Appendix K: Reporting Forms

Payment Error Rate Measurement (PERM) Eligibility Review Findings Form Example

A: State											
B: Date											
C: Program											
D: Sample Month											
E: Active Universe Total											
F: Negative Universe Total											
Case/ Beneficiary ID	**Eligibility Category**	**Universe**	**Stratum (if applicable)**	**Case Action**	**Review Month**	**Review Finding**	**Total Dollars**	**Total Dollars in Error**	**Total Dollars Correct**	**Total Dollars Undetermined**	**Cause of Error**
1.											
2.											
3.											
4.											
5.											

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 0938-1012.

INSTRUCTIONS FOR COMPLETING THE PERM ELIGIBILITY REVIEWS
PERM ELIGIBILITY REVIEW FINDINGS

Purpose: These instructions provide guidance on completing the eligibility review findings form. The eligibility review findings form provides the base level information about the cases that have been randomly selected for each sample month. States submit one eligibility review findings form for each month in the sampling timeframe. Both active and negative cases that are sampled in a given month are included on each monthly form.

The eligibility review findings form has multiple due dates. Each date that the form is due, more information is entered to complete the form. Please see the eligibility timeline in Appendix A of the eligibility review guidance for specific due dates.

- The monthly sample selection is due to CMS on the 15th day of the month after the sample month and must be submitted before eligibility reviews begin.
- The eligibility review findings for active and negative case reviews are due at the end of the month, five months after the sample month.
- The payment review findings for active cases are due on the 15th day of the month, 7 months after the sample 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 each submission is being submitted to CMS (e.g., February 15th, 2011)

Line C: Program
Enter the program for which the Eligibility Review Findings form applies (e.g., Medicaid or CHIP)

Line D: Sample Month
Enter the month and year for which the sample was drawn from the universe, e.g., January 2011. "Universe" refers to the total number of cases in the sample month. The universe will be unique for each month.

Line E: Active Universe Total

Enter the total number of active cases in the universe during the sample month. The active universe is the total number of cases in the sample month that are considered eligible for services based on a completed application, redetermination or are currently on the program rolls.

Line F: Negative Universe Total
Enter the total number of negative cases in the universe during the sample month. The negative universe is the total number of cases that have either been denied or terminated from the program in the sample month.

Case/Beneficiary ID: "Case" refers to an individual beneficiary or family and could be the considered a household. In this column, enter the case identification (ID) or beneficiary ID, whichever is the custom of the State that correlates with the case reported as sampled on the monthly sample selection for the sample month. This column should include the ID numbers for active and negative cases.

Eligibility Category: Enter the category of assistance in which the case is enrolled or the category of assistance in which the case is denied or terminated, e.g., Qualified Medicare Beneficiary (QMB). If a denied case is not considered under any category, enter **Unknown** into this column. Please do not use State-specific abbreviations and use the best description of the eligibility category as possible.

Universe: Enter **Active** in this column if the sampled case is drawn from the active universe.
Enter **Negative** in this column if the sampled case is drawn from the negative universe.

Stratum: Enter the number of the eligibility stratum for each sampled case (i.e., 1, 2 or 3). The strata are as follows:

- Stratum 1—Applications: A case constitutes an application for the sample month if the State took an action to grant eligibility in that month based on a completed application.
- Stratum 2—Redeterminations: A case constitutes a redetermination for the sampling month if the State took an action to continue eligibility in the sample month based on a completed redetermination.
- Stratum 3—All Other Cases: All other cases (properly included in the universe but do not meet the strata 1 or 2 criteria) that are on the program in the sample month are placed in stratum 3.

The Stratum column should only be used by States that opted to stratify their cases into the three eligibility strata by last case action. **If the State did not stratify the cases, this column must be left blank.**

Case Action: Identify the last case action on the case.

Enter **Application** in this column if the action on the case was to grant eligibility based on a completed application.

Enter **Redetermination** in this column if the action on the case was to redetermine eligibility based on a completed redetermination.

The Case Action column should only be used by States that opted not to stratify their cases into the three eligibility strata by last case action. **If the State opted to stratify the cases, this column must be left blank.**

Review Month: Enter the review month for which eligibility was verified (the review month is not necessarily the same as the sample month). Generally, the review month is when the State's last action occurred. If the last action occurred more than 12 months prior to the sample month, then eligibility is reviewed as of the sample month. Enter the month in which eligibility is reviewed, either the review month or the sample month, as appropriate.

Review Finding: Enter the code for the review finding for each case. The review findings are as follows:

- E: Eligible--A case meets the State's categorical and financial criteria for receipt of benefits under the program.
- NE: Not eligible--An individual beneficiary or family is receiving benefits under the program but does not meet the State's categorical and financial criteria being verified using the State's documented policy and procedures.
- EI: Eligible with ineligible services--An individual beneficiary or family meets the State's categorical and financial criteria for receipt of benefits under the Medicaid or CHIP program but was not eligible to receive particular services in accordance with the State's documented policies and procedures.
- U: Undetermined--The case record lacks or contains insufficient documentation, in accordance with the State's documented policies and procedures, to make a definitive review decision for eligibility or ineligibility.
- **L/O**: Liability overstated--The beneficiary overpaid toward an assigned liability amount or cost of institutional care and the State underpaid.
- **L/U**: Liability understated—The beneficiary underpaid toward an assigned liability amount or cost of institutional care and the State overpaid.
- **MCE1**: Managed care error 1--Ineligible for managed care - Upon verification of residency and program eligibility, the beneficiary is enrolled in managed care but is not eligible for managed care.
- **MCE2**: Managed care error 2--Eligible for managed care but improperly enrolled – Beneficiary is eligible for both the program and for managed care but not enrolled in the correct managed care plan as of the month eligibility is being verified.

- X: Dropped—Case is dropped from the sample.

Sampling situations that might require a State to adjust the sample and the universe after it has already been pulled include when:

- A case is found to be under active beneficiary fraud investigation;
- A case should have been excluded from the sampling universe was inadvertently included in the universe and sampled (e.g., a State-only case was sampled); or
- A case was enrolled in Medicaid or CHIP using States' Express Lane Eligibility option, set forth in Section 1902(e)(13) and Section 2107(e)(1) of the Social Security Act (although these cases should be coded in a way that they could be excluded from the sampling universe).

Total Dollars: Enter the total dollars of claims paid for services received in the sample month by each case.

Total Dollars in Error: Enter the amount of payment that is in error based on each case's:

- Ineligibility for services received;
- Ineligibility for the program;
- Liability overstated or understated;
- Ineligibility for managed care; or
- Eligibility for managed care but enrollment in the wrong managed care plan.

Enter the portion of the total payments, in whole or in part, that was in error for each sampled case. Place a zero in this column if there is no payment amount in error.

Payment Amount Correct: A correct payment amount is a payment to a provider, insurer or managed care organization based on the case's eligibility for the program and for the services received under the coverage group under which the case is eligible as defined in the State's plan.

- For fee for service cases, enter the total amount of dollars paid for the beneficiary based on claims for services received at any time through the sample month and paid in that month or the four subsequent months, allowing 60 days for adjustments.
- For managed care cases, enter the capitated amount paid for the case. All managed care payments are included in the sample month are included regardless of the actual payment date so long as the payment dates fall within the sample month and are paid by the end of the fourth subsequent month after the sample month.

Enter the portion of the payments, in whole or in part, as appropriate, that were correct for each sampled case.

Place a zero in this column if there are not correct payment amounts.

Total Dollars Undetermined: Enter the amount of payments that are undetermined based on a case not having the verification necessary to make an eligibility review decision. The total payment amount for an undetermined case must be placed in this column. Place a zero in this column if the case is not undetermined.

Leave payment columns blank if a case is dropped.

Cause of Error: Enter the cause of the error for cases that are not eligible or have a payment error. Explanations for this column are not standardized but should reflect the State's finding that caused the case to be in error. Do not use State-specific codes or abbreviations.