

**Payment Error Rate Measurement (PERM) Eligibility Reviews:  
Cases Selected for Review: Monthly Sample Selection List**

Due on the 15<sup>th</sup> day of the month after the sample month and before the eligibility reviews begin.

Monthly Sample Selection List				
<b>A. State</b>				
<b>B. Date</b>				
<b>C. Program</b>				
<b>D. Sample Month &amp; Year</b>				
<b>E. Number of cases in universe that month</b>	<b>Stratum 1 Applications</b>	<b>Stratum 2 Redeterminations</b>	<b>Stratum 3 All Other Cases</b>	<b>Negative Cases</b>
<b>F.</b>	<b>Case/Beneficiary Identification</b>	<b>Case/ Beneficiary Identification</b>	<b>Case/ Beneficiary Identification</b>	<b>Case/ Beneficiary Identification</b>
1)				
2)				
3)				
4)				
5)				
6)				
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20)				
21)				
22)				
23)				

**Payment Error Rate Measurement (PERM) Eligibility Reviews:**

**Detailed Review Findings for Active Case Reviews**

Due within 150 days from the end of each sample month.

A. State					
B. Date					
C. Program					
D. Sample Month & Year					
E. Case ID	Review Month	Dropped Due to Beneficiary Fraud	Stratum 1,2 or 3	Review Finding E -eligible EI-eligible with ineligible services NE- not eligible U –undetermined L/O – liability overstated L/U - understated MCE1 – managed care error, ineligible for managed care MCE2 – eligible for managed care but improperly enrolled	Cause of Error, if known Example: excess income, non-resident.
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
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16)					
17)					
18)					
19)					
20)					

**Payment Error Rate Measurement (PERM) Eligibility Reviews:**

**Detailed Findings for Negative Cases**

**Due within 150 days of the end of each sample month.**

<b>A. State</b>	
<b>B. Date</b>	
<b>C. Program</b>	
<b>D. Sample Month and Year</b>	

<b>E. Case/ Beneficiary ID</b>	<b>Denial or Termination D – denial T - termination</b>	<b>Review Finding C – correct ID – improper denial IT – improper termination</b>	<b>Cause of Error, if known</b>
1)			
2)			
3)			
4)			
5)			
6)			
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**Payment Error Rate Measurement (PERM) Eligibility Reviews:  
Summary Findings and Error Rate Tables  
Due July 1 following the Federal fiscal year being measured.**

**Summary Findings Table**

<b>A. State</b>									
<b>B. Date</b>									
<b>C. Program</b>									
	<b>Number of Cases in Universe</b>	<b>Number of Cases Sampled</b>	<b>Number of Fraud Cases Excluded from the Universe or Sample</b>	<b>Number of Cases Eligible</b>	<b>Number of Cases Ineligible</b>	<b>Number of Cases Undetermined</b>	<b>Total Dollars Paid</b>	<b>Total Dollars Correct</b>	<b>Total Dollars in Error</b>
<b>D. Total</b>									
<b>E. Active</b>									
<b>Stratum 1</b>									
<b>Stratum 2</b>									
<b>Stratum 3</b>									
<b>F. Negative</b>									
<b>Denials</b>									
<b>Terminations</b>									

**Error Rate Table**

	<b>Dollar Amount</b>	<b>Error Rate</b>	<b>Confidence and Precision</b>	<b>Percentage</b>
<b>G. Active Payment Error Rate</b>				N/A
<b>H. Active Case Error Rate</b>	N/A			N/A
<b>I. Negative Case Error Rate</b>	N/A			N/A
<b>J. Undetermined Cases</b>		N/A	N/A	

I certify that this information is accurate and that the State will maintain the sampled case records used in the calculation of this reported error rate for a minimum period of three years. I understand that this information may be subject to Federal review and that our sampled case records and calculations are subject to Federal audit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
State Medicaid/SCHIP Director or Designee

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