



## Puerto Rico Medicaid Management Information System (PRMMIS)

Increasing Provider Risk Level	Policy No.:	PRMMIS – PRV-0019
	Classification:	Operation
	Effective Date:	07/09/2020
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually

### Purpose

To communicate Puerto Rico Medicaid Program’s (PRMP’s) responsibility of monitoring and adjusting risk levels, based on providers’ screening results and behavior.

Acronym/Term	Definition
<b>CHIP</b>	Children’s Health Insurance Program
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CFR</b>	Code of Federal Regulation
<b>FCBC</b>	Fingerprint-based Criminal Background Check
<b>OIG</b>	Office of Inspector General
<b>PRMP</b>	Puerto Rico Medicaid Program

### Scope

All references to the PRMP in this policy are inclusive of Children’s Health Insurance Program (CHIP). This policy applies to all providers enrolled in PRMP.

### Policy

According with 42 CFR §455.450 Screening Levels for Medicaid Providers, PRMP must adjust the risk level category from “limited” or “moderate” to “high” when any of the following occurs:

- PRMP imposes a payment suspension on a provider based on credible allegation of fraud, waste, or abuse. The provider’s risk remains “high” for 10 years beyond the date of the payment suspension.
- The provider that, upon applying for enrollment or revalidation, is found to have an existing State Medicaid Plan overpayment.
- The provider has been excluded by the Office of Inspector General (OIG) or another State’s Medicaid Program within the previous 10 years.
- PRMP or Centers for Medicare and Medicaid Services (CMS) in the previous 6 months lifted a temporary moratorium for the particular provider type and a provider that was prevented from enrolling based on the moratorium.



PRMP must trigger an off-cycle revalidation and must screen the provider by the risk level category adjusted; this in compliance with §455.410.

Upon increasing a provider to a high-risk level category, PRMP must, within 90 days:

- Notify the "high" risk provider about the FCBC requirement;
- Collect fingerprints and use the fingerprints to verify whether the provider has a state or national criminal history;
- Take any necessary termination action based on the criminal history data or can document in writing why that termination is not in the best interest of the Medicaid Program (documentation must be made within 60 days of the provider non-compliance and the PRMP decision to retain the provider) and;
- Update the provider's enrollment record to reflect FCBC status.

### References

42 CFR §455.450 Screening Levels for Medicaid Providers  
Medicaid Provider Enrollment Compendium, 1.5.4 Screening Activities by Category

### Change History

Date	Version	Change Details	Approval Date
06/23/2020	1.0	New Policy	07/09/2020