DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
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DSS
Strong Families - South Dakota's Foundation and Our Future

December 1, 2007

Attention: Business Office / Medical Records

RE: Payment Error Rate Measurement (PERM) Project - FFY2008

Dear South Dakota Medicaid Provider:

The Improper Payments Information Act of 2002 directs Federal agency heads, in accordance with the Office of Management and Budget (OMB) guidance, to annually review its programs that are susceptible to significant erroneous payments and report the improper payment estimates to Congress. OMB identified the Medicaid and the State Children's Health Insurance Program (SCHIP) as programs at risk for significant erroneous payments.

The Centers for Medicare and Medicaid Services (CMS) will measure the accuracy of Medicaid and SCHIP payments made by States for services rendered to recipients through the Payment Error Rate Measurement (PERM) program. Under the PERM program, CMS uses 3 national contractors to measure improper payments in Medicaid and SCHIP. Your interactions in this process will be primarily with our documentation/database contractor (DDC), Livanta, who will collect medical policies from the State and medical records from you either in hardcopy or electronic format.

Medical records are needed to support required medical reviews for PERM so that our review contractor can review the fee-for-service Medicaid and SCHIP claims to determine if the claims were correctly paid. If a claim, in which your provider number was identified on the claim to receive reimbursement, is selected in a sample for a service that you rendered to either a Medicaid or SCHIP recipient, the DDC will contact you for a copy of the required medical records to support the medical review of the claim. For reviews that require extra information, the DDC will contact you for additional documentation. You will then have 15 days to respond to the request.

Understandably, you are concerned with maintaining the privacy of patient information. However, you are required by Section 1902(a)(27) of the Social Security Act 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 rendering services. The furnishing of information includes medical records. As for SCHIP, section 2107(b)(1) of the Act requires an SCHIP State plan to provide assurances to the Secretary that the State will collect and provide to the Secretary any information required to enable the Secretary to monitor program administration and compliance and to evaluate and compare the effectiveness of States' SCHIP plans. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes **is permissible** by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

In order to obtain medical records for a claim sampled for review, Livanta LLC will contact you to verify the correct name and address information and to determine how you want to receive the request (i.e., facsimile or U.S. mail) for medical records. Once you receive the request for medical records, you must submit the information electronically or in hard copy within 60 days. Please note that it will be the responsibility of the provider who is identified on the claim to receive payment, to ensure that any and all supporting medical records, from any and all provider(s) who rendered a service for which the claim payment under review was requested, is submitted in a timely manner. Livanta LLC and possibly State officials will follow up to ensure that you submit the documentation before the 60 day timeframe has expired, and your State officials may contact you to assist in identifying the required documentation for submission.

It is important that you cooperate with submitting all requested documentations in a timely manner because no response or insufficient documentation will count against the State as an error. Past studies have shown that the largest cause of error in medical reviews is no documentation or insufficient documentation. As such, it is important that information be sent in a timely and complete manner. In addition, claims not supported by required documentation will be recovered by the State, and post payment reviews will be initiated to ensure other paid claims are not paid in the same manner.

If Livanta LLC requests medical records from you and you have questions about their request, please contact Robin Reed, Livanta's Medical Records Manager, at (301)957-2380. If you wish to contact the State about the request, you may reach South Dakota's PERM contact, Randy J. Hanson, at (605)773-3745. Thank you for your support of the PERM program.

Sincerely,

Randy J. Hanson

Randy J. Hanson
Payment Control Officer – SURS
Division of Medical Services – DSS