

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	Total Dollars in Error
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

PRA Disclosure Statement

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