

2015 PERM Error Results

In reviewing the 2015 PERM Error Results we have found areas for improvement. When providers render services to Medicaid Beneficiaries, please keep the tips listed below in mind to avoid the possibility of receiving an improper payment error.

There is a necessity to respond to CMS when there is an audit request such as PERM.

- MDHHS Policy and Federal Regulation (45 CFR 160 and 164) support this.

ALL claims with no documentation or incomplete documentation from the provider will be determined to be paid in error.

Was the correct and complete documentation submitted for the correct recipient and dates of service?

Is the documentation submitted legible?

Does the documentation specifically support the procedure code?

Is the documentation sufficient to establish medical necessity?

Were the correct number of units documented for the services provided or for the submitted procedure or revenue code?

Is the clinical record sufficiently detailed to allow reconstruction of what transpired for each billed service as appropriate?

Providers are reminded to reference the Michigan Medicaid Provider Manual to ensure required documentation is included in a beneficiary's medical record.

Pharmacy signature logs are required containing: The beneficiary's name, the signature of the beneficiary or his/her representative and the date of receipt of the prescription.

- The log must differentiate between prescriptions received by a beneficiary for which counseling was accepted/provided and those for which counseling was offered and declined.

Some error examples for incomplete documentation from the 2015 PERM Cycle include the following:

- Missing office visit notes for the sampled DOS
- Missing delivery record or postpartum office visit notes for sampled date(s) of service
- Missing progress notes for sampled date(s) of service

- Missing physician's orders and x-ray report for sampled date(s) of service
- Missing Pharmacy Signature Logs and/or documentation of Patient Counseling
- Missing Plans of Care in effect for sampled date(s) of service
- Missing Treatment Plan for the sampled date(s) of service.
- Missing test results for sampled date(s) of service
- Missing documentation for the medications administered (i. e. intravenous medication administration records) for the sampled date(s) of service.
- Missing personal care provider log for the sampled date(s) of service
- Missing signatures and dates on progress notes for sampled date(s) of service
- Missing proof of the recipient's daily presence for room and board for the sampled date(s) of service
- Missing physician's orders or progress notes dated within 60 days of the sampled dates of service required to support payment for nursing facility services.