

Payment Error Rate Measurement (PERM)

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

Case/ Beneficiary ID	Denial or Termination 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)			
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8)			
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PRA Disclosure Statement

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**. The time required to complete this information collection is estimated to average **[100 hours]** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *******CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form**

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