



Puerto Rico Medicaid Management Information System (PRMMIS)

Provider Voluntary Termination	Policy No.:	PRMMIS – PRV-0007
	Classification:	Provider Enrollment
	Effective Date:	04/27/2020
	Supersedes:	New
	Last Change:	N/A
	Mandate Review:	Annual

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 for 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 date to terminate their enrollment within the PRMP. The notice should be sent through the Provider Secure Communication (PSC) portal.

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

References

N/A

Change History

Date	Version	Change Details	Approval Date
10/01/2019	1.0	New Policy	10/01/2019
04/09/2020	1.1	Policy revised by Provider Enrollment Unit	04/09/2020