



PRMMIS

Provider Voluntary Termination	Policy No.:	PRMMIS – PRV-0007
	Classification:	Provider
	Approving Authority:	Caleb Colon
	Effective Date:	04/06/20
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annually – TBD

PURPOSE: The purpose of this policy is to ensure providers give adequate notice when voluntarily terminating their participation in the Puerto Rico Medicaid Program (PRMP).

Acronym/Term	Definition
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program

SCOPE

Establish what is required of providers when they request a voluntarily termination of their Medicaid Program participation.

POLICY

Providers must notify Medicaid in writing 30 days in advance of their request to terminate their enrollment within the PRMP.

All the conditions of the provider agreement remain in effect during the 30-day notice period.

REFERENCE

N/A

CHANGE HISTORY

Date	Version	Change Details	Owner/ Approver	Date of MMIS Mgr Approval
10/01/19	1.0	New	Caleb Colon	10/01/19