Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Enrollment_OPR_Ref_Guide

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

Phase Two Final User Documentation

Training Material – Reference Guide

Version 4.0

gainwell

Change History

Version #	Date	Modified By	Description
4.0	05/12/2023	Gainwell Technologies.com	R19-R22 Updates
3.0	03/15/2021	Gainwell Technologies	R17/R18 Updates
2.0	10/28/2020	Gainwell Technologies	Gainwell Rebranding
1.0	07/15/2020	DXC Technology	Approved Deliverable

Contents

Tables

1 Acronyms

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

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

Table 1 – Acronyms

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

2 Overview

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

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

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

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

After reading the **Provider Enrollment Portal (PEP) Enrollment Steps – Ordering, Prescribing and Referring (OPR) Providers Reference Guide**, Providers should be able to complete these learning objectives in PEP:

- Complete all required enrollment application steps

- Submit an enrollment application

- Understand the different notifications received from the Provider Enrollment Portal and the required actions to take

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

3   New Enrollment Application

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

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

The Ordering, Prescribing, and Referring (OPR) enrollment type applies to physicians or other eligible providers that enroll in Medicaid to order, prescribe, refer or attend items or services for Medicaid beneficiaries, even though they do not submit claims to Medicaid.

The Enrollment Process for an OPR consists of multiple steps that must be completed in order to accept and submit an enrollment application.

Each step is discussed in the following sections, including the panels and fields that must be completed.

3.1   General Information

Quick Reference – General Information

Table 2 – General Information

Step	Task	Action	Result
Start from the General Information page, the first step on a new enrollment application page.			
1	Select Enrollment Type.	Click the dropdown list under Enrollment Type and select Ordering, Prescribing, Referring.	a. Pop-up window displays, indicating that once the application is saved the Enrollment Type cannot be changed. b. The required enrollment steps for an OPR and a progress bar display at the top of the page.
2	Select Provider Type.	Click the drop-down list under Provider Type and select the relevant Provider Type.	Pop-up window displays, indicating that once the application is saved, the Provider Type cannot be changed.
3	Add Effective Date.	Enter the date you wish the enrollment in PRMP to be effective.	Effective date is added.
4	Add General Information.	Complete the rest of the General Information page, including: a. Provider Information and related questions b. Contact Information Click Save and Continue.	General Information is saved. Progress bar advances to the next available page.

Detailed Steps

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

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

   a. Once an Enrollment Type is selected, a pop-up window displays, indicating that once data on this page is saved, the Enrollment Type cannot be changed.
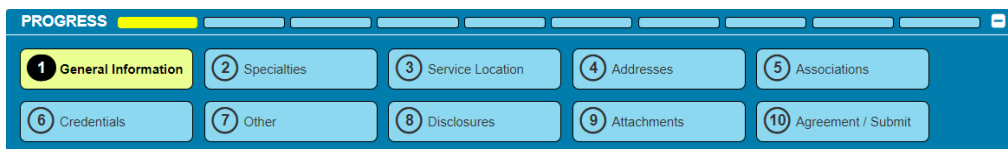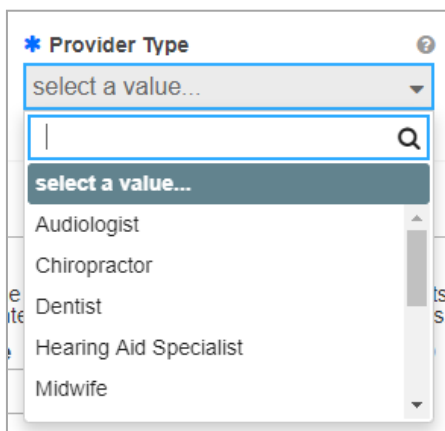
b. The steps required to complete the enrollment for an OPR display at the top of the page, along with a progress bar to show your current progress.

DIFFERENT ENROLLMENT STEPS DISPLAYED: The steps displayed at the top of the screen may continue to change during the enrollment process as more information is entered in the application that dictate the remaining steps that are required.
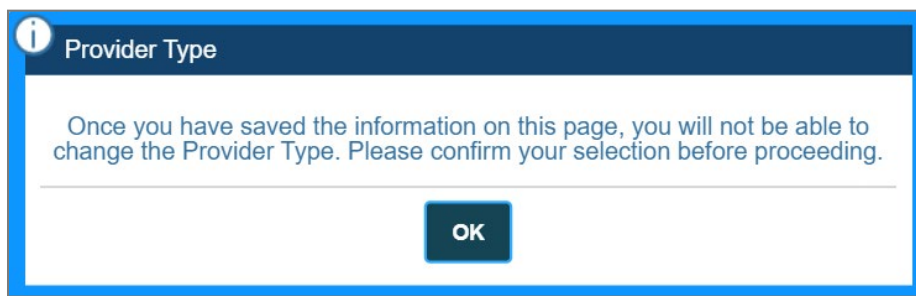
Steps are determined to be required, optional, or non-applicable based on the Provider Type, Specialties, and other related information.

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

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

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

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

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

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

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

4. Complete the remaining sections of the General information page.

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

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

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 <u>approved</u> for enrollment in PRMP <u>through PEP</u>.

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	

Are you Medicare enrolled?	❓
○ Yes ● No	

ii. **Additional Enrollment:**

- If you have been <u>approved</u> for enrollment in PRMP <u>through PEP</u>,

    AND

- If you are <u>currently active in the PRMP</u>,

These steps are most common if you are:

- Adding a new Primary Service Location that was not previously included in your PEP enrollment application. This is most common if you open a new location after your initial enrollment.

    OR

- Applying with a different Enrollment Type.

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

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

Are you currently enrolled as a Provider?	❓
● Yes ○ No	

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

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

NO   YES

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? ❓	✱ Current Provider Identifier ❓
● Yes ○ No	

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

Were you previously enrolled as a Provider? ❓
○ Yes ● **No**

iii. Revalidation (Currently Active):

- If you were previously <u>approved</u> for enrollment in PRMP <u>through PEP</u>, AND

- If you are <u>currently active in the PRMP</u>, AND

- You <u>received a letter</u> requesting you to revalidate your enrollment.
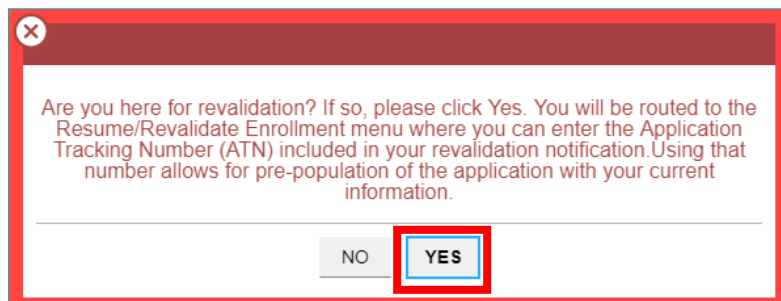
    The letter will include your ATN from your previously approved enrollment application; the ATN will be used to auto-populate data in your revalidation enrollment application.

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 <u>previously approved </u>for enrollment in PRMP <u>through PEP</u>, AND

- If you were terminated and are now <u>inactive in the PRMP</u>.

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

Are you currently enrolled as a Provider?	
○ Yes ● No	
Were you previously enrolled as a Provider?	**✱ Previous Provider Identifier**
● Yes ○ No	

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

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

Are you Medicare enrolled?
○ Yes ● 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

✱ Address Line 1	Address Line 2

✱ City	✱ State	✱ Country	ZIP Code/ Post...
	select a value...	select a value...	

✱ Phone Type	✱ Telephone Nu...	Telephone Numb...	Fax Number
select a value...			

Email Address	Confirm Email

✱ 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

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.

NOTE: If you exit your enrollment application before submitting it, the information you had previously saved will be retained and you may resume your enrollment where you left off.

If you wish to exit your enrollment application without saving the information you have added to the page, click the Cancel button on the bottom left corner of the page.

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

Midwife

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit

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.

CREATE NEW

Specialty	Taxonomy	Waiver/Entitlement Type	Primary	Effective Date	Edit

CREATE NEW

New Specialty ⊗

Required Fields (✱)

☐ Make Primary ❓

✱ **Specialty** ❓

select a value... ▾

✱ **Taxonomy** ❓

select a value... ▾

✱ **Effective Date** ❓

📅

CANCEL **SAVE**

Once saved, the specialty will be displayed.

Specialties	─

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

Provider Type

Midwife

CREATE NEW

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

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

☑ Make Primary   ⊙

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

Specialties ▬

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

Provider Type

Midwife

CREATE NEW

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

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.

CREATE NEW

Taxonomy	Edit

a. To add a new taxonomy, click **Create New** at 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.

CREATE NEW

Taxonomy	Edit

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

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

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

3.3   Service Location

Quick Reference – Service Location

Table 4 – Service Location

Step	Task	Action	Result
Start from Service Location page. This page displays after clicking Save and Continue from the previous page.			
1	Add Service Location.	a. To add a new Service Location, click Create New and complete the required address fields in the displayed pop-up window. b. Click Save to add this information. c. To edit an added Service Location, click the Edit button next to the desired taxonomy and save the changes. Click Save and Continue.	Service Location page is saved. Progress bar advances to the next available page.

Detailed Steps

1. Service Location page is displayed.

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

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

New Service Location	⊗

Required Fields (✱)

☐ Make Primary ❓

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

✱ Location Name ❓

Contact Information

✱ Last Name	Second Last Name ❓	✱ First Name ❓	Middle Name ❓	Suffix ❓

✱ Address Line 1	Address Line 2 ❓	✱ Country ❓	✱ State ❓
		select a ▾	select a ▾

✱ City ❓	County ❓	✱ ZIP Code ❓	Location Code

Email ❓	Confirm Email ❓

Phone Number

At least one Phone Number must be provided

🎓 *PRIMARY SERVICE LOCATION: A primary service location is required in order to Save and Continue to the next enrollment step.*

Check the "Make Primary" box when adding a new Service Location to mark it as your primary location.

☐ Make Primary ❓

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

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

Search Address	⊗

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

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

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

Example of a valid address: 735 Ave Ponce de León Suite 710

Torre Hospital Auxilio Mutuo

San Juan PR 00917-5030

Example of an invalid address: Torre Hospital Auxilio Mutuo

735 Ave Ponce de León Suite 710

San Juan PR 00917-5030

Phone Number - Add a phone number related to your service location.

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

Phone Number			
At least one Phone Number must be provided.			
			CREATE NEW
Phone Type	**Telephone Number**	**Extension**	**Edit**

New Phone Number ⊗

Required Fields (✱)

✱ Phone Type ❓	✱ Telephone Num... ❓	Telephone Numbe... ❓
select a value... ▾		

CANCEL　SAVE

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

Phone Number			
At least one Phone Number must be provided.			
			CREATE NEW
Phone Type	**Telephone Number**	**Extension**	**Edit**
Home	787-882-5581		✏

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

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

At least one Phone Number must be provided.

CREATE NEW

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

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

Please enter your service location hours of operation

☐ Hours of Operation ❓

✶ Is the service location ADA compliant? ❓
○ Yes ⦿ No

✶ Is the service location accessible by public transportatio... ❓
○ Yes ⦿ No

✶ What are your after-hour arrangements? ❓
[   ]

Phone Type ❓   Emergency Phone Number ❓   Extension ❓
select a ▾   [   ]   [   ]

In the new Hours of Operation panel that displays, add hours of operation by clicking **Create New** and complete the required fields in the displayed pop-up window.

Please enter your service location hours of operation

☑ Hours of Operation ❓

Hours of Operation ➖

CREATE NEW

Day	From Hour	To Hour	Edit

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

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

New Hours Of Operation

Required Fields (✱)

✱ Day ❓	✱ From Hour ❓	✱ To Hour ❓
select a value... ▼	select a value... ▼	select a value... ▼

CANCEL   SAVE

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

Day	From Hour	To Hour	Edit
Weekdays	24 Hours		✎

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

* Is the service location ADA compliant? ❓
  ○ Yes   ● No

* Is the service location accessible by public transportatio... ❓
  ○ Yes   ● No

* What are your after-hour arrangements? ❓

Phone Type ❓   Emergency Phone Number ❓   Extension ❓
select a ▼

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

Service Address Information

☐ Accepting New Patients with Special Needs ❓

☐ Age Restrictions ❓

* Accepting New Patients ❓
select a value... ▼

CANCEL   **SAVE**

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

Service Address Information

☐   Accepting New Patients with Special Needs   ❓

☐   Age Restrictions   ❓

✱ Accepting New Patients   ❓

select a value...   ▾

CANCEL   **SAVE**

Once the information is saved, the service location displays.

CANCEL   PREVIOUS   SAVE AND CONTINUE

Service Location

Required Fields (✱)

Service Location   ▬

CREATE NEW

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

CANCEL   PREVIOUS   SAVE AND CONTINUE

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

If the Create New button is disabled after entering one Service Location, this means only one is allowed.

Follow the previous steps to add multiple service locations to your application if applicable.

The multiple service locations that are added must have the same Name, Provider Type, Tax ID, NPI, and Primary Specialty, and the same information in fields related to these sections. The Addresses of these locations must be different.

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

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

3.4   Addresses

Quick Reference – Addresses

Table 5 – Addresses

Step	Task	Action	Result
Start from the Addresses page. This page displays after clicking Save and Continue from the previous page.			
1	Add Addresses to enrollment application.	Complete the required fields in all address types presented.	Addresses are added to the enrollment application.
2	Add a Phone Number to each Address type.	a. Click Create New to add at least one phone number. b. To edit an existing phone number, click the Edit button next to the desired number and save the changes. c. Click Save and Continue.	A phone number is added to each Address type. Address information is saved. Progress bar advances to the next available page.

Detailed Steps

1. The Addresses page is displayed. Complete the fields that display below the Service Address Information.

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

   Example: Mail To Address

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

Pay To

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

☐ Same as Service Location   ❓

For some Address types, you could see a drop-down list at the beginning named "Same As". The drop-down list will include all address types you have entered up to this point (example: Service Location, Pay To, etc.). This will automatically complete the Address fields with the same information previously entered for the chosen address type.

Same as   ❓

select a value...   ▼

select a value...

Service Location

Pay To

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

Phone Number

At least one Phone Number must be provided.

CREATE NEW

Phone Type	Telephone Number	Extension	Edit

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

Phone Type	Telephone Number	Extension	Edit

At least one Phone Number must be provided.

CREATE NEW

New Phone Number

Required Fields (*)

* Phone Type	* Telephone Num...	Telephone Numbe...
select a value...		

CANCEL   SAVE

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

Phone Number

At least one Phone Number must be provided.

CREATE NEW

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

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

Phone Number

At least one Phone Number must be provided.

CREATE NEW

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

Like the Addresses, phone numbers added to the Primary Service Location can be carried over by clicking the "Same as Service Location" checkbox near the Phone Number panel.

☐ Same as Service Location	❓

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

Phone Number

At least one Phone Number must be provided.

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

CANCEL   PREVIOUS   **SAVE AND CONTINUE**

3.5   Capacities

The Capacity page is presented if the Provider Type and Specialty disclosed in previous steps requires capacity information to be entered. If this page is not available on your application, you can continue to **Section 3.6 Associations** to see the instructions for your next required step.

Quick Reference – Capacities

Table 6 – Capacities

Step	Task	Action	Result
Start from the Capacity page. This page displays after clicking Save and Continue from the previous page.		
1	Add Capacity information.	a. To add capacity information, click Create New and complete the required fields in the displayed pop-up window. Once the information is saved, the capacity information is displayed. b. To edit added capacity information, click the Edit button next to the desired capacity entry and save the changes. Click Save and Continue.	Capacity information is added and saved. Progress bar advances to the next available page.

Detailed Steps

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

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

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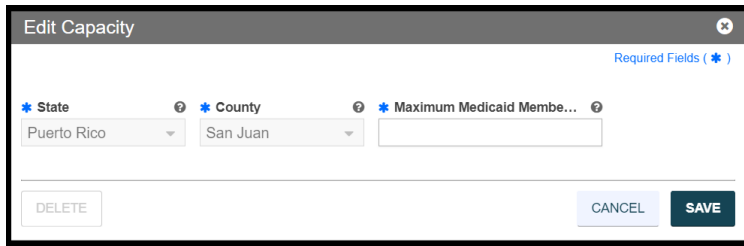
b. To edit an added capacity, click the **Edit** button next to the desired capacity entry and save the changes.

Edit Capacity

Required Fields (✱)

✱ State		✱ County		✱ Maximum Medicaid Membe...
Puerto Rico		San Juan		

DELETE   CANCEL   SAVE

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

Capacity

Required Fields (✱)

Capacity By Speciality

934 - Licensed Midwife

CREATE NEW

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

CANCEL   PREVIOUS   SAVE AND CONTINUE

3.6 Associations

NOTE: The Associations page displays based on the Provider Type and Specialty disclosed in previous steps. If you intend to add Group associations to your OPR enrollment application, you will need their Puerto Rico Medicaid Program (PRMP) Provider Location ID or their National Provider Identifier (NPI) in order to complete this step. If needed, see the instructions in **Section 2.4** of the **Provider Enrollment Portal (PEP) Navigation Reference Guide** for resuming your enrollment application after it has started.

If the Associations page does not display in your enrollment application, it is not required for your Provider Type. You can continue to **Section 3.7 Credentials** to see the instructions for your next required step.

Quick Reference – Associations

Table 7 – Associations

Step	Task	Action	Result
Start from the Associations page. This page displays after clicking Save and Continue from the previous page.			
1	Add Individual Associations.	a. Click Create New at the top-right of the Individual Association section. b. Type in the desired association's Provider Location ID or NPI in the pop-up screen and click Search. c. Click the desired Association from the Search Results. d. Once the information is saved, the association information will be displayed. e. Click Save and Continue.	Associations are saved.

Detailed Steps

1. The Associations page displays. **OPR** enrollment types display a **Group** Associations panel, which allows the association to one or more already-enrolled **Facilities**.
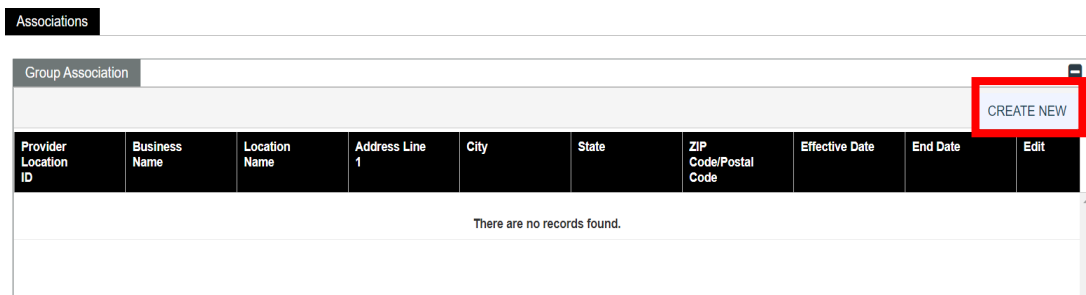
a. To add a new Association, click **Create New** at the top right corner of the **Group Association** section.
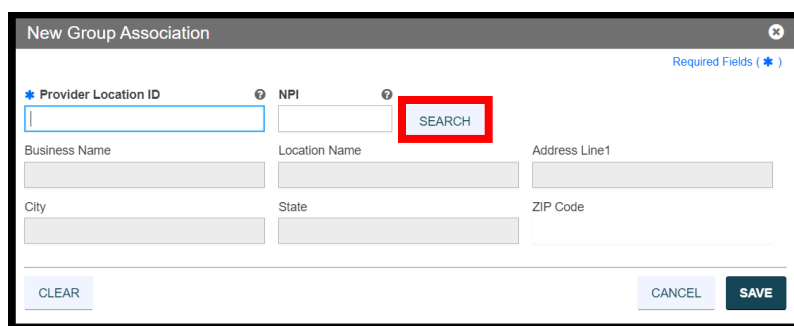
b. Type in the desired association's Medicaid ID (MCD) in the Provider Location ID field or their NPI in the pop-up screen and click Search.
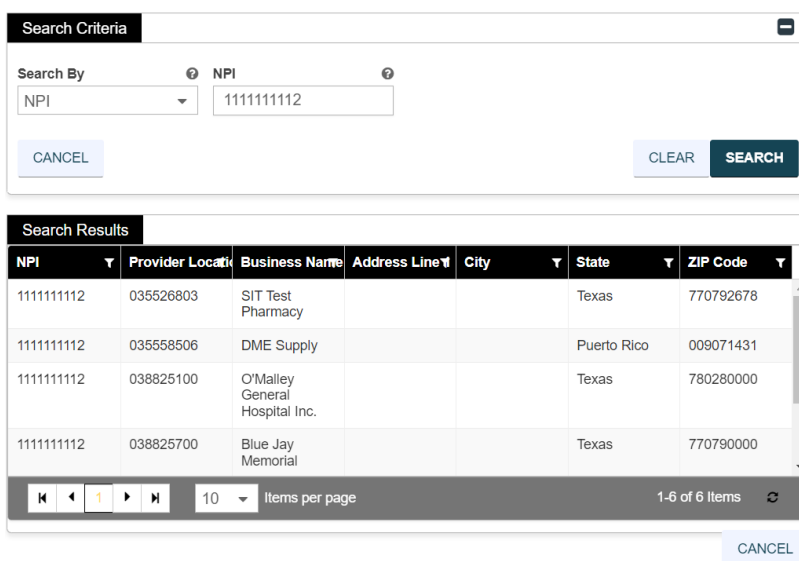
ADDING ASSOCIATIONS: *Associations are limited to providers that are __already enrolled__ in the Medicaid program. If a provider is not found with the entered search criteria, an error message displays indicating that an invalid Provider number was entered.*

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

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

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

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

Associations | **Group Association** | CREATE NEW

EXPORT TO EXCEL   EXPORT TO PDF

1 - 1 of 1 items

CANCEL   PREVIOUS   SAVE AND CONTINUE

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

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

Associations | **Group Association** | CREATE NEW

EXPORT TO EXCEL   EXPORT TO PDF

1 - 1 of 1 items

CANCEL   PREVIOUS   SAVE AND CONTINUE

3.7   Credentials

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

Quick Reference – Credentials

Table 8 – Credentials

Step	Task	Action	Result
Start from the Credentials page. This page displays after clicking Save and Continue from the previous page.			
1	Add Credentials information.	Complete the required information for any of the following sections that are presented: a. Degree b. License c. Medicare Participation d. Medicaid Program e. DEA f. Puerto Rico Controlled Substance Certificate Click Save and Continue.	Credentials are successfully added and saved. Progress bar advances to the next available page.

Detailed Steps
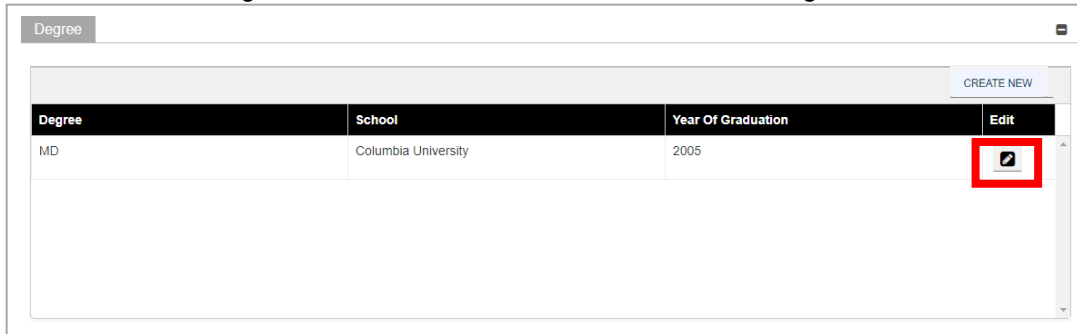
a.   The Credentials step displays. Below are the credentials that can display for OPR enrollments:

    a.   **Degree** - Add degree information.

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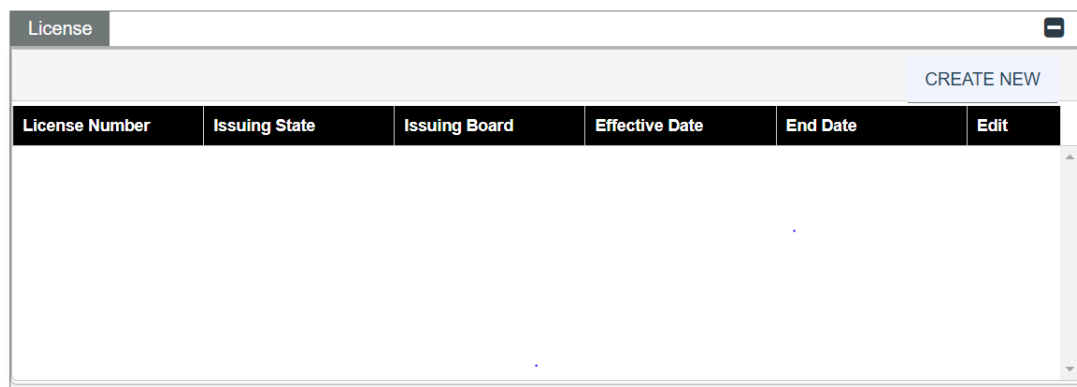
To edit an added Degree, click the **Edit** button next to the desired degree and save the changes.

Degree	School	Year Of Graduation	Edit
			CREATE NEW
MD	Columbia University	2005	✎

b. **License** - Add a license, in good standing, in the same state as the service location.
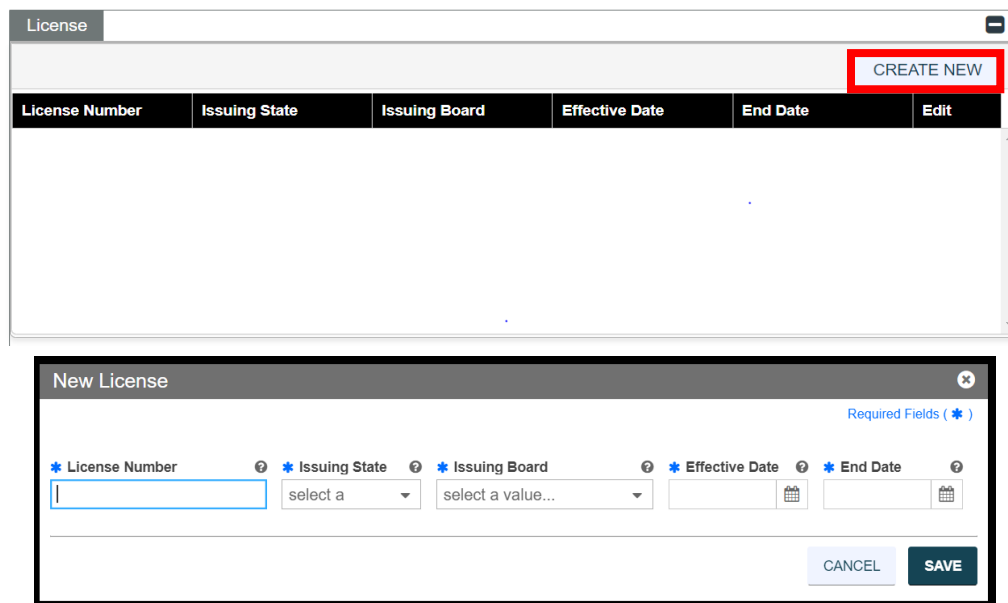
License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
					CREATE NEW

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 Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
					CREATE NEW

New License

Required Fields (✱)

✱ License Number   ✱ Issuing State   ✱ Issuing Board   ✱ Effective Date   ✱ End Date

[ ]   [select a ▾]   [select a value... ▾]   [📅]   [📅]

CANCEL   SAVE

ISSUING BOARD*: The Issuing Board information will come directly from the license that was issued by the appropriate Board, State, or Entity.*

Once saved, the license information will be displayed.

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

License Number	Issuing State	Issuing Board	Effective Date	End Date	Edit
868574645	Puerto Rico	OTHER - OTHER	3/27/2023	3/27/2025	✏️

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 any other state Medicaid Program by selecting **Yes** or **No**.

Medicaid Program

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

◯ Yes　◯ No

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

Medicaid Program

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

⦿ Yes　◯ No

CREATE NEW

Program	State	Effective Date	End Date	Edit

***

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

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.

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.

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

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.

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

If **Yes** is selected for either question, a new section opens for you to add your Registration Number.

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

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.

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.

3.8 Other

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

Quick Reference – Other

Table 9 – Other

Step	Task	Action	Result
— Start from the Other page. This page displays after clicking Save and Continue from the previous page.			
1	Add Other information.	Complete the required information for any of the following sections that are presented: a. Languages b. Certifications c. Additional Information d. Malpractice Carrier Information e. Malpractice Suit Information Click Save and Continue.	Other information is added and saved. Progress bar advances to the next available page.

Detailed Steps

1. The Other page is displayed. The other information that may be collected for OPR enrollments are shown below.

    a. **Languages** –To add a new language, click **Create New** at the top-right of the **Languages** section and select the applicable language from the **Languages** drop-down list in the pop-up window.

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

b. **Certifications** – To add a new certification, click **Create New** at the top-right of the **Certification** section and complete the required fields in the displayed pop-up window.

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

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

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.

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

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.

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.

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?

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.

○ Yes   ◉ No

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

Detailed Steps

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

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.

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

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

Example: Provider Self Disclosure

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

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

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

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

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

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

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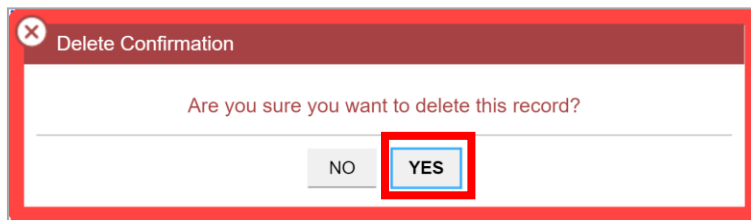

To save any information you have edited, scroll to the bottom of the form and click **Save** in the bottom-right corner.

If you want to delete the form, scroll to the bottom of the form and click **Delete** in the bottom-left corner.
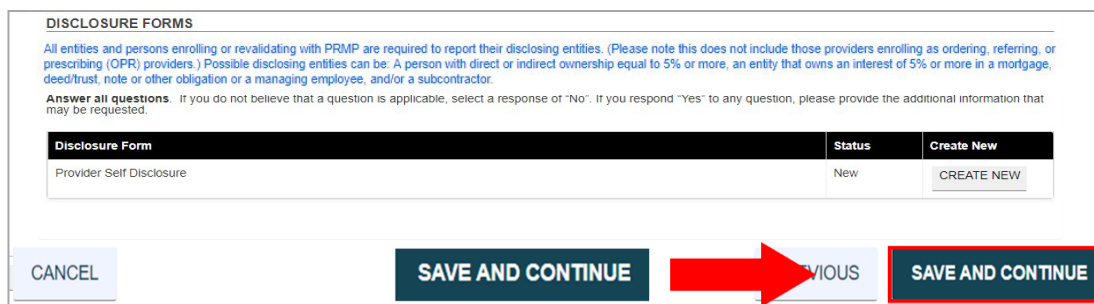
A pop-up window displays for you to confirm if you would like to delete the form. Click **Yes**.

The form is now deleted from your application.

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

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

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

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

3.10 Attachments

Quick Reference – Attachments

Table 11 – Attachments

Step	Task	Action	Result
Start from the Attachments page. This page displays after clicking Save and Continue from the previous page.			
1	Add Attachments.	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. Click Save and Continue.	Attachments are added and saved. Progress bar advances to the next available page.

Detailed Steps

1. The Attachments page is displayed.

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

Example: Copy of Malpractice or Liability Insurance

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.

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

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

ACCEPTED FILE TYPES: *File types currently accepted as attachments include .xlsx, .xls, .docx, .doc, .png, .txt, .jpg, .pdf, .gif, and .zip.*

Once saved, the attachment displays in the panel.

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   PREVIOUS   **SAVE AND CONTINUE**

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

3.11 Agreement/Submit

Quick Reference – Agreement/Submit

Table 12 – Agreement/Submit

Step	Task	Action	Result
Start from the Agreement/Submit page. This page displays after clicking Save and Continue from the previous page.			
1	Accept Terms and Conditions.	Click Proceed to accept the terms and conditions.	Provider Agreement PDF displays.
2	Accept Provider Agreement.	Read the Provider Agreement and click the I Accept checkbox.	Confirmation pop-up window displays.
3	Confirm Provider Agreement.	Click Yes in the pop-up window to confirm agreement.	Signature section displays.
4	Complete Signature section.	a. Click the I Accept checkbox and fill in the rest of the fields. b. Click Request Verification Code.	Verification code is sent via email.
5	Add verification code.	Enter verification code sent via email and click Submit.	Enrollment submission confirmation screen displays.
6	Confirm submission of enrollment.	Click Yes to confirm submission.	Enrollment submission notification is received via pop-up screen and via email.

Detailed Steps

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

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

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

> 🎓 **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.*
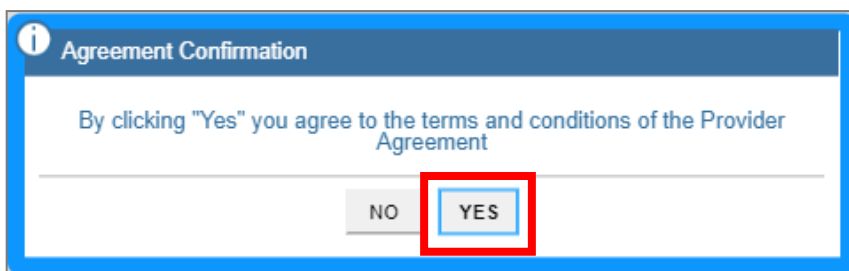
Read the Provider Agreement contained in the PDF document displayed and click the **I Accept** box.

3. A pop-up window displays to confirm your agreement. Click **Yes**.
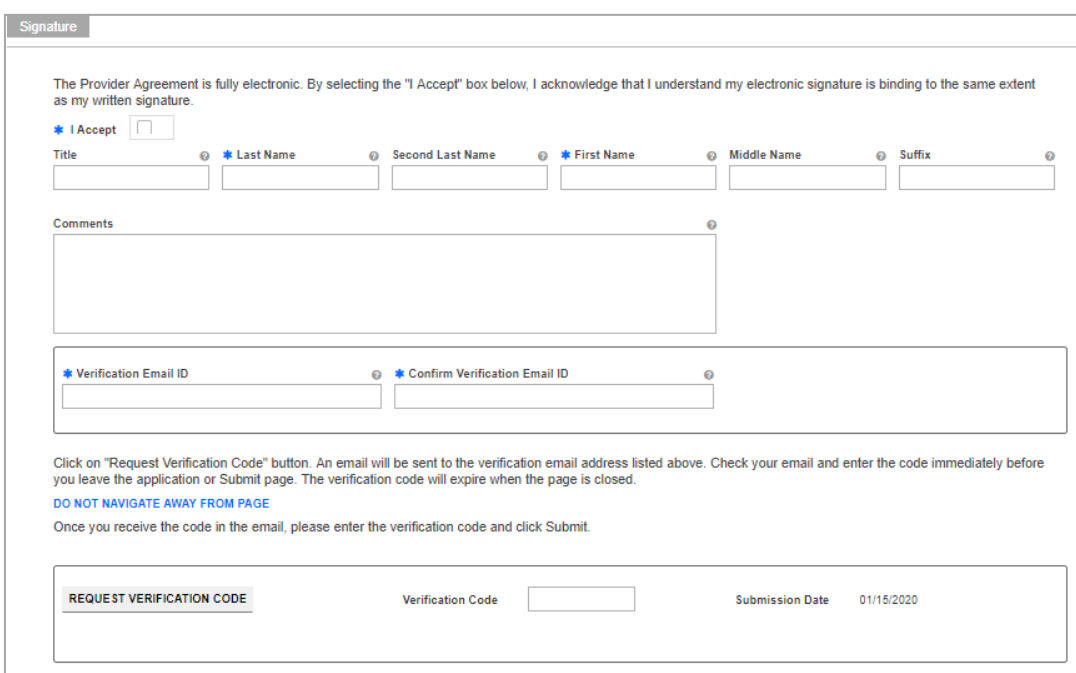
The **I Accept** checkbox is now checked.

4. The **Signature** section displays.

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

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		Submission Date	3/14/2023

CANCEL   PREVIOUS   **FINISH LATER**   SUBMIT

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

Email Verification Code

Your Verification Code has been sent to ...   Please check your email and promptly enter the code before you navigate away from the application.

OK
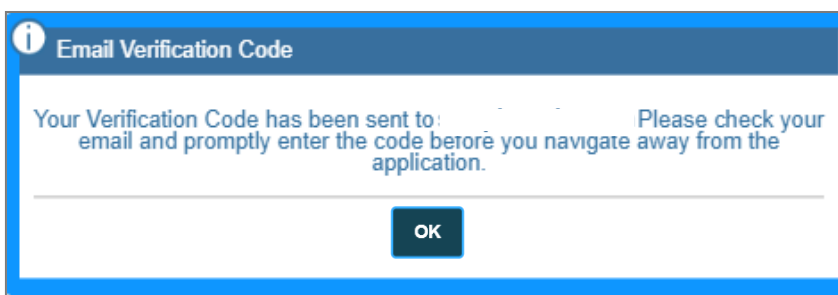
Example of email received with verification code:

PP prmp-pep@salud.pr.gov
To

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

Reply   Reply All

Dear Provider:

Please use the following *verification code* for provider name, Tariq Abdullah

Verification Code: AB0W1BQ5

If you close the internet application window (e.g. Internet Explorer, Chrome or other web browsers) or you click the "Finish Later" button, this verification code is no longer valid. To request a new code, return to the main menu, select "Resume Enrollment" and enter your ATN (application tracking number) and password. Click on the "Agreement/Submit" tab at the top of the page and then click on the "Request Verification Code" button.

If you did not request this verification code, please report this to the Medicaid Provider Enrollment Unit, at the following address: prmp-pep@salud.pr.gov.

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

Sincerely,

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

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**.

REQUEST VERIFICATION CODE	Verification Code AB0W1BQ5	Submission Date 3/14/2023

SUBMIT → SUBMIT

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

Alert Confirmation

Do you want to submit this application?

NO   YES

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

Provider Enrollment ▼ *Submit*

Print

Submit Confirmation

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

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

Tracking Number   **5126735304**
Provider Enrollment Team
prmp-pep@salud.pr.gov
Contact number: (787) 641-4200

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

New Enrollment Complete Notification

PP   prmp-pep@salud.pr.gov
      To   ↩ 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

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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.