



Payment Accuracy & Reporting Group

12/17/2019

Dear Arkansas Medicaid Director:

Dawn Stehle
Donaghey Plaza South
P. O. Box 1437, Slot S401
Little Rock, AR 72203-1437

The State of Arkansas participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Arkansas must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$291,398.47 for Medicaid and \$73,170.36 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

If you have any questions regarding this official notification of errors, please contact your CMS Regional Office Recoveries Contact.

Sincerely,

A handwritten signature in black ink that reads "Chrissy Fowler". The signature is written in a cursive, flowing style.

Chrissy Fowler
Director
Payment Accuracy & Reporting Group

Cc: Glenda Higgs



Payment Accuracy & Reporting Group

12/7/2019

Dear Connecticut Medicaid Director:

Kate McEvoy
Department of Social Services
Medical Care Administration, 25 Sigourney Street
Hartford, CT 06106

The State of Connecticut participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Connecticut must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$258,991.38 for Medicaid and \$140,033.30 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/7/2019

Dear Delaware Medicaid Director:
Stephen Groff
Division of Medicaid and Medical Services
1901 N. Dupont Highway, The Lewis Building
New Castle, DE 19720

The State of Delaware participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Delaware must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$477,172.11 for Medicaid and \$24,394.70 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/37/2019

Dear Idaho Medicaid Director:

O c w Y k o o g t"
PO Box 83720
Boise, ID 83720-0009

The State of Idaho participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Idaho must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$117,778.89 for Medicaid and \$24,473.93 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Sincerely,

A handwritten signature in black ink that reads "Chrissy Fowler".

Chrissy Fowler
Director
Payment Accuracy & Reporting Group

Cc: Matt Wimmer



Payment Accuracy & Reporting Group

12/7/2019

Dear Illinois Medicaid Director:
Doug Elwell
201 S. Grand Ave.
Springfield, IL 62763

The State of Illinois participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Illinois must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$213,997.01 for Medicaid and \$24,974.92 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/7/2019

Dear Kansas Medicaid Director:
Adam Proffitt
Department of Health and Environment
1000 SW Jackson Avenue, Suite 340
Topeka, KS 66612

The State of Kansas participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Kansas must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$42,149.56 for Medicaid and \$0.00 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/17/2019

Dear Michigan Medicaid Director:

Kate Massey
MDHHS - Medical Services Administration (MSA)
400 South Pine Street, 7th Floor
Lansing, MI 48913

The State of Michigan participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Michigan must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$102,077.36 for Medicaid and \$5,130.92 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

5/28/2020

Dear Minnesota Medicaid Director:

Ann Berg
540 Cedar Street, PO Box 64983
St. Paul, MN 55167-0983

The State of Minnesota participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Programs (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B) and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Minnesota must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$202,026.83 for Medicaid and \$403.73 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

7/6/2020

Dear Missouri Medicaid Director:

Steve Corsi
Missouri HealthNet Division
615 Howerton Court, PO Box 6500
Jefferson City, MO 65102

The State of Missouri participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Programs (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B) and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Missouri must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$779,373.99 for Medicaid and \$1,105,092.44 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Sincerely,

A handwritten signature in black ink that reads "Chrissy Fowler".

Chrissy Fowler
Director
Payment Accuracy & Reporting Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C3-02-16
Baltimore, Maryland 21244-1850



Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/7/2019

Dear New Mexico Medicaid Director:

Nicole Comeaux
2025 South Pacheco Drive
P.O. Box 2348
Sante Fe, NM 87504-2348

The State of New Mexico participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, New Mexico must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$177,381.89 for Medicaid and \$21,580.62 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/17/2019

Dear Ohio Medicaid Director:
Maureen Corcoran
Department of Medicaid
50 West Town Street, 4th Floor
Columbus, OH 43215

The State of Ohio participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Ohio must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$85,529.67 for Medicaid and \$2,532.75 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

5/28/2020

Dear Oklahoma Medicaid Director:

Melody Anthony
4345 N. Lincoln Blvd
Oklahoma City, OK 73105

The State of Oklahoma participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Programs (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B) and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Oklahoma must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$23,125.25 for Medicaid and \$19,610.01 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

12/17/2019

Dear Pennsylvania Medicaid Director:

Leesa Allen

Dept. of Public Welfare, Office of the Secretary

331 Health and Welfare Building

Harrisburg, PA 17120

The State of Pennsylvania participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Pennsylvania must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$174,767.23 for Medicaid and \$0.00 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

If you have any questions regarding this official notification of errors, please contact your CMS Regional Office Recoveries Contact.

Sincerely,

A handwritten signature in black ink that reads "Chrissy Fowler". The signature is written in a cursive, flowing style.

Chrissy Fowler

Director

Payment Accuracy & Reporting Group

Cc: Lisa M. Watson



Payment Accuracy & Reporting Group

5/28/2020

Dear Virginia Medicaid Director:

Karen Kimsey
600 East Broad Street, Suite 1300
Richmond, VA 23219

The State of Virginia participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Programs (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B) and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Virginia must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$75,590.98 for Medicaid and \$54,639.13 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

If you have any questions regarding this official notification of errors, please contact the CMS Regional Office Recoveries Contact.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

5/28/2020

Dear Wisconsin Medicaid Director:

Jim Jones
1 West Wilson Street
Madison, WI 53701-0309

The State of Wisconsin participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Programs (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B) and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Wisconsin must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$69,289.71 for Medicaid and \$16,658.64 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

If you have any questions regarding this official notification of errors, please contact the CMS Regional Office Recoveries Contact.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group

Cc: Rebecca McAtee

CMS Sensitive Information - Requires Special Handling - CONFIDENTIAL



Payment Accuracy & Reporting Group

12/17/2019

Dear Wyoming Medicaid Director:
Teri Green
Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

The State of Wyoming participated in the Cycle 1 Reporting Year (RY) 2019 Payment Error Rate Measurement (PERM) for Medicaid and the Children's Health Insurance Program (CHIP), overseen by the Centers for Medicare & Medicaid Services (CMS). The purpose of PERM is to comply with the Improper Payments Information Act (IPIA) by reviewing programs that are susceptible to improper payments. The IPIA was amended by the Improper Payments Elimination and Recovery Act (IPERA) and the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). The PERM review for RY 2019 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 01, 2017 and June 30, 2018.

In accordance with Section 1903(d)(2)(C), 2105(c)(6)(B), and 2105(e) of the Social Security Act and CMS regulations at 42 CFR Part 433, subpart F and 42 CFR Part 457, subpart B and F, Wyoming must recover or attempt to recover the identified overpayments in accordance with CMS regulations and the federal share must be refunded to CMS. Please note that overpayments identified through the PERM eligibility review follow a separate disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

As of this date, the total overpayments available for recovery that were identified through the PERM program amount to \$25,049.25 for Medicaid and \$0.00 for CHIP. Keep in mind this amount includes the State and Federal funds combined. An additional report is provided which identifies the Federal Medical Assistance Percentages (FMAP) that PERM identified as associated with the claim; however, please work with your CMS Regional Office contact to determine what amount of Federal Financial Participation (FFP) and/or FMAP is due.

PERM recoveries for Medicaid that are collected by the state during the one year period or voluntarily returned by the state to CMS during the one year period should be reported on Line 9F of the CMS-64. PERM recoveries that are not collected from the provider within the one year period should be reported on Line 10D of the CMS-64. PERM recoveries for CHIP should be reported on Line 5 of the CMS-21.

If you have any questions regarding this official notification of errors, please contact your CMS Regional Office Recoveries Contact.

Sincerely,

A handwritten signature in black ink that reads "Chrissy Fowler". The signature is written in a cursive, flowing style.

Chrissy Fowler
Director
Payment Accuracy & Reporting Group

Cc: Christine Bates

Estimated Federal Dollars in Error Eligible for Recovery
(Medicaid)

State		
AR	\$	208,061.55
CT	\$	165,481.95
DE	\$	267,381.03
ID	\$	83,905.05
IL	\$	111,119.71
KS	\$	23,194.28
MI	\$	69,271.90
MN	\$	104,773.38
MO	\$	503,341.26
ND	\$	376,040.11
NM	\$	136,481.71
OH	\$	53,747.51
OK	\$	13,647.66
PA	\$	90,547.93
VA	\$	37,796.75
WI	\$	40,758.91
WY	\$	12,524.63