

# 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 PERM NCI Inc.

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. Please submit documentation for each PERM ID in as few fax transmissions as possible.
4. Fax documents to one of the following numbers.

**1-804-515-4220**

### 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@nciinc.com](mailto:PERMRC_Encryption@nciinc.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  
CMS PERM Review Contractor, NCI Inc.  
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.**

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.