



DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

DEL_PRMMIS_Final_User_Documentation_PEP_Nav_Ref_Guide

Provider Enrollment Portal (PEP) Navigation

Phase Two Final User Documentation

Training Material – Reference Guide

Version 5.0

Change History

Version #	Date	Modified By	Description
1.0	07/15/2020	DXC Technology	Approved Deliverable
2.0	09/14/2020	DXC Technology	Added Revalidation Enrollment with Owner Association Data to Section 2.4
3.0	10/30/2020	Gainwell Technologies	Gainwell Rebranding
4.0	03/15/2021	Gainwell Technologies	R17/R18 Updates
5.0	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
ATN	Application Tracking Number
CLIA	Certified Laboratory Improvement Amendments
DEA	Drug Enforcement Administration
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EIN	Employee Identification Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
LMS	Learning Management System
NPI	National Provider Identifier
OTP	One-Time Password
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PII	Personally Identifiable Information
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PSC	Provider Secure Communication
SSN	Social Security Number
URL	Uniform Resource Locator

2 Overview

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

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

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

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

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

- Navigate through provider enrollment menus
- Manage an enrollment application password
- Register for a new enrollment
- Resume or revalidate an enrollment application
- Verify an enrollment application's status
- Understand the general enrollment process steps

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

2.1 Registering for a New Enrollment Application

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

Quick Reference – Registering for a New Enrollment Application

Table 2 – Registering for a New Enrollment Application

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

Detailed Steps

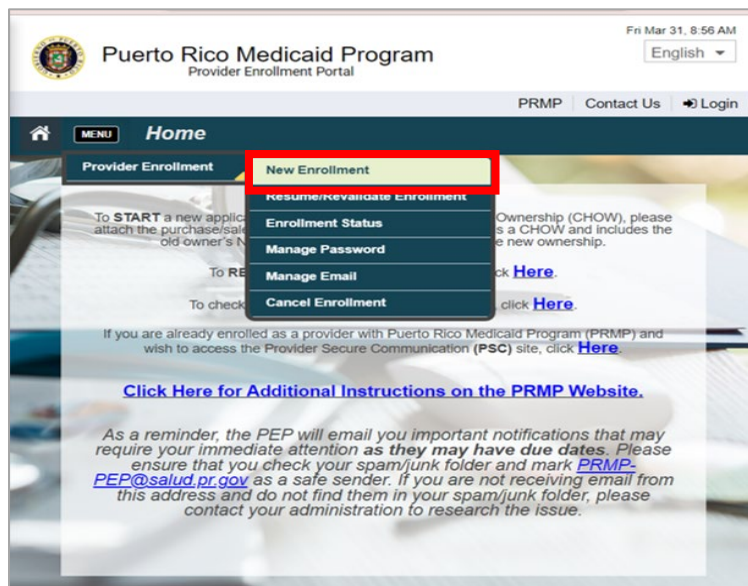
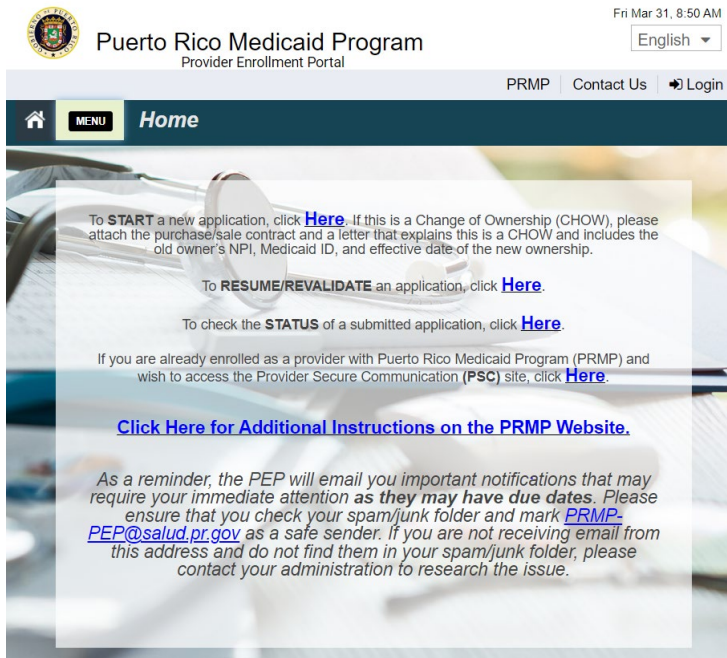
1. Open a supported internet browser from the list below and type in the URL for PEP or click PEP from your supported internet browser's favorite's shortcut if you have bookmarked it.

Supported internet browsers include:

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

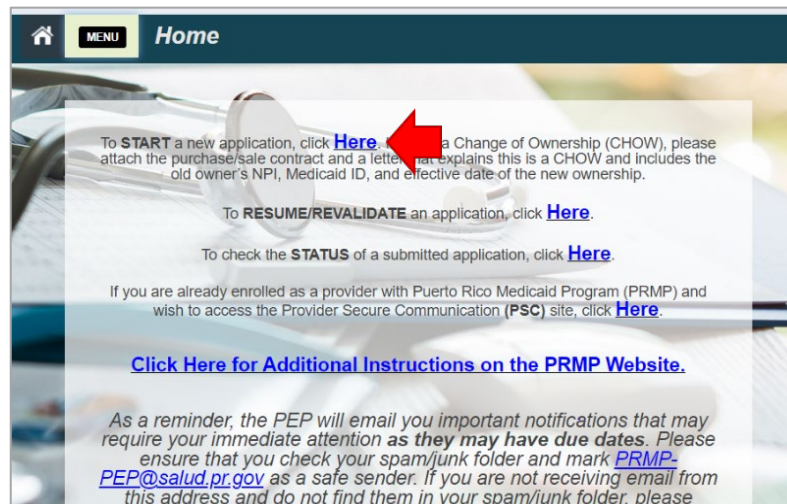
Provider Enrollment Portal (PEP) Navigation Training Material – Reference Guide

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





NOTE: You must use the **START** link to begin your new enrollment application.



You will also not be logging into the Provider Enrollment Portal at any time. Therefore, you will not be using the **Login** option displayed at the top of the Home Page.



Both the **Register** link and the **Login** option are used only by PEP internal users.

2. The Welcome page displays.

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

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

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

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

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

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

Additional Resources:

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

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

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

START

Enrollment Pre-Checklist

Please select the below parameters to generate a checklist enlisting the credentials and documents required to complete an enrollment application. All the credentials that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

Enrollment Type select a value...	Provider Type select a value...
Specialty select a value...	Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN
Are you Medicare enrolled? <input type="radio"/> Yes <input type="radio"/> No	

CLEAR **GENERATE PRE-CHECKLIST**

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



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

Enrollment Pre-Checklist

Please select the below parameters to generate a checklist enlisting the credentials and documents required to complete an enrollment application. All the credentials that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

Enrollment Type

select a value...

Provider Type

select a value...

Specialty

select a value...

Tax ID Type

☐ EIN
 ☐ SSN

Are you Medicare enrolled?

☐ Yes
 ☐ No

CLEAR

GENERATE PRE-CHECKLIST

Generated Pre-Checklist Example:

Healthcare Solutions
 Modular Payer System

Pre-Enrollment Checklist

Criteria

Enrollment Type Facility	Provider Type Ambulance
Specialty Type 263 - Category III - Ambulance - Rolling Emergency Room	Tax ID Type <input checked="" type="radio"/> EIN <input type="radio"/> SSN
Are you Medicare enrolled? <input type="radio"/> Yes <input checked="" type="radio"/> No	

Results

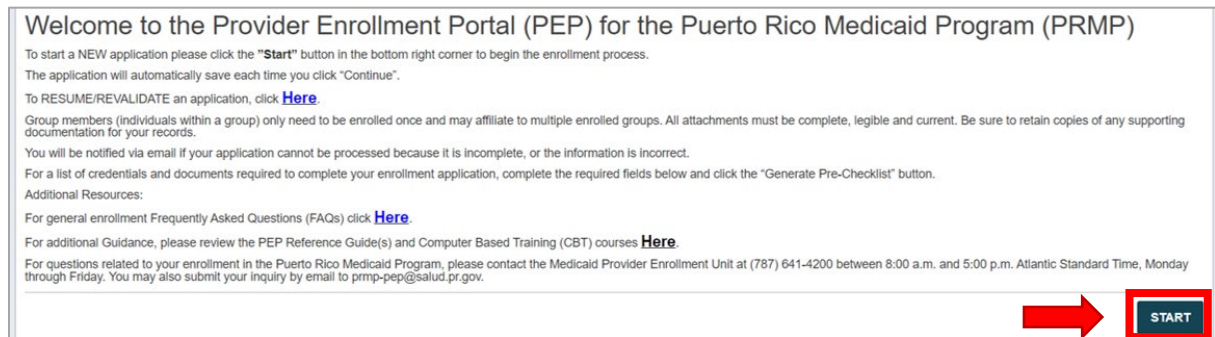
Please find below the credentials and documents required to complete the enrollment application. The requirements may still vary based on any other criteria that you may enter during the enrollment application. All the credentials mentioned here that are furnished in the application must be current.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

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

Required Attachments:

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

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



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

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

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

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

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

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

Additional Resources:

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

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

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

START

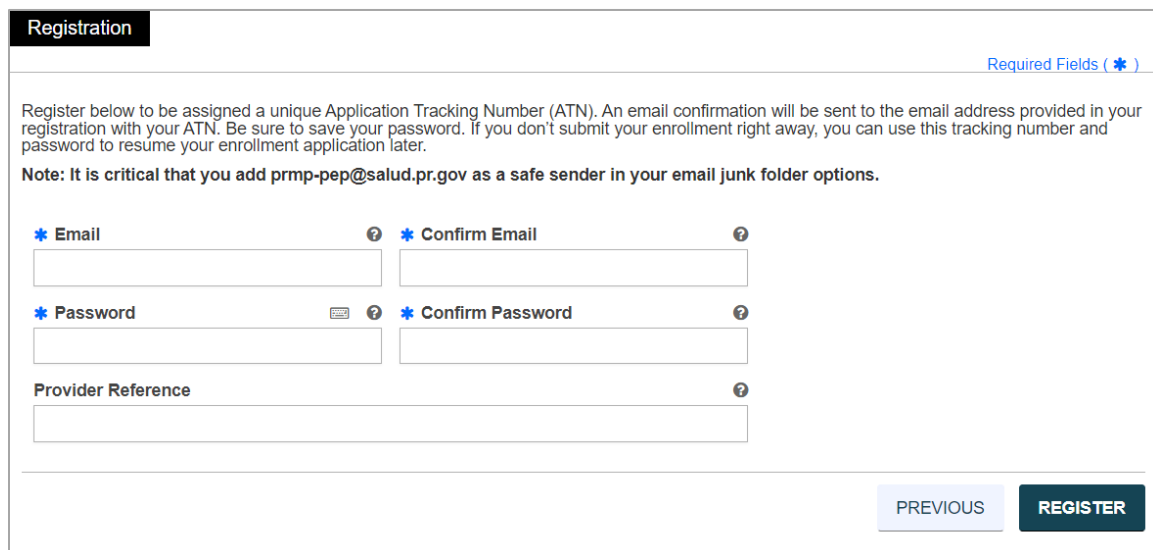
3. The Registration page displays. This is a required step before starting a new enrollment application. Enter the following information in the relevant fields:

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

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

Note: Passwords must be between 8 and 20 characters and include a minimum of one lowercase letter, one uppercase letter, and one numeric digit.

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



Registration

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

Register below to be assigned a unique Application Tracking Number (ATN). An email confirmation will be sent to the email address provided in your registration with your ATN. Be sure to save your password. If you don't submit your enrollment right away, you can use this tracking number and password to resume your enrollment application later.

Note: It is critical that you add prmp-pep@salud.pr.gov as a safe sender in your email junk folder options.

* Email ? * Confirm Email ?

* Password ? * Confirm Password ?

Provider Reference ?

PREVIOUS REGISTER

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

The screenshot shows a 'Registration' form with the following fields: Email, Confirm Email, Password, Confirm Password, and Provider Reference. Each field has a question mark icon for help. A red arrow points from the bottom right of the form to a red 'REGISTER' button.

A pop-up window displays your Application Tracking Number (ATN) for this enrollment application and informs you that this number will be sent via email as well.

The pop-up window has a blue header 'Registration Complete'. The text inside reads: 'Your tracking number is 7328249415. An email will be generated and sent to your email with further instructions. You can now continue with your enrollment application.' There is an 'OK' button at the bottom.

The email sent by the system contains the ATN, a password hint (the first and last character of your password), and the Provider Reference, if it was included.

The email is titled 'New Enrollment Registration Notification' and is from 'prmp-pep@salud.pr.gov'. The body text says: 'Dear Provider: Congratulations! You have successfully registered to begin the enrollment process as a provider with the Puerto Rico Medicaid Program (PRMP). Below is the unique tracking number that has been associated to this application. Please make note of your tracking number and password. If you have not yet submitted your enrollment application, it will remain valid for 30 calendar days from the last time you updated it. If there is no activity within 30 calendar days, the application will be deleted, and the application process would need to be started from the beginning.' It then lists the Application Tracking Number: 7328249415 and Password: B*****I. It provides a link to resume enrollment: https://pr.sit.hppcloud.com/ProviderEnrollment/EnrollmentResume/. It also includes contact information for the Medicaid Provider Enrollment Unit and a closing signature.



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

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

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

Example of a New Enrollment Expired Notification:

Expired Notification ATN: 0314750957



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.](#)

Dear Provider:

Your Puerto Rico Medicaid Provider Enrollment Application under Application Tracking Number (ATN) 0314750957 has expired. This Application Tracking Number is no longer valid.

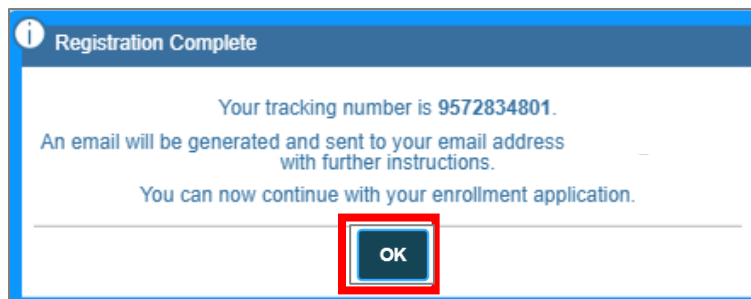
If you are still interested in enrolling, you must complete a new application through the Puerto Rico Medicaid Provider Enrollment Portal, upon which time a new Application Tracking Number will be issued.

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

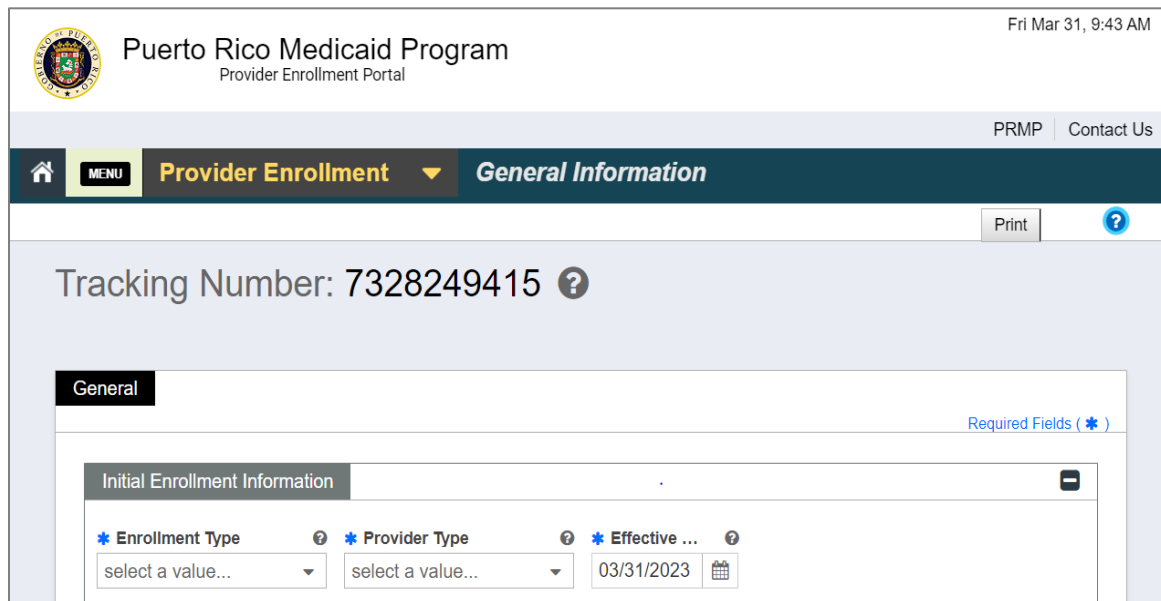
Sincerely,

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

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



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



The screenshot shows the Puerto Rico Medicaid Program Provider Enrollment Portal. At the top, the header includes the Puerto Rico Department of Health logo, the text "Puerto Rico Medicaid Program" and "Provider Enrollment Portal", and the date/time "Fri Mar 31, 9:43 AM". Below the header is a navigation bar with "PRMP" and "Contact Us" links. The main navigation bar features a "MENU" button, "Provider Enrollment" (selected), and "General Information". A "Print" button and a help icon are also present. The main content area displays the "Tracking Number: 7328249415" with a help icon. Below this is a "General" tab section. Under the "General" tab, there is a "Required Fields (*)" section. The "Initial Enrollment Information" section contains three required fields: "Enrollment Type" (dropdown menu), "Provider Type" (dropdown menu), and "Effective ..." (date field set to 03/31/2023).



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

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

NOTE: Medicare information is no longer collected, and Medicare Panel will no longer display.

2.2 Manage Password

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

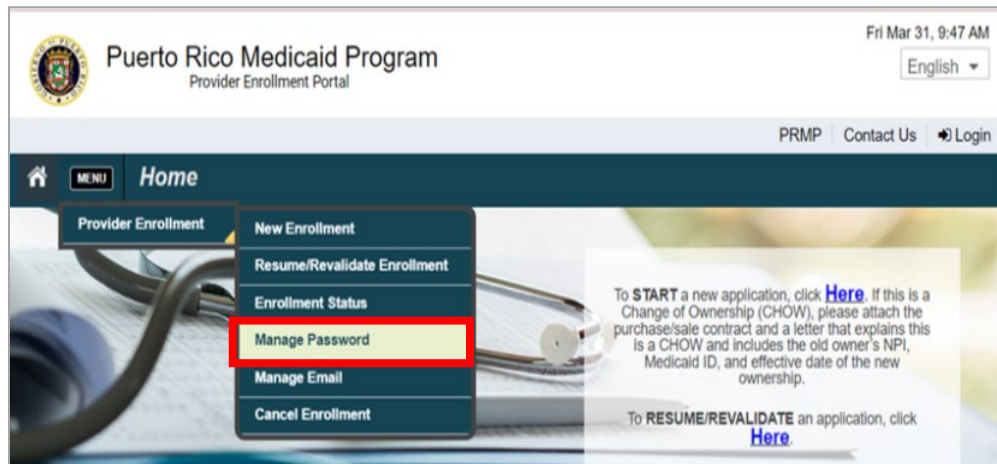
Quick Reference – Manage Password

Table 3 – Manage Password

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

Detailed Steps

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



2. In the Reset Password panel, enter your ATN and existing password to generate an authentication code for a new password.

Change Password

Required Fields (*)

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please reach out to the Provider Enrollment Team prmp-pep@salud.pr.gov

* Tracking Number

* Enter your existing Password

[Forgot Password?](#)

[CLEAR](#) [GENERATE AUTHENTICATION CODE](#)

Enter Authentication Code

AUTHENTICATION

Required Fields (*)

To verify your account, a one-time authentication code has been sent to the email address associated with your account. Please enter the code below and click continue

* Authentication Code

[Send a new code](#)

[CANCEL](#) [SUBMIT](#)

Then enter and confirm new password

Change Password

Required Fields (*)

* New Password

* Confirm New Password

[CLEAR](#) [SUBMIT](#)



ENROLLMENT PASSWORD: If you do not remember the password that you created when registering your enrollment application, verify the email sent with your ATN. This email contains a hint of the password that you created (first/last character of the password and length).

① If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Provider:

Congratulations! You have successfully registered to begin the enrollment process as a provider with the Puerto Rico Medicaid Program (PRMP). Below is the unique tracking number that has been associated to this application. Please make note of your tracking number and password. If you have not yet submitted your enrollment application, it will remain valid for 30 calendar days from the last time you updated it. If there is no activity within 30 calendar days, the application will be deleted, and the application process would need to be started from the beginning.

Application Tracking Number: 7328249415

Password: B*****I

To resume your partially completed enrollment, simply access the site at the address below and enter the enrollment tracking number and password you entered during the registration process. If you are an administrator, please remember that each provider application has a unique tracking number and each one needs to be completed individually.

<https://pr.sit.hppcloud.com/ProviderEnrollment/EnrollmentResume/>

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



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

Provider Enrollment Manage Password

Change Password

Required Fields (*)

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please reach out to the Provider Enrollment Team prmp-pep@salud.pr.gov

* Tracking Number

* Enter your existing Password

Forgot Password?

CLEAR GENERATE AUTHENTICATION CODE

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

Generate OTP

Required Fields (*)

* Tracking Number

GENERATE OTP

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

Once the new password is submitted:

- a. Enrollment application password is reset.

- b. An email is sent to the registered email address acknowledging password reset.

New Enrollment Password Reset Notification

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.

Dear Provider:

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

Application Tracking Number: 7328249415
Password: N*****3

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

Resume your enrollment at
<https://pr.sit.hppcloud.com/Provid>

If you have any 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

2.3 Manage Email

In the **Manage Email** section of the PEP, you have the option of changing your registration email any time before or after submitting the PEP enrollment application.

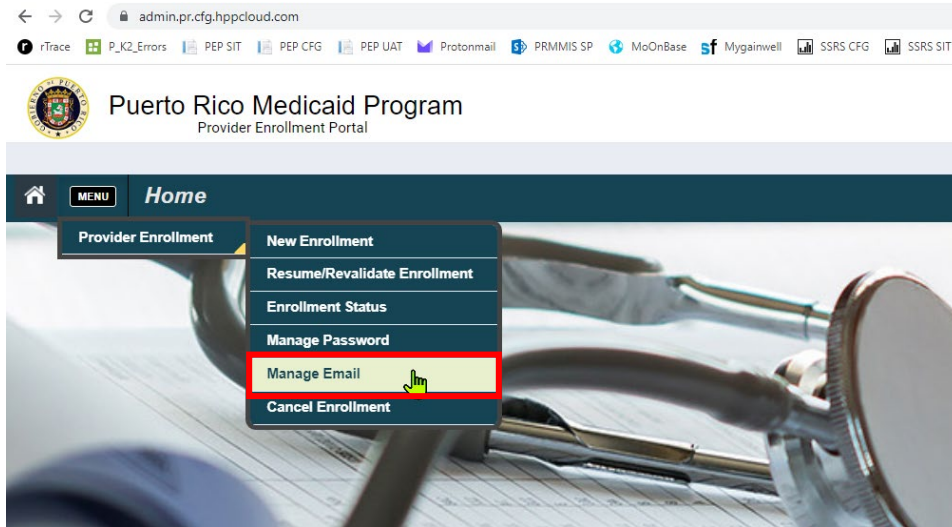
Quick Reference – Manage Email

Table 4 – Manage Password

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

Detailed Steps

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



2. In the Change Email panel, enter your ATN and existing password then click **NEXT** to change your registration email.

Change Email

Required Fields (*)

Please enter your Application Tracking Number and Password that was used on the Provider Enrollment application to update your email address. Note: Email addresses can only be changed for applications that are in partial status/have not been submitted.

If you have forgotten your password, please click on the 'forgot password' checkbox to continue without your password.

* Tracking Number ?

* Password ?

[Forgot Password](#)

☐ Forgot Password ?

[CANCEL](#) [NEXT](#)

- a) For Facility or Group Enrollments that have forgotten login password click the **Forgot Password** checkbox

Puerto Rico Medicaid Program
Provider Enrollment Portal

Fri Apr 7, 11:12 AM

PRMP | [Contact Us](#)

Change Email

Required Fields (*)

Please enter your Application Tracking Number and Password that was used on the Provider Enrollment application to update your email address. Note: Email addresses can only be changed for applications that are in partial status/have not been submitted.

If you have forgotten your password, please click on the 'forgot password' checkbox to continue without your password.

* Tracking Number ?

1664774582

* Password ?

☒ [Forgot Password](#) ?

[CANCEL](#) [NEXT](#)

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

Then enter the **Business Name** and **last 4 digits of the Tax ID** then click **NEXT**.

Puerto Rico Medicaid Program
Provider Enrollment Portal

PRMP | Contact Us

Home MENU **Provider Enrollment** Manage Email

Change Email

Required Fields (*)

* Business Name * Tax ID (Last 4 digits)

CLEAR PREVIOUS **NEXT**

b) For Individuals that have forgotten login password click the **Forgot Password** checkbox then **NEXT**.

Puerto Rico Medicaid Program
Provider Enrollment Portal

PRMP | Contact Us

Home MENU **Provider Enrollment** Manage Email

Required Fields (*)

Please enter your Application Tracking Number and Password that was used on the Provider Enrollment application to update your email address. Note: Email addresses can only be changed for applications that are in partial status/have not been submitted.

If you have forgotten your password, please click on the 'forgot password' checkbox to continue without your password.

* Tracking Number * Password

1664774582

☒ Forgot Password

CANCEL **NEXT**

Then enter the last 4 digits of your SSN and Birth Date then click **NEXT**.

Puerto Rico Medicaid Program
Provider Enrollment Portal

PRMP | Contact Us

Home MENU **Provider Enrollment** Manage Email

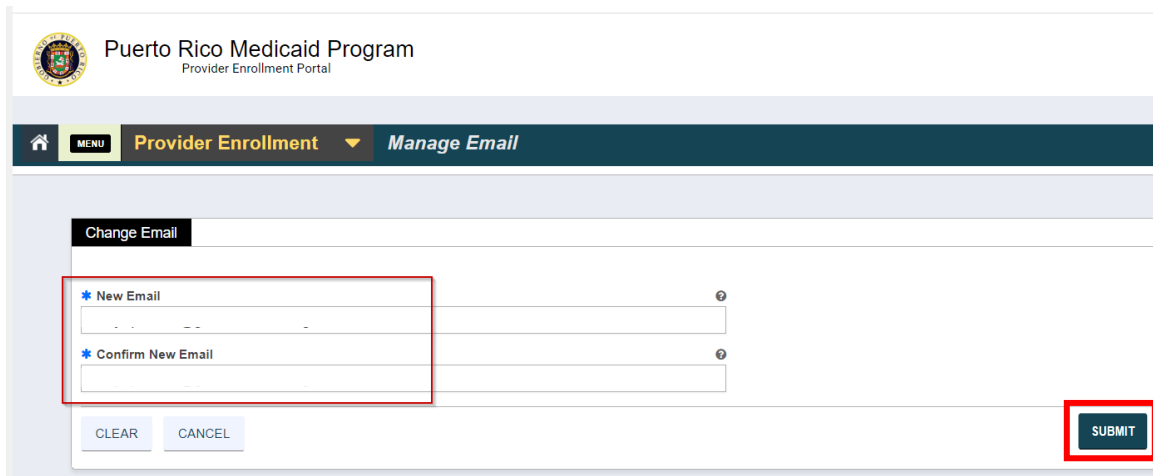
Change Email

Required Fields (*)

* SSN (Last 4 digits) * Birth Date

CLEAR PREVIOUS **NEXT**

3. Enter and confirm new enrollment registration email address then click **SUBMIT**



Puerto Rico Medicaid Program
Provider Enrollment Portal

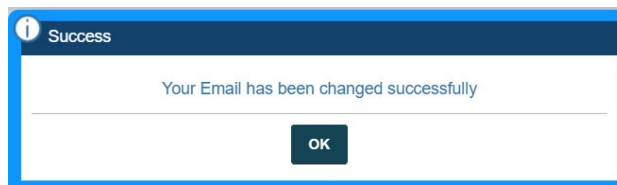
Provider Enrollment ▾ *Manage Email*

Change Email

* New Email

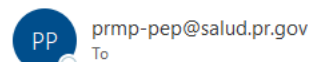
* Confirm New Email

a) You will see a popup message that your Email has been successfully changed



b) An email is sent to the updated email address to resume the enrollment application in PEP using initial enrollment ATN 9412055548 the authentication code is sent on the updated email address:

Resume Enrollment Authentication Code



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

Please use the following Authentication Code for ATN: 9412055548

Authentication Code: 517718

If your application has closed this authentication code is no longer valid. To request a new code, return to the main menu, select "Resume/Revalidate Enrollment" and enter the ATN and password. Click on the "Generate Authentication Code" button to generate a new Authentication Code.

If you did not request this Authentication Code, you can safely ignore this email.

2.4 Cancelling an Enrollment

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

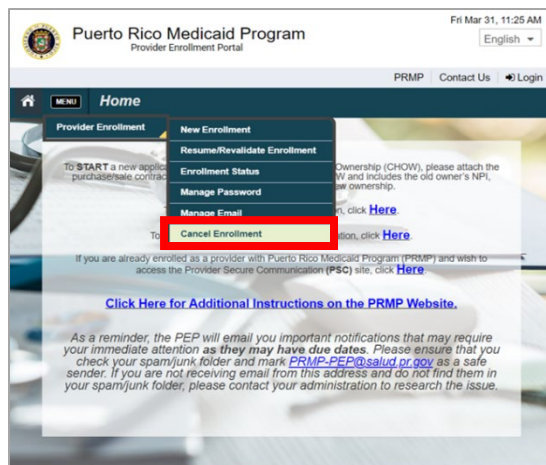
Quick Reference – Cancelling an Enrollment

Table 5 – Cancelling an Enrollment

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

Detailed Steps:

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



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

Cancel Enrollment

Required Fields (*)

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

If you have questions or concerns, please reach out to the Provider Enrollment Team: prmp-pep@salud.pr.gov

* Tracking Number

* Password

[Forgot Password?](#)

CANCEL

SUBMIT



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

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

Cancel Enrollment

Required Fields (*)

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

If you have questions or concerns, please reach out to the Provider Enrollment Team prmp-pep@salud.pr.gov

* Tracking Number

* Password

Forgot Password?

CANCEL

SUBMIT

Click **YES** on the cancellation confirmation message.

×

Cancel Enrollment Confirmation

Are you sure want to cancel your enrollment?

NO

YES

Your enrollment cancellation confirmation message will display. Click **OK**

i

Cancel Enrollment

Your enrollment application is successfully cancelled.

OK

2.5 Resume Enrollment

You may Resume a partially completed enrollment application through the PEP Menu. This allows you to continue the enrollment process for a partially completed application. The Resume option allows you to complete an application that has not yet been submitted, or edit a returned application,

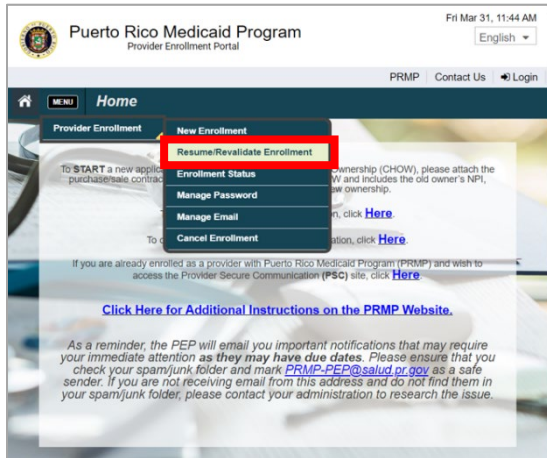
Quick Reference – Resume Enrollment

Table 6 – Resume Enrollment

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

Detailed Steps

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



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

Resume/Revalidate Enrollment

Required Fields (*)

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

* Tracking Number

* Password

[Forgot Password?](#)

CANCEL

GENERATE AUTHENTICATION CODE



FORGOT ENROLLMENT PASSWORD: To view the steps discussed in **Section 2.2** for a forgotten enrollment password, hold **CTRL** button and click [HERE](#). If you are resuming an enrollment application: The partially completed application displays, starting with the last step you had completed. You can resume completing the application.

A new page displays enrollment application to resume the enrollment process.

Click **YES** to confirm submission once all required fields are completed.

Your enrollment application confirmation will display on the next page.



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

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

NOTE: *Medicare information is no longer collected, and Medicare Panel will no longer display*

2.6 Revalidate Enrollment

The PRMMIS Provider Revalidation process begins 100 days prior to an active provider's Medicaid Agreement End Date. A new Revalidation ATN is created for Provider to login their revalidation application in PEP. The Revalidation ATN and password are available in PSC inbox.

Each active Service Location will be required to complete Revalidation independently and will receive a separate ATN and password for each service location. Once the Revalidation process initiates for an MCD, PSC will lock down provider demographic changes during the time a provider is in Revalidation.

Revalidation is required every 5 years for Physicians. Non-Physicians with Medicaid Agreement Effective Date prior to 1-Jan-2023 will be required to revalidate in 4 years. Non-physicians Medicaid Agreement Effective Date after on or after 1-Jan-2023 will be required to revalidate every 3 years.


Quick Reference – Revalidate Enrollment

Table 7 – Revalidate Enrollment

Step	Task	Action	Result
Start from PEP Home page.			
1	Access Revalidation ATN and temporary password from PSC		
1	Access Resume Enrollment page.	Click Menu, then Provider Enrollment, then Resume/Revalidate Enrollment.	Resume/Revalidate Enrollment screen is displayed.
2	Add enrollment credentials.	Enter your application tracking number and enrollment password.	Credentials to revalidate an enrollment are added.
3	Submit Resume/Revalidate enrollment credentials.	Click Generate Authentication Code at the bottom of the page.	The relevant enrollment application display after completing a two-factor authorization process. <ul style="list-style-type: none"> a. Revalidate Enrollment displays new revalidation application. b. Revalidation Enrollment with Owner Association Data.

Detailed Steps


1. Access Revalidation ATN and temporary password from PSC under 'Messages' menu option:


PRMP|PSC
Home
Messages
Demographics
Upload
Delegates
tanuja.panwar@gainwelltechnologies.com
Logout
Español

Messages

Welcome letters will appear here 1-2 business days after receipt of the Application Tracking Number (ATN) approval notification. Once the Welcome Letter appears, if it is deleted, it cannot be recovered unless you contact the Provider Contact Center at (787) 641-4200, who will request the letter to be sent via email.

Service Location	Subject	Message	
042039600 - YOSEF PEREZ TIRADO	PRV-0043-R	Provider Revalidation Reminder 90 Day Letter	Details Delete
042039600 - YOSEF PEREZ TIRADO	PRV-9008-S	Provider Welcome Letter Spanish	Details Delete
042039600 - YOSEF PEREZ TIRADO	PRV-9008-R	Provider Welcome Letter	Details Delete


GOVERNMENT OF PUERTO RICO
Department of Health
Medicaid Program

04/08/2023

YOSEF PEREZ TIRADO, N/A
253 CALLE SAN JORGE
N/A
SAN JUAN, PR 00912-3307
beza.oda@gainwelltechnologies.com

Re: **National Provider ID (NPI): 9054232415**
Medicaid Provider ID: 042039600
Revalidation Application Tracking Number: 5246357067

ACTION REQUIRED

Dear Medicaid Provider:

It is time to revalidate your Medicaid provider enrollment.

Per federal regulation 42 CFR 455.414, providers are required to revalidate their provider information periodically. Medicaid funds can only be used for covered healthcare services rendered by an individual or entity who has a provider agreement in effect with the Puerto Rico Medicaid Program (PRMP).

Your current provider agreement for participation in the PRMP will expire on 07/07/2023. To continue your participation, you must provide updated information by submitting a revalidation application before 07/07/2023, which includes a new provider agreement.

Failure to complete the revalidation process by 07/07/2023 will lead to denial of Medicaid encounters or claims, and termination of your participation in the PRMP.

To revalidate, access the Provider Enrollment Portal (PEP) at <https://pr.hppcloud.com/> using the revalidation application tracking number printed above, and the following password: **042039600**. Use the 'Resume/Revalidate Enrollment' function to launch your revalidation application. Through the online revalidation process, you may verify the information currently on your provider file, submit necessary updates, and upload supporting documentation.

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

We look forward to continuing our work together.

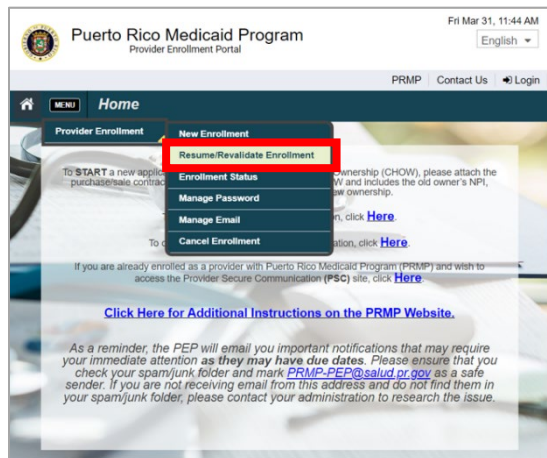
Sincerely,

Medicaid Provider Enrollment Unit
Puerto Rico Medicaid Program

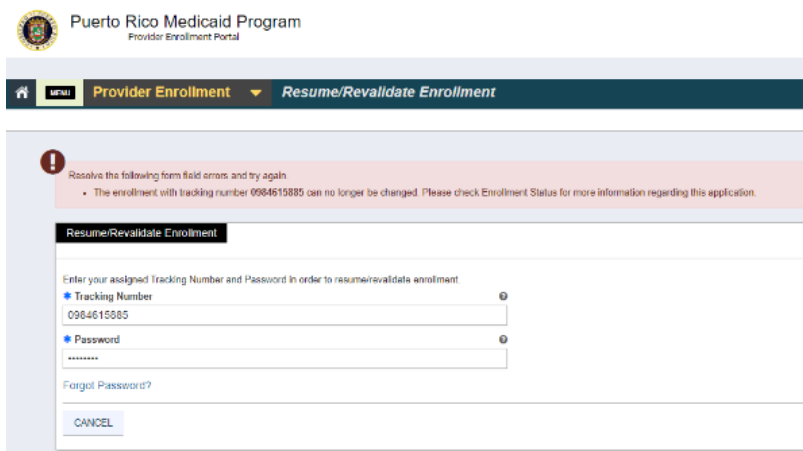
WWW.MEDICAID.PR.GOV

Page 1 of 1

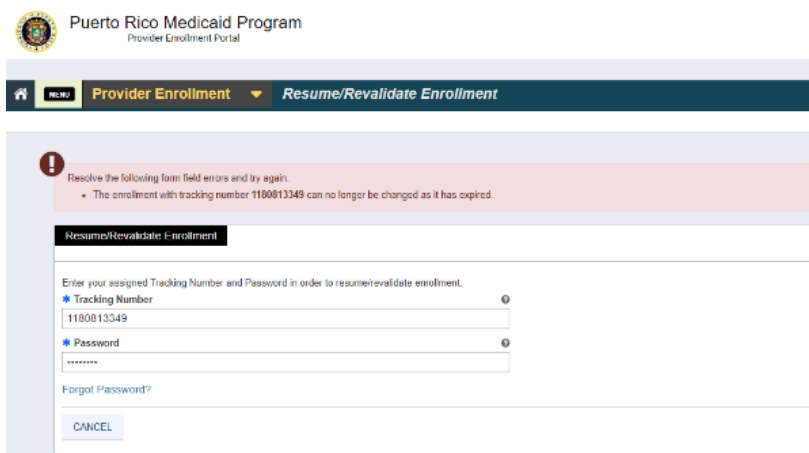
- In the Provider Enrollment dropdown, click **Resume/Revalidate Enrollment**.



- Error message will be displayed to a terminated provider or if the ATN is no longer accessible.



- An error message will be displayed to an expired provider or if the ATN is no longer accessible.



5. All Revalidation applications will first need to go through 'Manage Password' to reset their password before they can begin their Pep Revalidation application.

6. Enter your Revalidation ATN from PRV-0043-R letter from PSC and new password created from 'manage password' step.



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

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

A new page displays the relevant enrollment application.

a. If you are **revalidating an enrollment**: The new revalidation application displays. The application steps will be pre-populated with the following data obtained from previous enrollment(s):

- The application also displays grayed-out fields that are filled with information from the previous enrollment application.

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

Read-only fields can include:

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

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

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

b. Revalidation Enrollment Disclosures:

When you get to the Disclosure page you will see the following Disclosure Forms under the Disclosure Form Column. The Status Column will show the word **New**. This is a **button**, and the user is required to click on it to finish the disclosure.

- Provider Self Disclosure
- Sub-Contractor Disclosure
- Ownership and Control Interest
- Managing Employees
- Business Transaction

Disclosure information is not pre-populated during revalidation and would need to be entered again during revalidation in PEP.

Below is an example for entering information in Ownership and Control Interest Disclosure:

The screenshot displays the 'Step 8: Disclosures - Tracking Number: 7799120502' page. The top navigation bar includes 'Provider Enrollment' and 'Disclosures'. The main content area shows a 'Disclosures' section with a 'Disclosure Details' form. The form includes a 'PROVIDER NOTICE STATEMENT' and a 'OWNERSHIP/CONTROLLING INTEREST' section. The 'OWNERSHIP/CONTROLLING INTEREST' section contains a table with columns for 'Disclosure Form', 'Status', and 'Create New'. The table lists four disclosure forms: 'Provider Self Disclosure', 'Sub-Contractor Disclosure', 'Ownership and Control Interest', and 'Managing Employees'. Each form has a 'Status' of 'New' and a 'Create New' button. The 'Business Transaction' form is also listed but has a 'Status' of 'Completed'.

The View Ownership and Control Interest subpanel will be displayed after the **Create New** button is clicked.

The screenshot shows the 'Disclosures' page with a modal window titled 'View Provider Self Disclosure'. The modal contains a 'Disclosure Name' field and a 'Close' button. In the background, the 'Ownership and Control Interest' section is visible, showing a table with columns for 'Disclosure Form', 'Status', and 'Create New'. The 'Ownership and Control Interest' row is highlighted, and the 'Create New' button is visible.

When you click the 'CREATE NEW' button, the panel will open for the Ownership and Control Interest form, enter all required information, and click save. All disclosures will need to be completed to proceed to next step in the application.

The screenshot shows the 'New Ownership and Control Interest' form. It includes a 'Required Fields' indicator. The form contains several sections: a question about ownership interest, a section for personal information (Name, Address, City, State, Country, ZIP Code, Email Address, Effective Date, End Date), and a section for other providers. The 'Yes' radio button is selected for the question 'Does this entity have ownership or controlling interest of 5% or more in any other provider, fiscal agent or managed care entity?'. At the bottom, there is a table with columns for '% Interest', 'Full Name of Other Provider', 'Tax ID', and 'Edit'.

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

Disclosures

Disclosure Details

PRIVACY NOTICE STATEMENT

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

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

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

OWNERSHIP/CONTROLLING INTEREST

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

DISCLOSURE FORMS

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

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

View Ownership and Control Interest

Disclosure Name	Edit
ALVAREZ, JESUS	

CLOSE

Create New

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

The disclosure for Ownership and Control Interest will be marked complete and you can continue with the enrollment.

Disclosures

Disclosure Details

PRIVACY NOTICE STATEMENT

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

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

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

Once each section is filled in all disclosures will be marked complete. You will be able to add attachments and then submit the application. Once it is submitted an email is sent with this information.

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

Puerto Rico Medicaid Program
Provider Enrollment Portal

Page 7, 11:38 AM

Provider Enrollment | Enrollment Status

Enrollment Status

This is your current enrollment application status. If you have any questions or concerns, please contact the Provider Enrollment Team at enrollment@prmda.gsa

Tracking Number
593511070

Application Type
Revalidation

Wednesday, October 18, 2023

Status
Pending

Unique Code
4879025

2.7 Enrollment Status

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

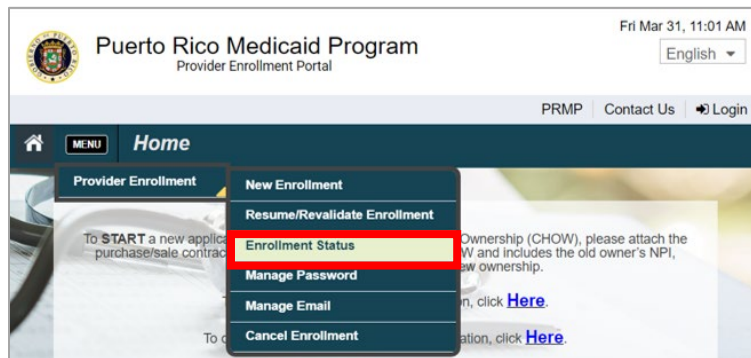
Quick Reference – Enrollment Status

Table 8 – Enrollment Status

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

Detailed Steps

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



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

Enrollment Status

Required Fields (*)

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please | rmp-pep@salud.pr.gov

* Tracking Number

* Password

[Forgot Password?](#)

CANCEL

GENERATE AUTHENTICATION CODE



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

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

Enrollment Status

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

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please reach out to the Provider L.pr.gov

* Tracking Number ?

* Password ?

[Forgot Password?](#)

[CANCEL](#) [GENERATE AUTHENTICATION CODE](#)



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

Your application's Enrollment Status displays.

Enrollment Status

This is your current enrollment application status. If you have any questions or concerns, please contact the Provider Enrollment Team prmp-pep@salud.pr.gov

Tracking Number

Application Type

New Enrollment

Status

Partial

Status Date

[Print](#)

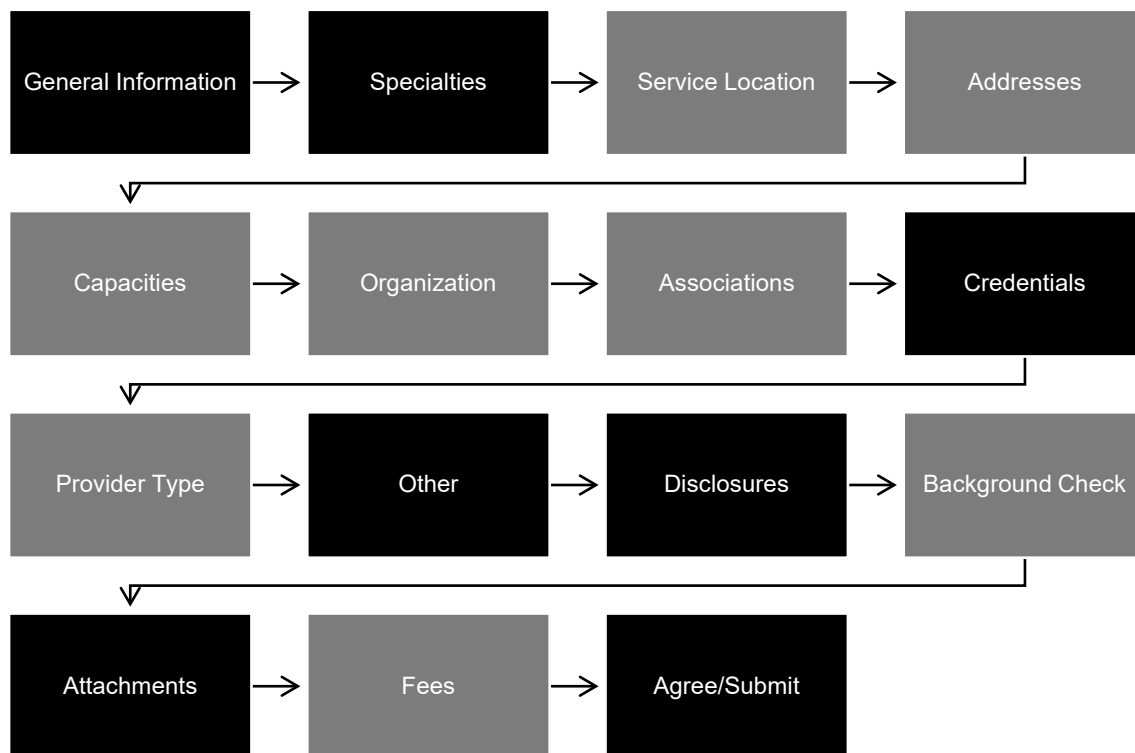
NOTE: If you have questions regarding your enrollment in the Puerto Rico Medicaid Program (PRMP), please submit your inquiry by email to prmp-pep@salud.pr.gov OR contact the Medicaid Provider Enrollment Unit at (787) 641-4200.

3 Enrollment Process Overview

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

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

3.1 Enrollment Process Flowchart



LEGEND:

- Step is required for all Enrollment/Provider types
- Step is required based on Enrollment/Provider type, or other details

3.2 Enrollment Steps Description

1. **General Information** – Choose your enrollment and provider type, and add general information pertaining to your enrollment. Information added in this step includes provider information, general credential information, contact information, and home address.
2. **Specialties** – Add specialties and taxonomies for the provider type that you selected in the General Information step.
3. **Service Location** – Add the service location address and all information related to that address (phone number, hours of operation, service address information, etc.).
4. **Addresses** – If applicable, add additional address types apart from the Service Location address. Examples include Pay To and Mail To addresses.
5. **Capacities** – Add additional specialty details, if determined to be required by your provider type and specialty disclosed in previous steps.
6. **Organization** – If applicable, add organizational details such as organization type and tax classifications.
7. **Associations** – If applicable, disclose individual or group associations for your enrollment type. This step is optional and is limited to adding associations with providers that are already enrolled.
8. **Credentials** – Add all relevant licensure and Medicare participation information. Credentials can include Degree, License, DEA, Medicare, and Medicaid.
9. **Provider Type** – If applicable, add provider type required credentials. Provider credentials can include CLIA, Bed Information, Level of Maternal Care, Surety Bond information, and Collaborating Physician.
10. **Other** – Add additional required credentials. Other credentials can include Languages, Certifications, Facility Accreditations, Additional Information, and Malpractice Information.
11. **Disclosures** – Complete the disclosure forms displayed, which can include Provider Self Disclosure, Sub-Contractor Disclosure, Ownership and Control Interest, Managing Employees, and Business Transaction.
12. **Background Check** – View additional requirements for high-risk Providers.
13. **Attachments** – Add the required supporting documentation listed for your enrollment application.
14. **Fees** – If applicable, answer application fee questions and pay the amount due.
15. **Agreement/Submit** – Accept the terms and conditions contained within the Provider Agreement and review the information displayed. Once this is completed, obtain a verification code and submit your enrollment.