

**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: 3
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.

Nursing Facilities (NF) Services and ICF Services for MR:

Admission Face Sheet / Coding Summary	Psychiatric evaluation/testing	Vital Sign Flowsheet
Level of Care assessment/determination	Mini Mental State Exam (MMSE)	Intake and Output (I&O)
Physician Certification/Recertification	Psychiatric Treatment Plan and goals	Weight record
Admission History and Physical (H&P)	Consultation reports/notes	Dialysis
Physician orders, signed	Multidisciplinary Care Plan/notes	24 - Hour Patient Care / Monitoring
Progress notes	Social Services assessment/notes	Laboratory and Diagnostic tests/reports
Nurse's notes	Spiritual assessment/notes	Incident report
Nursing Assessment/Database	Nutrition/Dietary Assessment	Patient Education Documentation
Nursing Care Plan	PT, OT, SLP assessments/notes	Discharge Summary
Case Management Plan	Medication Administration Record (MAR)	Hospital transfer form
Resident Assessment Protocol (RAP)	Treatment Administration Record/notes	Consent forms
Minimum Data Set (MDS) applicable to DOS timeframe, signed		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

