



Puerto Rico Medicaid Management Information System (PRMMIS)

Provider Enrollment Policy	Policy No.:	PRMMIS – PRV-0013
	Classification:	Provider Enrollment
	Effective Date:	04/27/2020
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annual

Purpose

To define the policy for providers requesting to enroll in Puerto Rico Medicaid.

Acronym/Term	Definition
CHIP	Children’s Health Insurance Program
PEP	Provider Enrollment Portal
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 covers all providers enrolling in the PRMP (including out-of-state providers).

Policy

The PRMP requires providers who wish to participate in the Puerto Rico Medicaid Program, including those who orders, refers or prescribes services, to submit an electronic enrollment application via the Provider Enrollment Portal (PEP) for all service locations at which services are rendered to Medicaid enrolled members. In accordance with Federal Regulations, PRMP will screen each application based on the provider’s risk level for their provider type as outlined in Federal Regulation 42 CFR 455.450. Additionally, PRMP will review a provider’s Puerto Rico Negative Certificate of Penal Record for Puerto Rico based providers, in compliance with Puerto Rico Law No. 224 of December 17, 2015. Providers are required to complete disclosure questions as part of their application as defined in Federal Regulation 42 CFR 455 Subpart B. Once a provider is enrolled, PRMP will also conduct monthly screenings in accordance with 42 CFR 455.436. Providers must pay an application fee, based on their provider type, prior to be approved in PRMP.

References

42 CFR 455.450 – Screening levels for Medicaid Providers

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=4c12137bd7dbd5e21a9dab4b9c5687e5&mc=true&n=pt42.4.455&r=PART&ty=HTML#se42.4.455_1450

42 CFR 455 Subpart B – Disclosure of Information by provider and Fiscal Agents



<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=4c12137bd7dbd5e21a9dab4b9c5687e5&mc=true&n=pt42.4.455&r=PART&ty=HTML#sp42.4.455.b>

42 CFR 455.436 – Federal Database Checks

<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=4c12137bd7dbd5e21a9dab4b9c5687e5&mc=true&n=pt42.4.455&r=PART&ty=HTML#se42.4.455.1436>

Change History

Date	Version	Change Details	Approval Date
04/06/2020	1.0	New Policy	04/06/2020
04/30/2020	1.0	Policy revised by Provider Enrollment Unit	04/30/2020
11/10/2022	1.1	Revised to include requirement for enrollment of each service location	11/9/2022