



PRMMIS

Provider Maintenance Change Management	Policy No.:	PRMMIS – PRV-0001
	Classification:	Provider Enrollment
	Approving Authority:	Provider Management
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PURPOSE: This policy intended to establish the basis on what information can be changed after a provider is enrolled, when a new application is required and who has the authority to request the changes on behalf of the provider.

Acronym/Term	Definition
CHIP	Children’s Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendments
DEA	Drug Enforcement Administration
NPI	National Provider Identifier
PEP	Provider Enrollment Portal
PEU	Provider Enrollment Unit
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program

SCOPE

All references to the Puerto Rico Medicaid Program (PRMP) in this policy are inclusive of Children’s Health Insurance Program (CHIP). This policy applies to requests for changes to existing active provider records.

POLICY

Providers are responsible for ensuring that enrollment information remains current. Providers are required to notify PRMP of any changes in enrollment information within 30 days. Failure to comply with the requirements to report changes in the provider’s Medicaid enrollment information policy could result in the termination of the provider’s agreement. This policy does not apply to provider records that are terminated or in the revalidation process.

Changes post-enrollment may only need notification to the Provider Enrollment Unit (PEU), and others may need a new enrollment application. Both are explained within this policy.

Allowed Changes Without New Application

The following changes require notification to the PEU on business letterhead with the provider’s or managing employee’s signature:

- Mail-to and pay-to address changes.



- Service location information changes limited to name, suffix, phone number, email address, hours of operation, accessibility, Americans with Disabilities Act (ADA) compliance, after-hours arrangements.
- Clinical Laboratory Improvement Amendments (CLIA) and Drug Enforcement Administration (DEA) certificate updates.
- Provider Specialty Additions/Changes. Specialty additions and changes for provider types of Physician and Dentist must be submitted with the specialty certificate. Ambulance providers require a license specific to the specialty they are adding. Other provider types do not require documentation to add or change a specialty.
- Changes in Group Practice Affiliation. Providers must include the following information:
 - ◆ Individual provider's National Provider Identifier (NPI)
 - ◆ Group provider Medicaid ID
 - ◆ Effective date
- Gender.
- Date of Birth.
- Language.
- Medicare Number.
- Surety Bond (with a copy of the bond).
- NPI. This is only permitted when an NPI has been found to be a subject of fraud and the provider has been issued a replacement NPI or if it was entered incorrectly.
- Social Security Number (SSN) or Tax ID (only if a typo has been determined). The W-9 must reflect the correct Tax-ID.

Changes Requiring New Application

The following changes require a new enrollment application completed through the PRMP Provider Enrollment Portal (PEP):

- New service location.
- Enrolling as a different provider type. Providers must submit a separate Provider Enrollment Application for each provider type.
- Ownership/Tax ID changes. When a provider states that there is a change of ownership or change in Tax ID, a new application must be completed. If there is simply a typo in the tax ID or SSN, then the correction can be made to the existing active provider record as long as the provider submits the request in writing and includes a correct W-9.
- Examples of change in ownership include but are not limited to the following:
 - ◆ A sole proprietorship transfers title and property to another party
 - ◆ Two or more corporate clinics or centers consolidate, and a new corporate entity is created
 - ◆ An incorporated entity merges with another incorporated entity
 - ◆ An unincorporated entity (sole proprietorship or partnership) becomes incorporated
 - ◆ Change of name and Tax ID number associated with the provider's submitted enrollment application (e.g., Employer Identification Number)

REFERENCE:

[42 CFR § 442.14 Effect of change of ownership](#)



[42 CFR § 455.104 – Disclosure by Medicaid Providers and Fiscal Agents: Information on ownership and control](#)

[42 CFR § 455.105 – Disclosure by Providers: Information related to business transactions](#)

[42 CFR § 455.106 – Disclosure by Providers: Information on persons convicted of crimes](#)

This policy also leverages the following Medicare regulation:

[42 CFR § 424.516 – Additional provider and supplier requirements for enrolling and maintaining active enrollment](#)

CHANGE HISTORY

Date	Version	Change Details	Owner/ Approver	Date of MMIS Mgr Approval
08/28/19	1.0	New Policy	Caleb Colon	08/28/19