



Puerto Rico Medicaid Management Information System (PRMMIS)

Provider Maintenance Change Management	Policy No.:	PRMMIS-PRV-0001
	Classification:	Provider Enrollment
	Effective Date:	04/27/20
	Supersedes:	New
	Mandate Review:	Annual
	Approved by:	Maria García Ducós
	Last Change:	02/16/22

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
CHOW	Change in Ownership
CLIA	Clinical Laboratory Improvement Amendments
DEA	Drug Enforcement Administration
NPI	National Provider Identifier
MID	Medicaid Id
PEP	Provider Enrollment Portal
PEMU	Provider Enrollment & Maintenance Unit
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PSC	Provider Secure Communication
SSN	Social Security Number
W-9	Request for Taxpayer Identification Number and Certification

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 could



result in the termination of the provider's Medicaid agreement. This policy does not apply to provider records that are terminated or in the revalidation process.

Some changes post-enrollment may only need notification to the Provider Enrollment & Maintenance Unit (PEMU), and others may need a new enrollment application. Both changes are explained within this policy.

Allowed Changes Without New Application

The following changes require notification to the PEMU through the Provider Secure Communication (PSC) portal using the *Provider Information Change Request Form* or other form as noted that is signed by an authorized representative:

- Name change.
- Mail-to and pay-to address changes.
- Service location address information changes are limited to corrections only, such as spelling or zip code errors. This does not include different or new service locations.
- Hours of operation.
- Licenses and certificate updates: ex. Clinical Laboratory Improvement Amendments (CLIA), Drug Enforcement Administration (DEA), and Controlled Substance.
- Provider Specialty/Taxonomy Additions/Changes.
- Changes in Groups/Individuals within in a Group association; this includes additions and terminations. Providers must include the following information:
 - Individual within a Group/Group provider's National Provider Identifier (NPI)
 - Individual within a Group/Group provider's Medicaid ID
 - Effective/End date
- Gender.
- Date of Birth.
- Language.
- Medicaid Surety Bond (with a copy of the bond).
- Social Security Number (SSN) or Tax ID (only if a typo has been determined). The W-9 must reflect the correct Tax-ID.
- Changes in Managing Employees: Changes of general manager, business manager, administrator, director, or other individual who exercises operational or managerial control, or over directly or indirectly conducts the day-to-day operations of an institution, organization, or agency. Managing employee changes must be reported on the managing employee change form via PSC. The form can be found at the following link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Enrollment Terminations.
- Changes in Ownership (CHOW, 5% or greater and less than 100%):
 - Ownership changes resulting in percentages of 5% or more, but less than 100% control interest must be reported on the change of ownership form via PSC. Providers must submit a bill of sale, NPI, old Medicaid Id (MID) and CHOW date. Owners will also be required to complete the ownership disclosure questions and be screened against the required data base checks.

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 (100%). When a provider states that there is a 100% 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 the *Request for Taxpayer Identification Number and Certification* (W-9). The form can be obtained via the following link: <https://www.irs.gov/pub/irs-pdf/fw9sp.pdf>
- 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)

References

- *Code of Federal Regulations. 42 CFR § 442.14 Effect of change of ownership*
- *Code of Federal Regulations. 42 CFR § 455.104 – Disclosure by Medicaid Providers and Fiscal Agents: Information on ownership and control*
- *Code of Federal Regulations. 42 CFR § 455.105 – Disclosure by Providers: Information related to business transactions*
- *Code of Federal Regulations. 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*
- *Provider Information Change Request Form.*
<https://www.medicaid.pr.gov/pdf/Provider%20Change%20Request%20Form-FILLABLE.pdf>

Change History

Date	Version	Change Details	Create/Change by
08/28/2019	1.0	New Policy	Operations Manager
04/16/2020	1.1	Policy revised by PEMU	Operations Manager
04/07/2021	1.2	Policy revised by Operations to include service name and location (for minor corrections only) as allowed changes without the requirement of a new application.	Operations Manager
10/08/2021	1.3	Policy revised by Operations to add service location requirement for new application, add enrollment terminations and other verbiage updates.	Operations Manager
2/16/2022	1.4	Policy revised by PEMU to update the allowed changes in the application and the references link and to add the change in ownership in the allowed changes without an application section.	Risk and Issue Manager



Final Approval

Version	Approval by	Position	Approval Date	Signature
1.0	Caleb Colon	Operations Manager	8/28/2019	Caleb Colon
1.4	Maria García Ducós	Program Integrity Director	2/16/2022	<i>Maria García Ducós</i>