



Puerto Rico Medicaid Management Information System (PRMMIS)

Provider Revalidation	Policy No.:	PRMMIS – PRV-0002
	Classification:	Provider Enrollment
	Effective Date:	04/27/2020
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annual

Purpose

In order to comply with the Patient Protection and Affordable Care Act (ACA), Section 6401(a) and 42 Code of Federal Regulations (CFR) 455.414, the Puerto Rico Medicaid Program (PRMP) requires all actively enrolled providers and suppliers to revalidate the enrollment information on file at least every 5 years. State Medicaid Agencies (SMAs) have the authority to require revalidation more frequently than every 5 years. This policy clarifies that PRMP will require revalidation every 3 years.

Acronym/Term	Definition
ACA	Affordable Care Act
CFR	Code of Federal Regulations
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
SMA	State Medicaid Agency

Scope

Consistent with 455.414 the SMA must complete the revalidation of enrollment of all providers, regardless of provider type. This includes ordering prescribing and referring physicians.

Policy

Revalidation differs from reenrollment. Reenrollment occurs when a provider has been terminated and wants to be reinstated. Revalidation occurs on a predefined timeframe for active providers. In an effort to ensure provider information is accurate, providers will be required to complete revalidation within a specified time period.

The Medicaid Program requires all physicians to revalidate their information every 5 years. Non-physicians with an Enrollment effective date prior to 12/31/2022, will be required to revalidate in 4 years, while non-physicians with an Enrollment effective date on or after 1/1/2023, will be required to revalidate their information in 3 years.

Off cycle revalidations may be triggered as a result of random checks, information indicating local healthcare fraud problems, national initiatives, complaints, evidence the PRMP Program Integrity Unit receives indicating noncompliance with statute or regulations by specific provider types, or other reasons that cause the PRMP to question the compliance of the provider or supplier with Medicaid enrollment requirements.



NOTE: PRMP will reevaluate this policy 2 years after provider enrollment goes live to determine whether certain provider types can be moved to a longer timeframe.

References

- 42 CFR §455, Subpart E - Provider Screening and Enrollment. <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=2e6e4f274117d1a18406e99caac8622e&n=42y4.0.1.1.13.5&r=SUBPART&ty=HTML>
- 42 CFR §455.410 - Enrollment and screening of providers.
- 42 CFR §455.514 - Revalidation of Enrollment - Assures that providers will be revalidated regardless of provider type at least every 5 years. https://www.govregs.com/regulations/expand/title42_chapterIV_part455_subpartE_section455.414
- 42 CFR §424.515 – Requirements for reporting changes and updates to, and the periodic revalidation of Medicare enrollment information. https://www.govregs.com/regulations/expand/title42_chapterIV_part424_subpartP_section424.515
- 42 CFR §455.450 - Screening levels for Medicaid providers.
- 42 CFR §455.460 - Application fee.
- CMCS Informational Bulletin - <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-12-23-11.pdf>
- Medicaid Provider Enrollment Compendium (MPEC). <https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-7242018.pdf>

Change History

Date	Version	Change Details	Approval Date
05/01/2019	1.0	New Policy	08/02/2019
04/09/2020	1.1	Policy revised by Provider Enrollment Unit	04/09/2020
01/03/2023	1.2	Updated revalidation timeframes	01/10/2023