



<Date>

<mail to email>

Re: Important Information for Providers Enrolled in the Puerto Rico Medicaid Program (PRMP)

SECOND NOTIFICATION - ACTION REQUIRED

Dear Medicaid Provider:

A new version of the Puerto Rico Medicaid Provider Enrollment Agreement is available.

The new Agreement contains changes in section 2.7 to reflect the time period of the Provider Medicaid Agreement for physicians and non-physicians:

- 2.7. For all physicians, this agreement shall be valid for a period of five (5) years from the effective date of the agreement. For all non-physicians, with an enrollment effective date **prior to 12/31/2022**, the agreement shall be valid for a period of four (4) years from the effective date of the agreement. For non-physicians with an enrollment effective date **on or after 1/1/2023**, the agreement shall be valid for a period of three (3) years from the effective date of the agreement. Continuation of this Agreement beyond the current term is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the Puerto Rico Legislature and/or federal sources. The **PRMP** may terminate this Agreement and **Provider** waives any and all claim(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the **PRMP's** funding from Puerto Rico and/or federal sources is not appropriated or is withdrawn, limited or impaired. Such continuation of this Agreement beyond the current term shall be in writing to be valid.

To record your receipt and acknowledgement of the new agreement, kindly acknowledge the new agreement at your earliest convenience via your Provider Secure Communications (PSC) account. The acknowledgment will be applicable for all Medicaid IDs associated with your Mail-To email address (which is the email address recipient of this notification; noted in the above address section).

Failure to complete the acknowledgement process by the end of your Medicaid Agreement End Date will lead to denial of Medicaid encounters or claims, and termination of your participation in the Puerto Rico Medicaid Program (PRMP).

To acknowledge the agreement, access the Provider Secure Communications (PSC) website at <https://psc.prrmmis.pr.gov/>. A valid PSC account is required to access the Provider Agreement page. Please follow the steps below to access your account:

- **Existing PSC Accounts:** Providers with an existing PSC account will be required to acknowledge the new provider agreement with the same Mail-To email address recipient of this communication.
 - If the Provider's PSC account is registered to a different user representing that provider, the user will be required to change the PSC account email ID by logging into PSC and:



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Department of Health
Medicaid Program

- click in the email account next to the “Logout” icon at the top right of the page,
 - go to “Manage your account”
 - click “Profile” and change your email account.
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- **New PSC Accounts:** You will be required to create a new PSC account with the same Mail-To email address as the recipient of this notification.
 - You will need to register in PSC using the following data: National Provider Identifier (NPI) and Application Tracking Number (ATN), or TAX ID when completing your registration.

Once you have logged into PSC, go to the Acknowledgement page and review the associated Provider Service Locations. Once reviewed, acknowledge the agreement by clicking the checkbox at the bottom of the page and then clicking “Submit”. The Agreement applies for all service locations displayed in PSC. Upon receipt of your electronic acknowledgement in PSC, all Service Location’s Medicaid Agreement End Dates will be extended to 5 years for physicians and 4 years for non-physicians (with subsequent revalidations returning to 3 years).

For additional information on how to obtain your ATN, visit the Frequently Asked Questions (FAQs) on the Medicaid webpage linked below.

Important Links

Frequently Asked Questions: <https://medicaid.pr.gov/Home/PepFAQs/>

Provider Revalidation Policy: <https://www.medicaid.pr.gov/Home/PepPoliticlas/>

If you have any questions regarding this notification or your enrollment in the Puerto Rico Medicaid Program, please contact the Medicaid Provider Services Contact Center at (787) 641-4200 between 8:00 and 5:00 Atlantic Standard Time, Monday through Friday. You may also submit your inquiry by email to prmp-provider@salud.pr.gov.

Sincerely,

Dinorah Collazo Ortiz, Esq.
Executive Director
Puerto Rico Medicaid Program