

Puerto Rico Medicaid Management Information System (PRMMIS)

Reconsideration and Appeal Review	Policy No.:	PRMMIS – AP-0001
	Classification:	Operations Unit
	Effective Date:	07/09/2020
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually

Purpose

Define the four-level appeals policy that a provider can activate through a written formal communication via email as a result of a denial decision or a terminated contract with the Puerto Rico Medicaid Program (PRMP). This policy complies with the requirements under 42 CFR § 455.422 to give providers that are denied or terminated under 42 CFR § 455.416 the appeal rights available and the procedures established by state laws or regulations.

Acronym/Term	Definition	
Appeals	A formal written request asking to revoke a denial decision	
CHIP	IP Children's Health Insurance Program	
OPR	OPR Ordering, Prescribing, Referring	
PRMMIS	PRMMIS Puerto Rico Medicaid Management Information System	
PRMP	Puerto Rico Medicaid Program	

Scope

All references to the PRMP in this policy are inclusive of Children's Health Insurance Program (CHIP). This policy covers all providers enrolling or revalidating in the PRMP, including out-of-state providers, who have denied applications or terminated enrollment with PRMP. Ordering, prescribing, and referring (OPR) providers are included in this policy. Providers who are required to enroll solely for the purposes of Medicaid receiving the encounters (e.g., Non-Emergency Medical Transportation providers) are also covered by this policy.

Policy

Providers have the right to submit a reconsideration or an appeal for the following action types:

First level appeal actions' types:

- Provider Enrollment Application Denial
- On-Site or Desk Preliminary Letter
- Preliminary Findings Amended Letter
- Provider Self Review

Second level appeal actions' types:

- Provider Termination
- Notice of Intent to Recover

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The appeals process allows PRMP and individuals or organizations to resolve any dispute at the lowest level wherever possible. It allows entities to communicate their dispute and provide any clarification of the issues presented through the appeals process. Appeals must be emailed to the PRMP Appeals Committee at prmp-appeals@salud.pr.gov.

The Appeals Committee is responsible for tracking and forwarding of first and second level appeals. There are four levels of appeals.

First Level Appeal Review

An individual or organization may request a reconsideration review by submitting the request in writing within 14 business days of the denial or adverse action by PRMP. The request must be accompanied by the Reconsideration and Appeal Request Form and supporting documentation to be considered during the first level appeal review. The Reconsideration and Appeal Request Form and Instruction is accessible on the PRMP Medicaid web site at https://medicaid.pr.gov/Home/PEP.

Second Level Appeal Review

Individuals or organizations may request a second level appeal by submitting the request in writing within 20 business days of the date of PRMP's First Level Appeal Determination Letter. The request for a second level appeal review must be accompanied by additional information relevant to the appeal that the entity would like to be considered during the second level appeal review.

Third Level Fair Hearing

Individuals or organizations may request a fair hearing if they disagree with the resolution contained in the Second Level Appeal Determination Letter. The request for a fair hearing must be accompanied by any additional information relevant to the appeal that the entity would like PRMP to consider during the fair hearing review process.

The individual or organization must file a written request for a Fair Hearing as described in the Uniform Administrative Procedure Act of the Government of Puerto Rico within 30 calendar days of receipt of the Second Level Appeal Determination Letter.

Fourth Level Judicial Review

Individuals or organizations may request a judicial review if they disagree with the Fair Hearing resolution. The request for a judicial review must be accompanied by any additional information relevant to the appeal that the entity would like PRMP to consider during the judicial review process.

Individuals or organizations must file a written request for judicial review within 30 days of receipt of the Fair Hearing resolution, as described in the Uniform Administrative Procedure Act of the Government of Puerto Rico and according to the United States District Court for the District of Puerto Rico Local Rules.

Appeals related to another State Medicaid Agency termination

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GOVERNMENT OF PUERTO RICO
Department of Health
Medicaid Program

Consistent with §455.416(b), PRMP shall take immediate termination action on any and all providers that another Medicaid State terminated for cause. PRMP shall terminate immediately and may afford appeals rights to the provider after the immediate termination action. The terminated provider shall not be eligible for reimbursement for service furnished during any potential appeal process.

Extension of time to file a request for reconsideration

If the affected party is unable to file a request within the timeframe, the party may file a written request by email to PRMP, stating the reasons why the request was not filed timely. PRMP will extend the time for filing a request for reconsideration, if the affected party shows good cause for missing the deadline.

References

42 CFR § 430.3 - Appeals under Medicaid - <u>https://www.law.cornell.edu/cfr/text/42/430.3</u> 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E - Fair Hearings for Applicants and Beneficiaries - <u>https://www.law.cornell.edu/cfr/text/42/part-431/subpart-E</u> 42 CFR § 455.422 - Appeal rights. - <u>https://www.law.cornell.edu/cfr/text/42/455.422</u> State Plan:

- Section 1 3.1.4 Attachment 1.2B Page 8
- Section 4.28 Page 76
- Attachment 4.19A Page 2
- Attachment 4.46 Not checked
- 16-0002 Page 4

Change History

Date	Version	Change Details	Approval Date
06/25/2019	1.0	New Policy	06/25/2019
07/09/2020	1.1	Annual Revision	07/09/2020

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