



Payment Error Rate Measurement Program
CMS PERM Review Contractor, NCI Inc.
1538 E. Parham Road
Henrico, VA 23228



EXAMPLE

PROVIDER NAME
ATTN: CONTACT PERSON
ADDRESS
CITY, STATE, ZIP CODE

Date: 00/00/0000
Reference ID: PAM220XFFX
OMB Control Number: 0000-0000
NPI: 0000000000

Request Type & Purpose: Initial Request for Records (First Request)
Subject: Records Request – This is an initial request for records

To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.

Para solicitar una copia de esta carta en Español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800 - 393 - 3068. Una vez que la carta en Español sea solicitada, toda correspondencia futura especifica a esta identificación PERM será continuada en Español.

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM) program. Additional information about the PERM program is addressed on the CMS PERM website (www.cms.gov/PERM). Refer to the “Providers” link on the website.

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program by CMS’ review contractor, NCI Inc.

Action: A Copy of Original Documentation Required: Federal regulations require that you provide the medical record documentation to support claims for Medicaid/CHIP services upon request. 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 provided below. A response is required by the due date even if you are unable to locate requested documents. Providing medical records for Medicaid/CHIP beneficiaries does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request. CMS and its contractors will comply with the Privacy Act and regulations.

When: Please provide the requested documentation by 1/31/2022. A response is still required by 1/31/2022 even if you are unable to locate the requested information.

Consequences: If you fail to deliver the requested documentation or contact us by 1/31/2022, your state agency may pursue recovery of payment for this claim.

Instructions: The pages that follow provide identifying information for the claim selected for review, requested documentation, and submission instructions. Should you require additional information or have questions, please call our Customer Service Representatives at (800) 393-3068, Allison Keeley our Medical Records Manager at (804) 249-1746, or your state PERM representative, Jean Lettich at 717-772-4616 Or jlettich@pa.gov.