

Payment Error Rate Measurement (PERM)

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

| Detailed Active Case Review Findings | |
|---|--|
| State | |
| Date | |
| Program | |
| Sample Month and Year | |

| Case ID | Review Month | Dropped Due to Beneficiary Fraud | Stratum 1,2 or 3 | Review Finding E -eligible EI-eligible with ineligible services NE- not eligible U –undetermined L/O – liability overstated L/U - understated MCE1 – managed care error, ineligible for managed care MCE2 – eligible for managed care but improperly enrolled | Cause of Error, if known Example: excess income, non-resident. |
|----------------|---------------------|---|-------------------------|--|---|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| 11) | | | | | |
| 12) | | | | | |
| 13) | | | | | |
| 14) | | | | | |
| 15) | | | | | |
| 16) | | | | | |
| 17) | | | | | |
| 18) | | | | | |
| 19) | | | | | |
| 20) | | | | | |

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