

Revisions to Form CMS# 10184 (0938-1012) Payment Error Rate Measurement-State Medicaid and CHIP Eligibility MONTHLY SAMPLE SELECTION, DETAILED ACTIVE CASE REVIEW FINDINGS SUBMISSION REPORT, DETAILED NEGATIVE CASE REVIEW FINDINGS SUBMISSION REPORT, DETAILED PAYMENT REVIEW FINDINGS SUBMISSION REPORT

Issue #	Form	Section	Action to be performed	Changes to the Collection Instrument	Reason for the Change
1.			Electronic system has changed from PERT to PETT		Change in contractor, therefore the electronic system used to capture data has changed
2.	Payment Error Rate Measurement (PERM) – State Medicaid and CHIP Eligibility CMS – 10184D CMS – 10184A CMS – 10184B		Revise as follows	Replace with Payment Error Rate Measurement (PERM) Eligibility Reviews Summary Findings	Revised to reduce burden on the state to use one collection instrument to capture required information – see attached collection instrument
3.		State	Revise as follows	Replace with A. State	Revised for clarification purpose Respondent using the upload option can select the appropriate state from the drop-down list
4.		Date	Revise as follows	Replace with B. Date	Revised for clarification purpose Respondent using the upload option this filed will populate after the form is loaded
5.		Program	Revise as follows	Replace with C. Program	Revised for clarification purpose Respondents using the upload option can select the appropriate program from the drop down list
6.		Sample Month and Year	Revise as follows	Replace with D. Sample Month & Year	Revised for clarification purpose Respondent using the upload option can select the sample month and year from the drop down list

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7.		Number of cases in universe that month	Revise as follows	Replace with E. Active Universe Total	Revised to reduce burden on respondents, one form used for all collection information
8.		Applications	Revise as follows	Replace with E.1. Stratum 1 total (if applicable)	Revised to reduce burden on respondents, one form used for all collection information
9.		Redetermination	Revise as follows	Replace with E.2 Stratum 2 total (if applicable)	Revised to reduce burden on respondents, one form used for all collection information
10.		All Other Cases	Revise as follows	Replace with E.3. Stratum 3 total (if applicable)	Revised to reduce burden on respondents, one form used for all collection information
11.		Negative Cases	Revise as follows	Replace with F. Negative Universe Total	Revised for clarification purpose Respondent can use one form for all collection information
12.		Column 1	Revise as follows	Replace with Case/Beneficiary ID	Revised to reduce burden on respondents, one form used for all collection information
13.		Column 2	Revise as follows	Replace with Eligibility Category	Revised for clarification of information from respondent this column added Using the upload option the appropriate eligibility category can be selected from the drop down list
14.		Column 3	Revise as follows	Replace with Universe	Revised to reduce burden on respondents, one form used for all collection information
15.		Column 4	Revise as follows	Replace with Stratum (if applicable)	Revised to reduce burden on respondents, one form used for all collection information

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16.		Column 5	Revise as follows	Replace with Case Action	Added for clarification of information from respondent. Respondent would identify the case action as Application, Redetermination for active cases; Denial or Termination for Negative Cases
17.		Column 6	Revise as follows	Replace with Review Month	Revised to reduce burden on respondents, one form used for all collection information
18.		Column 7	Revise as follows	Replace with Review Findings	Revised to reduce burden on respondents, one form used for all collection information
19.		Column 8	Revise as follows	Replace with Total Dollars	Revised to reduce burden on respondents, one form used for all collection information
20.		Column 9	Revise as follows	Replace with Total Dollars in Errors	Revised to reduce burden on respondents, one form used for all collection information
21.		Column 10	Revise as follows	Replace with Total Dollars Correct	Revised to reduce burden on respondents, one form used for all collection information
22.		Column 11	Revise as follows	Replace with Total Dollars Undetermined	Revised to reduce burden on respondents, one form used for all collection information
23.		Column 12	Revise as follows	Replace with Cause of Error	A drop down list of cause of errors is available for the respondents use on the electronic system