

# INSTRUCTIONS FOR COMPLETING THE PERM ELIGIBILITY REVIEWS:

## SUMMARY FINDINGS AND ERROR RATE TABLES

*Purpose: The Summary Findings and Error Rate Tables provides summary case review findings from the review of all cases in the monthly active and negative case samples as well as the payment and case error rates, as appropriate. This form provides comprehensive data for active cases (total and for each of the three stratum) and negative cases (total, denials and terminations). This form is due by July 1<sup>st</sup> following the fiscal year being measured (i.e., for States completing PERM eligibility reviews for fiscal year 2007, the summary report is due by July 1, 2008).*

### Line by Line Instructions

#### SUMMARY FINDINGS TABLE:

##### Line A: State

Enter the name of the State participating in the PERM program that is submitting this report. "State" refers to the 50 States and the District of Columbia. The Territories are excluded from the PERM program.

##### Line B: Date

Enter the date that the Summary Case Review and Error Rate form is being submitted to CMS (e.g., July 1, 2008).

##### Line C: Program

Enter the program for which the Summary Case Review and Error Rate form applies (e.g., Medicaid or SCHIP).

##### Line D: Active

Enter the total number of active cases equal to the sum of Strata 1, 2 and 3. An active case is a case containing information on a beneficiary who was enrolled in the program in the sample month.

**Stratum 1-Applications:** A case constitutes an "application" for the sampling month if the State took an action to grant eligibility in that month based on a completed application. Enter the total active cases in Stratum 1, Applications, sampled for the fiscal year.

**Stratum 2-Redeterminations:** A case constitutes a "redetermination" for the sampling month if the State took an action to continue eligibility in the sample month based on a completed redetermination. Enter the total active cases in Stratum 2, Redeterminations, sampled for the fiscal year.

**Stratum 3-All Other Cases:** All other cases (properly included in the universe but do not meet the strata one or two criteria) that are on the program in the sample month are placed in stratum three. Enter the total active cases in Stratum 3, All other cases, sampled for the fiscal year.



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##### Line E: Negative

A negative case is a case where a beneficiary completed an application for benefits and the State denied the application or who completed the redetermination process but whose program benefits were terminated by the State.

Enter the total number of negative cases; equal to the sum of Denials and Terminations.

**Denials**—Denials occur when the State rejected a completed application for not meeting categorical and financial eligibility requirements.  
Enter the total number of denials sampled for the fiscal year.

**Terminations**—Terminations occur when an existing beneficiary no longer meets eligibility requirements and the State took an action to terminate program eligibility.  
Enter the total number of terminations sampled for the fiscal year.

**Line F: Total**

Enter the total number of cases in each column. For example, in column one, enter the total number of cases in the universe. In column two, enter the total number of cases sampled in each stratum of the active cases and total number of cases sampled as denied and terminated for negative cases. In column three, enter the total number of cases excluded due to beneficiary fraud.

**For each row, enter the appropriate numbers in each column, as follows:**

**Number of Total Cases in the Universe Column**

Enter the number of cases in the universe subject to sampling for the months reviewed throughout the fiscal year.

**Number of Total Cases Sampled Column**

Enter the number of cases sampled in each of the categories described in the rows. These should equal the totals reported on the Monthly Sample Selection Lists.

**Number of Total Cases Excluded due to Beneficiary Fraud Column**

Enter the number of cases excluded from the sample due to beneficiary fraud in each of the categories described in the rows. These should equal the number of beneficiary fraud cases reported on the monthly Detailed Active Case Review Findings form.  
The cells should be left blank in the Negative, Denials, and Terminations rows.

**Number of Total Cases Correct Column**

Enter the number of cases deemed to be eligible through the PERM eligibility reviews in each of the categories described in the rows.

These should equal the number of cases reported on the Detailed Active Case Review Findings forms completed throughout the fiscal year with findings of “E—eligible,” “EI—eligible for ineligible services,” “L/O—liability overstated,” “L/U—liability understated,” “MCE1—managed care error, ineligible for managed care,” or “MCE2 — eligible for managed care but improperly enrolled.”

Enter the number of denied and terminated cases found eligible through the negative case action reviews throughout the fiscal year as reported on the Detailed Negative Case Review Findings forms (codes ID for incorrect denials and IT for incorrect terminations) .

**Number of Cases Incorrect Column**

Enter the number of cases deemed to be ineligible through the PERM eligibility review in each of the categories described in the rows.

These should equal the number of cases reported on the Detailed Active Case Review Findings forms completed throughout the fiscal year with a findings of “NE—not eligible.”

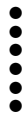
Enter the number of denied and terminated cases found ineligible through the negative case action reviews throughout the fiscal year as reported on the Detailed Negative Case Review Findings forms (code C for cases that were correctly denied and terminated).

**Number of Cases Undetermined Column**

Enter the number of cases for which the State was unable to determine eligibility in each of the categories described in the rows.

These should equal the number of cases reported on the Detailed Active Case Review Findings forms completed throughout the fiscal year with findings of “U--undetermined.”

The cells should be left blank in the Negative, Denials, and Terminations rows because, if no evidence exists to support a denial or termination, the case is cited as an improper denial or termination.



FORM CMS-10184E (01/07) EF (02/2007)

**TOTAL DOLLARS PAID COLUMN** Enter the total dollars paid that corresponds with each of the categories described in the rows.

The cells should be left blank in the Negative, Denials, and Terminations rows because payment reviews are not completed for negative case reviews.

**TOTAL DOLLARS CORRECT COLUMN**

Enter the total dollars paid correctly that corresponds with each of the categories described in the rows. The cells should be left blank in the Negative, Denials, and Terminations rows because payment reviews are not completed for negative case reviews.

**TOTAL DOLLARS IN ERROR COLUMN**

Enter the total dollars found in error that corresponds each of the categories described in the rows. The cells should be left blank in the Negative, Denials, and Terminations rows because payment reviews are not completed for negative case reviews.

**ERROR RATE TABLE:**

**Line G: Active Payment Error Rate**

Enter the amount of projected improper payments represented in the universe in the **Dollar Amount in Error** column.

The active payment error rate is a “dollar weighted” error rate. The dollar value of claims for services provided in the month of eligibility review are used to calculate the payment error rate. Enter the payment error rate as calculated for your State in the **Error Rate** column. Please report the error point with one decimal, e.g., 94.2%.

Enter the confidence and precision of the computed error rate—which should be 95.0%, +/- 3 %—in the **Confidence and Precision** column.

The **Percentage** column is not applicable and should be left blank.



<b>Denials</b>									
<b>Terminations</b>									
<b>F. Totals</b>									

## Error Rate Table

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**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-1012. The time required to complete this information collection estimated to average 100 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attention: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

	<b>Dollar Amount in Error</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	