

Payment Error Rate Measurement (PERM) Federal Fiscal Year 2014

PERM was developed by CMS to measure improper payments in the Medicaid program and the Children's Health Insurance (CHIP). PERM reviews will be conducted in three areas:

- Managed Care payments,
- Fee-for-service claims review includes medical record collection, medical review, and data processing reviews.
- FY2014 through FY2016 cycles will not include an eligibility component.
 - To line up with the new Affordable Care Act eligibility environment, CMS will revise the PERM eligibility program in time to reinstate the eligibility component in the FY2017 cycle.

Please refer to CMS website <http://www.cms.gov/PERM>.

PERM Reviewers include:

The Lewin Group - Statistical Contractor (SC) – is responsible for sampling and calculation of error rates.

A+ Government Solutions – Review Contractor (RC) – is responsible for medical reviews.

A+ Government Solutions will contact providers directly, via telephone, fax, and mail from a sample of providers to collect medical documentation for review to substantiate claims paid in federal fiscal year 2014 (October 1, 2013 through September 30, 2014).

The first request for documentation by A+ should be mailed to the providers starting September 2013. Providers must respond as soon as possible.

- **75 Days** – Provider must submit medical records to A+ within 75 days of date of letter.
- **14 Days** – Provider must submit additional medical records to A+ within 14 days of date of letter when the contractor makes a request for additional information.
- **Failure to comply will result in an automatic error and recoupment of paid claim.** Therefore, DOM requests that providers also send a copy of the supplemental documentation to the attention of DOM PERM to confirm that documentation is complete. This is to eliminate the problem of incomplete documentation from provider, and allows DOM to secure the additional documentation from the provider to avoid error assignments and subsequent claims recoupment or repayment.

For assistance from DOM, please call PERM representative Koteshya L. Guidry at 601-359-9128 or 1-800-421-2408, or email Koteshya.guidry@medicaid.ms.gov

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PERM reviewers/contractors examine claims to determine whether the provider:

- Responded to the request for documentation within the required time frame;
- Submitted documentation, but the documentation did not support the procedure code that was reimbursed;
- Submitted insufficient documentation;
- Submitted a procedure code that was an error (such as, the provider performed a procedure but billed using an incorrect procedure code);
- Billed with an incorrect diagnosis;
- Billed for the separate components of procedure code when only one inclusive procedure code should have been billed;
- Billed for an incorrect number of units for a particular procedure or revenue code;
- Billed for a service determined to have been medically unnecessary based on the information in the medical/service record about the patient's condition;
- Billed and was paid for a service that was not in agreement with a documented policy, regulation or other requirement;
- Met all DOM, CMS and other applicable policies, procedures and regulations.

CMS will host a series of interactive PERM Provider Education webinars. For further information regarding PERM, please refer to CMS website <http://www.cms.gov/PERM>.

For assistance in faxing information or any other concerns to A+, please call 301-987-1100. The toll free number for records to be faxed to A+ is 1-877-619-7850.

CMS encourages all providers to submit questions to the designated PERM Provider email address at: PERMProvider@cms.hhs.gov or by contacting DOM PERM representative Koteshya L. Guidry at 601-359-9128 or 1-800-421-2408, or email Koteshya.guidry@medicaid.ms.gov