

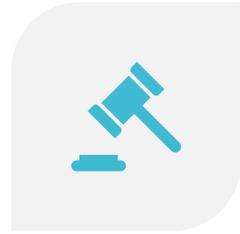
Payment Error Rate Measurement (PERM)

Reporting Year (RY) 2021

Presented by Krista Cronholm, Program Specialist

COVID-19

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, declared on March 13, 2020.
 - CMS suspended all PERM related engagement, communication and data/medical record requests to providers and state agencies, until further notice.
 - Additional guidance regarding the administration of the PERM program will be provided in the coming weeks.



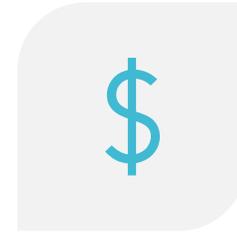
IMPROPER PAYMENTS
INFORMATION ACT (IPIA) OF
2002



MEDICAID AND CHILDREN'S
HEALTH INSURANCE
PROGRAM (CHIP) HAVE BEEN
IDENTIFIED AS AT RISK
PROGRAMS FOR
SIGNIFICANT IMPROPER
PAYMENTS



PERM MEASURES IMPROPER
PAYMENTS IN MEDICAID
AND CHIP AND PRODUCES
ERROR RATES



AN ERROR RATE IS NOT A
"FRAUD RATE", BUT RATHER
A MEASUREMENT OF
PAYMENTS MADE THAT DO
NOT MEET REQUIREMENTS



FY 2008 WAS THE FIRST YEAR
CMS REPORTED ERROR
RATES FOR EACH
COMPONENT OF THE PERM
PROGRAM

Regulations

Cycle Information



CMS uses a 17-State rotation cycle



Each State is reviewed once every 3 years



Montana is a Cycle 3 State



This cycle's PERM audit will review a sample of claims paid during the SFY 2020 (July 2019-June 2020)



RY2021

RY- Reporting Year

2021- Final error reports will be released in 2021

Review Areas

- There are 3 parts to the review:
 1. Data Processing (DP) Review
 2. Eligibility Review (ER)
 3. Medical Record (MR) Review

CMS Review
Contractor
(RC)

AdvanceMed

State Policy Collection

Data Processing (DP) Reviews

Medical Records Requests (MRR)

Medical Reviews (MR)

Medical Record Review (MRR)



CSRs call Providers

Describe the purpose of the call/review

Explain CMS's authority to collect MR

Establish a POC

Identify which pt records are needed for specific DOS

After POC has been confirmed, a written request will be faxed or mailed



Submission Instructions

Electronic Submission of Medical Documentation ([esMD](#))

Fax

Mail

Email

PERM State Liaison

MRR Continued



Timeline

MRR will begin April/June 20-July 21

75 days to submit documentation

Reminder calls/letters at 30, 45, and 60 days

Non-response letter sent on day 75

If incomplete, an additional letter is sent requesting missing documentation

14 days to submit additional documentation

Reminder call/letter at day 7

Non-response letter sent after day 14



MRR

Collected state policies

Claims data

Records submitted by Providers



Errors



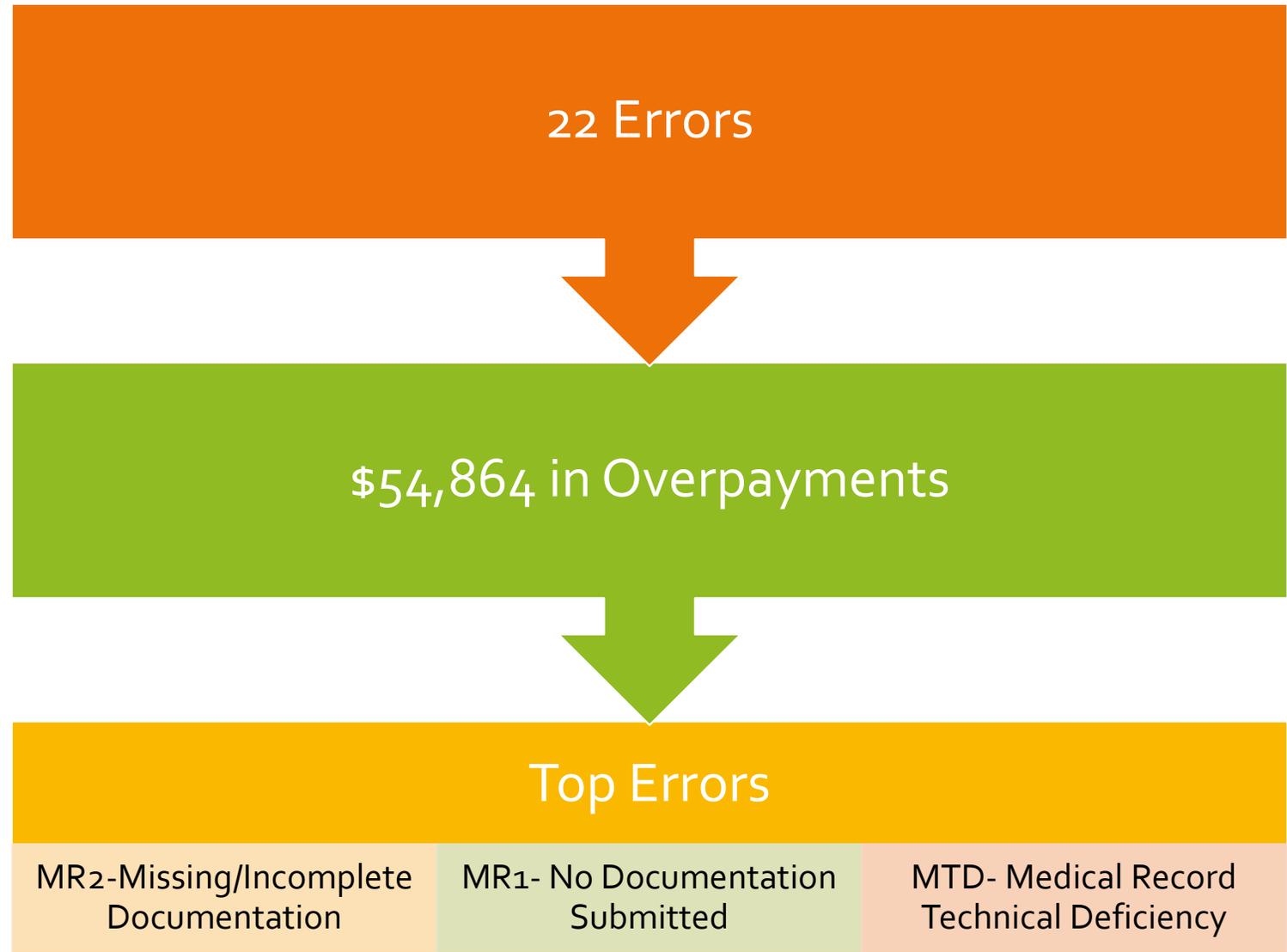
Sanctions



Difference Resolution
and Appeals

Importance of Complete and Accurate Record Keeping

Error Trends from FY 2017





Best Practices

Provider Resources

CMS

- Educational Webinars
- [Provider Website](#)

State

- [Quality Assurance Division Website](#)
- [Claim Jumper Articles](#)
- Program Officers

RC

- Help Line