Texas is currently preparing for the next Payment Error Rate Measurement (PERM) review, which will begin in the spring of 2020. The review will include Texas Medicaid and the Children’s Health Insurance Program (CHIP) claims paid from July 1, 2019, through June 30, 2020.

The Centers for Medicare & Medicaid Services (CMS) initiated PERM. The PERM review process measures the accuracy of Medicaid and CHIP payments. It is designed to comply with the Improper Payments Information Act of 2002 (as amended by the Improper Payment Elimination and Recovery Act of 2010 and the Improper Payments Elimination and Recovery Improvement Act of 2012), with groups of states measured every three years.

The primary CMS contractors are The Lewin Group and AdvanceMed. These CMS contractors will be responsible for selecting and reviewing Texas Medicaid and CHIP claims for the programs that are administered by the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

The Lewin Group will select claims at random; AdvanceMed will review the selected claims. Medicaid and CHIP providers must participate in the PERM review and must provide medical record documentation that supports the payment made for each claim that is selected for review.

**Methods of Provider Notification**

If a claim is selected for review, providers will receive a series of communications, including the following:

- A TMHP or HHSC representative will call the provider to verify contact information such as the provider’s mailing address and fax number.

- An HHSC representative will send a letter to the provider stating that one or more claims have been selected for review. The notice will not include the specific claims selected.

- An AdvanceMed representative will call the provider to ask whether he or she prefers to receive the review notice by fax or through the mail.
• An AdvanceMed representative will send the review notice with the selected claims and request copies of the supporting records for each claim.

**Deadlines for Providing Requested Medical or Pharmacy Records**

Providers must submit the requested information to AdvanceMed within **75 calendar days** of receipt of the written request from AdvanceMed. If AdvanceMed requests the provider submit additional information, the provider must submit the requested information to AdvanceMed within 14 calendar days of the receipt of the written request.

*Important: If a provider fails to respond or produce complete and correct documentation for a selected claim within the time frame indicated in the notice, AdvanceMed will identify the claim as a PERM exception, and the provider must reimburse the total amount paid for the claim in accordance with state and federal requirements.*

Providers are encouraged to ask questions about the request for information as soon as possible. This will help prevent a PERM exception for failing to respond in a timely manner with complete and accurate information. Providers with questions about the records request should contact AdvanceMed customer service representatives at 1-800-393-3068 immediately.

The overall error rate is adversely affected when providers fail to provide complete documentation in response to PERM requests. Texas Medicaid appreciates all provider support of the PERM process. Providers are encouraged to monitor this website for additional PERM information in future publications.

For more information, call the TMHP Contact Center at 1-800-926-9126.