

Revisions to Form CMS# 10184 (0938-1012) Payment Error Rate Measurement-State Medicaid and CHIP Eligibility  
Payment Error Rate Measurement (PERM)

Issue #	Form	Section	Action to be performed	Changes to the Form	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 – 10184E		Revise as follows	Replace with: Payment Error Rate Measurement (PERM) Eligibility Review Findings Form	Revised to reduce burden on the state to use one collection instrument to capture required information
3.				A.	
4.		State	Revise as follows	B. State	Revised for clarification purpose A letter added for ease in identifying specific fields
5.		Date	Change to	C. Date	Revised for clarification purpose A letter added for ease in identifying specific fields
6.		Program	Change to	D. Program	Revised for clarification purpose A letter added for ease in identifying specific fields
7.		Total	Moved	Move to Row 12 Replace with Totals	Revised for clarification purpose

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8.		Active Stratum 1 Stratum 2 Stratum 3	Change to	E. Active Stratum 1 Stratum 2 Stratum 3	Revised for clarification purpose A letter added for ease in identifying specific fields
9.		Negative Denials Terminations	Change to	E. Negatives Denials Terminations	Revised for clarification purpose A letter added for ease in identifying specific fields
10.			Add column	Label column 1 : Number of Cases in Universe	Revised for clarification purpose
11.		Number of Cases Excluded from the Sample due to Fraud	Change to	Replace with Number of Cases Dropped from Sample	Revised for clarification purpose
12.		Number of Cases Eligible	Change to	Replace with Number of Cases Correct	Revised for clarification purpose
13.		Number of Cases Ineligible	Change to	Replace with Number of Cases Incorrect	Revised for clarification purpose.
14.		Total Dollars Paid	Change to	Replace with Total Dollars Correct	Revised for clarification purpose
15.		Review Month	Add Column #10	Label column: Total Dollars Undetermined	Revised for clarification purpose.
16.		Active Payment Error Rate	Removed		Revised due to a change in guidance. Calculations done by the Federal statistical contractor
17.		Active Case Error Rate	Removed		Revised due to a change in guidance. Calculations done by the Federal statistical contractor
18.		Negative Case Error Rate	Removed		Revised due to a change in guidance. Calculations done by the Federal statistical contractor
19.		Undetermined	Removed		Revised due to a change in guidance.

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<b>Issue #</b>	<b>Form</b>	<b>Section</b>	<b>Action to be performed</b>	<b>Changes to the Form</b>	<b>Reason for the Change</b>
		Cases and Percentage			Calculations done by the Federal statistical contractor