

# PERM Requested Documentation

## Strata 1: Inpatient Hospital

- Pre-authorization form, if applicable
- Face sheet to include coding for hospital stay
- **Complete billing listing of all charges, payments, or adjustments for the hospital stay (example: account ledger, billing statements)**
- Physician's orders and progress notes
- Operative reports
- Pathology reports
- Nurse's notes
- Anesthesia records including pre and post-op
- Admission history and physical
- Medication records



# PERM Requested Documentation

## Strata 1: Inpatient Hospital cont.

- All laboratory and x-ray reports
- Cardiovascular, procedure/reports (EEG, Stress test, ECHO etc.)
- All flow sheets (including vital sign records)
- Nursing care plan and/or critical pathways
- Consultation reports
- Discharge summary
- Any ER notes related to the admission
- Hospital transfer form, if applicable
- PT/OT/SLP progress notes (including charts for daily therapy, and documentation of therapy minutes)
- **Any additional documentation that demonstrates the medical necessity of the services or procedures performed**



# Stratum 2

## LTC (nursing home)



- Signed Minimum Data Set (MDS)
- Physician's orders and progress notes: hospital if applicable and NFS
- Nurse's notes for the NFS
- Medication sheets
- All flow sheets, including vital sign records and weight charts
- Nursing care plan
- Discharge summary
- Hospital transfer form
- Lists of any abbreviations or symbols used and their meanings



# PERM Documentation

## LTC (nursing home) cont.

- Intake evaluations
- Psychological/psychiatric assessment, (if applicable)
- Nurses' notes
- Nursing Home notes, if applicable
- Cardiovascular, Procedure/Reports (EKG, Stress tests, Echo, etc)
- Treatment Plan
- Immunization records
- List of any medications given
- Anesthesia records (including pre- and post-anesthesia)
- PT/OT/SLP Notes
- Any additional documentation that demonstrates the medical necessity of the services or procedures performed



# Stratum 4: Pharmacy

- Prescription
- Member signature  
pharmacy log
- Medication  
Administration  
Record
- Physician's Notes to  
demonstrate the  
medical necessity for  
prescription



# Stratum 5: Home and Community-Based



Agency contact information

Dietary/Nutrition notes

Respiratory therapy (RT) notes

Nurse's aid notes

Member demographics (telephone, contact information)

Infusion therapy notes

Personal care attendant documentation

Comprehensive assessment



# Stratum 5: Home and Community-Based

Intake/initial  
assessment

Member signature  
log

Intake  
assessment/evaluati  
on

Hospital transfer  
form

OASIS data

Beneficiary  
Hospice election  
form

Office/encounter  
record

Discharge  
summary



# Stratum 5: Home and Community-Based

Patient education

Weight sheet

Intake and output (I&O)

Vital sign flow sheet

Medication record  
(MAR)

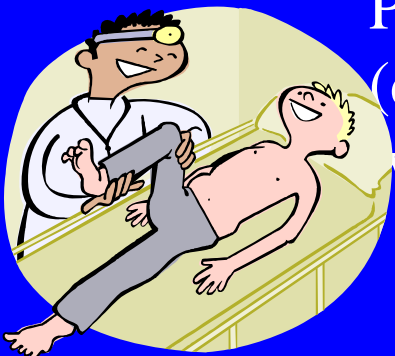
Interdisciplinary care  
plan

Nursing care plan/Case  
management plan

Nurse's notes/Nurse's  
progress notes

PT/OT/SLT records  
(daily therapy charts  
with time in minutes)

Consultation reports





# Stratum 5: Home and Community-Based

History and physical (H&P)

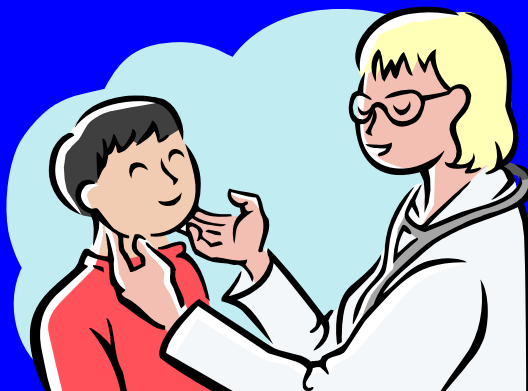
Physician's orders, signed

Certification form

Multidisciplinary  
progress notes

Pre-authorization  
form

Billing sheet,  
including charges,  
payments,  
adjustments



# Stratum Five: Schools



- Most School Based Services belong here
- Long List of Items requested
- Be aware not all items applicable to Schools
- For Example:
  - Admission History and Physical
  - OASIS Assessment
  - Physician Orders
  - Nursing Care Plan
  - Discharge Summary



# Stratum 5 Items Requested School Services



- Individual Education Plan/Individual Interagency Intervention Plan/Individual Family Service Plan covering the dates of service
- Physician's orders and progress notes (if applicable nursing/PCA services)
- Claim Documentation (activity logs, special transportation log, etc.)
- School calendar



# Stratum 5

## School Services



- Consent or Data release form
- Recipient's attendance records for the time period of the claim
- Supervision logs (if applicable – for services being supervised by another professional)
- PT/OT/Speech Assessments/Notes
- Any additional documentation that demonstrates the medical necessity of the services or procedures performed per MA



# Medical Review Issues



- Long list for each Stratum
- Does not always apply to the Provider
- Different Terminology
- Goes beyond the date/s of service
- One “T” not crossed=error
- Multiple requests-confusing to provider
- Watch Time Frames!!



# PERM Eligibility Reviews

- Purpose: to identify improper payments based on erroneous eligibility determinations.
- Who reviews: State agency
- Who is reviewed: Individual recipients
- What is reviewed: Eligibility process



# What Happens when there is an “error?”

- State PERM Director/Manager Notified
- Time sensitive re-pricing information for claims
- File Difference Resolution to HDI if appropriate-10 business days
- If successful-error reversed by HDI
- If denied->\$100.00 “error” appeal to CMS
- CMS has final say!!



# What kinds of “errors” are there?

## DATA PROCESSING

Duplicate item

Non-covered service

FFS claim for a Managed care service

Third-party liability:

Pricing error.

Logic edit

Data entry error

Rate Cell error

Managed Care payment error

Administrative/Other





# Medical Review “errors”

No documentation

Insufficient documentation

Procedure coding error

Diagnosis coding error

Unbundling

Number of unit (s) error

Medically unnecessary service

Policy violation

Administrative/Other



# Eligibility Errors

- Lack of documentation to proof eligibility
  - Example citizenship papers
- Under-reporting of income
- Under-reporting of assets





## When will a payment error rate be determined ?

- First cycle of the audit is expected to take approximately two years (2006 done in 2008)
- A Preliminary Medicaid payment error rate will be determined for 2006 states late Fall 2007
- A national Medicaid payment error rate for FFY 2006 will be determined using data from Minnesota and the 16 other states included in the first Audit cycle to be published in Fall 2008.



# Corrective Action Plan

Analyze “errors”

Develop and implement a  
corrective action plan.



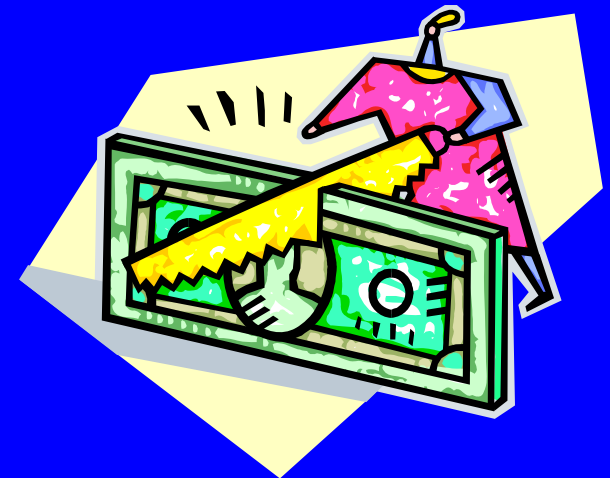
Corrective Action Plan submitted to  
CMS

Plan implementation crucial as it  
will be “tested” at the next PERM  
cycle



# PERM Implications for States

For the reviewed claims found to have been paid erroneously, states will be expected to reimburse the federal government accordingly



# PERM Errors and Beyond?



DATA PROCESSING  
MEDICAL REVIEW  
ELIGIBILITY

CMS WILL recover from States!

States MAY recover from  
Providers/Recipients!





# PERM Resources



- Check the CMS website:  
<http://www.cms.hhs.gov/PERM>
- Check the NASMD website:  
[http://www.nasmd.org/issues/perm\\_resources.asp#05](http://www.nasmd.org/issues/perm_resources.asp#05)
- Call your local Medicaid Office for your state PERM contact

