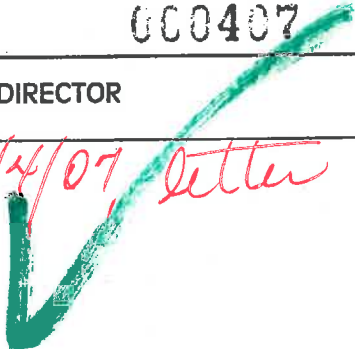


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>12-18-06</i>
------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 1/4/07, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-2-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

*Log - Singleton
"Approp. Sign."*

From: "Andrea Maresca" <AMaresca@aphsa.org>
To: "Martha Roherty" <MRoherty@aphsa.org>
Date: 12/14/2006 5:31:55 PM
Subject: PERM Updates and Communication

To: State Medicaid Directors, Medicaid PERM staff, Eligibility staff, and NAPIPM members

RE: APHSA's PERM Initiatives

RECEIVED

DEC 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The following message contains information regarding APHSA's new PERM distribution list, our PERM survey priority issues identified by states, and recent information from CMS. If you have any questions or suggestions please feel free to contact me at amaresca@aphsa.org or 202-682-0100.

Distribution List

NASMD would like to develop a distribution list for single state agency staff working on the PERM program. We believe such a means of communication is necessary to facilitate the sharing of information among states, including providing states with a mechanism to pose questions and request feedback from other state staff. You must contact me with the list of individuals you would like included on the distribution list from your state and indicate the primary state contact. The contact information will not be shared beyond NASMD.

States with questions can send those to me at amaresca@aphsa.org and I will send these to the list once we have it populated. We will also send notices about new information or resources as they become available from CMS.

Questions to PERM states

In addition, NASMD already has received several questions from states. We have developed a survey to collect data on these and other questions that we believe will be useful to states and policymakers evaluating the PERM program. Please ensure that your state completes one response to this survey on behalf of all departments involved in PERM. We ask that you please complete the survey on line by following this link:
<http://www.surveymonkey.com/s.asp?u=74912972200>

In addition, we have attached a copy of the survey questions for you to review before completing the survey. The deadline for completing the survey is Thursday, January 4, 2007.

Finally MN submitted a question that was not included in the survey. Year 1 or Year 2 states can send their response to me and I will disseminate to the group.

1. "We had our first week of reviews by the PERM contractors from HDI. They told us that they were told to disregard the state plan in-relation to the state plan's allowed adjustments of claims based on legislative changes etc that then results in a claim being adjusted later than 60 days from the first date it was adjudicated and to count any claims adjusted 60 days or more from the first date of adjudication as an error. Are other states having this same problem?"

PERM Information from CMS

Please note that CMS posted new information on its PERM website this month under "Project Files" at <http://www.cms-perm.org/index.php/perm>

We have also received clarification from CMS that every PERM review must include documentation about citizenship, residency, household composition, earned and uninsured income and bank accounts. According to CMS staff, even if the state has a policy of self-declaration, the documentation must be there for the review month (usually the month of enrollment or redetermination). Staff indicated that this does not necessarily mean the information must come from a home visit, although that would be acceptable. State wage reporting information, records based on telephone calls, information from other program records, etc is acceptable. Please note that CMS staff has stated that the data must be for the review month. In addition, CMS staff indicated this guidance is mandatory on the part of states, even though it is sub-regulatory guidance.

Andrea Maresca, MPH

American Public Human Services Association

National Association of State Medicaid Directors

810 First St., NE Suite 500

Washington, DC 20002

202-682-0100 x292

amaresca@aphsa.org

PERM: State Impact and Perspectives, Dec. 2006 Exit this survey >>**1. Background**

APHSA and its affiliates, the National Association of State Medicaid Directors (NASMD) and the National Association for Program Information and Performance Measurement (NAPIPM), have been assisting state staff in complying with the PERM program. As part of our efforts, we have developed this survey based on questions from a number of states. We will compile and disseminate this information and conduct follow-up as necessary. We also hope this information will be useful in future discussions with CMS and Members of Congress. Please contact Andrea Maresca with NASMD at amaresca@aphsa.org or 202-682-0100 with any questions.

Next >>

PERM: State Impact and Perspectives, Dec. 2006 Exit this survey >>

2. PERM: State Update and Perspectives 2006

*** 1. Please indicate the following:**

Name

Title

State

Phone

Email

Cycle year of your state [i.e. Year 1 (2006), Year 2 (2007),
Year 3 (2008)]

2. What agency will perform the PERM eligibility reviews? Please specify the name of the division. (For example, Medicaid, MEQC, etc)

*** 3. Is existing staff conducting eligibility reviews?**

Yes

Yes and additional staff was/will be hired (Please indicate
how many)

No

Not yet determined

4. If existing staff are conducting PERM eligibility reviews, how many staff is your state planning to utilize?

*** 5. Is your state using a contractor to perform the eligibility reviews?**

☐ Yes

☐ No

- ☐ Not yet determined
- ☐ Other (please specify)

6. If your state is using a contractor, please indicate which one(s).

7. What is the length of the contract term and the estimated cost?

8. Please indicate any estimate or analysis your state has conducted regarding the cost of complying with PERM requirements and reviews. If your state has done a cost estimate, please briefly indicate what is incorporated in this estimate.

No estimate conducted to date

Cost estimate

Other

9. Does your state anticipate that the PERM program will result in your state exceeding the 10 percent administrative cap for the SCHIP program? If so, please indicate by what percent it will exceed the cap if known.

Yes (indicate amount)

No

No estimate available to date

Other

10. Has the information and resources distributed by CMS and its contractors been timely and sufficient?

☐ Always

- ☐ Usually
- ☐ Less than half the time
- ☐ No
- ☐ Other (please specify)

11. APHSA is continually trying to assist states with the PERM implementation. Please indicate if there is other information and/or resources that would be useful to states you would like to suggest?

12. Please indicate any other questions or concerns you would like to pose to other states in future surveys.

<< Prev Next >>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>12-18-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-2-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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From: "Andrea Maresca" <AMaresca@aphsa.org>
To: "Martha Roherty" <MRoherty@aphsa.org>
Date: 12/14/2006 5:31:55 PM
Subject: PERM Updates and Communication

To: State Medicaid Directors, Medicaid PERM staff, Eligibility staff, and NAPIPM members

RE: APHSA's PERM Initiatives

The following message contains information regarding APHSA's new PERM distribution list, our PERM survey priority issues identified by states, and recent information from CMS. If you have any questions or suggestions please feel free to contact me at amaresca@aphsa.org or 202-682-0100.

Distribution List

NASMD would like to develop a distribution list for single state agency staff working on the PERM program. We believe such a means of communication is necessary to facilitate the sharing of information among states, including providing states with a mechanism to pose questions and request feedback from other state staff. You must contact me with the list of individuals you would like included on the distribution list from your state and indicate the primary state contact. The contact information will not be shared beyond NASMD.

States with questions can send those to me at amaresca@aphsa.org and I will send these to the list once we have it populated. We will also send notices about new information or resources as they become available from CMS.

Questions to PERM states

In addition, NASMD already has received several questions from states. We have developed a survey to collect data on these and other questions that we believe will be useful to states and policymakers evaluating the PERM program. Please ensure that your state completes one response to this survey on behalf of all departments involved in PERM. We ask that you please complete the survey on line by following this link:
<http://www.surveymonkey.com/s.asp?u=74912972200>

In addition, we have attached a copy of the survey questions for you to review before completing the survey. The deadline for completing the survey is Thursday, January 4, 2007.

*Log - Singleton
"Approp. Sign."*

RECEIVED

DEC 15 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Finally MN submitted a question that was not included in the survey. Year 1 or Year 2 states can send their response to me and I will disseminate to the group.

1. "We had our first week of reviews by the PERM contractors from HDI. They told us that they were told to disregard the state plan in-relation to the state plan's allowed adjustments of claims based on legislative changes etc that then results in a claim being adjusted later than 60 days from the first date it was adjudicated and to count any claims adjusted 60 days or more from the first date of adjudication as an error. Are other states having this same problem?"

PERM Information from CMS

Please note that CMS posted new information on its PERM website this month under "Project Files" at <http://www.cms-perm.org/index.php/perm>

We have also received clarification from CMS that every PERM review must include documentation about citizenship, residency, household composition, earned and uninsured income and bank accounts. According to CMS staff, even if the state has a policy of self-declaration, the documentation must be there for the review month (usually the month of enrollment or redetermination). Staff indicated that this does not necessarily mean the information must come from a home visit, although that would be acceptable. State wage reporting information, records based on telephone calls, information from other program records, etc is acceptable. Please note that CMS staff has stated that the data must be for the review month. In addition, CMS staff indicated this guidance is mandatory on the part of states, even though it is sub-regulatory guidance.

Andrea Maresca, MPH

American Public Human Services Association

National Association of State Medicaid Directors

810 First St., NE Suite 500

Washington, DC 20002

202-682-0100 x292

amaresca@aphsa.org

PERM: State Impact and Perspectives, Dec. 2006 Exit this survey >>

1. Background

APHSA and its affiliates, the National Association of State Medicaid Directors (NASMD) and the National Association for Program Information and Performance Measurement (NAPIPM), have been assisting state staff in complying with the PERM program. As part of our efforts, we have developed this survey based on questions from a number of states. We will compile and disseminate this information and conduct follow-up as necessary. We also hope this information will be useful in future discussions with CMS and Members of Congress. Please contact Andrea Maresca with NASMD at amaresca@aphsa.org or 202-682-0100 with any questions.

Next >>

PERM: State Impact and Perspectives, Dec. 2006 Exit this survey >>

2. PERM: State Update and Perspectives 2006

*** 1. Please indicate the following:**

Name

Title

State

Phone

Email

Cycle year of your state [i.e. Year 1 (2006), Year 2 (2007),
Year 3 (2008)]

2. What agency will perform the PERM eligibility reviews? Please specify the name of the division. (For example, Medicaid, MEQC, etc)

*** 3. Is existing staff conducting eligibility reviews?**

Yes

Yes and additional staff was/will be hired (Please indicate
how many)

No

Not yet determined

4. If existing staff are conducting PERM eligibility reviews, how many staff is your state planning to utilize?

*** 5. Is your state using a contractor to perform the eligibility reviews?**

Yes

No

- ☐ Not yet determined
- ☐ Other (please specify)

6. If your state is using a contractor, please indicate which one(s).

7. What is the length of the contract term and the estimated cost?

8. Please indicate any estimate or analysis your state has conducted regarding the cost of complying with PERM requirements and reviews. If your state has done a cost estimate, please briefly indicate what is incorporated in this estimate.

- No estimate conducted to date
- Cost estimate
- Other

9. Does your state anticipate that the PERM program will result in your state exceeding the 10 percent administrative cap for the SCHIP program? If so, please indicate by what percent it will exceed the cap if known.

- Yes (indicate amount)
- No
- No estimate available to date
- Other

10. Has the information and resources distributed by CMS and its contractors been timely and sufficient?

- ☐ Always

- ☐ Usually
- ☐ Less than half the time
- ☐ No
- ☐ Other (please specify)

11. APHSA is continually trying to assist states with the PERM implementation. Please indicate if there is other information and/or resources that would be useful to states you would like to suggest?

12. Please indicate any other questions or concerns you would like to pose to other states in future surveys.

<< Prev Next >>

PERM: State Impact and Perspectives, Dec. 2006 Exit this survey >>

2. PERM: State Update and Perspectives 2006

* 1. Please indicate the following:

Name Kathleen C. Snider
 Title Bureau Chief, Compliance and Per
 State South Carolina
 Phone (803) 898-1050
 Email sniderk@scdhhs.gov

Cycle year of your state [i.e. Year 1 (2006), Year 2 (2007), Year 2
 Year 3 (2008)]

2. What agency will perform the PERM eligibility reviews? Please specify the name of the division. (For example, Medicaid, MEQC, etc)

The Medicaid agency will be constructing the Medicaid and SCHIP eligibility universes and obtaining payment information. The MEQC contractor will be pulling the sample and conducting the PERM eligibility reviews.

*Has been
 Faxed —
 See EMAIL
 attached*

3. Is existing staff conducting eligibility reviews?

Yes

Yes and additional staff was/will be hired (Please indicate how many)

No No, contractor staff will be performi

Not yet determined

4. If existing staff are conducting PERM eligibility reviews, how many staff is your state planning to utilize?

* 5. Is your state using a contractor to perform the eligibility reviews?

☒ Yes

☐ No

- ☐ Not yet determined
☐ Other (please specify)

6. If your state is using a contractor, please indicate which one(s).

The current MEQC contractor: the Center for Health Services and Policy Research, Arnold School of Public Health, at the University of South Carolina.

7. What is the length of the contract term and the estimated cost?

The PERM eligibility reviews will be conducted under an amendment to USC's existing contract. The amendment will be for the duration of the 2007 PERM review project (approximately 18 months.) The budget is currently being determined.

8. Please indicate any estimate or analysis your state has conducted regarding the cost of complying with PERM requirements and reviews. If your state has done a cost estimate, please briefly indicate what is incorporated in this estimate.

No estimate conducted to date In process

Cost estimate

Other

9. Does your state anticipate that the PERM program will result in your state exceeding the 10 percent administrative cap for the SCHIP program? If so, please indicate by what percent it will exceed the cap if known.

Yes (indicate amount)

No

No estimate available to date

Other Not sure

10. Has the information and resources distributed by CMS and its contractors been timely and sufficient?

☐ Always

- ☐ Usually
- ☐ Less than half the time
- ☒ No
- ☒ Other (please specify)
Has never been timely or sufficient.

11. APHSA is continually trying to assist states with the PERM implementation. Please indicate if there is other information and/or resources that would be useful to states you would like to suggest?

APHSA has been very helpful so far in helping states comply with the requirements of PERM. It might be useful to be able to network more with other 2007 review states to see how they are dealing with issues.

12. Please indicate any other questions or concerns you would like to pose to other states in future surveys.

1. Are states incorporating PERM into their own compliance and audit program?
2. How are states planning to release the results of the PERM reviews once they are completed? Will states publish their individual error rates? How do states plan to handle public relations regarding PERM?
3. What has been the reaction of providers to

[<< Prev](#)

[Next >>](#)

From: "Andrea Maresca" <AMaresca@aphsa.org>
To: "Kathleen Snider" <SNIDERK@scdhhs.gov>
Date: 1/4/2007 3:15:37 PM
Subject: RE: Reminder: PERM Updates and Communication

Yes - I received it. Thanks!

Andrea Maresca, MPH
National Association of State Medicaid Directors
202-682-0100 x292

-----Original Message-----

From: Kathleen Snider [mailto:SNIDERK@scdhhs.gov]
Sent: Thursday, January 04, 2007 3:13 PM
To: Andrea Maresca
Subject: Re: Reminder: PERM Updates and Communication

Hi Andrea. I completed the survey yesterday using the webpage link but I wasn't sure if it was automatically sent to you once I clicked on the "done" button. I also sent it to you via email but again not sure how much may have come through. Do you need me to re-do the survey using the word document?

Kathleen C. Snider, Bureau Chief
Compliance and Performance Review
SC Department of Health and Human Services
1801 Main Street, Columbia SC 29202-8206
(803) 898-1050

>>> "Andrea Maresca" <AMaresca@aphsa.org> 1/4/2007 9:06 AM >>>
To: State Medicaid Directors, Medicaid PERM staff, Eligibility staff, and NAPIPM members

RE: APHSA's PERM Initiatives

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In addition, we have attached a copy of the survey questions for you to review before completing the survey. We have extended the deadline for completing the online survey until Tuesday, January 8, 2007.

Finally MN submitted a question that was not included in the survey. Year 1 or Year 2 states can send their response to me and I will disseminate to the group.

1. "We had our first week of reviews by the PERM contractors from HDI. They told us that they were told to disregard the state plan in-relation to the state plan's allowed adjustments of claims based on legislative changes etc that then results in a claim being adjusted later than 60 days from the first date it was adjudicated and to count any claims adjusted 60 days or more from the first date of adjudication as an error. Are other states having this same problem?"

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Andrea Maresca, MPH

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amaresca@aphsa.org

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or

copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.