

Payment Error Rate Measurement (PERM)



RY 2027
Cycle 3
Kick-Off

September 23, 2025

Agenda

PERM Program Overview (CMS)

Statistical Contractor (SC)

- Kick-Off Part 1
- Sample Sizes
- Improper Payment Rate Reporting

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- Overview of Eligibility Reviews
- Eligibility Policy Collection
- FMAP
- Eligibility Review Elements
- Review Planning Document
- SMERF
- Pending Documentation Requests
- Remote Systems Access

Agenda (cont'd)

Differences between RY 2024 and RY 2027 Cycles **Best Practices Tracking Errors and Responding to Findings Roles and Responsibilities Next Steps PERM Wrap Up**



PERM Program Overview

PERM Program Overview (cont'd)

- CMS is required to estimate the amount of improper payments in Medicaid and the Children's Health Insurance Program (CHIP) annually, as required by the <u>Payment Integrity Information Act (PIIA) of 2019</u>.
- The goal of PERM is to measure and report an unbiased estimate of the true improper payment rate for Medicaid and CHIP.
- Because it is not feasible to verify the accuracy of every Medicaid and CHIP payment, CMS samples a small subset of payments for review and extrapolates the results to the "universe" of payments.
- The program is operating under the PERM final regulation published on July 5, 2017.
- This cycle will review Medicaid and CHIP payments made in Reporting Year (RY) 2027 (July 1, 2025 through June 30, 2026).
- The RY 2027 improper payment rates will be reported in the HHS Agency Financial Report (AFR) published in November 2027.

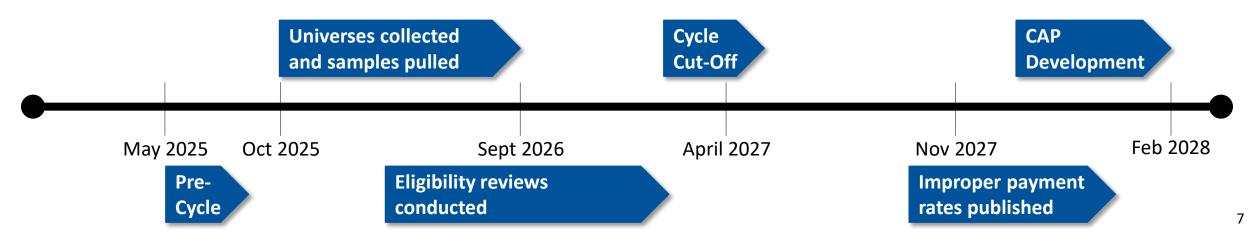
PERM Updates

- For RY 2027, PERM will measure eligibility exclusively.
- Sample sizes will be sent out soon after this meeting.
- Unwinding information will be tracked and shared throughout the cycle.

PERM Cycle Progression

- Process of sampling, reviewing payments, and calculating and reporting improper payment rates takes more than 2 years.
- Fee-for-service (FFS) claims and managed care capitation payments are collected for a full year—July 1, 2025, through June 30, 2026.
 - Payments receive an eligibility review.
 - Findings are used to calculate improper payment rates.
 - States, D.C., and Puerto Rico (herein referred to as "states") receive findings and develop a Corrective Action Plan (CAP).

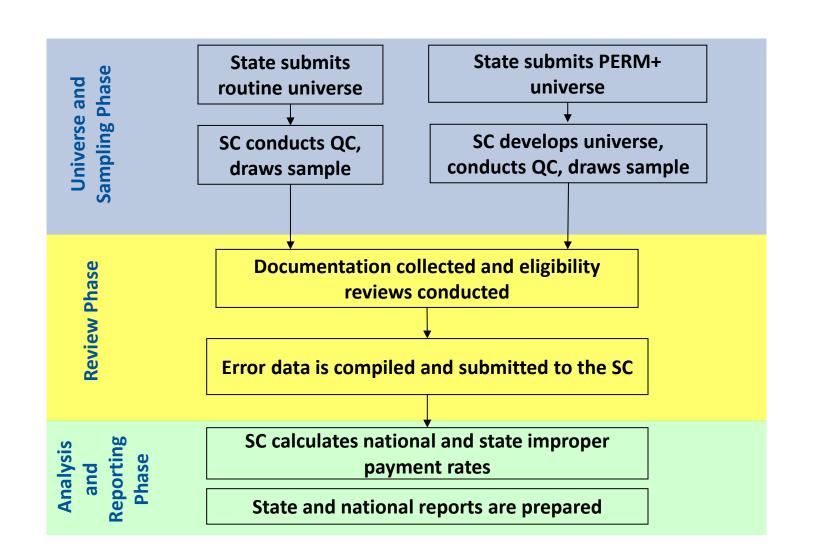
RY 2027 PERM Cycle Timeline



PERM State/District/Territory Rotation

Cycle	Medicaid and CHIP States Measured by Cycle	
Cycle 3 (RY 2027)	Alaska, Arizona, District of Columbia, Florida, Hawaii, Indiana, Iowa, Louisiana, Maine, Mississippi, Montana, Nevada, New York, Oregon, Puerto Rico, South Dakota, Texas, Washington	
Cycle 2 (RY 2026)	Alabama, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Nebraska, New Hampshire, New Jersey, North Carolina, Rhode Island, South Carolina, Tennessee, Utah, Vermont, West Virginia	
Cycle 1 (RY 2025)	Arkansas, Connecticut, Delaware, Idaho, Illinois, Kansas, Michigan, Minnesota, Missouri, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Virginia, Wisconsin, Wyoming	

PERM Program Overview: Cycle Progression





Statistical Contractor (SC) The Lewin Group

SC: Kick Off Part 1

- States were provided an in-depth SC Kick Off presentation on April 29, 2025. That PowerPoint was
 sent to the state distribution list after the call.
- The SC has conducted claims intake meetings with all states.
- Data Use Agreement (DUA) requests were sent out to all states that require one on August 1, 2025. If not already finalized, please work to do so as quickly as possible to not delay Quarter 1 data.
- As a reminder, please see the below claims data due dates:

RY 2027 Quarter	Claim Date Paid	Data Submission Due
Quarter 1	July 1 – September 30, 2025	October 15, 2025
Quarter 2	October 1 – December 31, 2025	January 15, 2026
Quarter 3	January 1 – March 31, 2026	April 15, 2026
Quarter 4	April 1 – June 30, 2026	July 15, 2026

SC: PERM Review Types and Sample Sizes

- PERM samples are selected from distinct universes for two programs:
 - Programs: Medicaid (Title XIX) and CHIP (Title XXI).
 - Universes: FFS and Managed Care (MC).
- Claims selected from the FFS universe and payments selected from the managed care universe are subject to eligibility reviews for RY 2027.
- PERM uses a cycle sample size each year that caps the number of samples selected from the FFS and MC universes for review.
- The cycle sample size will be distributed across states based on their latest improper payment measurement results.
- All review results are reported via the State Medicaid Error Rate Findings (SMERF) system, a web-based application.

SC: Improper Payment Rate Reporting

- The official Medicaid and CHIP national rolling improper rates are reported annually in the CMS AFR each November.
 - Links to CMS and HHS Financial Reports can be found on the CMS PERM website.
- Following the posting of the AFR, each state receives its state-specific improper payment rates and findings through the Error Rate Notifications, Cycle Summary Reports, and CAP Templates.
- This release of official improper payment rates marks the beginning of the corrective action process.

SC: Improper Payment Rate Reporting (cont'd)

- CMS calculates the national-level improper payment rate by combining the latest improper payment rates from each state Medicaid program and CHIP.
- The national-level improper payment rate includes review results from three yearly PERM cycles.
- The national-level rate includes the most recent state rates for all 50 states, Puerto Rico, and the District of Columbia.



Eligibility Review Contractor (ERC) Booz Allen Hamilton

ERC

- Booz Allen Hamilton, along with Myers and Stauffer LC and The Rushmore Group, constitute the PERM ERC team for RY 2027 and has worked the last nine PERM cycles.
- The ERC:
 - Performs PERM eligibility reviews for all states and brings state-specific knowledge of eligibility systems and processes, while being well-versed in state and federal Medicaid and CHIP eligibility policy.
 - Conducted PERM eligibility reviews for the Cycle 3 states in RY 2021 and RY 2024.

ERC: Overview of Eligibility Reviews

- The eligibility case review focuses on whether a determination—new application or redetermination—was processed correctly based on the federal and state eligibility policies in place at the time of the action.
- The ERC reviews:
 - The most recent action on a case that made the individual eligible on the sampled claim's date of service (DOS).
 - Any changes in circumstance that required an action if it occurred prior to the DOS of the sample claim.
- To conduct reviews, the ERC will:
 - Research federal and state Medicaid and CHIP policies and procedures.
 - Coordinate with the state to obtain remote access to eligibility systems.
 - Access and review information used by the state to process the case, including system screen prints and case documents that support the eligibility determination.
 - Review eligibility elements against federal and state policies to determine if the case is correct or
 if a payment error should be cited.
 - Request additional documentation and report findings to the state via SMERF.

ERC: Eligibility Policy Collection

- The ERC will use previously provided policy documentation and download updated eligibility policies from public websites, when available.
- States will provide the ERC with any eligibility policies that are not publicly available.
- The state will review the Eligibility Policy Survey that is pre-populated by the ERC. The policy survey
 identifies federal and state policies that will be used during the eligibility reviews. The state will
 provide policy updates as available throughout the cycle to minimize questions from the ERC and
 avoid delays.
 - Note: The ERC always uses the policies in place at the time of the determination under review, including if case actions occurred during the COVID-19 PHE Unwinding period.

ERC: Federal Medical Assistance Percentage (FMAP)

- During the eligibility review intake process, the ERC will provide each state a category mapping document that includes the state's eligibility categories and the associated system codes. The states' subject matter experts (SMEs) should make the necessary updates and changes to the document to ensure it is current for RY 2027 reviews.
- The FMAP rates will be used to identify federal dollars assigned to a claim for each type of PERM review based on the category of eligibility and date of payment.

ERC: Example of Eligibility Review Elements

- The eligibility review consists of evaluating the following eligibility elements, as appropriate, to
 determine the element was verified and recorded, and used appropriately in making an eligibility
 determination in accordance with federal and state policies:
 - Age
 - Citizenship
 - Immigration Status
 - State Residency
 - Social Security Number
 - Pregnancy
 - Household Size
 - Tax Filer Status

- Income
- Resources/Assets (Non-MAGI)
- Blindness, Disability, Medical Eligibility
- Health Insurance (CHIP)
- Medicare enrollment
- Signature under Penalty of Perjury on Application/Renewal
- Timely Redetermination

The ERC will collect documentation that these elements were verified, including data matches, hard copy verifications, telephonic recordings, etc.

ERC: Eligibility Case Review Planning Document

- The purpose is to have a shared document among the state, the ERC, and CMS that outlines necessary components of the cycle activities and provides necessary information for conducting eligibility case reviews.
- The Planning Document includes information such as:
 - State, CMS, and ERC points of contact.
 - State characteristics.
 - State eligibility systems summary.
 - State eligibility verification requirements.
 - Policy changes, demonstrations, and waivers.
 - State eligibility categories and FMAP rates.
 - Paper case file collection process.
 - PERM tasks and timeline.
 - DR and appeals process.
 - MAGI verification plan.

- DR and appeals process.
- MAGI verification plan.
- ADR and ongoing documentation
 Collection.
- Independent Verification process.
- ERC SFTP instructions.
- Eligibility category mapping.

SMERF

- Allows states to view eligibility findings via a single system.
- Tracks all sampled unit workload, reviews that are pending information, completed reviews, and final results for all reviews.
- Provides real-time information on the status of documentation requests and receipts and progress of reviews.
- Provides findings through the Sampling Unit Disposition (SUD) reports that are published on the 15th and 30th of each month.
- Offers the ability for states to create and/or download reports, file for Difference Resolutions (DRs) and CMS appeals.

ERC/CMS: SMERF Access

- More information to come for RY 2027 SMERF system access.
- Please continue to reach out to your CMS PERM state liaison if any questions come up regarding data needs in PERM.

ERC: Pending Documentation Requests

- Upon the ERC's initial review of the information collected, the ERC may identify cases with missing
 information and will use SMERF to submit additional documentation requests (ADRs) from the state,
 which can be tracked through the eligibility pending (EP1) list.
 - States should leverage regularly scheduled check-in calls with the ERC to ask any questions about the requests. The state must submit requested documentation to the ERC via Secure File Transfer Protocol (SFTP).
- In addition to the ADR process, states can provide additional documentation used in the
 determination for ER1s, ER2s, and ER3s as part of an "ongoing documentation collection" process
 during reviews and prior to cycle cut-off. If states identify missing documentation after the standard
 ADR period, this ongoing documentation collection process opens another avenue to submit
 documentation to address an error prior to cycle cut-off.

ERC: Pending Documentation Requests (cont'd)

- Independent Verification Process
 - In addition to the ADR process for RY 2027, to determine beneficiary eligibility when there is insufficient documentation, the ERC is asking states to allow the ERC to obtain access to state verification systems that allow them to independently verify the eligibility of the beneficiary. The ERC will look for any information that supports beneficiary eligibility despite verification documentation.
- The ERC will provide more detail on this process during and following the Eligibility Intake Meetings planned for this fall.

ERC: Remote Systems Access

- The PERM Final Rule (published on July 5, 2017) requires states to grant federal contractors access to all systems that authorize payments, eligibility systems, systems that contain beneficiary demographics, and provider enrollment information to facilitate reviews.
- All RY 2027 ERC reviews will be conducted through secure, remote system access.
- Granting ERC access to relevant systems facilitates reviews with the goal of reducing state burden.
- The ERC will collect case documentation through direct access to the state systems.
 - The state may have to provide additional documentation securely, if all necessary documentation is not available via system access (e.g., paper files).

ERC: Remote Systems Access (cont'd)

- During the next few months, the ERC will coordinate with the state directly to obtain system access.
 The ERC will:
 - Gather information for each system from the state.
 - Execute any DUAs or other required agreements that are necessary to access the state systems.
 - Complete any required system access forms.
 - Take any required training.



Differences Between RY 2024 and RY 2027 Cycles

ERC Processes: New to Cycle 3

Error Codes and Qualifiers:

 The ERC will use updated error codes and qualifiers for the review findings. The ERC expects only minor changes from the RY 2024 error codes and qualifiers.

COVID-19 Public Health Emergency Unwinding Period:

- The ERC will apply any states' processes for "unwinding" from the continuous eligibility condition
 of the PHE including unwinding State Plan Amendments, waivers, and other CMS-approved
 flexibilities to our reviews when appropriate and if they apply to case actions under review.
- The ERC will work with the state to gather and understand any policy or process changes prior to beginning reviews. The ERC will provide the state with a pre-populated Eligibility Intake Protocol that includes a COVID-19 PHE Unwinding Eligibility Policy section for state review and approval as part of the Eligibility Intake Process.



Best Practices

Best Practices for State: Working with the SC

- Assign a dedicated contact person for all communications.
- Include relevant staff in all PERM meetings:
 - For general intake meetings, it is important that all departments that will be pulling data or responding to questions about PERM data be in attendance.
 - If vendors will be pulling and/or submitting PERM data, they should be included in intake meetings and calls with the SC.
 - All relevant financial staff should be included in the CMS 64/21 intake meetings.
 - The universe build and payment level meeting should include all relevant staff.
- Check SFTP compatibility before submitting the Q1 data:
 - This includes encrypting, password-protecting, and uploading files.
- Submit test data to ensure that the submission can be read and reviewed by the SC:
 - State should perform quality checks to make sure data fields are uniformly populated with valid values.
 - State should compare data documentation submitted with data file layouts and variable decodes – are all up to date and accurate for timeframe of data supplied.
 - Note any additional variables included in the data submission to assist state staff or the SC in identifying correct claims.

Best Practices for State: Working with the SC (cont'd)

- Keep a list of all data sources and ensure that data from all sources are included in the state transmission each quarter:
 - Identify the relevant staff who are involved in the data analysis portion of the project and involve them from the start of the cycle.
- Include SMEs as part of the PERM team early in the cycle to gain a clear understanding of data submission instructions and PERM requirements.
- Refer to information from the previous cycle, as appropriate, to resolve issues and answer questions.
- Participate in regular meetings with the SC to resolve data issues if there are significant complications or delays.
- Perform a round of CMS-64/21 reconciliation early in the cycle to ensure that corrections in data submission can be made for the remaining quarters.
- When submitting anything to the SC via the SFTP, please email the PERMSC.2027@lewin.com inbox to alert the SC of this submission as well as provide a password to open the documents if needed.

Best Practices for State: Working with the SC (cont'd 2)

- For PERM+ states, work with the SC to identify the most efficient method of submitting data, which
 may include submitting some data through a routine PERM method.
- For PERM+ states, verify that beneficiary and provider information given to SC in separate files are able to be correctly merged onto the claims file.
- Establish a stream of communication or dialogue from the beginning of the cycle with your SC contact.
- Ask questions proactively.
- Have helpful information related to PERM readily available to share with your staff:
 - SC contact list.
 - Data submission instructions.

Best Practices for State: Working with the ERC

- Engage a cross-functional state PERM eligibility team that includes policy, systems, claims, program integrity, IT, and operations:
 - Ensure appropriate team members attend biweekly check-in calls.
- Establish remote system access for the ERC:
 - Identify all systems required by the ERC.
 - Provide all required system access forms or DUAs as soon as possible.
 - Designate an individual to work with the ERC on system access.
- Support the collection of Medicaid, CHIP and COVID-19 PHE Unwinding policies:
 - Identify policies not publicly available and submit to the ERC (e.g., internal guidance/memos for caseworkers).
 - Review the Policy Survey promptly and provide feedback.
 - Notify the ERC of any relevant policy changes throughout the cycle.
- Respond to the request to review the Intake Protocol, System Access Questionnaire, and Eligibility Category Mapping.
- Review, ask, and respond to questions involving the eligibility case review process.

SFTP Reminder

- SFTP sites will be used to transfer data that contain PHI and/or PII and other relevant documentation with the SC and/or ERC and the state.
- Each contractor has a different SFTP site and will use the PERM State Contact Survey to identify state users and coordinate access.
- Any state questions about either the SC and/or ERC SFTP should be coordinated directly with the respective contractor.



Tracking Errors and Responding to Findings

Tracking Findings and Next Steps

- The SMERF system is a web-based application used for tracking and reporting improper payments in the PERM program. CMS uses SMERF to oversee the progress of the PERM ERC review process and complete state appeal requests.
 - Next steps on pending documentation requests, errors, difference resolutions, and appeals will be discussed during SMERF system orientations, held at a future date. Reference the CMS PERM Manual for regulatory timelines
- Next steps after findings are finalized:
 - Note that sampled overpayments identified through the PERM ER are not subject to recoveries but are subject to disallowance requirements in section 1903(u) of the Social Security Act (the Act).
 - States are required to develop a CAP to address each error.



Roles and Responsibilities

CMS PERM Team Responsibilities

- Program Oversight and Support:
 - Structure the parameters for measurement through legal and policy decision-making processes.
 - Oversee the operation of PERM and PERM contractors to ensure that CMS meets its regulatory requirements.
 - Ensure the measurement remains on track and work with states when challenges occur.
- Communication and Information Sharing:
 - Host monthly cycle calls or provide written updates.
 - Provide guidance and technical assistance to states throughout the process.
 - Provide educational resources for Medicaid and CHIP providers.
 - Provide direct communication and support by assigning each state a CMS liaison.
- Review of Improper Payments:
 - Review state-requested appeals of error findings.

General State Responsibilities

Overall PERM Support:

- Provide a PERM representative who will coordinate state staff and ensure essential staff attend relevant meetings, as well as provide contractors with necessary data, information, and any state issues.
- Educate state staff and vendors on the PERM process and data requirements.
- Notify CMS and contractors in advance of program changes, including new or ended programs;
 new reimbursement methodologies; or new, updated or decommissioned systems.
- Provide timely and thorough responses to questions on the state submitted data and review issues to support the PERM timeline.
- Participate in the cycle kick-off meeting, contractor meetings, and monthly cycle calls or written updates.
- Notify contractors of any DUAs, Business Associate Agreements (BAAs), or Non-Disclosure
 Agreements (NDAs) requiring completion.
- Assist contractors in obtaining timely systems access.

SC Responsibilities

- Collect and review state FFS and Managed Care Universes:
 - Conduct Intake Meetings with each state.
 - Collect paid, zero dollar paid, and denied FFS and MC universe data from states on a quarterly basis.
 - Verify data documentation against data submission.
 - Perform quality control review on submissions to ensure universes are accurate, compliant, and complete.
 - Develop and implement sampling unit build (for PERM+).
 - Determine correct sampling units (Header/Fixed/Line) for each type of claim/service.
 - Request clarification or additional submissions, as necessary.
 - Conduct CMS 64/21 reconciliation to ensure all required data are included in review.

SC Responsibilities (cont'd)

- Select Samples and Format Claims:
 - Select random samples from the universes on a quarterly basis.
 - Format and verify all mandatory fields needed for ERC reviews.
- Improper Payment Rate Calculation and Reporting:
 - Calculate the improper payment rates at the state, cycle, and national levels for Medicaid and CHIP.
 - Conduct analysis for corrective actions.
 - Assist in preparing final reports.

State Responsibilities to the SC

- Assign a PERM point of contact:
 - Also, identify a primary data contact, if different than the primary PERM contact.
- Universe Quality Control and Data Submission:
 - Review claims and payment data submission instructions.
 - Provide accurate data documentation (e.g., file layouts, variable field decodes), claims and payment data to the SC.
 - Conduct a quality control review of claims, payment, and provider data prior to submission of the quarterly universes to ensure completeness of data and compliance with PERM specifications.
- Participate in meetings with SC:
 - Data submission instruction meeting.
 - Data intake meeting.
 - CMS 64/21 intake meeting.
 - Regularly scheduled and ad hoc calls to respond to data questions.

State Responsibilities to the SC (cont'd)

- Convene SMEs, as needed:
 - Participate in calls.
 - Respond to specific data, program, or policy questions.
- Respond timely to questions on universe QC.
- Support the CMS 64/21 comparison:
 - Include financial staff familiar with reports.
- Support the SC in developing and approving sample unit build (PERM+) and payment level (Routine PERM).
- Support the SC in developing strata mapping for Fixed, Medicare Crossover, and Aggregate payments.

ERC Responsibilities

- Prepare for Eligibility Case Reviews:
 - Research state and federal Medicaid and CHIP policies and procedures.
 - Request from the state any policies that are not publicly available.
 - Align state eligibility categories with the appropriate federal categories and FMAP rates.
 - Populate and provide the following documents to the state for review:
 - Policy survey.
 - Intake protocol with COVID-19 Unwinding Questionnaire.
 - System access questionnaire.
 - Eligibility category mapping.
 - Conduct an Intake Meeting with the state.
 - Coordinate with the states to obtain remote access to eligibility systems.
 - Provide the Eligibility Case Review Planning Document based on state's specific systems, processes, and policies and submit to state to review for accuracy.

ERC Responsibilities (cont'd)

- Conduct Eligibility Case Reviews:
 - Request copies of hard-copy case files, when necessary.
 - Gather information from the eligibility and document management systems, including electronic verifications.
 - Request additional documentation from the state, as needed.
 - Review eligibility case actions in accordance with federal and state policies.
 - Host regular biweekly check-in meetings with the state.
 - Report Eligibility Case Review Findings:
 - Report review findings to the states through SUD reports via SMERF on the 15th and 30th of each month.
 - Review and respond to requests for DR.
 - Package appeal requests for CMS review.

ERC Responsibilities (cont'd 2)

- Notify the state of final overpayment errors for recovery purposes at the end of the cycle after eligibility reviews are completed.
- Compile and submit final findings to the SC.
- Assist in preparing final reports.
- Maintain the SMERF system, conduct SMERF training webinars, and provide state access to SMERF to track activities and findings.

State Responsibilities to the ERC

- Assign a state eligibility point of contact.
- Participate in meetings with the ERC and CMS:
 - Eligibility Case Review Intake Meeting.
 - System access meetings, as needed.
 - Biweekly check-in meetings and other ad hoc meetings (throughout the case review process).
- Review and assist with the completion of documents as requested by the ERC, including the Policy Survey, Intake Protocol, System Access Questionnaire, Eligibility Category Mapping, and the Eligibility Case Review Planning Document.
- Provide remote access to eligibility and documentation management systems.
- Provide state eligibility policies, including eligibility waivers, and COVID-19 Unwinding policies as requested.
- Provide guidance related to systems, policy, and other pertinent topics.
- Assist in obtaining documentation that is not available through system access.
- Review errors as they appear in SUD.
- Submit requests for DR and appeal within the prescribed timeframes, if needed.
- Receive SMERF system training.



Next Steps

Completed Steps

May/June 2025:

- Complete State Contact and Information surveys by May 14, 2025.
- PERM + presentations offered (May).
- Data submission instructions distributed to states (May).
- Data submission instruction meetings held (May June).
- Communicate decision between PERM+ and routine PERM by May 30, 2025.
- Identify all SC DUA/BAAs that will need to be completed (state and vendors).

• July 2025:

Provide all necessary SC DUAs (July - September).

Next Steps (cont'd 2)

• August 2025:

- Continue SC claims Intake Meetings.
- Hold CMS 64/21 Intake Meeting.

September 2025:

- Prepare for Quarter 1 universe data submission
- Identify all ERC DUA/BAAs that will need to be completed (September November 2025)
- Identify requirements, technology and security training needed to provide secure, remote systems access to the ERC (all states).

October/November 2025:

- Hold Eligibility Intake Meetings and continue eligibility system access discussions.
- Review the Eligibility Policy Survey.
- Assist with the collection of non-publicly available state policies.
- Submit Quarter 1 claims data by October 15, 2025.

Next Steps (cont'd 3)

December 2025 – March 2026:

- Fully execute all DUAs/BAAs with the ERC before February 2026.
- Ensure ERC has remote systems access to eligibility systems and document management systems.
- Review and approve the Eligibility Case Review Planning document.
- Begin Quarter 1 sampling.
- Submit Quarter 2 data by January 15, 2026.



PERM Wrap Up

Communication, Collaboration, and Additional Resources

- RY 2027 PERM Cycle 3 Calls or Written Updates:
 - The cycle calls will occur on the fourth Tuesday of each month from 3 4:00 p.m. Eastern Time.
 - In lieu of a cycle call written updates will be provided.
- CMS PERM Website:
 - PERM Manual
 - CMS PERM Cycle 3
- PERM Corrective Action Plans CMS Division of State Partnership:
 - PERMCAPS@cms.hhs.gov
- Regular State Check-in Calls:
 - Will be scheduled with each state by contractors.

PERM State Liaison Contact Information

Cycle 3 States	CMS PERM State Liaison
Alaska, Arizona	ray.antoine@cms.hhs.gov
District of Columbia, Washington	anita.moore@cms.hhs.gov
Florida, Maine	aileen.almario@cms.hhs.gov
Hawaii	jailynne.price@cms.hhs.gov
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Puerto Rico	angela.jones3@cms.hhs.gov/daniel.hendricks@cms.hhs.gov
Texas	daniel.hendricks@cms.hhs.gov

SC Contact Information

The Lewin Group

PERM Statistical Contractor 3237 Airport Rd. LaCrosse, WI 54603 703-269-5500

All PERM Statistical Contractor correspondence should be directed to PERMSC.2027@lewin.com

ERC Contact Information

Booz Allen Hamilton

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Washington, DC 20003

Phone: 202-203-3700

All PERM Eligibility Review correspondence should be directed to PERM_ERC_RY2027@bah.com

Thank You

