What Providers Need to Know

- The Payment Error Rate Measurement (PERM) is an audit program that was developed and implemented by the federal Centers for Medicare and Medicaid Services (CMS) to comply with the Improper Payments Information Act (IPIA) of 2002.
- The purpose of PERM is to examine claims payment in the Medicaid program and Children’s Health Insurance Program (CHIP) for accuracy and to ensure that the States only pay for appropriate claims.
- A sample of claims are selected for review to determine if they were processed correctly and that the services were actually provided, medically necessary, coded correctly, and properly paid or denied. These medical reviews examine the accuracy of the claim information by comparing it to the documentation in the medical record.
- CNI Advantage, LLC will contact providers and request a copy of their medical records to support the medical review. CNI Advantage, LLC will send out the request letters and, if necessary, follow-up letters and calls.
- DVHA Time Limit Requirements:
  - Providers have 30 days from the date of receipt of notice to submit required claims medical records and adjoining documents to CNI Advantage, LLC
  - Providers have 7 days from the date of receipt of notice, of request for additional information to submit additional claims documentation for inaccurate medical record and adjoining documents, to CNI Advantage, LLC
- Providers selected for the sample are required to submit all requested documentation to CNI Advantage, LLC as stated in your signed Provider Enrollment Agreement (Section 6) or, if you have recently revalidated your enrollment, your signed General Provider Agreement (Article VI, Section 1).
- The collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- CNI Advantage, LLC will notify DVHA about the errors identified, which has the option to agree or disagree with its findings.
- States are required to return the federal share of overpayments to CMS. DVHA will pursue recoveries as part of the corrective actions according to applicable law and regulations.
- DVHA will enforce a 10% withholding of all Green Mountain Care/VT Medicaid payments for all provider’s that do not submit the required medical records and adjoining documents within 30 days or the additional documentation within 7 days.