

Pennsylvania - PERM CHIP RY 2019 Findings



**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

RY 2019 Pennsylvania Children's Health Insurance Program (CHIP)  
Payment Error Rate Measurement (PERM) Cycle 1 Summary Report

**November 26, 2019**



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## A. Program and Report Overview

This report gives an analysis and breakdown of Pennsylvania's federal improper payment rate through the Payment Error Rate Measurement (PERM) program. The purpose of the PERM program is to produce a national-level improper payment rate for Medicaid and the Children's Health Insurance Program (CHIP) in order to comply with the requirements of the Improper Payments Elimination and Recovery Improvement Act (IPERIA) of 2012.

IPERIA is one of three Acts that require federal agencies to review their programs to:

- Identify programs at risk of improper payments;
- Estimate the amount of improper payments;
- Give those estimates to Congress; and
- Report on the actions taken to reduce the improper payments.

The Medicaid program and CHIP have been identified as programs at high risk of improper payments. The Centers for Medicare & Medicaid Services (CMS) measures these improper payments annually through the PERM program. The PERM program reviews three components: 1) Fee-For-Service (FFS) claims, 2) managed care capitation payments, and 3) eligibility determinations and resulting payments.

The PERM program requires a joint effort between CMS and the states to calculate the Medicaid and CHIP improper payment rates. To meet this objective, the PERM program uses a 17-state, three-year rotation cycle to measure improper payments. Each cycle, CMS measures a third of the states and all states are reviewed once every three years. Pennsylvania is a Cycle 1 state evaluated in Reporting Year (RY) 2019.

This report provides an overview of the RY 2019 findings and presents data analyses of payment errors found in the Pennsylvania CHIP program. These findings, including the projected federal dollars in error, are meant to support the state during the corrective action process.

Reducing improper payments is a high priority for CMS, and states are critical partners in the corrective action phase of the PERM cycle. States' systems, claims payment methods, provider billing errors, and provider compliance with record requests all contribute to the cycle improper payment rates in various ways. PERM identifies and classifies different types of errors, but states must conduct root cause analyses to understand why the errors occurred and determine how to take corrective action.

During the PERM cycle, CMS and its contractors reviewed CHIP FFS claims, managed care capitation payments, and eligibility determinations (using claims from the FFS and managed care universes). The first two sections of this report include the estimated 17-state cycle rates and state improper payment rates based on the results of the reviewed samples. The remaining sections include sample payments in error along with the projected federal improper payments for Pennsylvania, broken out by CHIP FFS, managed care, and eligibility.<sup>1</sup> For CHIP FFS and managed care, additional analysis from the Review Contractor is included to address CHIP FFS medical review and data processing errors, as well as managed care data processing errors. For

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<sup>1</sup> PERM combines components (FFS and managed care) into a single universe when a given component accounts for less than 2% of total expenditures included in the PERM universe for that state and program.

CHIP eligibility, additional analysis from the Eligibility Review Contractor is included to address CHIP eligibility review errors.

Note that much of the analysis provided in the document is focused on projected federal dollars in error, which are an estimate for how much the state may have paid incorrectly. The projected federal dollars in error are estimated by multiplying the sampled federal improper payments by the appropriate weight based on the universe size from which the sample was selected with respect to the known expenditures, as reported in the Medicaid and CHIP CMS 64/21 reports. The projected paid amount is the sum of all expenditures listed on the Medicaid and CHIP CMS 64/21 reports.

States are encouraged to use the projected federal dollars in error figures, which include both overpayments and underpayments, in the cycle summary reports for purposes of identifying which factors (e.g., error types, provider types) had the biggest contribution to a state's federal improper payment rate. The number provides a good indication of an improper payment's impact on a state's federal improper payment rate and can be used to appropriately target corrective actions. However, states are cautioned from taking the projected federal dollars in error for certain levels of analysis (for example, by error type per provider type) to be an exact reflection of the actual federal dollars in error because they are estimates using the PERM sample and sometimes have wide confidence intervals.

## **B. PERM 17-State Cycle 1 CHIP Findings**

In RY 2019, the combined Cycle 1 CHIP estimated federal improper payment rate is **37.75%**. The estimated cycle component federal improper payment rates are as follows.

- **CHIP FFS - 15.29%**
- **CHIP managed care - 2.91%**
- **CHIP eligibility - 32.97%**

## **C. Pennsylvania's CHIP Findings**

In RY 2019, Pennsylvania's CHIP estimated federal improper payment rate is **20.67%**. Pennsylvania's sample review findings by component are as follows.

- **There is no CHIP FFS program in Pennsylvania**
- **Pennsylvania's CHIP managed care estimated federal improper payment rate is 11.31%**
- **Pennsylvania's CHIP eligibility estimated federal improper payment rate is 10.55%**

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Figure 1 shows Pennsylvania's CHIP federal improper payment rate compared to the Cycle 1 combined CHIP federal improper payment rate and other Cycle 1 states' CHIP federal improper payment rates.

**Pennsylvania Figure 1: State CHIP Federal Improper Payment Rate Relative to Other States and the Combined Cycle CHIP Federal Improper Payment Rate**

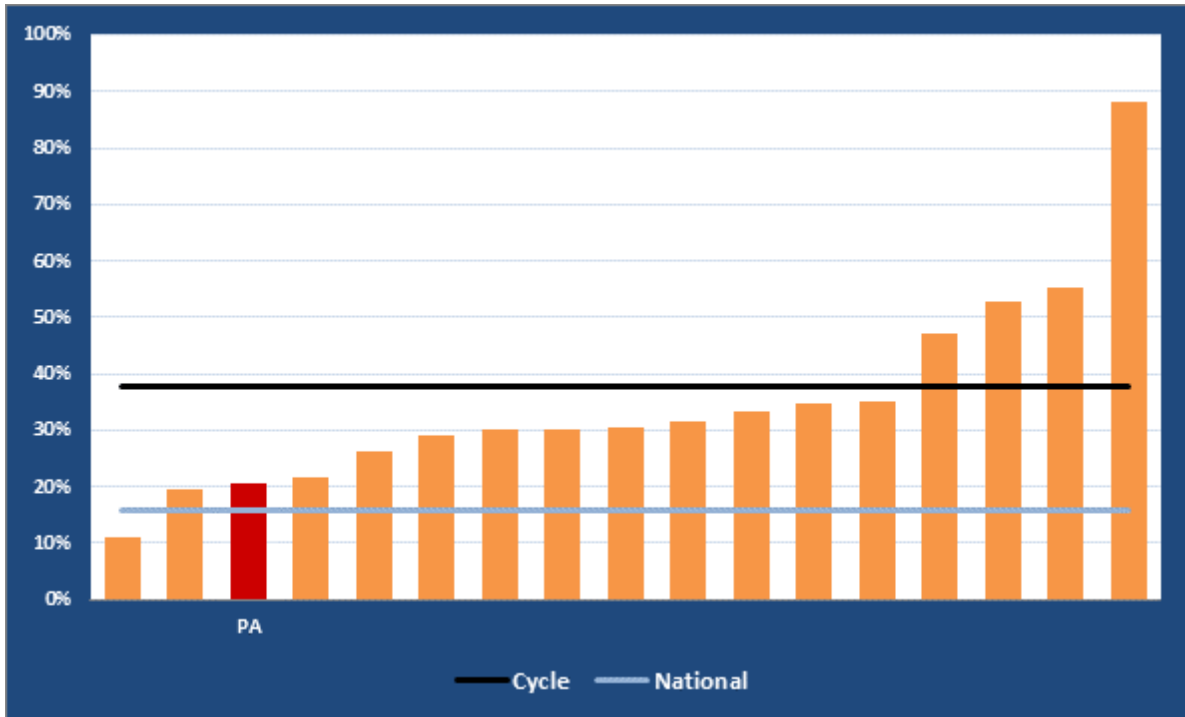
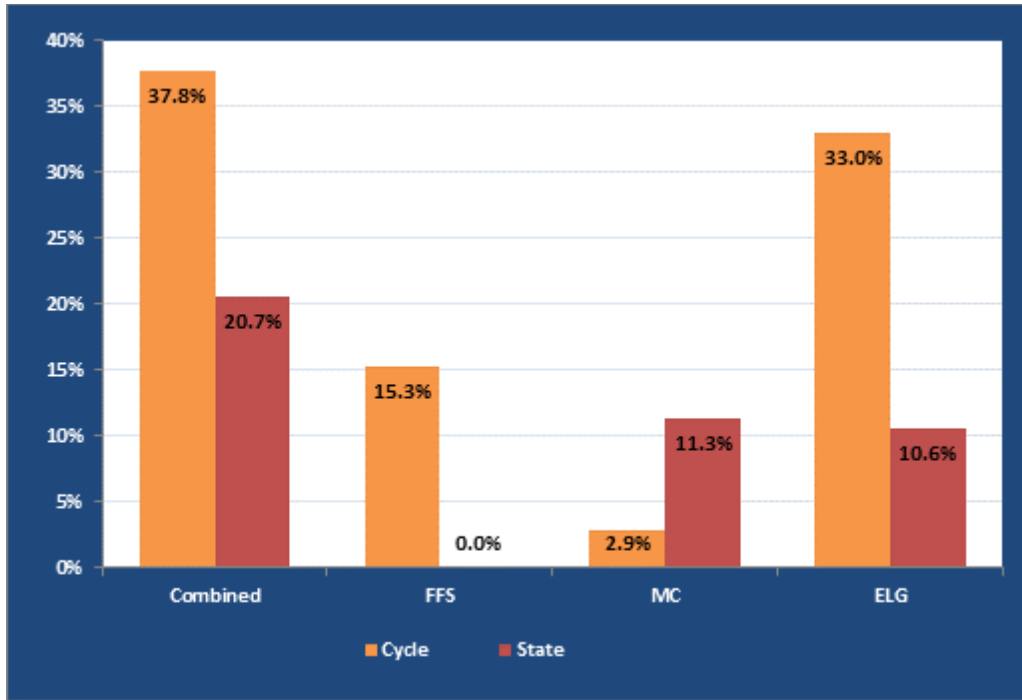


Figure 2 compares Cycle 1 and Pennsylvania on the combined CHIP federal improper payment rate and the component CHIP federal improper payment rates.

**Pennsylvania Figure 2: Cycle and State CHIP Combined and Component Federal Improper Payment Rates**



Please note that the PERM FFS review includes payments made to individual providers, while the managed care review only looks at capitated payments made by states to managed care organizations, not payments made by managed care organizations to providers. Therefore, the managed care measurement does not include some errors observed in the FFS component.

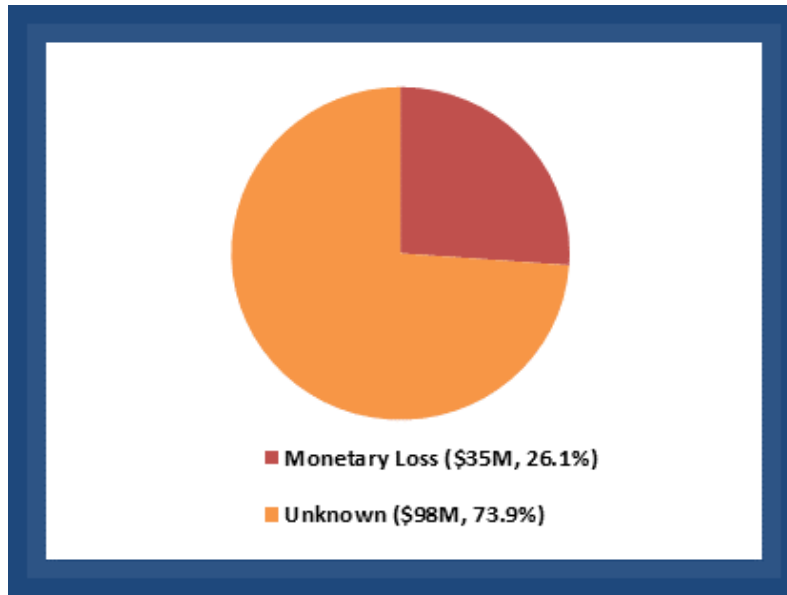
In addition, please note that improper payments do not necessarily represent expenses that should not have occurred. For example, on a national level, the majority of CHIP improper payments were due to instances where information required for payment was missing from the claim and/or states did not follow the appropriate process for enrolling providers. However, if the missing information had been on the claim and/or had the state complied with the enrollment requirements, then the claims may have been payable. Additionally, some improper payments are due to provider documentation errors where CMS could not determine whether the billed services were actually provided, were correctly billed, and/or were medically necessary. However, if the documentation had been submitted or providers had complete and sufficient documentation, then the claims may have been payable. On the national level, a smaller proportion of improper payments are claims where CMS determines that the CHIP payment should not have been made or should have been made in a different amount and are considered a known monetary loss to the program (i.e., not medically necessary, made for a non-covered service, paid to a provider not enrolled in the program).

See Figure 3 below, which presents the proportion of Pennsylvania’s CHIP federal improper payments that are considered a known monetary loss to the program. In the figure, the “Unknown” represents payments where there is no or insufficient documentation to support the payment as

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proper or a known monetary loss. For example, it represents claims where necessary information was missing from the claim or states did not follow appropriate processes. These are payments where more information is needed to determine if the claims were payable or if they should be considered monetary losses to the program. The Corrective Action Plan (CAP) template includes further details on each of these claims.

**Pennsylvania Figure 3: CHIP Percentage of Projected Dollars in Error (in Millions) by Monetary Loss**



### D. Sample CHIP Findings and Projected Federal Dollars in Error

The analyses in this section are for sample federal dollars in error and projected federal dollars in error. The sample federal dollars in error are the improper payments found through data processing and medical review. Only CHIP FFS claims are eligible for medical review. The projected federal dollars in error are the claim-weighted error amounts that are used to form the numerators for each state’s component federal improper payment rates. The weights for each sampled claim are based on the universe size from which the sample was selected (i.e., universe of CHIP FFS claims and universe of managed care payments). The projected federal dollars in error is an estimate of the total federal dollars that may have been paid incorrectly across the program during the year. The projection assumes that the errors may be generalized to the CHIP program in proportion to the rate and amount observed in the sample.

Table 1 summarizes the CHIP number of errors and associated dollars for Pennsylvania and the cycle by component. Please note that, because each of the component samples is weighted, the proportion of sample federal dollars in error will be different than the proportion of the projected federal dollars in error.

**Pennsylvania Table 1: CHIP Program Component by State and Cycle Sample Error Payments**

CHIP Program Component	State					Cycle				
	# of Sample Claims	# of Sample Claims in Error	Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Total Projected Federal Dollars in Error	# of Sample Claims	# of Sample Claims in Error	Sample Federal Dollars in Error	Projected Federal Dollars in Error (in Millions)	% of Total Projected Federal Dollars in Error
<b>CHIP FFS</b>	N/A	N/A	N/A	<b>N/A</b>	N/A	5,277	1,101	\$1,536,438	<b>\$188</b>	13.02%
<b>CHIP Managed Care</b>	41	5	\$965	<b>\$68,828,125</b>	51.72%	585	5	\$965	<b>\$69</b>	4.78%
<b>CHIP Eligibility</b>	317	126	\$5,018	<b>\$64,242,267</b>	48.28%	3,961	2,035	\$1,212,798	<b>\$1,185</b>	82.21%
Note: States are cautioned from making direct comparisons to the cycle data throughout this report, as each state program is unique and can vary greatly from the overall cycle composition. Also, deficiencies (discrepancies found in the review of the claim or of the medical record that did not result in a payment error) are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, multiple errors on a claim are not counted separately in this table and may not match other tables in the report.										



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Table 2 compares Pennsylvania’s number of errors, sample federal dollars in error, and projected federal dollars in error to those found in the 17 Cycle 1 states by error type for CHIP managed care.

**Pennsylvania Table 2: CHIP MC Cycle and State Number of Errors and Dollars in Error by Type of Error**

	# of Sample Errors		Sample Federal Dollars in Error		Projected Federal Dollars in Error	
	State	Cycle	State	Cycle	State	Cycle (in Millions)
<b>MC Data Processing Errors</b>						
<b>Administrative/Other Error (DP12)</b>	5	5	\$965	\$965	<b>\$68,828,125</b>	<b>\$69</b>
<b>Total</b>	5	5	\$965	\$965	<b>\$68,828,125</b>	<b>\$69</b>

Note: Details do not always sum to the total due to rounding. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Overlaps between error categories are reported in all relevant categories, which may result in double counting in this table. Further explanations of error types can be found in Appendix A Error Type Definitions.

Table 3 compares Pennsylvania’s number of errors, sample federal dollars in error, and projected federal dollars in error to those found in Cycle 1 by error type for CHIP.

**Pennsylvania Table 3: CHIP Eligibility Cycle and State Number of Errors and Federal Dollars in Error by Type of Error**

	# of Sample Errors		Sample Federal Dollars in Error		Projected Federal Dollars in Error	
	State	Cycle	State	Cycle	State	Cycle (in Millions)
<b>Eligibility Review Errors</b>						
<b>Documentation to Support Eligibility Determination Not Maintained (ER1)</b>	7	235	\$1,432	\$280,790	<b>\$13,201,660</b>	<b>\$263</b>
<b>Verification/Documentation Not Done/Collected at the Time of Determination (ER2)</b>	8	443	\$1,398	\$335,537	<b>\$16,664,647</b>	<b>\$424</b>
<b>Determination Not Conducted as Required (ER3)</b>	2	273	\$206	\$360,875	<b>\$4,838,582</b>	<b>\$319</b>
<b>Not Eligible for Enrolled Program - Financial Issue (ER4)</b>	1	29	\$176	\$38,595	<b>\$1,017,396</b>	<b>\$14</b>
<b>Not Eligible for Enrolled Program - Non-Financial Issue (ER5)</b>	3	48	\$348	\$11,573	<b>\$6,333,436</b>	<b>\$41</b>

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	# of Sample Errors		Sample Federal Dollars in Error		Projected Federal Dollars in Error	
	State	Cycle	State	Cycle	State	Cycle (in Millions)
<b>Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)</b>	17	209	\$2,142	\$274,037	\$33,647,899	\$213
<b>Not Eligible for Enrolled Eligibility Category - Ineligible for Service (ER8)</b>	0	1	\$0	\$22,813	\$0	\$1
<b>Incorrect Case Determination, But There was No Payment on Claim (ERTD1)</b>	0	80	\$0	\$0	\$0	\$0
<b>Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)</b>	123	1,185	\$0	\$0	\$0	\$0
<b>Total</b>	161	2,503	\$5,701	\$1,324,220	\$75,703,622	\$1,276
<p>Note: Details do not always sum to the total due to rounding. Also, deficiencies (discrepancies found in the review of the claim or of the medical record that did not result in a payment error) are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Overlaps between error categories are reported in all relevant categories, which may result in double counting in this table. Further explanations of error types can be found in Appendix A Error Type Definitions.</p>						

**E. CHIP Medical Review and Data Processing Findings**

**1. CHIP Fee-For-Service (FFS) Data Analyses**

There is no FFS program in Pennsylvania; therefore, there are no FFS findings.

**2. CHIP Managed Care Data Analyses**

Table 4 shows the number of CHIP managed care errors and dollars in error by overpayments, underpayments, and percentage of total managed care errors.

**Pennsylvania Table 4: CHIP Managed Care Data Processing Review Error Type by Percentage of Data Processing Errors**

Error Type	Overpayments			Percentage of Total MC Data Processing Review Errors		
	# of Sample Errors	Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Total # of Sample Errors	% of Total Sample Federal Dollars in Error	% of Total Projected Federal Dollars in Error
Administrative/Other Error (DP12)	5	\$965	\$68,828,125	100.00%	100.00%	100.00%
<b>Total</b>	5	\$965	<b>\$68,828,125</b>	100.00%	100.00%	<b>100.00%</b>

Note: Details do not always sum to the total due to rounding. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. There were no underpayments cited, so only overpayments are reported in this table.

Table 5 lists the CHIP managed care data processing errors by their more specific cause of error. The error causes are more detailed descriptions of why PERM deemed a claim to be in error. The sections following the table describe each error. This report provides a full list of PERM IDs associated with each error in [Section H](#). The title of Table 5 is hyperlinked to this list. In addition, the CAP template includes further details on each claim.

[\*\*Pennsylvania Table 5: CHIP Managed Care Data Processing Error by Error Type\*\*](#)

Error Type and Cause of Error	# of Sample Errors
Administrative/Other Error (DP12)	
Other	5

Note: Multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors.

***Managed Care Data Processing Error Descriptions by Error Type***

**Administrative/Other Error (DP12)**

**Other**

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- Five errors were cited because the managed care capitation reviews could not be found in the CHIP MMIS. As required by 42 CFR 447.203 (a) and 42 CFR 431.970 the state must be able to furnish documentation upon request. This resulted in the state having to conduct research to determine where the five claims were located.

For even more detailed information on any findings and specific policy citations, please refer to the SMERF website.

### 3. Types of Payment Errors

This section analyzes Pennsylvania CHIP payment errors for RY 2019, separating them into state errors (data processing errors) versus provider errors (medical review errors).

Table 6 shows how the errors aggregate into state and provider payment errors.

**Pennsylvania Table 6: CHIP Types of Payment Errors**

Error Type	State or Provider Error	# of Sample Errors	% of Total # of Sample Errors	Sample Federal Dollars in Error	% of Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Projected Federal Dollars in Error
<b>Data Processing Errors</b>	State	5	100.00%	\$965	100.00%	<b>\$68,828,125</b>	100.00%
Note: Multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.							

### 4. Comparison of CHIP FY 2015 and RY 2019

This section provides a brief comparison of the sample findings for Pennsylvania in FY 2015 and RY 2019 for CHIP.

Due to changes in the type of error and service type descriptions, the type of error and service type categories from FY 2015 have been updated to match those in RY 2019 for the comparisons.

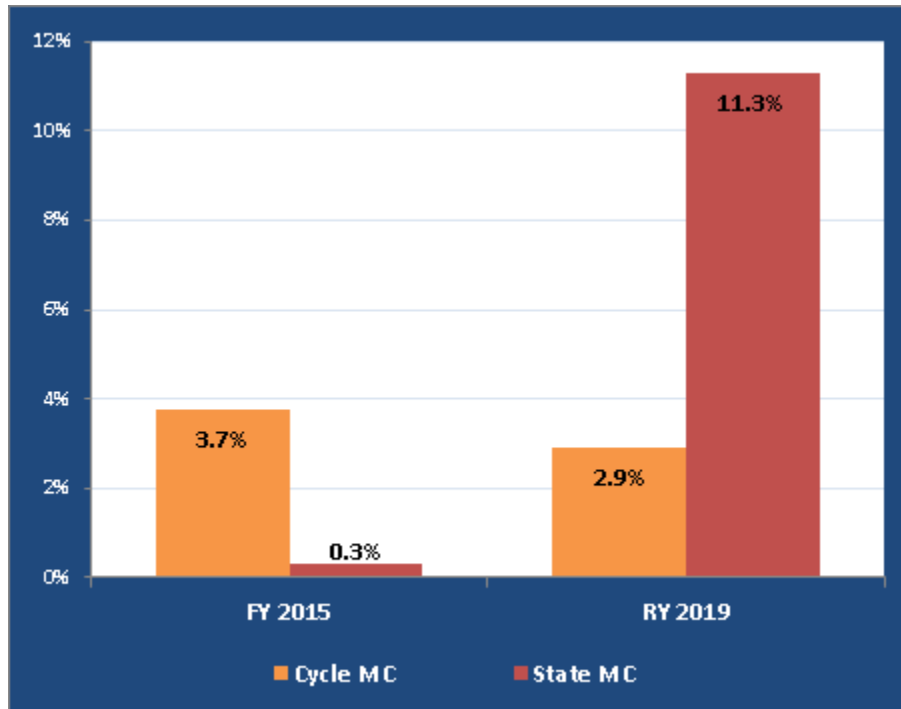
#### Pennsylvania’s CHIP FFS Findings

There is no FFS program in Pennsylvania; therefore, there are no FFS comparison analyses.

### Sample CHIP Managed Care Comparisons

Figure 4 compares the cycle and Pennsylvania CHIP Managed Care federal improper payment rates for FY 2015 and RY 2019.

**Pennsylvania Figure 4: Cycle and State CHIP Managed Care Federal Improper Payment Rates**



## F. CHIP Eligibility Review Findings

### 1. CHIP Eligibility Data Analyses

This section describes the types of CHIP eligibility payment errors. Table 7 compares Pennsylvania’s CHIP eligibility review errors to the cycle CHIP eligibility review errors by eligibility category. For reporting purposes, these categories were established by mapping each state’s eligibility categories to the matching federal eligibility category grouping.

**Pennsylvania Table 7: Cycle and State CHIP Eligibility Number of Errors and Federal Dollars in Error by Eligibility Category**

Eligibility Category	# of Sample Claims in Error		Sample Federal Dollars in Error		Projected Federal Dollars in Error		Federal Improper Payment Rate	
	State	Cycle	State	Cycle	State (in Millions)	Cycle (in Millions)	State	Cycle
<b>MAGI - CHIP</b>	73	1,082	\$3,203	\$700,291	<b>\$27</b>	<b>\$410</b>	7.40%	23.15%
<b>MAGI - Children under Age 19</b>	0	11	\$0	\$3,285	<b>\$0</b>	<b>\$4</b>	0.00%	24.84%
<b>MAGI - Medicaid CHIP Expansion</b>	53	865	\$1,815	\$453,867	<b>\$37</b>	<b>\$739</b>	15.61%	43.77%
<b>Total</b>	126	1,958	\$5,018	\$1,157,443	<b>\$64</b>	<b>\$1,153</b>	10.55%	33.17%

Note: Details do not always sum to the total due to rounding. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, multiple errors on a claim are not counted separately in this table (since claims are not sampled by eligibility category, counting separately may have artificially inflated the results of an eligibility category with claims that have multiple errors) and may not match other tables in the report.

**a. CHIP Eligibility Review – Error Type Analysis**

Figure 5 shows the percentage of CHIP eligibility review projected federal dollars in error by error type.

**Pennsylvania Figure 5: CHIP Eligibility Review Percentage of Projected Federal Dollars in Error by Error Type**

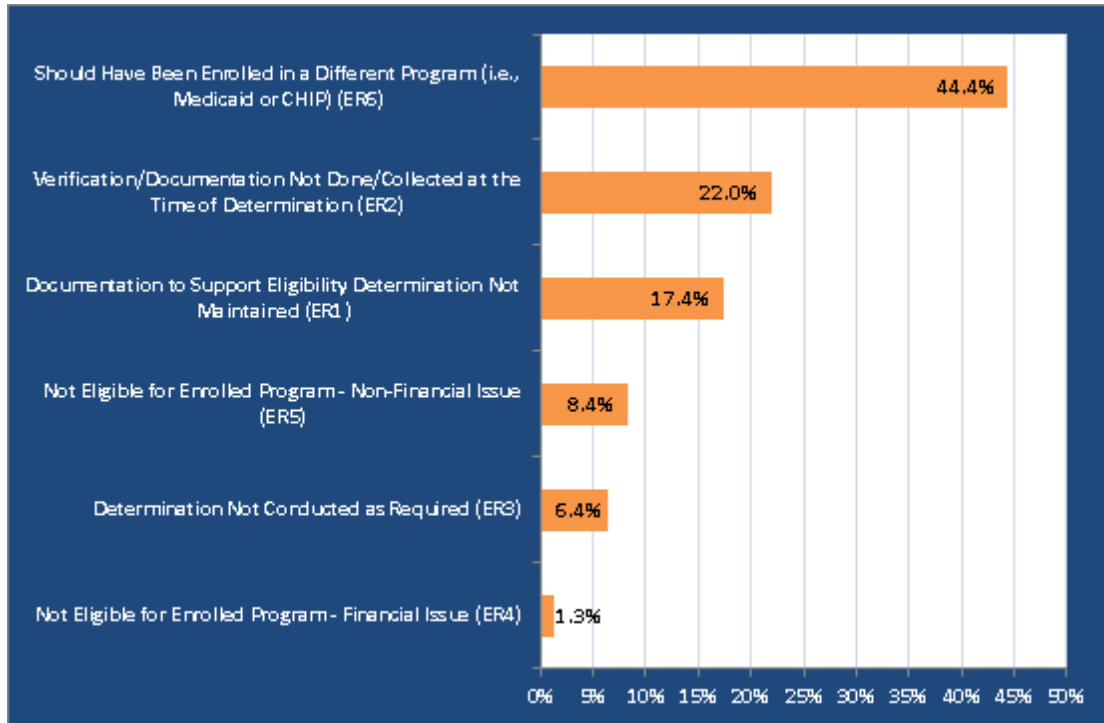


Table 8 contains information on the number of CHIP eligibility review errors and federal dollars in error for error types and percentage of total CHIP eligibility review errors.

**Pennsylvania Table 8: CHIP Eligibility Review Error Type by Overpayments and Percentage of Eligibility Review Errors**

Error Type	Overpayments			Percentage of Total Eligibility Review Errors		
	# of Sample Errors	Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Total # of Sample Errors	% of Total Sample Federal Dollars in Error	% of Total Projected Federal Dollars in Error
Documentation to Support Eligibility Determination Not Maintained (ER1)	7	\$1,432	\$13,201,660	4.35%	25.12%	17.44%
Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	8	\$1,398	\$16,664,647	4.97%	24.52%	22.01%
Determination Not Conducted as Required (ER3)	2	\$206	\$4,838,582	1.24%	3.61%	6.39%
Not Eligible for Enrolled Program - Financial Issue (ER4)	1	\$176	\$1,017,396	0.62%	3.08%	1.34%

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Error Type	Overpayments			Percentage of Total Eligibility Review Errors		
	# of Sample Errors	Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Total # of Sample Errors	% of Total Sample Federal Dollars in Error	% of Total Projected Federal Dollars in Error
<b>Not Eligible for Enrolled Program - Non-Financial Issue (ER5)</b>	3	\$348	<b>\$6,333,436</b>	1.86%	6.10%	<b>8.37%</b>
<b>Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)</b>	17	\$2,142	<b>\$33,647,899</b>	10.56%	37.57%	<b>44.45%</b>
<b>Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)</b>	123	\$0	<b>\$0</b>	76.40%	0.00%	<b>0.00%</b>
<b>Total</b>	161	\$5,701	<b>\$75,703,622</b>	100.00%	100.00%	<b>100.00%</b>

Note: Details do not always sum to the total due to rounding. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. In this table, deficiencies are included in the overpayment number of sample errors. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. This also applies to Figure 5, above. There were no underpayments cited, so only overpayments are reported in this table.

Table 9 lists the CHIP eligibility review errors by their more specific causes of error. The error causes are more detailed descriptions of why PERM deemed a claim to be in error.

**Pennsylvania Table 9: CHIP Eligibility Review Error Causes by Error Type**

Error Type and Cause of Error	# of Sample Errors
<b>Documentation to Support Eligibility Determination Not Maintained (ER1)</b>	
Income verification not on file/incomplete	3
Other required forms not on file/incomplete	2
Record of signature not on file - caseworker	2
<b>Verification/Documentation Not Done/Collected at the Time of Determination (ER2)</b>	
Citizenship not verified - caseworker	1
Household composition/tax filer status not verified - caseworker	2
Other element not verified - caseworker	1
Signature not recorded at initial application - caseworker	1
When appropriate, signature not recorded at renewal - caseworker	3
<b>Determination Not Conducted as Required (ER3)</b>	
Redetermination was not conducted within 12 months before date of payment for services - caseworker	2
<b>Not Eligible for Enrolled Program - Financial Issue (ER4)</b>	
Income deduction incorrectly included/excluded - caseworker	1
<b>Not Eligible for Enrolled Program - Non-Financial Issue (ER5)</b>	
Beneficiary had Third Party Insurance (CHIP only) - caseworker	3
<b>Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)</b>	
Beneficiary had Third Party Insurance (CHIP only) - caseworker	1



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Error Type and Cause of Error	# of Sample Errors
Exempt income incorrectly included - system	2
Household composition/tax filer unit or tax filer status incorrect - caseworker	4
Income correctly calculated; below/above income limit - system	3
Income deduction incorrectly included/excluded - caseworker	4
Income incorrectly calculated; other - caseworker	1
Other non-financial error - caseworker	2
<b>Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)</b>	
Countable income incorrectly excluded; eligible for enrolled category - caseworker	2
Countable income incorrectly excluded; not eligible for enrolled category - caseworker	5
Countable income incorrectly excluded; not eligible for enrolled category - system	1
Exempt income incorrectly included; eligible for enrolled category - caseworker	3
Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	9
Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker	2
Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - system	1
Income correctly calculated; below/above income limit; eligible for enrolled category - system	1
Income correctly calculated; below/above income limit; not eligible for enrolled category - caseworker	2
Income correctly calculated; below/above income limit; not eligible for enrolled category - system	3
Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	37
Income deduction incorrectly included/excluded; eligible for enrolled category - system	2
Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	4
Income incorrectly calculated; other; eligible for enrolled category - caseworker	35
Income incorrectly calculated; other; not eligible for enrolled category - caseworker	13
Other financial deficiency - system	2
Redetermination was not conducted timely (within 12 months) before DOS, but was conducted before date of payment - system	1

Note: Multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors.

***Eligibility Review Error Descriptions by Error Type***

**Documentation to Support Eligibility Determination Not Maintained (ER1)**

**Income verification not on file/incomplete**

- Three errors were cited because there was indication in the case record that income was verified during the state’s determination, but sufficient documentation was not maintained to complete a review of this element. Therefore, eligibility could not be determined to support the state’s decision.

**Other required forms not on file/incomplete**

- Two errors were cited because there was indication in the case record that the state obtained required forms, but sufficient documentation was not maintained to complete a review of this element. Therefore, eligibility could not be determined to support the state's decision.

**Record of signature not on file - caseworker**

- Two errors were cited because the application forms and/or renewal forms were not signed by the beneficiary. 42 CFR § 435.907(f) requires all initial applications to be signed and 42 CFR § 435.916(2)(ii) requires all renewal forms to be signed.

**Verification/Documentation Not Done/Collected at the Time of Determination (ER2)**

**Citizenship not verified - caseworker**

- One error was cited because there was no indication in the case record that citizenship was verified by the caseworker during the state's determination. Therefore, eligibility could not be determined to support the state's decision.

**Household composition/tax filer status not verified - caseworker**

- Two errors were cited because there was no indication in the case record that household composition and/or tax filer status was verified by the caseworker during the state's determination. The use of non-tax filer rules results in ineligibility. Therefore, eligibility could not be determined to support the state's decision.

**Other element not verified - caseworker**

- One error was cited because there was no indication in the case record that other elements were verified by the caseworker during the state's determination. Therefore, eligibility could not be determined to support the state's decision.

**Signature not recorded at initial application - caseworker**

- One error was cited because there was no indication in the case record that the beneficiary's signature was recorded during the initial application during the state's determination. The caseworker did not identify the beneficiary's signature as missing. 42 CFR § 435.907(f) requires all initial applications to be signed.

**When appropriate, signature not recorded at renewal - caseworker**

- Three errors were cited because there was no indication in the case record that the beneficiary's signature was recorded at renewal during the state's determination. The caseworker did not identify the beneficiary's signature as missing. 42 CFR § 435.916(a)(3)(i)(B) requires all renewal forms to be signed.

**Determination Not Conducted as Required (ER3)**

**Redetermination was not conducted within 12 months before date of payment for services - caseworker**

- Two errors were cited because the redetermination was not conducted by the caseworker within 12 months of the date of service as required by 42 CFR § 435.916(a).

**Not Eligible for Enrolled Program - Financial Issue (ER4)**

**Income deduction incorrectly included/excluded - caseworker**

- One error was cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. The beneficiary is not eligible for CHIP.

**Not Eligible for Enrolled Program - Non-Financial Issue (ER5)**

**Beneficiary had Third Party Insurance (CHIP only) - caseworker**

- Three errors were cited because the caseworker incorrectly evaluated health insurance. The beneficiary had comprehensive health insurance coverage. Therefore, the beneficiaries are not eligible for CHIP.

**Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)**

**Beneficiary had Third Party Insurance (CHIP only) - caseworker**

- One error was cited because the caseworker incorrectly evaluated the beneficiary as having no comprehensive health insurance coverage. The beneficiary should have been enrolled in Medicaid.

**Exempt income incorrectly included – system**

- Two errors were cited because the system incorrectly included exempt income when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.

**Household composition/tax filer unit or tax filer status incorrect - caseworker**

- Four errors were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. The beneficiaries should have been enrolled in Medicaid and not CHIP.

**Income correctly calculated; below/above income limit - system**

- Three errors were cited because the system correctly determined the household income but did not use the correct income limits when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.

**Income deduction incorrectly included/excluded – caseworker**

- Four errors were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.

**Income incorrectly calculated; other – caseworker**

- One error was cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. The beneficiary should have been enrolled in Medicaid and not CHIP.

**Other non-financial error – caseworker**

- Two errors were cited because the caseworker made a non-financial error when determining the beneficiary's eligibility. The beneficiaries should have been enrolled in Medicaid and not CHIP.

**Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)**

**Countable income incorrectly excluded; eligible for enrolled category - caseworker**

- Two deficiencies were cited because the caseworker incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.

**Countable income incorrectly excluded; not eligible for enrolled category - caseworker**

- Five deficiencies were cited because the caseworker incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Countable income incorrectly excluded; not eligible for enrolled category - system**

- One deficiency was cited because the system incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.

**Exempt income incorrectly included; eligible for enrolled category - caseworker**

- Three deficiencies were cited because the caseworker incorrectly included exempt income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.

**Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category – caseworker**

- Nine deficiencies were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiaries were still eligible for the enrolled category.

**Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker**

- Two deficiencies were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - system**

- One deficiency was cited because the system did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.

**Income correctly calculated; below/above income limit; eligible for enrolled category - system**

- One deficiency was cited because the system correctly determined the household income but did not utilize the correct income limits when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was still eligible for the enrolled category.

**Income correctly calculated; below/above income limit; not eligible for enrolled category - caseworker**

- Two deficiencies were cited because the caseworker correctly determined the household income but did not utilize the correct income limits when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Income correctly calculated; below/above income limit; not eligible for enrolled category - system**

- Three deficiencies were cited because the system correctly determined the household income but did not utilize the correct income limits when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker**

- Thirty-seven deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.

**Income deduction incorrectly included/excluded; eligible for enrolled category - system**

- Two deficiencies were cited because the system incorrectly included or excluded income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.

**Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker**

- Four deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Income incorrectly calculated; other; eligible for enrolled category - caseworker**

- Thirty-five deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.

**Income incorrectly calculated; other; not eligible for enrolled category - caseworker**

- Thirteen deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

**Other financial deficiency - system**

- Two deficiencies were cited because the system made a financial error when determining if the beneficiary met the eligibility thresholds. However, the beneficiaries were eligible for CHIP.

**Redetermination was not conducted timely (within 12 months) before DOS, but was conducted before date of payment - system**

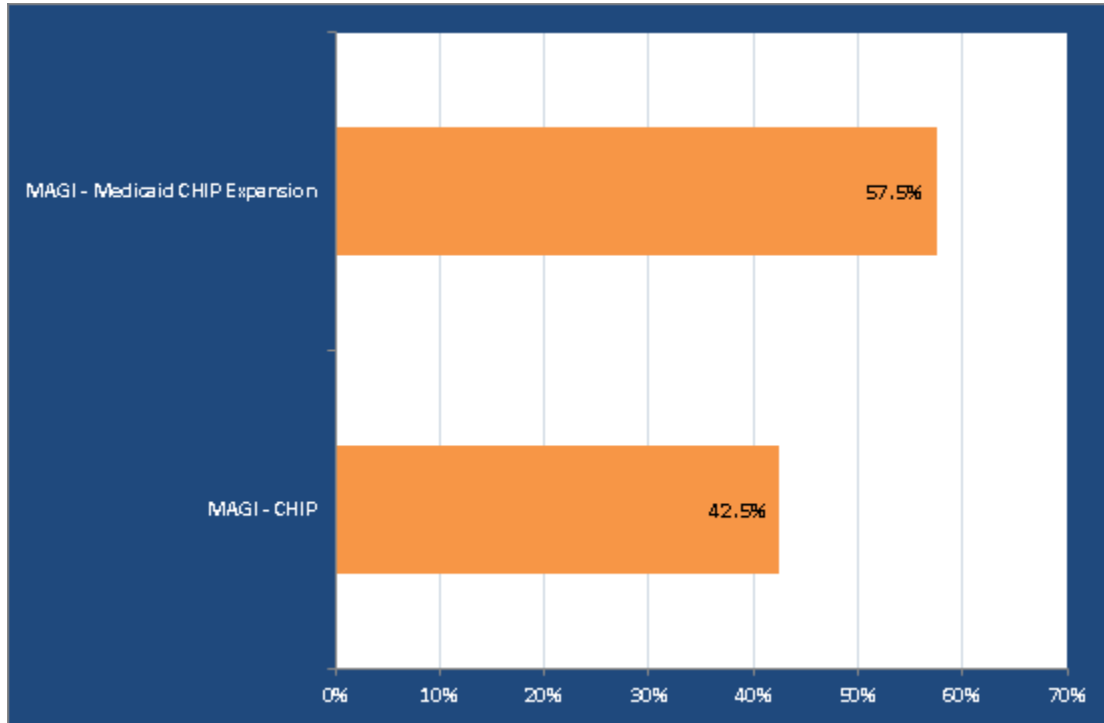
- One deficiency was cited because the redetermination was not conducted by the system before the required 12-month renewal date as required by 42 CFR § 435.916(a). However, the redetermination was conducted before the date of payment; therefore, the finding did not have an eligibility/financial impact.

For even more detailed information on any findings and specific policy citations, please refer to the SMERF website.

**b. CHIP Eligibility Review – Eligibility Category Analysis**

Figure 6 shows the percentage of CHIP eligibility review projected federal dollars in error by eligibility category.

**Pennsylvania Figure 6: CHIP Eligibility Review Percentage of Projected Federal Dollars in Error by Eligibility Category**



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Table 10 contains information on the number of CHIP eligibility review errors and federal dollars in error by eligibility category.

**Pennsylvania Table 10: CHIP Eligibility Review Errors by Eligibility Category**

Eligibility Category	Overpayments			Percentage of Total Eligibility Review Errors		
	# of Sample Claims in Error	Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Total # of Sample Claims in Error	% of Total Sample Federal Dollars in Error	% of Total Projected Federal Dollars in Error
<b>MAGI - CHIP</b>	73	\$3,203	<b>\$27,306,259</b>	57.94%	63.83%	<b>42.51%</b>
<b>MAGI - Medicaid CHIP Expansion</b>	53	\$1,815	<b>\$36,936,008</b>	42.06%	36.17%	<b>57.49%</b>
<b>Total</b>	126	\$5,018	<b>\$64,242,267</b>	100.00%	100.00%	<b>100.00%</b>
<p>Note: Details do not always sum to the total due to rounding. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. In this table, deficiencies are included in the overpayment number of sample errors. Additionally, multiple errors on a claim are not counted separately in this table (since claims are not sampled by eligibility category, counting separately may have artificially inflated the results of an eligibility category with claims that have multiple errors) and may not match other tables in the report. This also applies to Figure 6, above. There were no underpayments cited, so only overpayments are reported in this table.</p>						

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Table 11 shows eligibility review errors by eligibility category for CHIP eligibility, including count of errors and projected federal dollars in error.

**Pennsylvania Table 11: CHIP Eligibility Category by Eligibility Review Error Type in Projected Federal Dollars**

Eligibility Category	Documentation to Support Eligibility Determination Not Maintained (ER1)		Verification/ Documentation Not Done/ Collected at the Time of Determination (ER2)		Determination Not Conducted as Required (ER3)		Not Eligible for Enrolled Program - Financial Issue (ER4)		Not Eligible for Enrolled Program - Non-Financial Issue (ER5)	
	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error
<b>MAGI - CHIP</b>	5	\$8,475,537	5	\$10,695,233	0	\$0	1	\$1,017,396	0	\$0
<b>MAGI - Medicaid CHIP Expansion</b>	2	\$4,726,124	3	\$5,969,415	2	\$4,838,582	0	\$0	3	\$6,333,436
<b>Total</b>	7	\$13,201,660	8	\$16,664,647	2	\$4,838,582	1	\$1,017,396	3	\$6,333,436

Note: Details do not always sum to the total due to rounding. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.



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Eligibility Category	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)		Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	
	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error
<b>MAGI - CHIP</b>	6	\$11,224,386	75	\$0
<b>MAGI - Medicaid CHIP Expansion</b>	11	\$22,423,514	48	\$0
<b>Total</b>	17	\$33,647,899	123	\$0

Note: Details do not always sum to the total due to rounding. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.

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Table 12 lists the CHIP eligibility review payment errors by eligibility category.

**Pennsylvania Table 12: CHIP Eligibility Review Error Type and Error Causes by Eligibility Category**

Eligibility Category and Error Type	# of Sample Errors
<b>MAGI - CHIP</b>	
<i>Documentation to Support Eligibility Determination Not Maintained (ER1)</i>	
Income verification not on file/incomplete	2
Other required forms not on file/incomplete	2
Record of signature not on file - caseworker	1
<i>Verification/Documentation Not Done/Collected at the Time of Determination (ER2)</i>	
Citizenship not verified - caseworker	1
Household composition/tax filer status not verified - caseworker	2
Other element not verified - caseworker	1
When appropriate, signature not recorded at renewal - caseworker	1
<i>Not Eligible for Enrolled Program - Financial Issue (ER4)</i>	
Income deduction incorrectly included/excluded - caseworker	1
<i>Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)</i>	
Household composition/tax filer unit or tax filer status incorrect - caseworker	1
Income correctly calculated; below/above income limit - system	3
Income deduction incorrectly included/excluded - caseworker	1
Other non-financial error - caseworker	1
<i>Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)</i>	
Countable income incorrectly excluded; eligible for enrolled category - caseworker	2
Countable income incorrectly excluded; not eligible for enrolled category - caseworker	3
Countable income incorrectly excluded; not eligible for enrolled category - system	1
Exempt income incorrectly included; eligible for enrolled category - caseworker	3
Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	4
Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker	1
Income correctly calculated; below/above income limit; eligible for enrolled category - system	1
Income correctly calculated; below/above income limit; not eligible for enrolled category - caseworker	2
Income correctly calculated; below/above income limit; not eligible for enrolled category - system	3
Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	24
Income deduction incorrectly included/excluded; eligible for enrolled category - system	1
Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	2
Income incorrectly calculated; other; eligible for enrolled category - caseworker	21
Income incorrectly calculated; other; not eligible for enrolled category - caseworker	7
<b>MAGI - Medicaid CHIP Expansion</b>	
<i>Documentation to Support Eligibility Determination Not Maintained (ER1)</i>	
Income verification not on file/incomplete	1

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Eligibility Category and Error Type	# of Sample Errors
Record of signature not on file - caseworker	1
<i>Verification/Documentation Not Done/Collected at the Time of Determination (ER2)</i>	
Signature not recorded at initial application - caseworker	1
When appropriate, signature not recorded at renewal - caseworker	2
<i>Determination Not Conducted as Required (ER3)</i>	
Redetermination was not conducted within 12 months before date of payment for services - caseworker	2
<i>Not Eligible for Enrolled Program - Non-Financial Issue (ER5)</i>	
Beneficiary had Third Party Insurance (CHIP only) - caseworker	3
<i>Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)</i>	
Beneficiary had Third Party Insurance (CHIP only) - caseworker	1
Exempt income incorrectly included - system	2
Household composition/tax filer unit or tax filer status incorrect - caseworker	3
Income deduction incorrectly included/excluded - caseworker	3
Income incorrectly calculated; other - caseworker	1
Other non-financial error - caseworker	1
<i>Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)</i>	
Countable income incorrectly excluded; not eligible for enrolled category - caseworker	2
Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	5
Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker	1
Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - system	1
Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	13
Income deduction incorrectly included/excluded; eligible for enrolled category - system	1
Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	2
Income incorrectly calculated; other; eligible for enrolled category - caseworker	14
Income incorrectly calculated; other; not eligible for enrolled category - caseworker	6
Other financial deficiency - system	2
Redetermination was not conducted timely (within 12 months) before DOS, but was conducted before date of payment - system	1

Note: Multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors.

***Eligibility Review Error Descriptions by Eligibility Category***

**MAGI - CHIP**

**Seventeen errors were cited for this eligibility category:**

- Two “Documentation to Support Eligibility Determination Not Maintained (ER1)” errors were cited because there was indication in the case record that income was verified during the state’s determination, but sufficient documentation was not

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maintained to complete a review of this element. Therefore, eligibility could not be determined to support the state's decision.

- Two “Documentation to Support Eligibility Determination Not Maintained (ER1)” errors were cited because there was indication in the case record that the state obtained required forms, but sufficient documentation was not maintained to complete a review of this element. Therefore, eligibility could not be determined to support the state's decision.
- One “Documentation to Support Eligibility Determination Not Maintained (ER1)” error was cited because the application forms and/or renewal forms were not signed by the beneficiary. 42 CFR § 435.907(f) requires all initial applications to be signed and 42 CFR § 435.916(2)(ii) requires all renewal forms to be signed.
- One “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” error was cited because there was no indication in the case record that citizenship was verified by the caseworker during the state's determination. Therefore, eligibility could not be determined to support the state's decision.
- Two “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” errors were cited because there was no indication in the case record that household composition and/or tax filer status was verified by the caseworker during the state's determination. The use of non-tax filer rules results in ineligibility. Therefore, eligibility could not be determined to support the state's decision.
- One “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” error was cited because there was no indication in the case record that other elements were verified by the caseworker during the state's determination. Therefore, eligibility could not be determined to support the state's decision.
- One “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” error was cited because there was no indication in the case record that the beneficiary's signature was recorded at renewal during the state's determination. The caseworker did not identify the beneficiary's signature as missing. 42 CFR § 435.916(a)(3)(i)(B) requires all renewal forms to be signed.
- One “Not Eligible for Enrolled Program - Financial Issue (ER4)” error was cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. The beneficiary is not eligible for CHIP.
- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. The beneficiary should have been enrolled in Medicaid and not CHIP.
- Three “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” errors were cited because the system correctly determined the household income but did not use the correct income limits when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.
- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. The beneficiary should have been enrolled in Medicaid and not CHIP.

- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker made a non-financial error when determining the beneficiary’s eligibility. The beneficiary should have been enrolled in Medicaid and not CHIP.

**Seventy-five deficiencies were cited for this eligibility category:**

- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- Three “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the system incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.
- Three “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly included exempt income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- Four “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiaries were still eligible for the enrolled category.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the system correctly determined the household income but did not utilize the correct income limits when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was still eligible for the enrolled category.
- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker correctly determined the household income but did not utilize the correct income limits when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- Three “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the system correctly determined the household income but did not utilize the correct income limits when determining if the

beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

- Twenty-four “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the system incorrectly included or excluded income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was still eligible for the enrolled category.
- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- Twenty-one “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- Seven “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.

### **MAGI - Medicaid CHIP Expansion**

#### **Twenty-one errors were cited for this eligibility category:**

- One “Documentation to Support Eligibility Determination Not Maintained (ER1)” error was cited because there was indication in the case record that income was verified during the state’s determination, but sufficient documentation was not maintained to complete a review of this element. Therefore, eligibility could not be determined to support the state’s decision.
- One “Documentation to Support Eligibility Determination Not Maintained (ER1)” error was cited because the application forms and/or renewal forms were not signed by the beneficiary. 42 CFR § 435.907(f) requires all initial applications to be signed and 42 CFR § 435.916(2)(ii) requires all renewal forms to be signed.
- One “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” error was cited because there was no indication in the case record that the beneficiary’s signature was recorded during the initial application during the state’s determination. The caseworker did not identify the beneficiary’s signature as missing. 42 CFR § 435.907(f) requires all initial applications to be signed.
- Two “Verification/Documentation Not Done/Collected at the Time of Determination (ER2)” errors were cited because there was no indication in the case record that the beneficiary’s signature was recorded at renewal during the state’s determination. The caseworker did not identify the beneficiary’s signature as missing. 42 CFR § 435.916(a)(3)(i)(B) requires all renewal forms to be signed.

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- Two “Determination Not Conducted as Required (ER3)” errors were cited because the redetermination was not conducted by the caseworker within 12 months of the date of service as required by 42 CFR § 435.916(a).
- Three “Not Eligible for Enrolled Program - Non-Financial Issue (ER5)” errors were cited because the caseworker incorrectly evaluated health insurance. The beneficiary had comprehensive health insurance coverage. Therefore, the beneficiaries are not eligible for CHIP.
- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker incorrectly evaluated the beneficiary as having no comprehensive health insurance coverage. The beneficiary should have been enrolled in Medicaid.
- Two “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” errors were cited because the system incorrectly included exempt income when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.
- Three “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” errors were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. The beneficiaries should have been enrolled in Medicaid and not CHIP.
- Three “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” errors were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. The beneficiaries should have been enrolled in Medicaid and not CHIP.
- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. The beneficiary should have been enrolled in Medicaid and not CHIP.
- One “Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)” error was cited because the caseworker made a non-financial error when determining the beneficiary’s eligibility. The beneficiary should have been enrolled in Medicaid and not CHIP.

### **Forty-eight deficiencies were cited for this eligibility category:**

- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly excluded countable income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- Five “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiaries were still eligible for the enrolled category.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the caseworker did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or

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relationship rules. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.

- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the system did not construct the household size correctly based upon the appropriate tax filer rules, non-tax filer rules, or relationship rules. However, the beneficiary was eligible for a different program category with the same service package and FMAP rate.
- Thirteen “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the system incorrectly included or excluded income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiary was still eligible for the enrolled category.
- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly included or excluded MAGI income deductions when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- Fourteen “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were still eligible for the enrolled category.
- Six “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the caseworker incorrectly calculated the household income when determining if the beneficiary met the eligibility income thresholds. However, the beneficiaries were eligible for a different program category with the same service package and FMAP rate.
- Two “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiencies were cited because the system made a financial error when determining if the beneficiary met the eligibility thresholds. However, the beneficiaries were eligible for CHIP.
- One “Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)” deficiency was cited because the redetermination was not conducted by the system before the required 12-month renewal date as required by 42 CFR § 435.916(a). However, the redetermination was conducted before the date of payment; therefore, the finding did not have an eligibility/financial impact.

For even more detailed information on any findings and specific policy citations, please refer to the SMERF website.



## 2. Types of Payment Errors

### a. CHIP Eligibility Review – MAGI Analysis

This section analyzes Pennsylvania CHIP payment errors for RY 2019 MAGI errors versus Non-MAGI errors.

Table 13 shows how the errors aggregate into MAGI and Non-MAGI payment errors.

**Pennsylvania Table 13: CHIP Eligibility MAGI versus Non-MAGI Errors**

MAGI or Non-MAGI Error	# of Sample Claims in Error	% of Total # of Sample Claims in Error	Sample Federal Dollars in Error	% of Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Projected Federal Dollars in Error
<b>MAGI</b>	126	100.00%	\$5,018	100.00%	<b>\$64,242,267</b>	100.00%

Note: Multiple errors on a claim are not counted separately in this table and may not match tables that do individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.

Table 14 shows how the MAGI errors aggregate into system and caseworker errors<sup>2</sup>.

**Pennsylvania Table 14: CHIP Eligibility MAGI Errors by System versus Caseworker**

Classification <sup>3</sup>	# of Sample Errors	Sample Federal Dollars in Error	Projected Federal Dollars in Error
<b>Caseworker</b>	140	\$3,860	<b>\$57,685,512</b>
<b>System</b>	16	\$729	<b>\$8,818,575</b>
<b>Unknown</b>	5	\$1,113	<b>\$9,199,535</b>

Note: Multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.

<sup>2</sup> Not all cases are touched by both a system and a caseworker.

<sup>3</sup> Some errors are not attributed to either system or caseworker, mostly where there is not enough documentation to determine an assignment. Additionally, some errors attributed to caseworker could stem from an underlying system issue. States will need to perform a deeper analysis to determine the true root cause and establish appropriate corrective actions.

**b. CHIP Eligibility Review – Claim Type Analysis**

This section analyzes Pennsylvania CHIP payment errors for RY 2019 FFS errors versus managed care errors.

Table 15 shows how the errors aggregate into FFS and managed care payment errors.

**Pennsylvania Table 15: CHIP Eligibility Errors by Claim Type**

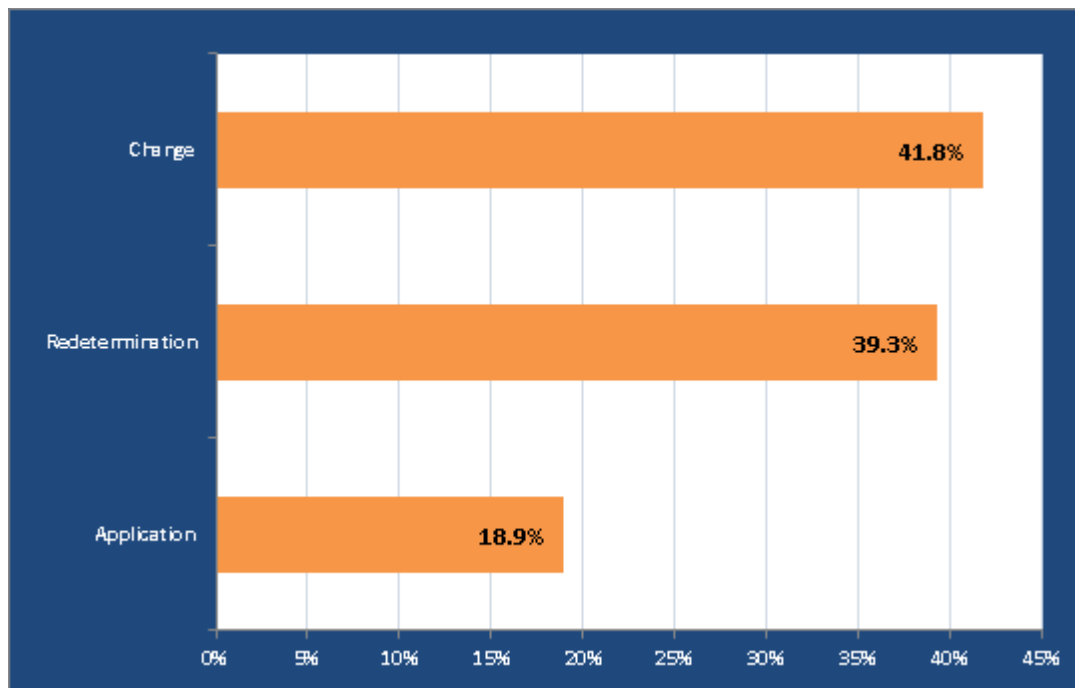
Claim Type	# of Sample Claims in Error	% of Total # of Sample Claims in Error	Sample Federal Dollars in Error	% of Sample Federal Dollars in Error	Projected Federal Dollars in Error	% of Projected Federal Dollars in Error
<b>Managed Care</b>	126	100.00%	\$5,018	100.00%	<b>\$64,242,267</b>	100.00%

Note: Multiple errors on a claim are not counted separately in this table and may not match tables that do individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. Additionally, please note that the eligibility reviews of FFS and managed care claims are identical, unlike for medical and data processing reviews.

**c. CHIP Eligibility Review – Case Action Analysis**

This section analyzes Pennsylvania CHIP payment errors for RY 2019 case action errors. Figure 7 shows the percentage of CHIP case action errors by projected federal dollars in error. In Pennsylvania, application errors account for 18.95% of projected federal dollars in error, while redetermination errors comprise 39.28%.

**Pennsylvania Figure 7: CHIP Eligibility Case Action Errors**



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Table 16 shows how the errors aggregate into case action payment errors.

**Pennsylvania Table 16: CHIP Eligibility Case Action Errors**

<b>Case Action Error<sup>4</sup></b>	<b># of Sample Claims in Error</b>	<b>% of Total # of Sample Claims in Error</b>	<b>Sample Federal Dollars in Error</b>	<b>% of Sample Federal Dollars in Error</b>	<b>Projected Federal Dollars in Error</b>	<b>% of Projected Federal Dollars in Error</b>
<b>Application</b>	19	15.08%	\$1,056	21.03%	<b>\$12,172,616</b>	18.95%
<b>Change</b>	45	35.71%	\$2,121	42.26%	<b>\$26,832,275</b>	41.77%
<b>Redetermination</b>	62	49.21%	\$1,842	36.71%	<b>\$25,237,376</b>	39.28%

Note: Multiple errors on a claim are not counted separately in this table and may not match tables that do individually count these errors. This also applies to Figure 7, above. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report. A case action of "Not Applicable" applies to cases where eligibility happens automatically. Examples include Title IV-E cases and SSI cases in 1634 states. A case action of "Unknown" applies to cases where the type of action is not able to be determined. An example includes where an application or renewal is missing completely from the case file.

<sup>4</sup> Not all claims considered redetermination were cited errors for redetermination not conducted timely; other errors were cited on some of these claims.

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Table 17 shows eligibility review errors by case action for CHIP eligibility, including count of errors and projected federal dollars in error.

**Pennsylvania Table 17: CHIP Eligibility Case Action by Eligibility Review Error Type in Projected Federal Dollars**

Case Action	Documentation to Support Eligibility Determination Not Maintained (ER1)		Verification/ Documentation Not Done/ Collected at the Time of Determination (ER2)		Determination Not Conducted as Required (ER3)		Not Eligible for Enrolled Program - Financial Issue (ER4)		Not Eligible for Enrolled Program - Non-Financial Issue (ER5)	
	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error
Application	1	\$3,015,718	3	\$5,246,810	0	\$0	0	\$0	1	\$2,139,782
Change	1	\$2,039,698	4	\$8,640,819	0	\$0	0	\$0	2	\$4,193,655
Redetermination	5	\$8,146,245	1	\$2,777,018	2	\$4,838,582	1	\$1,017,396	0	\$0
<b>Total</b>	<b>7</b>	<b>\$13,201,660</b>	<b>8</b>	<b>\$16,664,647</b>	<b>2</b>	<b>\$4,838,582</b>	<b>1</b>	<b>\$1,017,396</b>	<b>3</b>	<b>\$6,333,436</b>

Note: Details do not always sum to the total due to rounding. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.

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Case Action	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)		Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	
	# of Sample Errors	Projected Federal Dollars in Error	# of Sample Errors	Projected Federal Dollars in Error
<b>Application</b>	3	\$5,864,050	18	\$0
<b>Change</b>	9	\$15,544,971	45	\$0
<b>Redetermination</b>	5	\$12,238,878	60	\$0
<b>Total</b>	17	\$33,647,899	123	\$0

Note: Details do not always sum to the total due to rounding. Additionally, multiple errors on a claim are counted separately in this table and may not match tables that do not individually count these errors. Also, deficiencies are included in the number of sample errors and number of sample claims in error counts throughout this report.

### **3. Comparison of CHIP FY 2015 and RY 2019**

This section provides a brief comparison of the sample findings for Pennsylvania in FY 2015 and RY 2019 for CHIP.

#### **Sample Medicaid Eligibility Comparisons**

There was no eligibility measurement in Pennsylvania in the previous cycle; therefore, there are no eligibility comparison analyses.

## Appendix

### A. Error Type Definitions

The following tables list error type definitions for medical review error codes, data processing error codes, and eligibility error codes, as well as an overall acronym glossary.

**Pennsylvania Appendix Table 1: Medical Review Error Codes**

Error Code	Error	Definition
MR1	No Documentation Error	The provider failed to respond to requests for the medical records or the provider responded that he or she did not have the requested documentation. The provider did not send any documentation related to the sampled payment.
MR2	Document(s) Absent from Record	Claim errors are placed into this category when the submitted medical documentation is missing required information, making the record insufficient to support payment for the services billed. The provider submitted some documentation, but the documentation is inconclusive to support the billed service. Based on the medical records provided, the reviewer could not conclude that some of the allowed services were provided at the level billed and/or medically necessary. Additional documentation was not submitted.
MR3	Procedure Coding Error	The reviewer determines that the medical service, treatment, and/or equipment was medically necessary and was provided at a proper level of care, but billed and paid based on a wrong procedure code.
MR4	Diagnosis Coding Error	According to the medical record, the principal diagnosis code was incorrect or the DRG paid was incorrect and resulted in a payment error.
MR5	Unbundling Error	Unbundling includes instances where a set of medical services was provided and billed as separate services when a CMS regulation or policy or local practice dictates that they should have been billed as a set rather than as individual services.
MR6	Number of Unit(s) Error	An incorrect number of units was billed.
MR7	Medically Unnecessary Service Error	There is sufficient documentation in the records for the reviewer to make an informed decision that the medical services or products were not medically necessary. There is affirmative evidence that shows there was an improper diagnosis or deficient treatment plan reasonably connected to the provision of unnecessary medical services or treatment plan for an illness/injury not applicable to improving a patient's condition.
MR8	Policy Violation Error	A policy is in place regarding the service or procedure performed, and medical review indicates that the service or procedure in the record is inconsistent with the documented policy.
MR9	Improperly Completed Documentation	Required forms and documents are present, but are inadequately completed to verify that the services were provided in accordance with policy or regulation.
MR10	Administrative/Other Error	Medical review determined a payment error, but does not fit into one of the other medical review error categories.

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Error Code	Error	Definition
MTD	Medical Technical Deficiency	Medical review determined a deficiency that did not result in a payment error. DOS billing errors are included as deficiencies when the date of service on the record is less than 7 days prior to or after the DOS on the claim.

**Pennsylvania Appendix Table 2: Data Processing Error Codes**

Error Code	Error	Definition
DP1	Duplicate Claim Error	The sampled line item/claim or capitation payment is an exact duplicate of another line item/claim or capitation payment that was previously paid. Services on a sampled claim conflict with services on another claim during the same date of service (DOS).
DP2	Non-covered Service/Beneficiary Error	The state's policy indicates that the service billed on the sampled claim is not payable by the Medicaid or CHIP programs and/or the beneficiary is ineligible for the coverage category for the service.
DP3	FFS Payment for a Managed Care Service Error	The beneficiary is enrolled in a managed care organization that includes the service on the sampled claim under capitated benefits, but the state inappropriately paid for the sampled service.
DP4	Third-Party Liability Error	Medicaid/CHIP paid the service on the sampled claim as the primary payer, but a third-party carrier should have paid for the service.
DP5	Pricing Error	The payment for the service does not correspond with the pricing schedule on file and in effect for the DOS on the claim.
DP6	System Logic Edit Error	The system did not contain the edit that was necessary to properly administer state policy or the system edit was in place, but was not working correctly and the sampled line item/claim was paid inappropriately.
DP7	Data Entry Error	The sampled line item/claim was paid in error due to clerical errors in the data entry of the claim.
DP8	Managed Care Rate Cell Error	The beneficiary was enrolled in managed care on the sampled date of service and assigned to an incorrect rate cell, resulting in payment made according to the wrong rate cell.
DP9	Managed Care Payment Error	The beneficiary was enrolled in managed care and assigned to the correct rate cell, but the amount paid for that rate cell was incorrect.
DP10	Provider Information/Enrollment Error	The provider was not enrolled in Medicaid/CHIP according to federal regulations and state policy or required provider information was missing from the sampled claim.
DP11	Claim Filed Untimely Error	The sampled claim was not filed in accordance with the timely filing requirements defined by state policy.
DP12	Administrative/ Other Error	There was insufficient documentation to determine the accuracy of the payment or a payment error was discovered during data processing review, but the error was not a DP1 – DP11 error.
DTD	Data Processing Technical Deficiency	A deficiency was found during data processing review that did not result in a payment error.



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**Pennsylvania Appendix Table 3: Eligibility Review Error Codes**

Error Code	Error	Definition
ER1	Documentation to Support Eligibility Determination Not Maintained	The state cannot provide documentation obtained during the state's eligibility determination. Evidence within the eligibility case file or eligibility system indicated that the state verified the eligibility element using an appropriate verification source during the state's eligibility determination, but the documentation of the verification source was not maintained. The beneficiary under review may be financially and categorically eligible but eligibility cannot be confirmed without the documentation.
ER2	Verification/Documentation Not Done/Collected at the Time of Determination	The state cannot provide documentation obtained during the state's eligibility determination. In addition, the state cannot provide evidence the state obtained documentation from an appropriate verification source during the state's eligibility determination. The beneficiary under review may be financially and categorically eligible, but eligibility cannot be confirmed without the documentation.
ER3	Determination Not Conducted as Required	The state could not provide evidence the state conducted an eligibility determination or the state completed an eligibility determination that was not in accordance with timeliness standards (does not apply to application timely processing) defined in federal regulation.
ER4	Not Eligible for Enrolled Program – Financial Issue	The beneficiary is not eligible to receive coverage under the enrolled program (i.e., Medicaid or CHIP) due to an incorrect caseworker or system action relating to the financial elements of the eligibility determination.
ER5	Not Eligible for Enrolled Program – Non-Financial Issue	The beneficiary is not eligible to receive coverage under the enrolled program (i.e., Medicaid or CHIP) due to an incorrect caseworker or system action relating to the non-financial elements of the eligibility determination.
ER6	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP)	The beneficiary is not eligible for the enrolled program (i.e., Medicaid or CHIP), but is eligible for the other program.
ER7	Not Eligible for Enrolled Eligibility Category – Incorrect FMAP Assignment	The beneficiary is assigned to the correct program (i.e., Medicaid or CHIP), but is enrolled in an incorrect eligibility category within the program, which results in an incorrect FMAP assignment for the beneficiary.
ER8	Not Eligible for Enrolled Eligibility Category – Ineligible for Service	The beneficiary is assigned to the correct program (i.e., Medicaid or CHIP), but is enrolled in an incorrect eligibility category, which results in the individual receiving services for which they were not eligible.
ER9	FFE-D Error	Not applicable to states; used for errors when the FFE incorrectly determined eligibility for the beneficiary.
ER10	Other Errors	The beneficiary is improperly denied or terminated, or the contribution to care calculation is incorrectly calculated.
ERTD1	Incorrect Case Determination, But There was No Payment on Claim	The beneficiary is ineligible for any of the reasons cited in the ER1 – ER10, but no payment was made for the claim.

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Error Code	Error	Definition
ERTD2	Finding Noted with Case, But Did Not Affect Determination or Payment	The state incorrectly applied federal or state regulations; federal policy or procedure; or made an error during the eligibility determination; however, the beneficiary remains eligible for the enrolled program or category.

**Pennsylvania Appendix Table 4: Acronym Glossary**

Acronym	Definition
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendments
CMS	Centers for Medicare and Medicaid Services
DMF	Death Master File
DOS	Date Of Service
DP	Data Processing
DRG	Diagnosis-Related Group
E/M	Evaluation and Management
ER	Eligibility Review
FCBC	Fingerprint-based Criminal Background Check
FFE-D	Federally Facilitated Exchange - Determination
FFS	Fee-For-Service
FMAP	Federal Medical Assistance Percentage
HIPAA	Health Insurance Portability and Accountability Act
ICF	Intermediate Care Facility
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
ISP	Individual Service Plan
ITP	Individual Treatment Plan
LEIE	List of Excluded Individuals/Entities
LTC	Long Term Care
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
MR	Medical Review
NADAC	National Average Drug Acquisition Cost
NDC	National Drug Code
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OIG	Office of Inspector General
ORP	Ordering and Referring Physicians and other professionals
PA	Prior Authorization

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Acronym	Definition
PECOS	Provider Enrollment, Chain, and Ownership System
PERM	Payment Error Rate Measurement
POC	Plan Of Care
QMB	Qualified Medicare Beneficiary
RBS	Risk-Based Screening
SAM/EPLS	System for Award Management/Excluded Parties List System
SLMB	Specified Low - Income Medicare Beneficiary
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TD	Technical Deficiency
TPL	Third-Party Liability

**B. List of PERM IDs**

The following tables list the medical review errors, data processing errors, and eligibility errors by PERM ID.

**Pennsylvania Appendix Table 6: CHIP Managed Care Data Processing Error by Error Type**

PERM ID	Error Type	Qualifier
PAC1904M015	Administrative/Other Error (DP12)	Other
PAC1904M019	Administrative/Other Error (DP12)	Other
PAC1904M027	Administrative/Other Error (DP12)	Other
PAC1904M053	Administrative/Other Error (DP12)	Other
PAC1904M061	Administrative/Other Error (DP12)	Other

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**Pennsylvania Appendix Table 7: CHIP Eligibility Review Error by Error Type**

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1901M024	Documentation to Support Eligibility Determination Not Maintained (ER1)	Income verification not on file/incomplete	MAGI - CHIP
PAC1902M001	Documentation to Support Eligibility Determination Not Maintained (ER1)	Income verification not on file/incomplete	MAGI - CHIP
PAC1904M059	Documentation to Support Eligibility Determination Not Maintained (ER1)	Income verification not on file/incomplete	MAGI - Medicaid CHIP Expansion
PAC1901M004	Documentation to Support Eligibility Determination Not Maintained (ER1)	Other required forms not on file/incomplete	MAGI - CHIP
PAC1903M044	Documentation to Support Eligibility Determination Not Maintained (ER1)	Other required forms not on file/incomplete	MAGI - CHIP
PAC1902M076	Documentation to Support Eligibility Determination Not Maintained (ER1)	Record of signature not on file - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M024	Documentation to Support Eligibility Determination Not Maintained (ER1)	Record of signature not on file - caseworker	MAGI - CHIP
PAC1901M020	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	Citizenship not verified - caseworker	MAGI - CHIP
PAC1902M025	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	Household composition/tax filer status not verified - caseworker	MAGI - CHIP
PAC1904M044	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	Household composition/tax filer status not verified - caseworker	MAGI - CHIP
PAC1902M061	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	Other element not verified - caseworker	MAGI - CHIP
PAC1904M070	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	Signature not recorded at initial application - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M044	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	When appropriate, signature not recorded at renewal - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M001	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	When appropriate, signature not recorded at renewal - caseworker	MAGI - CHIP
PAC1903M040	Verification/Documentation Not Done/Collected at the Time of Determination (ER2)	When appropriate, signature not recorded at renewal - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M063	Determination Not Conducted as Required (ER3)	Redetermination was not conducted within 12 months before date of payment for services - caseworker	MAGI - Medicaid CHIP Expansion

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1903M066	Determination Not Conducted as Required (ER3)	Redetermination was not conducted within 12 months before date of payment for services - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M048	Not Eligible for Enrolled Program - Financial Issue (ER4)	Income deduction incorrectly included/excluded - caseworker	MAGI - CHIP
PAC1903M054	Not Eligible for Enrolled Program - Non-Financial Issue (ER5)	Beneficiary had Third Party Insurance (CHIP only) - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M065	Not Eligible for Enrolled Program - Non-Financial Issue (ER5)	Beneficiary had Third Party Insurance (CHIP only) - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M068	Not Eligible for Enrolled Program - Non-Financial Issue (ER5)	Beneficiary had Third Party Insurance (CHIP only) - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M056	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Beneficiary had Third Party Insurance (CHIP only) - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M067	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Exempt income incorrectly included - system	MAGI - Medicaid CHIP Expansion
PAC1904M069	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Exempt income incorrectly included - system	MAGI - Medicaid CHIP Expansion
PAC1901M043	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Household composition/tax filer unit or tax filer status incorrect - caseworker	MAGI - CHIP
PAC1902M043	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Household composition/tax filer unit or tax filer status incorrect - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M069	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Household composition/tax filer unit or tax filer status incorrect - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M069	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Household composition/tax filer unit or tax filer status incorrect - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M042	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income correctly calculated; below/above income limit - system	MAGI - CHIP
PAC1904M009	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income correctly calculated; below/above income limit - system	MAGI - CHIP
PAC1902M061	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income correctly calculated; below/above income limit - system	MAGI - CHIP
PAC1902M015	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income deduction incorrectly included/excluded - caseworker	MAGI - CHIP
PAC1902M053	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income deduction incorrectly included/excluded - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M079	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income deduction incorrectly included/excluded - caseworker	MAGI - Medicaid CHIP Expansion

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1902M056	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income deduction incorrectly included/excluded - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M079	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Income incorrectly calculated; other - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M026	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Other non-financial error - caseworker	MAGI - CHIP
PAC1904M070	Should Have Been Enrolled in a Different Program (i.e., Medicaid or CHIP) (ER6)	Other non-financial error - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M037	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M001	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M012	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M075	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M007	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M053	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M065	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M001	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Countable income incorrectly excluded; not eligible for enrolled category - system	MAGI - CHIP
PAC1904M019	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Exempt income incorrectly included; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M021	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Exempt income incorrectly included; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M025	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Exempt income incorrectly included; eligible for enrolled category - caseworker	MAGI - CHIP

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1901M071	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M041	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M004	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M049	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M050	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M066	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M040	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M053	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M021	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M032	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M047	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M334	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Household composition/tax filer unit or tax filer status incorrect; not eligible for enrolled category - system	MAGI - Medicaid CHIP Expansion
PAC1904M007	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; eligible for enrolled category - system	MAGI - CHIP
PAC1904M014	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; not eligible for enrolled category - caseworker	MAGI - CHIP



Pennsylvania - PERM CHIP RY 2019 Findings

PERM ID	Error Type	Qualifier	Eligibility Category
PAC1904M052	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M015	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; not eligible for enrolled category - system	MAGI - CHIP
PAC1903M020	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; not eligible for enrolled category - system	MAGI - CHIP
PAC1901M020	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income correctly calculated; below/above income limit; not eligible for enrolled category - system	MAGI - CHIP
PAC1901M002	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M038	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M046	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M066	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M073	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M076	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M010	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M013	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M030	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M335	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion

Pennsylvania - PERM CHIP RY 2019 Findings

PERM ID	Error Type	Qualifier	Eligibility Category
PAC1901M337	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M046	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M352	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M058	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M060	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M064	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M018	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M057	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M058	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M077	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M006	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M020	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M029	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M032	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP

Pennsylvania - PERM CHIP RY 2019 Findings

PERM ID	Error Type	Qualifier	Eligibility Category
PAC1904M036	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M048	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M053	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M073	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M075	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M015	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M032	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M075	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M001	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M069	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M001	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M065	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M068	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M059	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - system	MAGI - Medicaid CHIP Expansion

Pennsylvania - PERM CHIP RY 2019 Findings

PERM ID	Error Type	Qualifier	Eligibility Category
PAC1904M054	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; eligible for enrolled category - system	MAGI - CHIP
PAC1903M012	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M060	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M078	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M007	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income deduction incorrectly included/excluded; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M037	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M047	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M053	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M068	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M070	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M075	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M012	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M321	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1902M047	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion

Pennsylvania - PERM CHIP RY 2019 Findings

PERM ID	Error Type	Qualifier	Eligibility Category
PAC1902M048	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M365	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M367	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M368	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M006	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M022	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M035	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M055	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M067	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M070	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M073	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M008	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M027	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M034	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1904M035	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M057	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M062	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M046	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1901M071	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M041	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M018	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1903M065	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M007	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M034	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M065	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M068	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1901M061	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M004	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP

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PERM ID	Error Type	Qualifier	Eligibility Category
PAC1901M323	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M048	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M011	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M046	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M060	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M071	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1903M004	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M025	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M052	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1904M071	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - Medicaid CHIP Expansion
PAC1904M052	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Income incorrectly calculated; other; not eligible for enrolled category - caseworker	MAGI - CHIP
PAC1902M073	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Other financial deficiency - system	MAGI - Medicaid CHIP Expansion
PAC1903M063	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Other financial deficiency - system	MAGI - Medicaid CHIP Expansion
PAC1901M334	Finding Noted With Case, But Did Not Affect Determination or Payment (ERTD2)	Redetermination was not conducted timely (within 12 months) before DOS, but was conducted before date of payment - system	MAGI - Medicaid CHIP Expansion

## [Return to CHIP Eligibility Review Findings](#)

### **C. Recoveries**

When a sampled unit is identified as an overpayment error, CMS recovers funds from the state for the federal share. Final Errors For Recovery (FEFR) reports are posted on the designated CMS Review Contractor's SMERF website, which lists all claims with an overpayment error and is the official notice sent to the states of recoveries due. An official letter of notification from CMS is attached to the report notice sent to the states.

States have up to one year from the date of discovery of an overpayment (which is the date of the FEFR report) for Medicaid and CHIP to recover, or to attempt to recover, the overpayment before refunding the federal share. There are exceptions; please reference the State Medicaid Directors Letter (SMDL# 10-014) dated July 13, 2010 at <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD10014.pdf> for more details.

CMS PERM recoveries are reported to the Department of Health & Human Services and Congress. States must return the federal share for overpayments identified in Medicaid and CHIP FFS and managed care. States can find a comprehensive list of these overpayments in the RY 2019 FEFR report. In addition, states may find a comprehensive list of Difference Resolutions (DRs) and Appeals filed throughout the cycle, as well as the outcomes of continued processing (which are not reflected in this report) on the SMERF website. Overpayments identified through the PERM eligibility review follow the disallowance process outlined in the July 5, 2017 PERM Regulation (82 FR 31158) and 1903(u) of the Social Security Act.

There are circumstances in which exceptions to the requirement to return the federal share of a PERM overpayment may apply. Exceptions include instances where the state adjusted the payment to the correct amount after the 60 days allowed within PERM, the provider submitted documentation after the cycle ended, or the provider successfully appealed a decision to the state. These exceptions are listed in Section XII of the CMS PERM Manual, located at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/FY17PERMManual.pdf>. States should alert CMS if they believe one of these exceptions applies to their state (note: exceptions will not result in a change in the state's officially cited errors or reported improper payment rate). Please note, the recoveries process is not an opportunity to disagree with error findings. States should complete the DR process within the designated timeframes throughout the PERM cycle, as the end of the cycle is not the time for a state to dispute findings.

States are to work with their designated CMS Regional Office PERM recoveries contact to ensure the appropriate federal share is returned timely. Your CMS Central Office PERM recoveries contact is your CMS PERM state liaison, Danielle Kochenour, who can be reached at 410-786-2999 or [Danielle.Kochenour@cms.hhs.gov](mailto:Danielle.Kochenour@cms.hhs.gov).

### **D. Next Steps**

The corrective action process begins by establishing a corrective action panel consisting of persons within your organization who have decision-making responsibilities that affect policy and



## Pennsylvania - PERM CHIP RY 2019 Findings

procedural change. This panel should review Pennsylvania's RY 2019 PERM findings, identify programmatic causes of the errors, determine the root causes for the errors, and develop a CAP using the CMS provided Pennsylvania CAP template to address the major causes of these errors.

The CAP should include an implementation schedule that identifies major tasks required to implement each corrective action and timelines, including target implementation dates and milestones. Monitoring and evaluation of the corrective action is also essential to ensure that the corrective action is meeting targets and goals and is achieving the desired results.

The CAP is due to CMS 90 calendar days after the date on which the state's improper payment rates are posted on the Review Contractor's website. A timely submission of the CAP is essential as it is the first step in making a good faith effort to address improper payments. Detailed information and instructions for submitting a CAP can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Corrective-Action-Plan-CAP-Process.html>.

CMS appreciates the cooperation extended by Pennsylvania during the RY 2019 measurement and the commitment to safeguarding taxpayers' dollars by ensuring that CHIP services are rendered and reimbursed accurately. CMS looks forward to continuing our partnership with Pennsylvania during the CAP process. Our aim is to work closely with Pennsylvania to ensure timely submission and implementation of Pennsylvania's corrective action plan. If you have any questions or concerns do not hesitate to contact your CMS PERM state liaison, Danielle Kochenour, at the number or email address listed in the above recoveries section.