

**Payment Error Rate Measurement (PERM)**

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          |                        |                            |                           |                      |
|--|------------------------|----------------------------|---------------------------|----------------------|
| 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.

| <b>Detailed Active Case Review Findings</b> |  |
|---|--|
| <b>State</b>                                |  |
| <b>Date</b>                                 |  |
| <b>Program</b>                              |  |
| <b>Sample Month and Year</b>                |  |

| <b>Case ID</b> | <b>Review Month</b> | <b>Dropped Due to Beneficiary Fraud</b> | <b>Stratum 1,2 or 3</b> | <b>Review Finding<br/>E -eligible<br/>EI-eligible with ineligible services<br/>NE- not eligible<br/>U –undetermined<br/>L/O – liability overstated<br/>L/U - understated<br/>MCE1 – managed care error, ineligible for managed care<br/>MCE2 – eligible for managed care but improperly enrolled</b> | <b>Cause of Error, if known<br/>Example:<br/>excess income, non-resident.</b> |
|----------------|---------------------|---|-------------------------|--|---|
| 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/<br>Beneficiary<br>ID | Denial or<br>Termination<br>D – denial<br>T -<br>termination | Review Finding<br>C – correct<br>ID – improper<br>denial<br>IT – improper<br>termination | Cause of Error, if<br>known |
|----------------------------|--|--|-----------------------------|
| 1)                         |  |  |                             |
| 2)                         |  |  |                             |
| 3)                         |  |  |                             |
| 4)                         |  |  |                             |
| 5)                         |  |  |                             |
| 6)                         |  |  |                             |
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| 12)                        |  |  |                             |
| 13)                        |  |  |                             |
| 14)                        |  |  |                             |
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| 16)                        |  |  |                             |
| 17)                        |  |  |                             |
| 18)                        |  |  |                             |
| 19)                        |  |  |                             |
| 20)                        |  |  |                             |
| 21)                        |  |  |                             |
| 22)                        |  |  |                             |
| 23)                        |  |  |                             |

**Payment Error Rate Measurement (PERM)**  
 Due within 210 days of the end of each sample month.

| <b>Detailed Payment Review Findings</b> |  |
|---|--|
| <b>State</b>                            |  |
| <b>Date</b>                             |  |
| <b>Program</b>                          |  |
| <b>Sample Month and Year</b>            |  |

| Case ID | Dropped Due to Beneficiary Fraud | Stratum 1,2 or 3 | Review Finding<br>E -eligible<br>EI-eligible with ineligible services<br>NE- not eligible<br>U –undetermined<br>L/O – liability overstated<br>L/U - understated<br>MCE1 – managed care error, ineligible for managed care<br>MCE2 – eligible for managed care but improperly enrolled | Payment Amount Correct | Payment Amount in Error |
|---------|----------------------------------|------------------|---|------------------------|-------------------------|
|         |                                  |                  |   |                        |                         |
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**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 |
| <b>Total</b>        |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Active</b>       |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Stratum 1</b>    |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Stratum 2</b>    |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Stratum 3</b>    |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Negative</b>     |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Denials</b>      |                                 |                         |   |                          |                            |                              |                    |                        |
| <b>Terminations</b> |                                 |                         |   |                          |                            |                              |                    |                        |

|                                  | Dollar Amount | Error Rate | Confidence and Precision | Percentage |
|----------------------------------|---------------|------------|--------------------------|------------|
| <b>Active Payment Error Rate</b> |               |            |                          | N/A        |
| <b>Active Case Error Rate</b>    | N/A           |            |                          | N/A        |
| <b>Negative Case Error Rate</b>  | N/A           |            |                          | N/A        |
| <b>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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