



GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Reconsideration and Appeal Review Instructions

Pursuant to 42 CFR § 455.422 to give providers that are denied or terminated under 42 CFR § 455.416 the appeal rights available and the procedures established by state laws or regulations.

The appeals process allows PRMP and individuals or organizations to resolve any dispute at the lowest level wherever possible. It allows entities to communicate their dispute and provide any clarification of the issues presented through the appeals process. Appeals must be emailed to the PRMP Appeals Committee at prmp-appeals@salud.pr.gov.

There are four levels of appeal, for more information please refer to the Policy No.: PRMMIS-AP-0001 Reconsideration and Appeal Review.

- First Level Appeal Review:

A request for a first level appeal review will be emailed to the prmp-appeals@salud.pr.gov address and must contain the words “First Level Appeal” within the subject line. Once the appeal is received at PRMP, it will be assigned to the appropriate unit manager for review and resolution.

PRMP will send the individual or organization a letter acknowledging receipt of the request of a first level appeal review within five (5) business days.

- ◆ Resolution of a First Level Appeal

Individuals or organizations will be notified in writing of the determination of the first level appeal review, including rationale within 20 business days of PRMP’s receipt. If the entity is dissatisfied with the outcome of the first level appeal review, the individual or organization may request a second level appeal.

- Second Level Appeal Review:

A request for a second level appeal review will be emailed to prmp-appeals@salud.pr.gov and must contain the words “Second Level Appeal” within the subject line.

A second level appeal review will be assigned to the PRMP Appeals Committee for review and resolution.

PRMP will send the individuals or organizations a letter acknowledging the receipt of a second level appeal review within five (5) business days.

- ◆ Resolution of Second Level Appeal

The individuals or organizations will be notified in writing of the termination of the second level appeal review within thirty (30) business days of PRMP's receipt. If the entity is dissatisfied with the outcome of the second level appeal review, the individual or organization may request a fair hearing.

- Third Level Fair Hearing:

Individuals or organizations may request a fair hearing if they disagree with the resolution contained in the Second Level Appeal Determination Letter.

Individuals or organizations must send a copy to the following email: prmp-appeals@salud.pr.gov.

- Four Level Judicial Review:

Individuals or organizations may request a judicial review if they disagree with the Fair Hearing resolution.

Additional Information About Reconsiderations and Appeals

- Provider Enrollment and Management:

When a provider enrollment application has been denied, the provider has the right to submit a reconsideration letter (First Level Appeal Review) by email. When a provider has been terminated from participation in the PRMP, the provider has the right to appeal this decision (Second Level Appeal Review).

Providers who wish to appeal their enrollment application denial or termination of participation must submit the information in writing by email, using a provider's business letterhead, with a detailed explanation and any supporting documentation that should be considered. The letter must be signed by the provider or 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.

- Program Integrity

When a provider has been audited, the provider has the right to submit a reconsideration letter (First Level Appeal Review) by email. In cases where overpayments were identified, the provider has the right to appeal the recoupment decision (Second Level Appeal Review).

Providers who wish to appeal their audit or recoupment process must provide the information in writing by email, using a provider's business letterhead with a detailed explanation and any supporting documentation that should be considered. The letter must be signed by the provider or an authorized representative of the provider.