

PRMMIS

	Policy No.:	PRMMIS - PRV-0011
	Classification:	Provider Enrollment
	Approving Authority:	Caleb Colon Rodríguez
Provider Appeals	Effective Date:	04/06/20
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually – TBD

PURPOSE: To define the policy for providers to appeal the decision from Puerto Rico Medicaid Program (PRMP) on any denied applications or terminated contracts with PRMP according to State and Federal regulations.

Acronym/Term	Definition	
CHIP	Children's Health Insurance Program	
OPR	Ordering, Prescribing, and Referring	
PRMMIS	IIS 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 enrolled solely for the purposes of Medicaid receiving the encounters (e.g., Non-Emergency Medical Transportation providers) also are covered by this policy.

POLICY

When a provider has been denied enrollment or terminated from participation in the PRMP, the provider has the right to appeal this decision.

Providers who wish to appeal their application denials or terminated enrollment must provide the information in writing on the provider's business letterhead with a detailed explanation and any supporting documentation that may be considered. The letter must be signed by an authorized representative of the provider.

Providers who are terminated due to inactivity do not have a right to appeal and must submit a new enrollment application.

REFERENCE

42 CFR §455.422 - Appeal rights.

 $\frac{\text{https://www.ecfr.gov/cgi-bin/text-idx?SID=15c9d750898bbdf91fc3ae2b55cafd4d\&mc=true\&node=se42.4.455_1422\&rgn=div8}{42~\text{CFR }\S455.416~\text{Termination or denial of enrollment.}}$

 $\underline{https://www.ecfr.gov/cgi-bin/text-idx?SID=15c9d750898bbdf91fc3ae2b55cafd4d\&mc=true\&node=sp42.4.455.e\&rgn=div6e=sp42.4.456.e\&rgn=div6e$



CHANGE HISTORY

Date	Version	Change Details	Owner/ Approver	Date of MMIS Mgr Approval
06/25/19	1.0	New Policy	Caleb Colon	06/25/19

Policy: Provider Appeals Date: 06/25/19