



Payment Accuracy & Reporting Group

11/23/2021

Dear Alaska Medicaid Director:

Albert Wall
3601 C Street
Suite 902
Anchorage, AK 99503

The State of Alaska participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Alaska 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 federal share of overpayments identified for recovery through the PERM program amount to \$22,120.54 for Medicaid and \$1,278.77 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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

Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear Arizona Medicaid Director:

Jami Snyder
801 E. Jefferson St. MD 4100
Phoenix, AZ 85034

The State of Arizona participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Arizona 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 federal share of overpayments identified for recovery through the PERM program amount to \$11,310.76 for Medicaid and \$2,333.65 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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



Payment Accuracy & Reporting Group

11/23/2021

Dear District of Columbia Medicaid Director:

Melisa Byrd
441 4th Street, NW, 900S
Washington, DC 20001

The State of District of Columbia participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, District of Columbia 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 federal share of overpayments identified for recovery through the PERM program amount to \$69,928.84 for Medicaid and \$23,943.84 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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: Colleen Sonosky



Payment Accuracy & Reporting Group

11/23/2021

Dear Florida Medicaid Director:

Thomas Wallace
2727 Mahan Drive, Mailstop #38
Tallahassee, FL 32308

The State of Florida participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Florida 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 federal share of overpayments identified for recovery through the PERM program amount to \$487,228.90 for Medicaid and \$1,247,255.77 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear Hawaii Medicaid Director:

Judy Mohr Peterson
601 Kamokila Blvd, Room 518, PO Box 700190
Kapolei, HI 967090190

The State of Hawaii participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Hawaii 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 federal share of overpayments identified for recovery through the PERM program amount to \$31,324.78 for Medicaid and \$1,891.15 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear Iowa Medicaid Director:

Elizabeth Matney
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines , IA 50319-0114

The State of Iowa participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Iowa 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 federal share of overpayments identified for recovery through the PERM program amount to \$43,824.57 for Medicaid and \$69,805.19 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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: Paula Motsinger



Payment Accuracy & Reporting Group

11/23/2021

Dear Indiana Medicaid Director:

Allison Taylor
Indiana Medicaid
402 W. Washington St., Room W374 MS07
Indianapolis, IN 46204

The State of Indiana participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Indiana 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 federal share of overpayments identified for recovery through the PERM program amount to \$181,542.05 for Medicaid and \$166,814.48 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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: Natalie Angel



Payment Accuracy & Reporting Group

11/23/2021

Dear Louisiana Medicaid Director:

Patrick Gillies
LA Dept of Health and Hospitals
P.O. Box 91030, Bin 24
Baton Rouge, LA 70821-9030

The State of Louisiana participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Louisiana 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 federal share of overpayments identified for recovery through the PERM program amount to \$112,022.98 for Medicaid and \$5,954.03 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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

11/23/2021

Dear Maine Medicaid Director:

Michelle Probert
DHHS State House
Station 11
Augusta, ME 04333

The State of Maine participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Maine 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 federal share of overpayments identified for recovery through the PERM program amount to \$140,111.76 for Medicaid and \$189,378.59 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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

11/23/2021

Dear Mississippi Medicaid Director:

Drew Snyder
550 High Street
Suite 1000, 9th Floor
Jackson, MS 39201

The State of Mississippi participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Mississippi 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 federal share of overpayments identified for recovery through the PERM program amount to \$203,376.80 for Medicaid and \$40,808.87 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear Montana Medicaid Director:

Adam Meier
P.O. Box 202951
Helena, MT 59620-2951

The State of Montana participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Montana 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 federal share of overpayments identified for recovery through the PERM program amount to \$9,510.30 for Medicaid and \$3,271.96 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear Nevada Medicaid Director:

Suzanne Bierman
1100 E Willams St
Carson City, NV 89410

The State of Nevada participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Nevada 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 federal share of overpayments identified for recovery through the PERM program amount to \$12,827.40 for Medicaid and \$19,162.19 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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



Payment Accuracy & Reporting Group

11/23/2021

Dear New York Medicaid Director:

Brett Friedman
Empire State Plaza
Room 1466, Corning Tower Building
Albany, NY 12237

The State of New York participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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 York 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 federal share of overpayments identified for recovery through the PERM program amount to \$46,141.68 for Medicaid and \$0.00 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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: Gabrielle Armenia



Payment Accuracy & Reporting Group

11/23/2021

Dear Oregon Medicaid Director:

Dana Hittle
3406 Cherry Ave NE
Salem, OR 97303

The State of Oregon participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Oregon 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 federal share of overpayments identified for recovery through the PERM program amount to \$4,211.31 for Medicaid and \$2,698.70 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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Chrissy Fowler
Director
Payment Accuracy & Reporting Group



Payment Accuracy & Reporting Group

11/23/2021

Dear South Dakota Medicaid Director:

Sarah Aker
700 Governors Drive
Pierre, SD 57501

The State of South Dakota participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, South Dakota 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 federal share of overpayments identified for recovery through the PERM program amount to \$1,001.36 for Medicaid and \$113.74 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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: Nicki Bartel



Payment Accuracy & Reporting Group

11/23/2021

Dear Texas Medicaid Director:

Stephanie Stephens
4601 West Guadalupe
Mail Code H-100
Austin, TX 78751

The State of Texas participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Texas 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 federal share of overpayments identified for recovery through the PERM program amount to \$264,862.96 for Medicaid and \$459.83 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

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



Payment Accuracy & Reporting Group

11/23/2021

Dear Washington Medicaid Director:

Charissa Fotinos
Washington Health Care Authority
626 8th Avenue, PO Box 45502
Olympia, WA 98504-5050

The State of Washington participated in the Cycle 3 Reporting Year (RY) 2021 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 Payment Integrity Information Act of 2019 by reviewing programs that are susceptible to improper payments. The PERM review for RY 2021 encompassed Medicaid and CHIP fee for service and managed care claims paid and denied between July 1, 2019 and June 30, 2020.

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, Washington 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 federal share of overpayments identified for recovery through the PERM program amount to \$13,764.78 for Medicaid and \$18,501.37 for CHIP.

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 for Medicaid that are not collected from the provider within the one-year period should be reported on Line 10D of the CMS-64. All 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 PERM State Liaison.

Sincerely,

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

Chrissy Fowler
Director
Payment Accuracy & Reporting Group