



Payment Error Rate Measurement Program
c/o AdvanceMed, an NCI Company
CMS PERM Review Contractor
1538 E. Parham Road
Henrico, VA 23228

[[ProviderName|]]
ATTN: [[ContactName|]], [[ContactTitle|]]
[[ContactAddress1|]] [[ContactAddress2|]]
[[ContactCity|]], [[ContactState|]] [[ContactZipcode|]]

Date: [[RequestDate|]]
Reference ID: [[PERM ID|]]
OMB Control Number: [[OMB#|]]
NPI: [[NPI#|]]

Request Type & Purpose: Initial Request for Records (First Request)
Subject: Records Request – This is an initial request for records

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)¹ program. Additional information about the PERM program is addressed on the CMS PERM website (www.cms.gov/PERM). Refer to the “Providers” link on the website.

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program by CMS’ review contractor, AdvanceMed, an NCI Company.

Action: A Copy of Original Documentation Required: Federal regulations require that you provide the medical record documentation to support claims for Medicaid/CHIP services upon request. The pages that follow provide identifying information for the claim selected for review, requested documentation, and submission instructions. Please submit documentation as soon as possible, but no later than the due date provided below. A response is required by the due date even if you are unable to locate requested documents. Providing medical records for Medicaid/CHIP patients does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request. CMS and its contractors will comply with the Privacy Act and regulations.

When: [[MedrecDueDate|]]
Please provide the requested documentation by [[MedrecDueDate|]]. A response is still required by [[MedrecDueDate|]] even if you are unable to locate the requested information.

Consequences: If you fail to deliver the requested documentation or contact us by [[MedrecDueDate|]], your state agency may pursue recovery of payment for this claim.

Instructions: The pages that follow provide identifying information for the claim selected for review, requested documentation, and submission instructions. Should you require additional information or have questions, please call our Customer Service Representatives at (800) 393-3068, the Medical Records Manager, Dorothy Foster, RHIT-CCS-P, at (804) 888-8341, or your state PERM representative, _____, at _____ or _____.

¹ Social Security Act Section 2107(b)(1) [42 CFR §431.950 et seq]; 45 CFR parts 160 and 164

**Payment Error Rate Measurement (PERM)
REQUEST FOR RECORDS COVER SHEET**

PERM-ID: [| PermID |]

Date: [||MRRSubDate||]

Patient Name: [BeneficiaryName] Date of Birth: [BeneficiaryDOB] Beneficiary ID: [BeneficiaryID] Date(s) of Service: [DOSFrom] - [DOSTo] Category 1: Inpatient Hospital Services	Provider Number: [ProviderID] Provider Name: [ProviderName]
Record Submission Due Date: [MedrecDueDate]	

Please indicate # of
pages in submission:

_____ pages

Inpatient Hospital Services: Acute Inpatient, Long-Term Acute, Acute Inpatient Rehabilitation

Please submit all *applicable* documents from the listing below to support the claim sampled.

- **Admission History and Physical (H&P)**
- **Physician Orders and Progress Notes (signed and dated)**
- **Medication Administration Record (MAR)**
- **Discharge Summary**
- Admission Face Sheet/Coding Summary
- Emergency Department Record and Admission Order/Notes
- Nursing Assessment/Notes
- Consultation Reports/Notes
- Cardiovascular and Respiratory Reports
- Itemized Billing Sheet (*if required based on payment method*)
- Ambulance Services
- Dialysis Treatment Record/Notes
- Operative and Procedure Reports/Notes
- Anesthesia (*Pre- and Post-Op*) and Peri-operative Record/Notes (*with start and stop times*)
- Laboratory and Diagnostic Tests/Reports
- Labor and Delivery Record/Notes
- All Transfer Forms
- Physical Therapy: Evaluation/Re-evaluation/Notes
- Speech Language Pathology: Evaluation/Re-evaluation/Notes
- Occupational Therapy: Evaluation/Re-evaluation/Notes

Note: Please submit the complete medical record with signatures as appropriate for the service(s) billed for the sampled claim. The documents that are bolded are frequently required for this category and service type. Please be sure to include these with your document submission, if applicable to the sampled claim.

Please help ensure accurate processing by placing this page on top of the records you are submitting.

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. If you are not the intended party, please notify the sender by telephone (800-393-3068) to arrange the return or destruction of the information and all copies.

Payment Error Rate Measurement (PERM) Claim Summary

Provider Number: [||ProviderID||]
Beneficiary/Patient Name: [||BeneficiaryName||]
Beneficiary ID: [||BeneficiaryID||]
Date of Birth: [||BeneficiaryDOB||]
Date(s) of Service: [||DOSFrom||] - [||DOSTo||]

Request Date: [||MRReSubDate||]
PERM-ID: [||PermID||]
Claim Category: [||ClaimCatNum||]
State Claim ID: [||StateClaimID||]
DUE DATE: [||MedrecDueDate||]

Diagnosis Code	Procedure Code	NDC Code	Rx Number	DRG	Amount Paid
[Diag1]	[Proc1]	[NdcCode1]	[RxNumber1]	[Drg]	[PaidAmt]
[Diag2]	[Proc2]	[NdcCode2]			
[Diag3]	[Proc3]	[NdcCode3]			
[Diag4]	[Proc4]	[NdcCode4]			
[Diag5]	[Proc5]	[NdcCode5]			
[Diag6]	[Proc6]	[NdcCode6]			
[Diag7]	[Proc7]	[NdcCode7]			
[Diag8]	[Proc8]	[NdcCode8]			
[Diag9]	[Proc9]	[NdcCode9]			

Payment Error Rate Measurement (PERM) Instructions for Submitting Requested Record/Documentation

Please choose **ONE** of the following methods for submitting records/documentation:

1. Electronic Submission of Medical Documentation (esMD)

Providers are encouraged to submit requested medical documentation via the **Electronic Submission of Medical Documentation (esMD)**. For more information, see <http://www.cms.gov/esMD/>. Please ensure that any documents submitted through esMD are routed to AdvanceMed.

If you choose to submit medical records via CMS's esMD system, you must enter the Reference ID (PERM ID #) from the records request letter into the ESMD CASEID field. If you enter any other information in this field the system will not be able to identify the record automatically which will result in additional processing time.

2. Fax

1. Place PERM Cover Sheet on top of each record submission.
2. If your facility has *more than one* PERM request, please fax each record separately.
3. Fax documents to the following number:

1-443-663-2660

3. Mail

1. Place PERM Cover Sheet on top of each record submission.
2. All documents must be complete and legible.
3. Please do not staple or paper clip any pages together.
4. If you choose to send the documentation on USB Flash Drive/CD/DVD, the file(s) must be *encrypted*. Please submit the password via email to PERMRC_Encryption@admedcorp.com and include the PERM ID in the subject line. **Please note that USB flash drives cannot be returned to providers.**
5. Mail requested documentation to:

PERM Review Contractor
Attn: Medical Records Manager
AdvanceMed, an NCI Company
1538 E. Parham Road
Henrico, VA 23228

NOTE: We are not authorized to reimburse providers/suppliers for the cost of copying or mailing records, so we cannot accept invoices for copying service fees.