

## **PERM Eligibility Sampling Plan Template**

Eligibility Sampling Plan for [State]

Program: [Medicaid or CHIP]

Fiscal Year [Year]

Independent Entity [Agency]

### **Agency Independence:**

The State should identify the agency and personnel or contracting entity responsible for eligibility reviews in its sampling plan with a stated assurance that the agency is independent of the State agency responsible for policies, operations and eligibility determinations and enrollment or that the contracting entity is independent of the State's eligibility and enrollment activities. Please indicate any of the following circumstances that are applicable to your State:

- (1) That the agency responsible for PERM is under the same umbrella agency that oversees policy, operations and determinations but the two agencies do not report to the same supervisor;
- (2) That qualified staff with knowledge of State eligibility policies is used to conduct the eligibility reviews, but the staff that is chosen is independent from the staff that oversees policy and operations; or
- (3) The staff is considered to be independent because they temporarily work on PERM eligibility reviews even though they usually work under eligibility policy and operations, and that staff is barred from discussing PERM eligibility reviews with the staff that oversees policy and operations during the time the staff is working on PERM eligibility reviews.

### **State Medicaid and/or CHIP agency:**

List and describe the agencies in the State that make eligibility determinations. Note that this may also be information that the Agency may want to record during the review process for corrective action purposes.

### **Eligibility Appeals Contacts:**

List the contact information for State Medicaid and CHIP personnel that will be involved in State-level eligibility appeals. If no appeals process exists at the State level, these will serve as contacts for CMS to facilitate documentation exchange between the Agency and State Medicaid and CHIP agency.

**Self-Declaration States:**

Indicate whether or not your State has self-declaration policies and under what circumstances self-declaration is acceptable. This includes States that conduct ex-parte reviews, passive renewal redeterminations or other simplified enrollment processes.

**Description of MEQC Activities for the Current Fiscal Year**

Indicate if the State is administering a “traditional” MEQC review, or give a short description of the State’s pilot program. Indicate whether or not the State has an MEQC pilot that is included as part of a waiver under Section 1115 of the Social Security Act.

If administering a “traditional” MEQC review, indicate whether or not the State is substituting MEQC data to fulfill the requirements of the PERM eligibility review, or indicate if the State is using the PERM eligibility reviews to fulfill the requirements of MEQC.

**Data Systems**

Describe the systems eligibility from which the data is pulled. Ensure that all systems, especially if data is pulled from multiple systems, are listed here.

**Active Cases**

1. Description of the Universe for active cases.
2. Indicate if the State has implemented Express Lane Eligibility and an estimate of the number of beneficiaries enrolled using Express Lane Eligibility as of the date of the sampling plan.
3. Description of the strata for active cases (if applicable).
4. Description of the following:
  - How the monthly sample will be drawn;
  - How cases will be selected including the method used to randomly select cases;
  - The number of cases that will be oversampled to account for fraud cases or other cases inappropriately included in the sample.
5. The quality control procedures that will be applied including procedures to ensure completeness of the population from which the sample is drawn.
6. Description of how records or claims and managed care payments associated with the cases sampled will be obtained.

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| 7. Projected monthly sample size for each stratum (if applicable).  |
| 8. A description, and underlying assumptions, regarding how the sample size was determined. If the sample size deviates from that recommended in this instruction due to the application of a finite population correction (i.e., the State's universe for the previous fiscal year is less than 10,000), a detailed explanation is required of how the alternative sample size was estimated and why it is likely to achieve precision requirements. Sample sizes that are less than the recommended sample size must be approved by CMS, i.e., finite population, prior to implementation. If the sample size (whether it increases or decreases) is based on the eligibility payment error rate from the previous PERM cycle, indicate that here.  |
| <b><u>Negative Cases</u></b>  |
| 1. Description of the universe for negative cases.  |
| 2. Description of how the monthly sample will be drawn, the random method used to select cases, and the quality control procedures that will be applied.  |
| 3. Projected monthly sample size  |
| 4. A description, and underlying assumptions, regarding how the sample size was determined. If the sample size deviates from that recommended in this instruction due to the finite population correction, a detailed explanation of how the alternative sample size was estimated and why it is likely to achieve precision requirements is required. Sample sizes that are less than the recommended sample size due to the finite population correction (i.e., the State's universe for the previous fiscal year is less than 10,000) must be approved by CMS, based on the information in the sampling plan, prior to implementation. If the sample size (whether it increases or decreases) is based on the eligibility payment error rate from the previous PERM cycle, indicate that here. |