

**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: 1
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 Hospitalization:

Admission Face Sheet / Coding Summary	Nursing Assessment/Database	Operative reports/notes
Ambulance Record	Consultation reports/notes	Procedure reports/notes
Emergency Department record/notes	Cardiovascular Reports	Anesthesia Record (pre and post-op)
ER Admit Note	Respiratory Reports	Perioperative record/notes
Admission History and Physical (H&P)	PT, OT, SLP Assessments/notes	Laboratory and Diagnostic tests/reports
Physician orders, signed	Therapy Records	Electronic Fetal Monitor record
Progress notes	Medication Administration Record (MAR)	Labor and Delivery record/notes
Nurse's notes	Treatment Administration Record/notes	Patient Education Documentation
Nursing Care Plan	Vital Sign Flowsheets	Discharge Summary
Case Management Plan	Intake and Output (I&O)	Hospital transfer form
Critical Pathways	Weight record	Consent forms
Nutrition/ Dietary Assessment	Dialysis	

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

InptHospital1_020808.pdf