

**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: 9
Letter Sequence:

Please submit ALL **APPLICABLE** documents from the **Appropriate** 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.

Lab and X-ray Services:

Physician order sheet, signed	Prior Authorization, if required
Lab reports	Invoice / billing / charge ticket
X-ray reports	

Other Care, Services and Supplies and Home and Community Based Waiver Services:

Physician orders, signed	DME prescription	IEP/ISP covering Date(s) of Service
Prior Authorization, if required	DME Prior Authorization, if required	Physician referral/order for IEP/ISP Services
Prosthetic device assessments/notes	Meals On Wheels Menus	IEP/ISP Service/Treatment Plan and Goals
Prosthetic billing	Meals on Wheels Delivery Record	IEP/ISP daily service worksheets/records/notes
Optometrist orders/notes	HCBS Waiver Checklist/Plan of Care	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc.)
Eyeglass/Optician invoices	HCBS Waiver Progress notes/flowsheets	
Proof of Delivery/Signature logs	Invoice for services	

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

OtherCareServSupply9_020808.pdf