

PERM SC FAST FACTS FOR DATA SUBMISSION BEST PRACTICES

What data are submitted as part of the PERM program?

The Payment Error Rate Measurement (PERM) universe contains all original Medicaid and Children's Health Insurance Program (CHIP) service claims and payments that are fully adjudicated by the state each quarter. The data should contain original payments and be comprised of data that receives Title XIX or Title XXI federally matched dollars. PERM assigns data to one of four programs: Medicaid Fee-For-Service (FFS), Medicaid managed care (MC), CHIP FFS, or CHIP MC. Claims are separated based on the source of federal money, not the program design. It is imperative that correct, accurate universe data containing all required payments and reflecting the data present in the state's systems are provided to the Statistical Contractor (SC) during the cycle. Types of data may include Medicaid Management Information System (MMIS), off-MMIS vendor data, health insurance premium payments (HIPP), etc.

Why is it important to perform quality control ahead of submitting data?

Performing internal quality control will save time and resources for the state and CMS. The more complete and correct the data are, and the more they align with the information provided during the intake and universe build/payment level meetings, the fewer questions the SC will have for the state. Medical and data processing reviews require the presence of complete and accurate information in the claims files that will be reviewed against information submitted by providers in the medical record as well as state claims processing and eligibility systems. In addition to accurate claims files, sending complete and accurate beneficiary and provider information is also necessary.

What are the data submission methodologies?

There are three data submission methodologies states may use:

- Routine PERM – States submit data sets containing a minimum number of fields to the SC. Data are already cleaned and standardized, excluded claims are removed, and universes (Medicaid/CHIP and FFS/MC) are separated ahead of submission. Once the SC selects FFS samples, states have two weeks to submit details for the sampled claims. While the universe data submitted by routine PERM states contains only the information necessary to populate the sample files, detail files contain approximately 100 fields that are used to conduct data processing and medical reviews. These additional fields provide information about the services billed for the beneficiary and the providers included on the claim. More information about details can be found in the Details Submission Instructions for Routine PERM states.
- PERM Plus (PERM+) – States submit data sets containing all fields that the SC will need for pulling samples and creating details. These files can be in a less processed format; states provide directions on how to identify and remove excluded claims, provide logic for separating the universes into Medicaid/CHIP, and provide information about how to identify specific types of claims in the data. More information about details can be found in the Universe Submission Instructions for PERM+ states
- Hybrid – States using this methodology submit a mix of routine PERM and PERM+ files. Most often these submissions comprise claims from MMIS submitted using PERM+ and data from smaller off-MMIS programs (e.g., PACE) submitted in routine PERM format.

For more information about the submission methodologies and the requirements for each, please refer to the Data Submission Instruction documents. These are available on the [CMS PERM website](#). Once on the site, states should choose their cycle from the menu on the left of the screen to see documents appropriate to their cycle.

What are some best practices states can follow?

Overall data quality control best practices:

- Review any data issues from last cycle to ensure they can be mitigated ahead of Quarter 1 data submission. Your state Data Manager will provide these to you during pre-cycle meetings. Issues from previous cycles will be listed for discussion in the Intake Protocol Questions document, which is shared in advance of the state's Intake Meeting and reviewed in detail during the call.
- If any programs or data systems have been added or had substantial changes since the previous cycle, notify the SC about the changes – describe them in the State Survey and have staff available to talk about the changes during the Intake Meeting. It is critical that states be able to provide the SC with the following information: what change has occurred, when it began, what population is impacted, how the data will look different compared to last cycle, and who is the main point of contact for any questions related to the program or system changes. Ensure that staff know how to pull data for any new programs or systems and include these data in the quarterly data submissions.
- Carefully review the Data Submission Instructions and provide to all relevant staff to ensure that there is a shared understanding of what data need to be submitted to the SC and what additional information will need to be provided by the state for the SC to accurately process the data. Have newer staff members attend the Data Submission Instruction meetings and ask any questions they have.
- Carefully review the Intake Protocol Questions document once received. Share with relevant staff to ensure that complete and correct information is provided to the SC and that appropriate mitigations are described for issues that occurred last cycle. Relevant staff, especially those related to any new programs or systems or data issues from last cycle, should attend the calls and be able to respond to any questions the SC has.

Routine PERM best practices:

- In addition to the best practices listed above, routine PERM states should also:
- Ensure that all required data fields are provided in both the universe and details data submissions.
- Separate universe data submissions as appropriate between Medicaid/CHIP and FFS/MC.
- Carefully review universe placement so that data is not submitted in the incorrect universe. Sampling a claim incorrectly (e.g., in Medicaid rather than CHIP) can have repercussions across the cycle – claims may need to be dropped, oversamples pulled, and extra work created for the contractors and the state.
- Ensure all relevant staff review the payment level email sent over by the SC and attend the online meeting. It is critical to ensure that universes are complete and correct ahead of sampling and this payment level email provides the SC a roadmap to process your universe data.

PERM+ best practices:

- In addition to the best practices listed in the overall best practices section, PERM+ states should also:
- Ensure that all required data fields are provided in the universe data submission, including new data or indicator fields.
- Carefully review the universe build document when it is received from the SC and share it with all relevant staff. Since the SC is creating the sampling universe based upon this document, it is the state's responsibility to ensure it is accurate and comprehensive.

- Quickly respond to any questions the SC has about issues found during quality control checks. Responding quickly keeps the process moving forward and helps mitigate delays with samples and details that create review delays.

What is the impact of insufficient or incorrectly submitted data?

When data is submitted or sampled incorrectly it creates issues across the cycle. Claims may need to be dropped from review, meaning that any work done on those claims by the state and contractors would be discarded. Depending on the number of claims that need to be dropped, oversamples might need to be drawn. This can create extra work for states and contractors late in the cycle. If data is not submitted in the quarterly submissions, this will be identified during the Forms CMS 64/21 reconciliation process and will have to be provided to the SC so it can be included in the universe data and have a chance of being sampled.