

Payment Error Rate Measurement (PERM)

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

Monthly Sample Selection List				
State				
Date				
Program				
Sample Month and Year				
	Stratum 1 Applications	Stratum 2 Redeterminations	Stratum 3 All Other Cases	Negative Cases
Number of cases in universe that month				
	Case/Beneficiary ID	Case/ Beneficiary ID	Case/ Beneficiary ID	Case/ Beneficiary ID
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				

Payment Error Rate Measurement (PERM)

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

Detailed Active Case Review Findings	
State	
Date	
Program	
Sample Month and Year	

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)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

Payment Error Rate Measurement (PERM)

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

Case/ Beneficiary ID	Denial or Termination D – denial T - termination	Review Finding C – correct ID – improper denial IT – improper termination	Cause of Error, if known
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			

Payment Error Rate Measurement (PERM)

Due within 210 days of the end of each sample month.

Detailed Payment Review Findings	
State	
Date	
Program	
Sample Month and Year	

[illegible]

Payment Error Rate Measurement (PERM)
 Due July 1 following the Federal fiscal year being measured.

State								
Date								
Program								
	Number of Cases in the Universe	Number of Cases Sampled	Number of Cases Excluded from the Universe or Sample due to Beneficiary Fraud	Number of Cases Eligible	Number of Cases Ineligible	Number of Cases Undetermined	Total Dollars Paid	Total Dollars in Error
Total								
Active								
Stratum 1								
Stratum 2								
Stratum 3								
Negative								
Denials								
Terminations								

	Dollar Amount	Error Rate	Confidence and Precision	Percentage
Active Payment Error Rate				N/A
Active Case Error Rate	N/A			N/A
Negative Case Error Rate	N/A			N/A
Undetermined Cases		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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