



Payment Error Rate Measurement Program
c/o A+ Government Solutions, LLC
CMS PERM Review Contractor
1300 Piccard Drive, Suite 205
Rockville, MD 20850

PERM – INITIAL REQUEST FOR RECORDS

Date: <Date Sent>

Please send ASAP but

no later than the due date

DUE DATE: <initial ltr. sent date> +74 days

<Provider Name>

Attn: <Medical Record Contact Name>, <Medical Record Contact Title>

<Medical Record Contact Address 1> <Medical Record Contact Address 2>

< Medical Record City>, < Medical Record State> < Medical Record Zip>

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the States, is measuring improper payments in the Medicaid/CHIP programs under the Payment Error Rate Measurement (PERM) program. A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program by CMS' review contractor, A+ Government Solutions, LLC.

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 shown above. If you do not provide requested documentation timely, your State agency may pursue recovery of payment for this claim.**

CMS has the authority to collect this information under sections 1902(a)(27) and 2107 (b) (1) of the Social Security Act. The collection and review of medical records complies with the Health Insurance Portability and Accountability Act (HIPAA). CMS and its contractors will comply with the Privacy Act and the regulations at 45 CFR parts 160 and 164.

Additional information about the PERM program is addressed on the CMS PERM website (www.cms.gov/PERM). Refer to the "Providers" link.

Providers are encouraged to submit requested records via the **Electronic Submission of Medical Documentation (esMD)**. Information pertaining to esMD is available at www.cms.gov/esMD.

Should you require additional information or have questions, please call our customer service representatives at (301) 987-1100; Health Information Management Manager, Albert Key at (301) 987-1119 or your State PERM representative, _____ at _____.

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. Please notify the sender by telephone (301-987-1100) to arrange the return or destruction of the information and all copies.