

STATE ROLE IN DATA PROCESSING (DP) REVIEWS



PERM RC FAST FACTS

SYSTEMS ACCESS

For DP reviews, all states will:

- Provide systems access forms to the RC for all systems of record subject to DP review.
- Work with state Information Technology (IT) staff to ensure all user IDs, passwords, and screen permissions are granted before DP reviews begin.
- Verify the state, state vendor, or sub-contractor will provide training for each system, if applicable.
- Respond timely to system access issues or delays.

BEST PRACTICES FOR DP REVIEWS

The PERM Review Contractor (RC), Empower AI, conducts DP reviews to verify the accuracy of the Medicaid Program and Children's Health Insurance Program (CHIP) payment processes. To complete reviews successfully, the State Medicaid Agency (SMA) or CHIP office has an active role throughout the review cycle. Below are some activities.

Before reviews are initiated, states will:

- 1) Participate in check-in calls before the review cycle and include state representatives from the areas of policy, state systems, systems access, IT, etc., as appropriate.
- 2) Identify all systems of record that the RC needs to complete DP reviews including the following:
 - a. Provider enrollment.
 - b. Payments for services, including waiver services.
 - c. Payments on financial transactions, including capitation payments; payments of Medicare or other health insurance premiums; payments to sister agencies, etc.
- 3) Establish a state IT point of contact and assist the RC with remote access to all the systems of record, including sub-contractor or vendor systems.
- 4) Grant systems access promptly to the DP reviewers to prevent review delays.
- 5) Provide complete responses to the RC's DP State Systems Questionnaire and Risk-Based Screening Assessment documents, including supporting documentation.
- 6) Assist the RC with accessing state policies.
- 7) If electing to provide an eligibility data extract, establish a point of contact for eligibility systems and coordinate with the Eligibility Review Contractor on the timeline for delivery of extracts.

During the review cycle, states will:

- 1) Participate in check-in calls during the review cycle and include state representatives from the areas of policy, state systems, systems access, IT, etc., as appropriate.

- 2) Monitor PERM IDs on the DP Pending P1 list in the State Medicaid Error Rate Finding (SMERF) web-based application.
- 3) Respond timely to RC requests for documentation.
- 4) Respond timely to system access issues or any circumstances causing system delays.
- 5) Review, resolve, and address improper payment findings as they appear on the Sampling Unit Disposition (SUD) report. The SUD report is released on the 15th and 30th of each month.
- 6) Track errors and request Difference Resolutions (DRs) within 25 business days after findings posted to SUD and/or request appeals within 15 business days after the DR decision date for disputes of findings.
- 7) Submit applicable documentation via Kiteworks to support responses to questions, DP Pending P1 items, and DRs. Refer to the Fast Facts flyer *RC Secure File Transfer via Kiteworks* for information on using and requesting access to Kiteworks.
- 8) Communicate findings to state Medicaid and CHIP leadership.