



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 30 Number 04

<http://www.dss.mo.gov/dms>

August 10, 2007

PAYMENT ERROR RATE MEASUREMENT

CONTENTS

- PAYMENT ERROR RATE MEASUREMENT
-

PAYMENT ERROR RATE MEASUREMENT

The Missouri Division of Medical Services (DMS) participates in the Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) project. The purpose of the project is for CMS to measure the accuracy of payments for Medicaid services at the state and national levels. The PERM project is designed to comply with the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300).

The PERM project includes a random claim sample for medical record review. Providers will be directed to submit medical records to Livanta, LLC, the CMS contractor responsible for obtaining medical records. Requests for medical records will be in writing. Livanta, LLC will contact the provider to determine how the provider wants to receive the requests (facsimile or US mail) for medical records. The provider must have the records to Livanta, LLC within 90 days of request. Livanta, LLC will follow up to ensure that providers submit the documentation before the 90 days has expired.

It is important that providers cooperate with sending in all requested documentation to Livanta, LLC. Failure to provide Livanta, LLC with the requested documentation or provision of incomplete documentation will result in an error. Such an error may result in recovery of the Medicaid payment.

Please be reminded records must be made available upon request to authorized state or federal Title XIX agents. Be advised that a release of information signed by the patient is not required for you to provide the requested medical records to Livanta, LLC.

If a provider has a question about the validity of a request for medical records from Livanta, LLC, the provider may contact the Program Integrity Unit at 573-751-3399.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896