

Information Memorandum Transmittal Developmental Disabilities Services



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Number: APD-IM-18-003

Issue date: 1/12/2018

Topic: Developmental Disabilities

Due date:

Subject: CMS PERM Audit for Oct 2016 - Sept 2017 Service Dates

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): DD Brokerages, DD Agency Providers, DD Foster Care providers, DD PSW Providers |
| <input type="checkbox"/> Child Welfare Programs | |

Message: The federal Centers for Medicare & Medicaid Services (CMS) is performing a Payment Error Rate Measurement (PERM) audit for Medicaid funded services provided to individuals Intellectual/Developmental Disabilities (I/DD) **for service dates Oct 2016 – Sept 2017**. PERM is a system of audits conducted by CMS contractors for identification of improper payments in the Medicaid waiver, State Plan and CHIP programs.

Providers of any ODDS funded service to an individual with I/DD may have their claims/payments for this service time period randomly selected by CMS for this audit.

If a claim paid to an I/DD provider is selected, the provider will receive a letter from the CMS review contractor, CNI Advantage. **Please follow instructions in the letter received.** It is very important that all requested documentation be submitted to the auditors.

Not receiving all the requested documentation could result in an error and recovery of payment from the provider.

Auditors are comparing payment to the selected provider against State and Federal rules that directly correlate to the care provided to the individual with I/DD by review of the documentation maintained by the provider.

The reviews will be looking for the following information to verify accurate payment:

<ul style="list-style-type: none"> • Services claimed as a Medicaid paid service (<i>i.e. doctors' visits; orders not signed/dated; physician progress not signed/dated.</i>) • Timely filing • Claim priced accurately to the fee schedule and dates of service • Duplication of claims • Adjustments reported within 60-days of original payment submission • Prior authorization received before claim submitted 	<ul style="list-style-type: none"> • Completeness of medical record documentation to substantiate claim • Medical necessity of the service provided • Validation service was provided as ordered and billed • Claim correctly coded
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Additional information:

- For general information contact the DHS, Safety, Oversight, Quality Unit or visit the DHS Web site at www.oregon.gov/DHS/
- Link to Oregon PERM Website:
<https://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/perm/Pages/index.aspx>
- Link to CMS PERM website:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>

If you have any questions about this information, contact:

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