



Payment Error Rate Measurement Program  
c/o CNI Advantage, LLC  
CMS PERM Review Contractor  
1300 Piccard Drive, Suite 204  
Rockville, MD 20850

**PERM – INITIAL REQUEST FOR RECORDS**

**Date:** [RequestDate]

[ProviderName]  
ATTN: [ContactName], [ContactTitle]  
[ContactAddress1] [ContactAddress2]  
[ContactCity], [ContactState] [ContactZipcode]

**Reference ID:** [PERM ID]  
**OMB Control Number:** [OMB#]  
**NPI:** [NPI#]

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)<sup>1</sup> program. Additional information about the PERM program is addressed on the CMS PERM website ([www.cms.gov/PERM](http://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, CNI Advantage, LLC.

**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 shown above. A response is required by the due date even if you are unable to locate requested documents. Providing medical records for Medicaid/CHIP patients 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:** [MedrecDueDate]  
Please provide the requested documentation by [MedrecDueDate]. A response is still required by [MedrecDueDate] even if you are unable to locate the requested information.

**Consequences:** If you fail to deliver the requested documentation or contact us by [MedrecDueDate], 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 (301) 987-1100, the Records Manager, Bahar Degirmencioglu, at (301) 987-1107, or your state PERM representative, \_\_\_\_\_, at \_\_\_\_\_.

<sup>1</sup> Social Security Act Section 2107(b)(1) [42 CFR §431.950 et seq]; 45 CFR parts 160 and 164

**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 (301-987-1100) to arrange the return or destruction of the information and all copies.