

PRMMIS

Provider Out of State	Policy No.:	PRMMIS - PRV-0006
	Classification:	Provider Enrollment
	Approving Authority:	Caleb Colón Rodríguez
	Effective Date:	04/06/20
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually – (TBD)

PURPOSE: The purpose of this policy is to determine when services are covered that are provided by out-of-state (OOS) providers.

Acronym/Term	Definition
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
MPEC	Medicaid Provider Enrollment Compendium
00S	Out-of-State
ORP	Ordering, Referring, and Prescribing
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 when services provided by OOS providers may be paid and identifies the duration of the enrollment for the provider.

POLICY

OOS services that are emergency are covered, and non-emergency services are covered under limited circumstances.

Emergency Services

The PRMP will cover OOS emergency services in accordance with the following conditions (42 CFR §431.52 (b) (1)):

■ If the services are emergent, they will be paid under this criterion. The Out-of-State Emergency Services form must be included with the enrollment application. The information must demonstrate that emergency care was provided to a PRMP eligible member.

OOS providers will be enrolled only for the dates covering the emergency services.

Non-Emergency Services

The PRMP will cover OOS non-emergency services in accordance with the following conditions:

Medical services are needed, and the beneficiary's health would be endangered if he/she were required to travel to his State of residence (42 CFR §431.52 (b) (2));

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The State determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other State (42 CFR §431.52 (b) (3));

OOS providers that have received approval for non-emergency services will be enrolled with the effective and end dates of the approved prior authorization. The Out-of-State Prior Authorized Services form indicating the prior authorization number and effective/end dates must be included with the enrollment application.

Ordering, Referring, and Prescribing (ORP) Providers

ORP providers that are involved in any covered care as listed above must be enrolled (per Medicaid Provider Enrollment Compendium (MPEC)). Their enrollment dates will coincide with the timeframes listed above.

Additional Criteria

OOS providers are required to submit a full enrollment application and comply with the terms of the PRMP provider agreement.

OOS providers must adhere to all Puerto Rico rules, regulations, laws, and statutes governing healthcare delivery under the PRMP, including all applicable federal, state, and local laws and regulations related to licensure and certification in the State where the OOS provider is located.

Exceptions to this policy may be made during a time designated by the governor as a state of emergency.

REFERENCE

MPEC. https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-7242018.pdf

42 CFR §431.52 - Payments for services furnished out of State. https://www.govinfo.gov/content/pkg/CFR-2008-title42-vol4-sec431-52.xml

Specifically excluded from this policy is 42 CFR §431.52 (b) (4) "It is general practice for beneficiaries in a particular locality to use medical resources in another State." This section of the regulation is interpreted as pertaining to border status scenarios which are not relevant for Puerto Rico.

State Plan, Section 2.7 - Medicaid Furnished Out of State.

CHANGE HISTORY

Date	Version	Change Details	Owner/ Approver	Date of MMIS Mgr Approval
08/07/19	1.0	New Policy	Caleb Colon	08/07/19