Michigan Department of Community Health
Medicaid Payments Division
PO Box 30731
Lansing MI 48909

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

September 21, 2012

«Billing_Provider_Name»
Attention: Medical Records
«Billing_Provider_Address»
«Billing_Provider_City» «Billing_Provider_State» «Billing_Provider_Zip_Code»

NPI: «Billing_Provider_NPI»

Dear Provider:

In response to the Improper Payment Information Act of 2002, the federal government is required to measure the accuracy of payments made for services provided to Medicaid and Children's Health Insurance Program (referred to as the MIChild Program) beneficiaries. This payment audit process, titled the Payment Error Rate Measurement (PERM) program, is conducted by the Centers for Medicare and Medicaid Services (CMS) and their documentation/database contractor A+ Government Solutions, Inc. From a provider standpoint, this audit will require randomly selected providers to send in medical records to verify claims that have been paid for Medicaid or MiChild beneficiaries.

The PERM audit has begun as the Michigan Department of Community Health (MDCH) submitted paid claim files to CMS for review. CMS, in collaboration with A+ Government Solutions, Inc., has selected a random sample of paid claims from the files and will be conducting a medical record review to determine if the claims were correctly paid.

The purpose of this letter is to inform you that one or more of your paid claims were randomly selected in the CMS sample and that A+ Government Solutions, Inc., will be requesting medical records from you in the near future. Once you receive the request, you will have 75 days to submit the information electronically or in hard copy. A+ Government Solutions, Inc., and/or MDCH will follow-up to ensure the medical record documentation is submitted before the 75-day time limit has expired.

Provision of protected health information contained in your medical records is permissible by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and by the Code of Federal Regulations (CFR) at 45 CFR 160 and 164 for payment review purposes. In addition, both the federal government and MDCH policy require that providers make records available upon request from authorized agents of the state and/or federal government.

It is very important that providers cooperate with providing all requested documentation as no response or the submission of insufficient documentation will count against the State as an error. Past studies show that the largest cause of payment errors in medical reviews is due to providers not submitting documentation or submitting insufficient documentation. Therefore, information should be sent timely and should be complete.

Should you have any questions regarding this process, you may call Bradley Allen at A+ Government Solutions, Inc., at (301) 987-1101, or you may contact the Michigan Medicaid Provider Support Section via e-mail at ProviderSupport@michigan.gov or by phone at 1-800-292-2550. Thank you in advance for your participation in this process.

Sincerely,

Stephen Fitton

Stephen Fitton, Director
Medical Services Administration