



Payment Error Rate Measurement Program
c/o A+ Government Solutions, Inc.
CMS PERM Review Contractor
1300 Piccard Drive, Suite 205
Rockville, MD 20850

PERM – INITIAL REQUEST FOR RECORDS

Provider#: <Provider ID>

PERM ID: <PERM ID>

<Provider Name>

Attn: <Medical Record Contact Name>, <Medical Record Contact Title>

<Medical Record Contact Address 1> <Medical Record Contact Address 2>

< Medical Record City>, < Medical Record State> < Medical Record Zip>

Date: <Date Sent>

**Please send ASAP but
no later than the due date**

Due Date: <Date sent>+75 days

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the States, is measuring improper payments in the Medicaid/CHIP programs under the Payment Error Rate Measurement (PERM) program. A claim for a service you rendered has been randomly selected for review under this program. We are requesting a complete copy of the medical/supporting record pertaining to this specific claim to provide documentation that the service was medically necessary and/or paid in compliance with state policy. Your cooperation in submitting the requested documentation to us as soon as possible, but no later than the due date, noted above, is essential to ensure that the claim is accurately reviewed to determine proper payment. **If you do not provide the record, the claim will be cited as an erroneous payment and your State Medicaid agency may pursue recovery of payment for this claim.**

Please see the **PERM Cover Sheet** and the **Claim Summary**, included, for the specific claim details/information.

CMS has the authority to collect this information under section 1902(a)(27) of the Social Security Act which requires providers to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS with information regarding any payments claimed by the provider for furnishing services. Section 2107(b)(1) of the Act requires a CHIP state plan to provide assurances to the Secretary that the state will collect and provide any information required to enable the Secretary to monitor program administration and compliance and to evaluate the effectiveness of states' CHIP plans. The collection and review of protected health information contained in individual-level medical records for payment review purposes, as required under this effort, complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Privacy Rule regulations at 45 CFR Parts 160 and 164. Additional information regarding this request as well as PERM FAQs is addressed on the CMS PERM website (www.cms.gov/PERM) by selecting the link in the menu list for "Providers".

Beginning in FY2011, providers now have the option to submit requested medical documentation via the Electronic Submission of Medical Documentation (esMD) mechanism. Please notify A+ Government Solutions if you intend to submit via esMD. For more information about esMD, see www.cms.gov/esMD.

In order to expedite the processing of your submitted documentation, please make sure the record is received in our office, along with the **PERM Cover Sheet**, no later than the due date printed at the top of this letter. Should you require additional information or have questions, please call our customer service representatives at (301) 987-1100 or your State Medicaid representative, _____ at _____.

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid and CHIP programs.

Sincerely yours,

Brad Allen, RHIA
Medical Record Manager
PERM Review Contractor

Enclosures

**A+ Government Solutions, Inc.
PERM Review Contractor**