DAVID Y. IGEGOVERNOR OF HAWAII



STATE OF HAWAII DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES DIVISION

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In reply, please refer to: File:

Medicaid I/DD Waiver Memo No.: FY2021-09 Date: February 4, 2021

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator

Developmental Disabilities Division

SUBJECT: Payment Error Rate Measurement (PERM) Audit Reminder

The Payment Error Rate Measurement (PERM) Audit is a little more than halfway through. Providers may still be receiving requests for documents from NCI, Inc., the Center for Medicare and Medicaid Services (CMS) contracted auditor for PERM. See Transmittal Memo No. FY2021-07, previously sent on November 5, 2020, for more information.

This is a reminder that it is <u>mandatory</u> that you respond to CMS or the PERM contractor with the requested information and all requested documentation within the required timeline. Failure to submit all requested information and documentation within the timeline may result in the claim to be considered an improper payment. Hawaii is required to reimburse the federal government for all improper payments and <u>has the</u> right to seek recoupment from those providers.

Requested information and documentation typically include prior authorizations and employee time sheets. However, the auditor may request any documents from the provider outlined in the Waiver Standards. For example, request for documentation of monthly service supervision, which may not have occurred in the sample period of the audit. If there is a request for documentation of monthly service supervision, you must submit the documentation for the visit that covered the month that includes the sample period. If the sample period is 7/16/19-7/18/19, provide the documentation of service supervision that covers the month including services provided on 7/16/19-7/18/19.

If you have any questions, please email the Community Resources Branch at doh.dddcrb@doh.hawaii.gov or call (808) 733-2135.

c: Jon Fujii, DHS-MQD DDD Management Team