVE AND CONTINUE

3.5 Associations

Quick Reference – Associations

Table 6 – Associations

Step	Task	Action	Result
Start from the Associations page. This page displays after clicking Save and Continue from the previous page.			
1	Add Group Associations.	<p>a. Click Create New.</p> <p>b. Type in the desired association's Provider Location ID or NPI in the pop-up screen and click Search.</p> <p>c. Click the desired Association from the Search Results.</p> <p>d. Once the information is saved, the associations display in the relevant panel.</p> <p>Click Save and Continue.</p>	Associations are saved.

Detailed Steps

1. The Associations page is displayed. **Individual Within a Group** enrollment types display a **Group Associations** panel, which requires the association to at least one already-enrolled Group.

- 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 an invalid Provider number was entered.

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

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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

The screenshot shows a 'Search Criteria' window with a 'Search By' dropdown set to 'Provider Location ID'. Below it, the 'Provider Location ID' field contains the value '12'. At the bottom of the window are 'CANCEL', 'CLEAR', and 'SEARCH' buttons. Below the search window is a 'Search Results' table with the following data:

NPI	Provider Location ID	Business Name	State	ZipCode
3534937297	12345656730001		California	944044252
4956811331	12346666950001		California	944044252
	12346668930001			
	12393236150001			
	12456612970001		Connecticut	061560001

At the bottom of the results table is a pagination bar showing '1' of 7 items, '10' items per page, and a 'CANCEL' button.

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

The screenshot shows the 'Associations' panel with a 'Group Association' table. The table has columns: Provider Location ID, Business Name, Location Name, Address Line 1, City, State, ZIP Code/Postal Code, Effective Date, End Date, and Edit. A single record is displayed for Hamilton Home Health in San Juan, Puerto Rico. Below the table are 'EXPORT TO EXCEL' and 'EXPORT TO PDF' buttons. At the bottom of the panel are 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE' buttons.

Provider Location ID	Business Name	Location Name	Address Line 1	City	State	ZIP Code/Postal Code	Effective Date	End Date	Edit
035470400	Hamilton Home Health	Hamilton Home Health	2 PASEO DE LA PRINCESA	SAN JUAN	Puerto Rico	009011865	1/25/2023	12/31/9999	

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

Associations

Individual Association

CREATE NEW

Provider Location ID	First Name	Middle Name	Last Name	Effective Date	End Date	Edit
035558507	George		Strait	3/13/2023	12/31/9999	

10

Items per page

1 - 1 of 1 items

EXPORT TO EXCEL

EXPORT TO PDF

CANCEL

SAVE AND CONTINUE

PREVIOUS

SAVE AND CONTINUE

3.6 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 7 – 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"> a. Degree b. License c. Medicare Participation d. Medicaid Program e. DEA f. Puerto Rico Controlled Substance Certificate <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

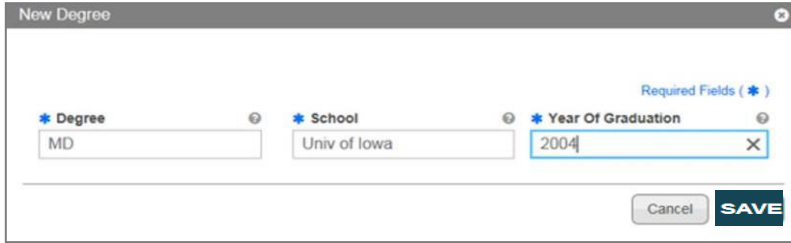
- The Credentials page is displayed. The credential information that may be collected for Individual enrollments are shown below:
 - Degree** – Required for most Individual Within a Group enrollments.

The screenshot shows a web interface for adding credentials. At the top, there's 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, there is a 'CREATE NEW' button. 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.

This screenshot is similar to the previous one but highlights the 'CREATE NEW' button. A red rectangular box is drawn around the 'CREATE NEW' button in the top right corner of the table. A red arrow points downwards from this box to a larger, more detailed view of the 'CREATE NEW' button and its associated form fields.

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

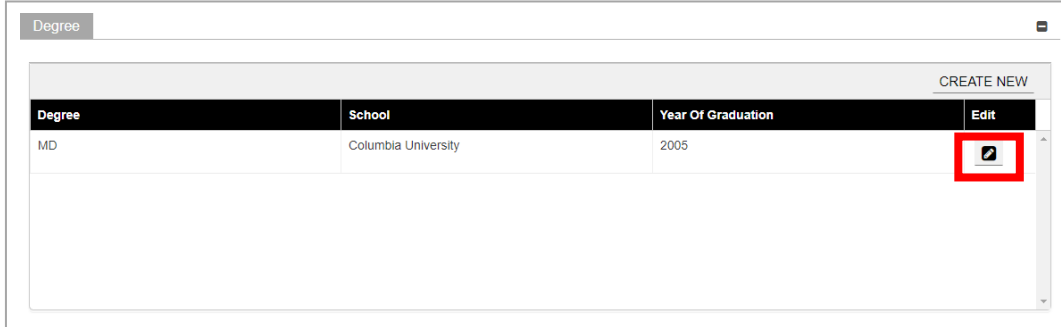


New Degree

Required Fields (*)


* Degree * School * Year Of Graduation

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

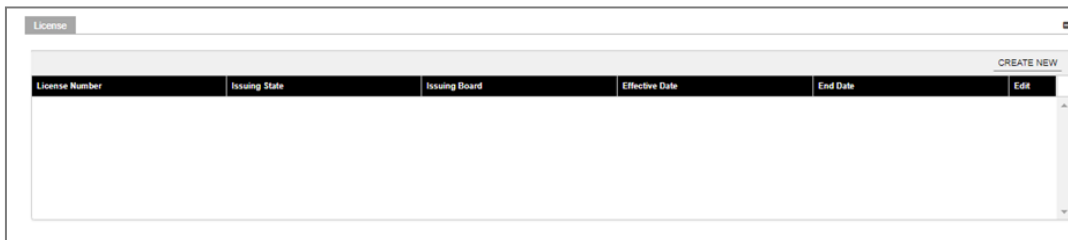


Degree

CREATE NEW

Degree	School	Year Of Graduation	Edit
MD	Columbia University	2005	

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



License

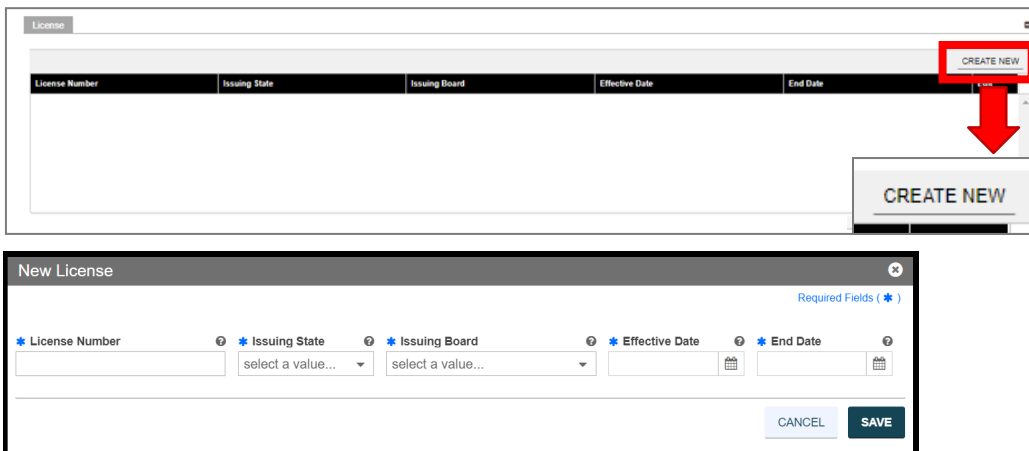
CREATE NEW

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.



License

CREATE NEW

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

New License

Required Fields (*)

* License Number * Issuing State * Issuing Board * Effective Date * 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 will display in the relevant panel.

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

License

CREATE NEW

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



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

Repeat the previous steps to add more licenses.

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

Medicaid Program

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

☐ Yes
☐ No

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

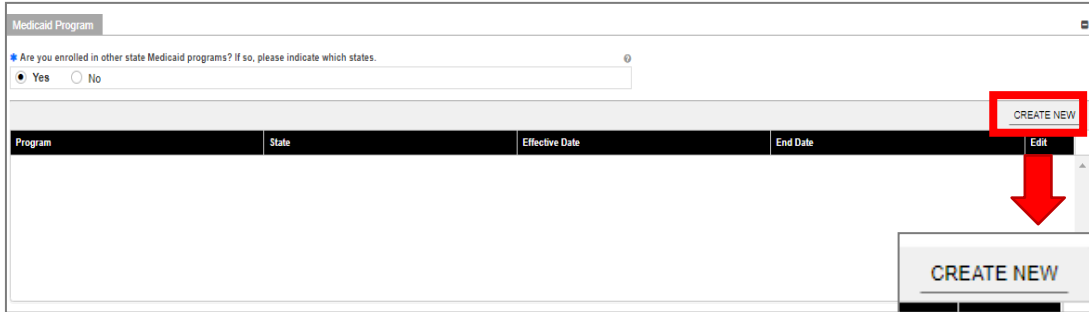
Medicaid Program

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

☒ Yes
☐ No

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.



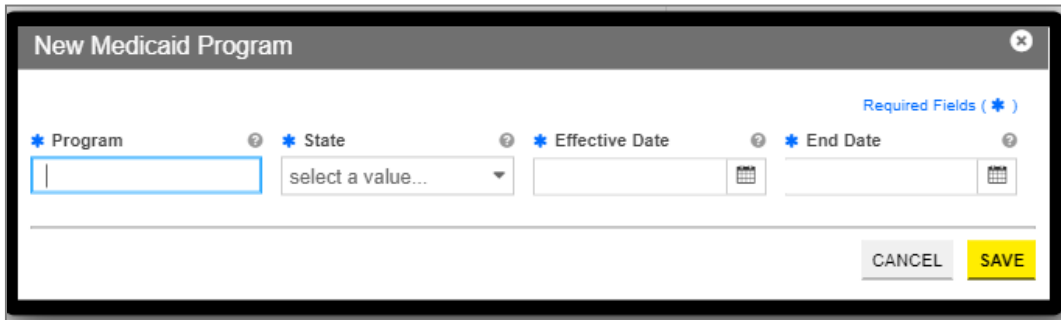
Medicaid Program

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

☒ Yes ☐ No

Program	State	Effective Date	End Date	Edit
CREATE NEW				

CREATE NEW



New Medicaid Program

Required Fields (*)

* Program

* State

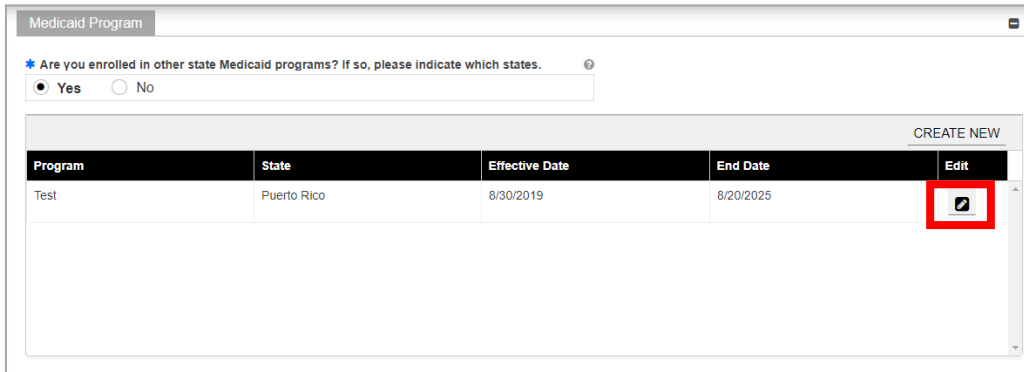
* Effective Date

* End Date

CANCEL SAVE

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


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



Medicaid Program

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

☒ Yes ☐ No

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

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.

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

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

CREATE NEW

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

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

CREATE NEW

CREATE NEW

New DEA

Required Fields (*)

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

CREATE NEW

- 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.

Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Do you prescribe controlled substances in Puerto Rico?

☒ Yes
☐ No

Registration Number	Effective Date	End Date	Edit

Do you dispense controlled substances in Puerto Rico?

☐ Yes
☐ No

Registration Number	Effective Date	End Date	Edit

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

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

CREATE NEW

Puerto Rico Controlled Substance Certificate (previously ASSMCA)

Required Fields (*)

* Registration Number

* Effective Date

* End Date

CANCEL

SAVE


Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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
AB123467	1/01/2002	1/02/2024	

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.


Puerto Rico Controlled Substance Certificate (previously ASSMCA)

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


Registration Number	Effective Date	End Date	Edit
AB123467	3/14/2019	3/14/2025	

CREATE NEW

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

Registration Number	Effective Date	End Date	Edit
BB962151	3/14/2019	3/14/2025	

CREATE NEW

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

3.7 Provider Type

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

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

Quick Reference – Provider Type

Table 8 – Provider Type

Step	Task	Action	Result
Start from Provider Type page displayed. This page displays after clicking Save and Continue from the previous page.			
1	Add Provider Type information.	Complete the required information for the panels displayed: a. CLIA b. Collaborating Physician Click Save and Continue.	Provider Type information is added and saved.

Detailed Steps

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

The screenshot shows the 'Provider Type' page with a 'CLIA' tab selected. Below the tab is a table with columns: CLIA Number, CLIA Type, Effective Date, End Date, and Edit. A 'CREATE NEW' button is visible in the top right corner of the table area.

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

Provider Type

CLIA

CLIA Number	CLIA Type	Effective Date	End Date	Edit
-------------	-----------	----------------	----------	------

CREATE NEW

CREATE NEW

New CLIA

Required Fields (*)

* CLIA Number ? * CLIA Type ? * Effectiv... ? * End Date ?

select a value...

CANCEL SAVE

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

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

CLIA

CREATE NEW

CLIA Number	CLIA Type	Effective Date	End Date	Edit
93092928	3 - Accreditation	11/29/2018	11/29/2020	Edit

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

Complete the fields displayed in this section.

Provider Type

Collaborating Physician

If enrolling an independent nurse practitioner, physician-employed practitioner or nurse midwife, the name and NPI of the collaborating/supervising physician must be indicated below.

Title * Last Name * First Name Middle Name Suffix

* NPI

CANCEL PREVIOUS SAVE AND CONTINUE

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

Provider Type

Collaborating Physician

If enrolling an independent nurse practitioner, physician-employed practitioner or nurse midwife, the name and NPI of the collaborating/supervising physician must be indicated below.

Title * Last Name * First Name Middle Name Suffix

* NPI

CANCEL SAVE AND CONTINUE



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

3.8 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 Other page. This page displays after clicking Save and Continue from the previous page.			
1	Add Other information.	Complete the required information for any of the following sections that are presented: <ol style="list-style-type: none"> Languages Certifications Additional Information Malpractice Carrier Information Malpractice Suit Information Click Save and Continue.	Other information is added and saved. Progress bar advances to the next available page.

Detailed Steps

- The Other page is displayed. The other information that may be collected for Individual Within a Group 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.

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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

Language
English

- 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.

Specialty	Certificate Type	Other Certification	Certification Number	Exempt from Accreditation	Effective Date	End Date
-----------	------------------	---------------------	----------------------	---------------------------	----------------	----------

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

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

New Certification

Required Fields (*)

* Specialty
select a value...

☐ Exempt from Accreditation

Certificate Type: select a value...
Other Certification:
Certification Number:

Effective Date:
End Date:

CANCEL SAVE

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

Additional Information

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

Provider Website URL ?

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

Malpractice Information

Please complete the malpractice information below

Type of Carrier	Name of Carrier	Coverage Amount Aggr...	Coverage Amount Per O...	Policy Number	Effective Date	End Date
<div>CREATE NEW</div>						

CREATE NEW

New Malpractice Carrier Information

Required Fields (★)

★ Type of Carrier ? ★ Name of Carrier ? ★ Policy Number ?

select a value...

★ Coverage Amount Aggregate ? ★ Coverage Amount Per Occurrence ? ★ Effective Date ? ★ End Date ?

CANCEL SAVE

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

Malpractice Information

Please complete the malpractice information below

Type of Carrier	Name of Carrier	Coverage Amount Aggr...	Coverage Amount Per O...	Policy Number	Effective Date	End Date	CREATE NEW
Comprehensive General Liability	Triple S	10000000	25000	387648326	2/12/2019	2/23/2021	Edit

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

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

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

☐ Yes ☒ No

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group


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

Are you currently or have you within the last 5 years been involved in a malpractice suit or claim in which your care and treatment of a patient was 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.

Patient Name	Policy Number	Your status in the Case	Claimant / Plaintiff filed suit ...	Status Claim	Edit
CREATE NEW					



CREATE NEW

New Malpractice Information Required Fields (★)

★ Patient/Plaintiff Name ?

☒ Patient Name ☐ Plaintiff Name

★ Patient Name ?

★ Your Involvement in the Case ? ★ Date of occurrence ? ★ Your status in the Case ? ★ Claim Date ?

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

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

★ Describe the allegations against you ? ★ Describe the alleged injury to the patient ?

★ Claimant / Plaintiff filed suit in court ?

☒ Yes ☐ No

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


State Court Case Number ? State ? County ?

select a value...

Federal Court Case Number ? District ?

★ Status Claim ?

select a value...

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

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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.

Malpractice Information

Please complete the malpractice information below

CREATE NEW

Type of Carrier	Name of Carrier	Coverage Amount ...	Coverage Amount ...	Policy Number	Effective Date	End Date	Edit
Comprehensive General Liability	Triple S	1000000	2500	387648326	3/14/2019	3/14/2025	

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.

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.

Disclosure Details

PRIVACY NOTICE STATEMENT

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

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

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

OWNERSHIP/CONTROLLING INTEREST

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

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

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	New	CREATE NEW
Managing Employees	New	CREATE NEW
Business Transaction	New	CREATE NEW

CANCEL

PREVIOUS

SAVE AND CONTINUE

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

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

For example, if there is more than one owner with controlling interest, a separate disclosure will need to be completed for each owner. Click **Create New** to complete an additional disclosure for each owner with controlling interest.

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		CREATE NEW
Sub-Contractor Disclosure	New	CREATE NEW
Ownership and Control Interest	New	CREATE NEW
Managing Employees	New	CREATE NEW
Business Transaction	New	CREATE NEW

CANCEL
PREVIOUS
SAVE AND CONTINUE

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

Example: Provider Self Disclosure

New Provider Self Disclosure

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

Required Fields (*)

Title	Legal Last Na...	First Last Name	Second Last ...	First Name	Middle Name
	Last	Last		First	

Suffix	SSN	Birth Date
	569-03-0303	04/05/1980

Licensure

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

☒ Yes ☐ No

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

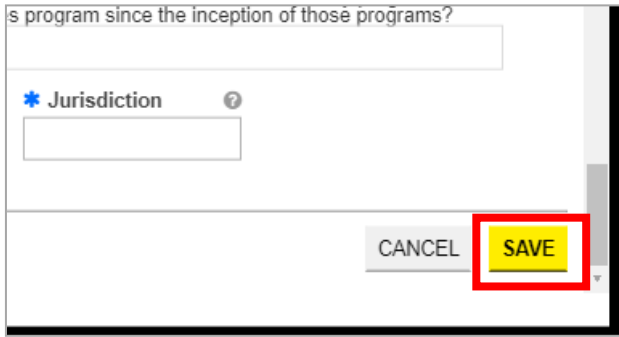
☒ Yes ☐ No



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

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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



s program since the inception of those programs?

* Jurisdiction ?

CANCEL SAVE

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

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



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)

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.

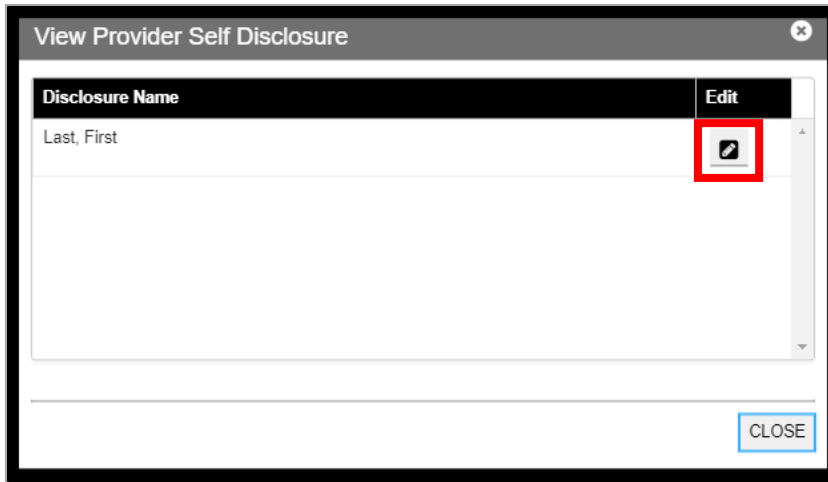
Disclosure Form	Status	Create New
Provider Self Disclosure	Completed	CREATE NEW

CANCEL PREVIOUS SAVE AND CONTINUE

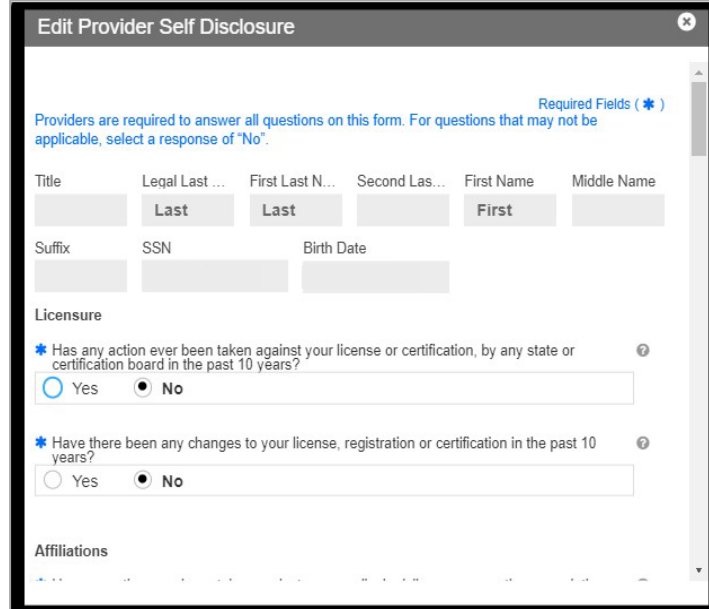
A pop-up window displays the forms you have submitted for that disclosure type. If you completed more than one form for that disclosure type, you will see multiple forms.

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

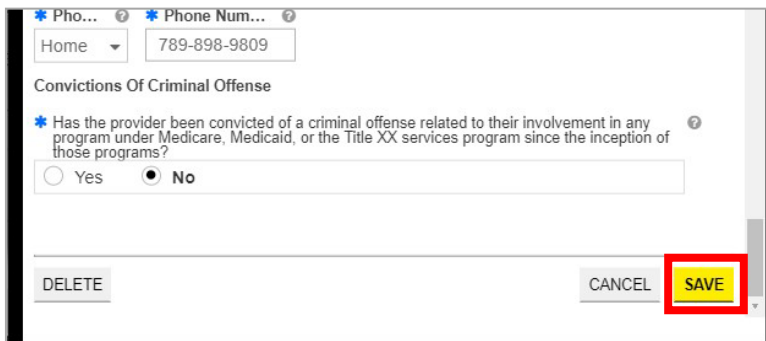
Click the **Edit** button next to the desired form from the list.



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



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



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

The screenshot shows a form titled 'Convictions Of Criminal Offense'. It includes a question: '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?'. Below the question are two radio buttons: 'Yes' and 'No', with 'No' selected. At the bottom of the form, there are three buttons: 'DELETE' (highlighted with a red box), 'CANCEL', and 'SAVE'.

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

The screenshot shows a 'Delete Confirmation' pop-up window. It contains the text: 'Are you sure you want to delete this record?'. Below the text are two buttons: 'NO' and 'YES' (highlighted with a red box).

The form is now deleted from your application.

Please note that if you deleted the only form for that disclosure type, the status will change from "Completed" to "New."

- c. Once all forms are completed, click **Save and Continue** at the bottom-right to save the Disclosures page.

The screenshot shows the 'DISCLOSURE FORMS' page. It includes a table with the following data:

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

At the bottom of the page, there are three buttons: 'CANCEL', 'SAVE AND CONTINUE' (highlighted with a red box), and 'CONTINUE' (also highlighted with a red box). A red arrow points from the 'SAVE AND CONTINUE' button to the 'CONTINUE' button.



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

If required forms remain incomplete, you will not be allowed to continue to the next step.

3.10 Background Check

NOTE: The Background Check page displays for high-risk providers with an individual owner.

If the Background Check page does not display in your enrollment, it is not required for your Individual Within a Group Provider Type. If this is the case, go to [Section 3.12 Attachments](#) to view the instructions for your next required step.

Quick Reference – Background Check

Table 11 – Background Check

Step	Task	Action	Result
Start from the Background Check page. This page displays after clicking Save and Continue from the previous page.			
1	Review Background Check information.	<p>a. Verify that all names displayed in the Background Check Details panel are correct.</p> <p>b. Check the box in the final column of the panel if the person has submitted fingerprints to Medicaid within the past five years.</p> <p>Click Save and Continue.</p>	<p>Background check is reviewed.</p> <p>Progress bar advances to the next available page.</p>

Detailed Steps

- The Background Check page is displayed. Individuals with 5% or greater ownership who may be required to submit fingerprints are displayed in the Background Check Details panel. This information was populated from the Disclosures step.

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



MISSING OWNERS OR INCORRECT INFORMATION: If information displayed is incorrect or any owners are missing, go back to the Disclosures step in your enrollment (discussed in [3.9](#)), update and save the information.

- b. Check the **Submitted prints to Medicare or Medicaid within the past five years** box in the final right column of the panel if the person has submitted fingerprints to Medicaid within the past five years.

Background Check

Background Check Details

The Affordable Care Act requires that providers with an ownership of 5% or more and are considered a high category of risk, submit fingerprint and background checks. This page is being displayed based on the provider type/primary specialty you selected earlier in the enrollment process. If you are assigned to the high risk category, the information below identifies those individuals required to submit fingerprints. You will receive additional instructions after you submit the application.

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years?	Status	Full
Sainz				<input type="checkbox"/> Check if Yes	Completed	

NOTE: If no fingerprints have been submitted in the past five years, you do not have to click the check box and no additional steps are required.

Medicare/Medicaid Fingerprints Submission

Required Fields (★)

★ 1. Have you submitted prints to Medicare within the last five years?
☐ Yes ☒ No

★ 2. Have you submitted prints to another state Medicaid agency within the last five years?
☐ Yes ☒ No

CANCEL SAVE

Select “Yes” for both questions and complete the required data. Use Calendar feature to complete the dates. Click **Save**.

Medicare/Medicaid Fingerprints Submission

Required Fields (★)

★ 1. Have you submitted prints to Medicare within the last five years?
☒ Yes ☐ No

★ Submitted Date
 01/04/2021

★ 2. Have you submitted prints to another state Medicaid agency within the last five years?
☒ Yes ☐ No

★ State
 Louisiana

★ Submitted Date
 06/16/2020

CANCEL SAVE

To edit Fingerprints Submission, click the **Edit** button next to the desired.

Background Check

Background Check Details

The Affordable Care Act requires that providers with an ownership of 5% or more and are considered a high category of risk, submit fingerprint and background checks. This page is being displayed based on the provider type/primary specialty you selected earlier in the enrollment process. If you are assigned to the high risk category, the information below identifies those individuals required to submit fingerprints. You will receive additional instructions after you submit the application.

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years?	Status	Full
Sainz	Carlos	333-42-1232	4/22/1982	<input type="checkbox"/> Check if Yes	Completed	

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

Enter Fingerprints Submission details and click Save to save the changes

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

3.11 Attachments

Quick Reference – Attachments

Table 12 – 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.

Attachments

Provider Type

Midwife

Specialty

Licensed Midwife

Additional Information

Your provider type and specialty may require additional information.

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 carry malpractice or liability insurance, please provide a copy.

If you are required to upload a Penal Certificate and you are located out of state, please upload a statement indicating you do not have this certificate.

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
Certified Nurse Midwife License	NO
Provider Enrollment Consent Form	NO
Negative Certificate of Penal Record	NO
Federal W-9 Form	NO
Controlled Substance Prescribing Certificate of Registration (Puerto Rico)	NO
Controlled Substance Dispensing Certificate of Registration (Puerto Rico)	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
Certified Nurse Midwife License	NO
Provider Enrollment Consent Form	NO
Negative Certificate of Penal Record	NO
Federal W-9 Form	NO
Controlled Substance Prescribing Certificate of Registration (Puerto Rico)	NO
Controlled Substance Dispensing Certificate of Registration (Puerto Rico)	NO

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

Attachment Details

CREATE NEW

Transmission Method	Attachment Type	File Name	Edit

CANCEL

PREVIOUS

SAVE AND CONTINUE

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

New Attachment

*

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.

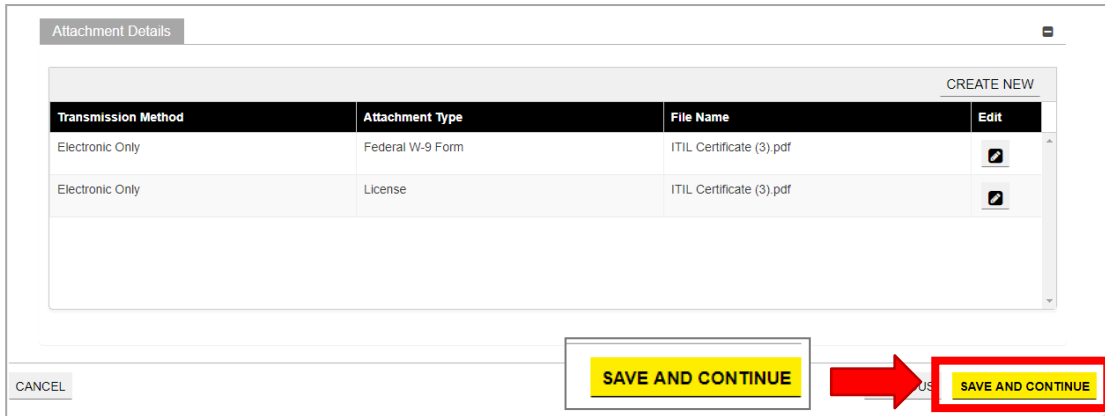
Once saved, the attachment displays in the panel.

Attachment Details			
			CREATE NEW
Transmission Method	Attachment Type	File Name	Edit
Electronic Only	License	1234.docx	
Electronic Only	Federal W-9 Form	1234.docx	
Electronic Only	Penal Record Certificate	1234.docx	

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

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

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



Attachment Details

CREATE NEW

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

CANCEL

SAVE AND CONTINUE

SAVE AND CONTINUE



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

3.12 Agreement/Submit

Quick Reference – Agreement/Submit

Table 13 – 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 window and via email.

Detailed Steps

1. The Agreement/Submit page displays. This is the final step to complete and submit a new Provider Enrollment. Information previously entered during the other enrollment steps display under the Terms of Agreement.

Agreement/Submit

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

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

Once 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
NPI	Tax ID Type	Tax ID Number
1111111112	EIN	12-2356788
Service Location		
Marlin St. 18. Carr. 110 Urb. Villa Aurelia Km 3		

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

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

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

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

PROCEED

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

Contact Email

Service Location
605 AVE INDUSTRIAL ISABEL

accompanying documents are accurate
or denial of enrollment or termination

program that it is my responsibility to no
up affiliation, change of ownership, tax identification number, or NPI.

share my information with all contracted MCO/MAOs.

PROCEED

PROCEED

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

The screenshot displays a web interface for the Provider Enrollment Portal (PEP). At the top, there is a 'Form' tab and a link to 'Please read the Provider Agreement document below.' Below this, a PDF viewer shows the 'LoadAgreementPdf' document, which is page 1 of 8. The document header includes the Government of Puerto Rico seal and the text 'GOVERNMENT OF PUERTO RICO', 'Department of Health', and 'Medicaid Program'. The main title of the document is 'Medicaid Provider Enrollment Agreement to the Puerto Rico Government Health Plan (GHP)'. At the bottom of the PDF viewer, there is a signature line with the text: '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.' To the right of the signature line, there is a blue star icon followed by the text 'I Accept' and an unchecked checkbox.



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.

This screenshot is similar to the one above, showing the same PDF document. However, a red rectangular box highlights the 'I Accept' checkbox at the bottom right of the page. A red arrow points from the left towards this checkbox, indicating the required action.

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

Agreement Confirmation

By clicking "Yes" you agree to the terms and conditions of the Provider Agreement

NO YES

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

I Accept ☒

4. The **Signature** section displays.

Signature

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.

I Accept ☐

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

Comments

Verification Email ID **Confirm Verification Email ID**

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

[DO NOT NAVIGATE AWAY FROM PAGE](#)

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

REQUEST VERIFICATION CODE Verification Code Submission Date 01/15/2020

- 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, I acknowledge that I understand my electronic signature is binding to the same extent as my written signature.

I Accept ☐ **I Accept** ☒

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

Comments

Verification Email ID **Confirm Verification Email ID**

Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

b. Click **Request Verification Code**.

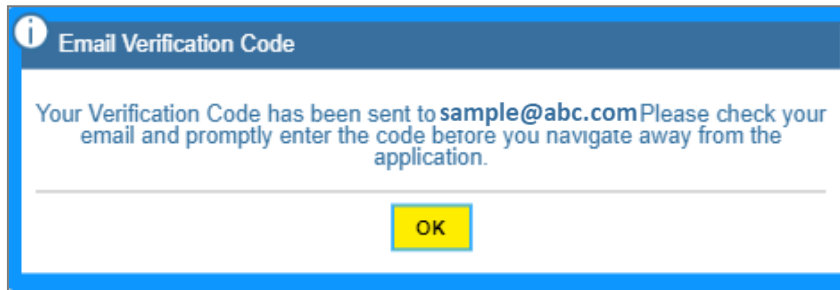
Click on "Request Verification Code" button. An email will be sent to the verification email address listed above. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.

DO NOT NAVIGATE AWAY FROM PAGE

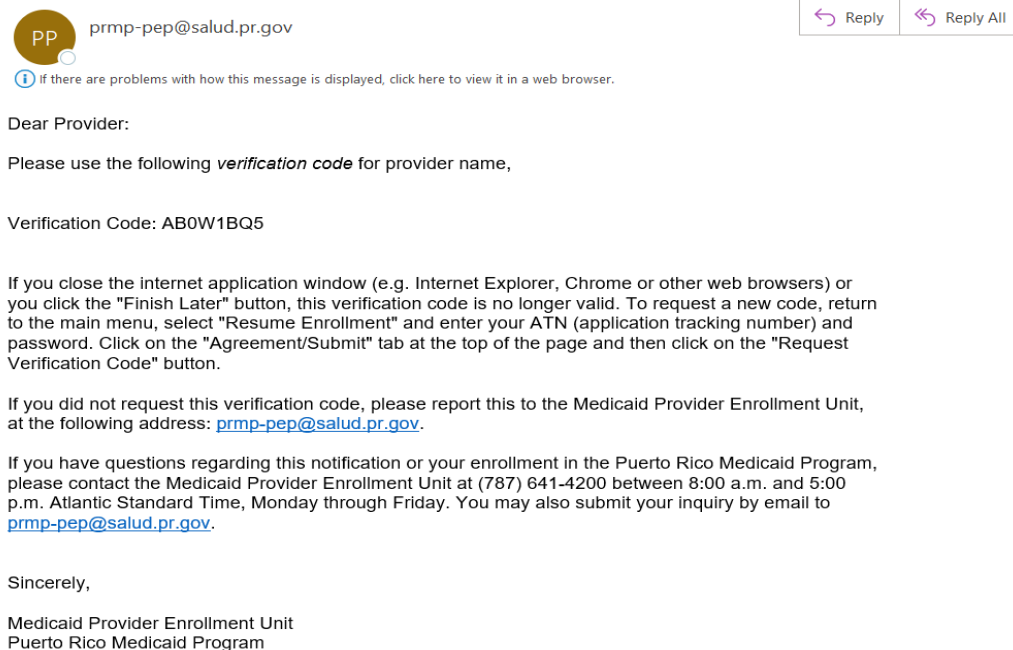
Once you receive the code in the email, please enter the verification code and click Submit.

REQUEST VERIFICATION CODE	Verification Code <input type="text"/>	Submission Date 3/14/2023
----------------------------------	--	---------------------------

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



Example of email received with verification code:





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

*If this happens, resume your enrollment using your ATN and enrollment password (see Section 2.4 in the **Provider Enrollment Portal (PEP) Navigation Reference Guide** for detailed steps), and request a new verification code.*

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

The screenshot shows a web form for entering a verification code. On the left, there is a button labeled "REQUEST VERIFICATION CODE". In the center, there is a text input field labeled "Verification Code" which is highlighted with a red rectangular border. To the right of the input field, the "Submission Date" is displayed as "3/14/2023". Below the input field, there is a yellow button labeled "SUBMIT" with a red arrow pointing to it from the right. To the right of the yellow button, there is a smaller, fainter button also labeled "SUBMIT".

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

The screenshot shows a pop-up window titled "Alert Confirmation" with an information icon (i) on the left. The main text inside the window asks, "Do you want to submit this application?". At the bottom of the window, there are two buttons: a light blue button labeled "NO" and a dark blue button labeled "YES". The entire pop-up window is outlined with a thick blue border.


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

The screenshot shows the main interface of the Provider Enrollment Portal after a successful submission. The top navigation bar is black with a yellow "MENU" button, the text "Provider Enrollment" in yellow, a dropdown arrow, and a "Submit" button. In the top right corner, there are "Print" and "RTP" buttons. The main content area has a grey background and features a "Submit Confirmation" header. Below the header, a message reads: "Congratulations! You have successfully submitted your provider enrollment application. Please reference the tracking number below for all inquiries related to this application." The "Tracking Number" is displayed as "2971679817". At the bottom, there is a link labeled "Coversheet".


Provider Enrollment Portal (PEP) Enrollment Steps – Individual Within a Group

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

New Enrollment Complete Notification

 prmp-pep@salud.pr.gov

[Reply](#) [Reply All](#)

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

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.

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.