

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

**Perm Database and Documentation Contractor**

**Medicaid/SCHIP Provider:**

**Report Date:**

<b>Beneficiary Name:</b> <b>Sampling Unit ID:</b> <b>Provider Number:</b> <b>Service From/To:</b> <b>CID Number:</b> <b>State:      Category: 7</b>
<b>Letter Sequence:</b>

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

