Puerto Rico Medicaid Provider Enrollment Checklist

Provider Type – Pharmacist (B1)

Specialty – Pharmacist (128)

Enrollment Type: Ordering, Prescribing, or Referring (OPR)
> *Note: Ordering, prescribing, or referring providers cannot render or bill for services. They are only allowed to order, prescribe, and refer.*

Application Information:

The following is an overview of the primary information needed to complete an application for the provider type and specialty listed above. Please note that all service locations where Medicaid beneficiaries are rendered services must be enrolled.

- ☐ **General information** including provider type, enrollment effective date, legal name, social security number (SSN) or employer identification number (EIN), national provider identifier (NPI), and contact information.

- ☐ **Specialty and taxonomy information** including effective dates.

- ☐ **Address information** including service location address of all locations at which services are rendered to Medicaid beneficiaries, mail to, and pay to addresses.
  Note: If enrolling with an enrollment type of 'OPR' service location address information is not captured.

- ☐ **Tax classification information** including organization type (e.g., non-profit, for profit).

- ☐ **Association information** including provider ID, and effective and end dates.
  Note: Group associations are only permitted with enrolled, active providers and will display for 'individual within a group' and 'OPR' enrollment types.

- ☐ **License information** including license number, issuing state, and effective and end dates; and Medicare enrollment (if applicable), including Medicare number, Medicare type, effective and end dates, and other state Medicaid enrollment information (if applicable).

- ☐ **Certification information** (if applicable) including specialty, certificate type, and effective and end dates.

- ☐ **Malpractice insurance information** (if applicable) such as type of carrier, name of carrier, coverage amount, policy number, and effective and end dates.

☐ **Self-disclosure information** including actions taken against or changes to your license/certification, enrollment terminations, actions taken against a federal or state controlled substance certificate, actions taken against you during participation in a governmental healthcare program, investigations, actions taken against your professional liability coverage, and contact information for audit purposes (42 CFR § 455.100-106).

☐ **Subcontractor disclosure information** for any entity/individual with which you have had any business transactions totaling more than $25,000 during the preceding 12-month period. If applicable, you will be required to provide subcontractor information such as name, address, effective and end dates, and control interest. If control interest is reported, additional ownership details such as % interest, name, SSN, DOB, and address will also be required (42 CFR § 455.100-106).

☐ **Ownership and control interest information** in the disclosing entity (individual or corporation). For entities having ownership/control interest in the disclosing entity, information such as ownership/control interest in any other provider, fiscal agent or managed care entity, criminal convictions in other government programs, other state Medicaid participation, program terminations, outstanding debts with other government programs, adverse legal actions, and relationships to the entity having ownership/control interest in the provider will be required (42 CFR § 455.100-106).
Note: A person with an ownership or control interest means a person or corporation that has a direct or indirect ownership totaling 5% or more in the provider, is an officer or director of a provider organized as a corporation or non-profit, or is a partner in a provider organized as a partnership.

☐ **Managing employee information** such as name, SSN, DOB, address, email, effective and end dates, criminal convictions in other government programs, other state Medicaid participation, program terminations, outstanding debts with other government programs, adverse legal actions, and relationship to the provider (42 CFR § 455.100-106).
Note: One form must be completed for each managing employee. Per 42 CFR § 455.101, a managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency.

☐ **Business transactions** with any wholly-owned supplier or subcontractor. Information required includes name, tax ID, DOB (for individuals), effective and end dates, and address (42 CFR § 455.105).
Note: One form must be completed for each wholly-owned supplier or subcontractor.

Required Documents:

The following is a list of required enrollment documents for the provider type and specialty listed at the beginning of this document. A copy of each document listed below must be uploaded with your online application to the Provider Enrollment Portal (PEP). Exceptions to the required documents are noted as applicable.

☐ Documentation showing taxpayer identification number (TIN) (signed W-9)

☐ Current Pharmacist license indicating license number, issue date, and expiration date

☐ Puerto Rico-issued Negative Certificate of Penal Record (issued within 30 days of application submission)
Note: If you are an out-of-state provider and do not have a Negative Certificate of Penal Record, please upload a statement indicating that this does not apply to you.

☐ Provider Enrollment Consent Form
Note: *This form is located on the Puerto Rico Medicaid Website*
https://www.medicaid.pr.gov/Home/PEPForms/.

Optional Documents:

The following is a list of optional enrollment documents for the provider type and specialties listed above.

☐ Current Malpractice/liability insurance
Note: If you carry malpractice or liability insurance, please provide a copy.

You do not need to submit this checklist with your enrollment/revalidation documents.

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.