
INSTRUCTIONS FOR COMPLETING THE PERM ELIGIBILITY REVIEWS: DETAILED NEGATIVE CASE REVIEW FINDINGS

Purpose: *These instructions provide guidance on completing the Detailed Negative Case Review form. This form provides detailed information about findings from the review of negative cases in the monthly sample.*

This report is due within 150 days from the end of the sample month (i.e., if the sample month is January, the form is due on June 30, which is 150 days from January 31).

A "negative case" is a case containing information on a beneficiary who completed an application for benefits and was denied or who completed the redetermination process but whose program benefits were terminated based on the State agency's eligibility decision.

The negative case universe includes all cases that were denials of eligibility based on completed applications in a given month and all active cases that were found to be ineligible based on completed redeterminations and moved from active to negative in the month.

Line by Line Instructions

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 Detailed Negative Case Findings form is being submitted to CMS (e.g., June 15, 2007).

Line C: Program

Enter the program for which the monthly Detailed Negative Case form applies (e.g., Medicaid or SCHIP).

Line D: Sample Month and Year

Enter the month and year for which the sample was drawn from the universe. "Universe" refers to the total number of cases in the sample month. The case universe will be unique for each month.

Line E: Case/Beneficiary Identification (ID)

"Case" refers to an individual beneficiary and, for PERM purposes, is not a household or family unit. In this row, enter the case ID or beneficiary ID, whichever is the custom of the State that correlates with the case reported as sampled on the monthly sample selection list for the sample month.

Add rows if the number of cases in the negative case sample for the month being reported exceeds the number of rows provided.

● **Denial or Termination**

- **Denial:** Means an application was completed by the beneficiary but was rejected for not meeting eligibility requirements.
- **Termination:** Means an existing beneficiary completed the redetermination process but no longer meets eligibility requirements and is therefore not eligible for the program.

Enter "D" if the case was a denial. Enter "T" if the case was a termination.

● **Review Finding**

Enter the letter code for the review finding. The three review findings are defined as follows:

- **C-Correct:** The negative case was properly denied or terminated by the State.
- **ID-Improper denial:** The application for program benefits was denied by the State for not meeting the categorical and/or financial eligibility requirements but upon review is found to be eligible.
- **IT-Improper termination:** Based on a completed redetermination, the State determines an existing beneficiary no longer meets the program's categorical and/or financial eligibility requirements and is terminated but upon review is found to still be eligible.

● **Cause of Error, if known**

Enter the cause of the error, if known. Explanations for this column are not standardized but should reflect the State's eligibility determination policies. Do not use State-specific codes or abbreviations.

Payment Error Rate Measurement (PERM) Eligibility Reviews: Detailed Negative Case Review Findings

Due within 150 days of the end of each sample month.

A. State			
B. Date			
C. Program			
D. Sample Month & Year			
E. Case/ Beneficiary Identification (ID)	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)			
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16)			
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18)			
19)			
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22)			
23)			

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