OMB Approval # 0938-1012 Expires: XX/XX/XXXX

Payment Error Rate Measurement (PERM)

Due within 210 days of the end of each sample month.

Detailed Payment Review Findings					
State					
Date					
Program					
Sample Month and					
Month and					
Year					

Case ID	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	Paymen t Amount Correct	Payment Amount in Error

PRA Disclosure Statement

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