OMB Approval #

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)				

OMB Approval #

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)			

OMB Approval #

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	

Case ID	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	Payment Amount Correct	Payment Amount in Error

OMB Approval #

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**	**Tot Doll in Err**
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

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 collection is 0938-XXXX. The time required to complete this information collection is estimated to average 13,180 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.