

**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: 7
Letter Sequence:

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.

Home Health Services:

Admission Face Sheet	Multidisciplinary Care Plan/notes	Laboratory and Diagnostic tests/reports
Physician Certification/Recertification	Consultation reports/notes	DME prescription
Admission History and Physical (H&P)	Social Services assessment/notes	DME Prior Authorization, if required
Physician orders, signed	Spiritual assessment/notes	DME signature log/proof of delivery
Initial/Intake assessment	Nutrition/Dietary assessment/notes	Incident reports
Nursing notes/visit notes	PT, OT, SLP assessments/notes	Patient Education Documentation
Nursing assessments	Respiratory Therapy visits/notes	Discharge Summary
Nursing Care Plan	Medication list	Consent forms
Case Management Plan	Infusion Therapy	OASIS data
Home Health Aide notes/worksheets	24 - Hour Patient Care/monitoring	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)

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

