



Payment Error Rate Measurement Program  
c/o Livanta LLC  
CMS Documentation Database Contractor  
9090 Junction Drive, Suite 9  
Annapolis Junction, MD 20701

**PERM – INITIAL REQUEST FOR MEDICAL RECORDS**

Provider #: 9999999999999999 Sample Provider

**CID #: 999999999999**

**Due Date: xx/xx/xxxx**

Provider Name  
Provider Address  
Provider Address Line 2  
City, State, Zip Code

Please send ASAP but  
no later than the due date

Dear Medicaid and/or SCHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the States, is measuring improper payments in the Medicaid and SCHIP programs under the Payment Error Rate Measurement (PERM) program. You are receiving this letter today because a claim for a service you rendered has been randomly selected for medical review under this program. We are requesting a complete copy of the medical records pertaining to this specific claim to provide supporting documentation that the service was medically necessary. Your cooperation in submitting the medical records to us as soon as possible, but no later than the due date noted above, is essential to ensure that the claim is accurately reviewed to determine proper payment. If you do not provide these records, the claim will be cited as an erroneous payment and your State Medicaid agency may pursue recovery of payments.

We are requesting medical record documentation regarding the claim identified on the enclosed Medical Record Claim Summary. A bar-coded cover sheet with a control number that corresponds to each Claim Summary is also enclosed. Please submit the specific documents listed on each bar-coded cover sheet for all identified claims.

CMS has the authority to collect this information under section 1902(a)(27) of the Social Security Act which requires providers to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS with information regarding any payments claimed by the provider for furnishing services. Section 2107(b)(1) of the Act requires an SCHIP state plan to provide assurances to the Secretary that the state will collect and provide any information required to enable the Secretary to monitor program administration and compliance and to evaluate the effectiveness of states' SCHIP plans. The collection and review of protected health information contained in individual-level medical records for payment review purposes, as required under this effort, complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Privacy Rule regulations at 45 CFR Parts 160 and 164.

In order to expedite the processing of your medical records, please make sure they are received in our office, along with the bar-coded cover sheets, no later than the due date printed at the top of this letter. Should you require additional information or have questions, please call our customer service representatives at (301) 957-2360.

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid and SCHIP programs.

Sincerely yours,

Robin Reed  
Medical Record Manager  
PERM Database and Documentation Contractor

Enclosures