

**MEDICAID/SCHIP PAYMENT ERROR RATE MEASUREMENT (PERM) PROGRAM
COVER SHEET**

Perm Database and Documentation Contractor

Medicaid/SCHIP Provider:

Report Date:

Beneficiary Name: Sampling Unit ID: Provider Number: Service From/To: CID Number: State: Category: 2	
Letter Sequence:	Due Date:

Please submit ALL **APPLICABLE** documents from the Listing below and ANY **ADDITIONAL** documentation to support your Medicaid/SCHIP claim for services provided on the Date(s) of Service requested.

If your individual State's Medicaid/SCHIP policy requires you to maintain specific documentation related to the type of services you provide, please also include those in your submission.

Inpatient Psychiatric / Mental Health Facility Services:

Admission Face Sheet	Multidisciplinary Care Plan / Notes	24 - Hour Patient Care / Monitoring
Psychiatric Certification for Admission	Nurse's notes	Laboratory and Diagnostic Tests/Reports
Emergency Department Record / Notes	Nursing Assessment / Database	Incident report
Admission History and Physical (H&P)	Nursing Care Plan	Discharge Summary
Physician orders, signed	Nursing Flowsheets	Hospital transfer form
Progress / Therapy Notes	Medication Administration Record (MAR)	Consent forms
Psychiatric Evaluation / Testing	Treatment administration Record / Notes	Number of units billed with unit definition such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)
Treatment Plan and goals	Procedure Reports / Notes	
Consultation Reports / Notes		

Please:

- Copy both sides of each page.
- DO NOT cut off page edges when copying.
- If you need to send additional information later, DO NOT re-send documents you have already sent. Only send the additional documentation with the identifying cover sheet.

Documents **must be** submitted with this original bar coded cover sheet. The PERM Database and Documentation Office uses this sheet to confirm receipt of your documents.

Please fax documentation to **(240) 568-9122**. If unable to fax documents, please send the documents to the address below:

PERM Database and Documentation Contractor
 Attn: CID# _____
 9090 Junction Drive, Suite 9
 Annapolis Junction, Maryland 20701