

**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: 8</b>
<b>Letter Sequence:</b>

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.

**Personal Care Services:**

Admission Face Sheet	Aide notes/worksheets	Client Signature for Services
Physician Certification/Recertification	Nursing Notes/Supervisory visit notes	IEP/ISP covering Date(s) of Service
Admission History and Physical (H&P)	Other Supervisory notes	Physician referral/order for IEP/ISP Services
Physician orders, signed	Menus	IEP/ISP Service/Treatment Plan and Goals
Initial/Intake Assessment	Discharge Summary	IEP/ISP daily service worksheets/records/notes
Plan of Care	Consent forms	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)

**Targeted Case Management Services:**

Case Management Referral	Case Management Notes	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)
At - Risk Assessment	Coordination of Services sheet	
Case Management Care Plan	Case Management Invoice/Billing	

**Rehabilitative Services:**

Admission Face Sheet	Treatment notes and Goals	Discharge Summary
Admission History and Physical (H&P)	Nursing notes/Supervisory visit notes	Consent forms
Physician orders, signed	DME prescription	IEP/ISP covering Date(s) of Service
Initial/Intake Assessment	DME Prior Authorization, if required	Physician referral/order for IEP/ISP Services
Plan of Care	DME signature log/proof of delivery	IEP/ISP Service/Treatment Plan and Goals
Physician Certification/Recertification, if required		IEP/ISP daily service worksheets/records/notes

**Physical Therapy, Occupational Therapy and Services for Speech, Hearing and Language Disorders:**

Admission Face Sheet	Monthly Therapy / Progress Notes	Consent forms
Physician Certification/Recertification	Medication list	IEP/ISP covering Date(s) of Service
Admission History and Physical (H&P)	DME prescription	Physician referral/order for IEP/ISP Services
Physician orders, signed	DME Prior Authorization, if required	IEP/ISP Service/Treatment Plan and Goals
Initial/Intake Assessment	DME signature log/proof of delivery	IEP/ISP daily service worksheets/records/notes
PT, OT, SLP Assessments/notes	Patient Education Documentation	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)
Skilled Nursing Visit Notes	Discharge Summary	
Therapy Care Plan/Goals		

**Hospice Services:**

Admission Face Sheet	Hospice Nursing Progress Notes	Home Health Aide notes/worksheets
Physician Certification/Recertification	Hospice Nursing/CM Care Plan	Medication list
Hospice Benefit Election/Revoke forms	Multidisciplinary Care Plan/notes	24 - Hour Patient Care/monitoring
History and Physical (H&P)	Volunteer Notes	Laboratory and Diagnostic tests/reports
Physician orders, signed	Social Services assessment/notes	Patient Education Documentation
Initial/Intake assessment	Spiritual assessment/notes	Discharge Summary
Hospice Nurse Visit Notes	Nutrition/Dietary assessment	Consent forms

**Nurse Midwife:**

Encounter/visit record/notes	Physician orders, signed	Procedure record/notes
Treatment Plans	Patient Education Documentation	Treatment consent form

**Private Duty Nursing:**

Physician orders, signed	Nursing Visit Notes	Discharge Summary
Initial / Intake Assessment	Medication list	Consent forms
Nursing / Case Management Care Plan	24 - Hour Patient Care / Monitoring	Number of units billed with unit definition (such as, 15 minutes, 30 minutes, one hour, 1 visit, etc..)
Nursing Flowsheets	Patient Education Documentation	

**Religious Non-Medical Health Care Institutions:**

Admission Face Sheet	Treatment Plan	Patient Education Documentation
RNHCI Election form	Progress notes	Discharge Summary
Care Plans	24 - Hour Patient Care / Monitoring	Consent forms

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