



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 ADDITIONAL INFORMATION

Date: <Date Sent>

Provider#: <Provider ID>

PERM ID: <PERM ID>

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

<Provider Name>

Due Date: <send date> +14 days

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>

Dear Medicaid/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 request for the medical/supporting record was sent to you on xx/xx/xx for the beneficiary listed on the enclosed Claim Summary. As the Review Contractor for this program, we received the requested record and we thank you for your response. However, it has been determined by the reviewer that additional documentation is needed to complete the review of this claim.

Your cooperation in submitting the additional documentation to us within **fifteen (15) days** is essential to ensure that the claim is accurately reviewed to determine proper payment. **If you do not provide this additional documentation, 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".

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/CHIP program.

Sincerely yours,

Brad Allen, RHIA
Medical Record Manager
PERM Review Contractor

Enclosures

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