



Payment Error Rate Measurement (PERM) 2014

How is PERM performed?

- Centers for Medicare and Medicaid Services (CMS) uses a 17-state rotation for PERM. Each state is reviewed once every three years.
- CMS will review a random sample of fee-for-service (FFS) Medicaid and CHIP payments submitted by providers from October 1, 2013 – September 30, 2014.
- The PERM Review Contractor, A+ Government Solutions, conducts a medical record review of FFS payments in the sample.

Medical Records Request

A Customer Service Representative (CSR) from A+ Government solution will :

- contact the provider and explain the purpose of the call,
- confirm the most current and accurate contact information,
- and mail or fax request letter to provider's office.

Medical Records Request Continued...

The request letter will specify:

- Type of documentation needed,
- Instructions how to submit documentation,
- State PERM liaison,
- And due date.

Timeframe for Documentation Submission

- 75 days from date of letter.
- 14 days after a request for additional documentation.
- Reminder calls/letters after 30, 45 and 60 days.
- Once the records are received the 75 day timeframe will expire.

Common Errors

- No documentation by due date.
- No additional documentation by due date.
- Submit wrong date of service.
- Submit records for wrong patient.
- Insufficient documentation.

Provider's Best Practice

- Attend one of the Provider Education Webinars.
- Make the request a priority.
- Submit documentation as soon as possible. Do not wait until the 75-day due date on the letter.
- Research with other departments if records cannot be found.
- Review the documentation requirements listed on the PERM cover sheet.

Provider's Best Practice Continued....

- Submit the complete medical records.
- Each page of the records must have the patient's name or identification.
- At least one page has to have the date of birth.
- Submit records with the PERM cover sheet.

Contact and Additional Information

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