Surveillance and Utilization Review Section (SURS)

Xerox Provider Training

Fall 2014

Jennifer Tucker, CPC

SURS Supervisor

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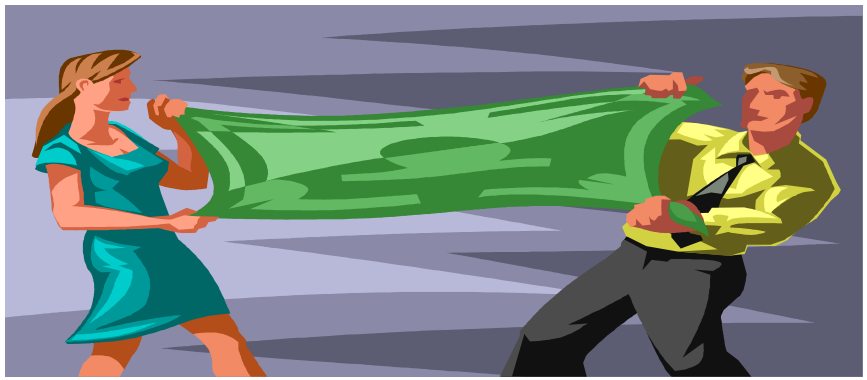
What is SURS?

Surveillance/Utilization Review Section is a federally mandated program [42 CFR, Part 456.3]

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.



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We accomplish this by:

- performing retrospective reviews
- educating medical providers
- recovering overpayments if indicated

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The Medicaid Processing System

- Claims processing system includes numerous edits
- To identify most billing errors
- It doesn't detect all errors

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The Medicaid Processing System

- Some claims are paid in error
  - due to incorrect billing
  - system complications
- ALL paid claims are subject to retrospective review
  - this includes prior authorized claims

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Overpayment Recovery

SURS can recover whether the error is caused by the provider or the Medicaid claims processing system. [ARM 37.85.406 (9) & (10)]

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Referrals

Referrals may come from:

- Program Officers
- Other agencies
- Fraud detection system
- Anywhere!

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Montana Medicaid Website

http://medicaidprovider.hhs.mt.gov/

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Contact Us
Definitions and Acronyms
Early and Periodic Screening, Diagnosis and Treatment
Electronic Billing
Electronic Billing Companion Guides
Electronic Health Records Incentives
Emergency Services
FAQs
Forms
Health Improvement Program
Medicaid Fraud and Abuse
Medicaid Information
Medicaid News
National Provider Identifier
Nurse First
Passport to Health
Provider Locator Search
Provider Newsletters
Resources by Provider Type (manuals, fee schedules, notices, etc)
Site Map
Team Care
Training
Upcoming Events
Web Links

State Fiscal Year (SFY) 2012 Proposed RBRVS Fee Schedule
Fee Schedule

Upcoming Training!
Fall 2011 Provider Training is scheduled for September through November. All trainings will be provided via WebEx.

Register for the training sessions via the WebEx links on the Training and Upcoming Events pages.

Fall 2011 Provider Training Survey
This is your opportunity to assist with the program development for the Fall 2011 sessions. Click the link below.
Survey

HIPAA 5010 Deadline Closer Than You Think!
All electronic X12 transactions must be submitted in the HIPAA 5010-compliant format beginning January 1, 2012.

Contact your software vendor and/or clearinghouse to make sure they are prepared to meet the deadline so that your claims processing is not delayed. For WINASAP users, a 5010-compliant version will be available later this year.

Watch for more details about plans for Montana Health Care Programs to be ready to accept and return transactions in the 5010 format and for other information related to 5010.

Health IT Environmental Survey
HealthShare Montana, Montana DPHHS, Health Technology Services, Montana Tech, and other Montana HIT entities need your assistance in completing an environmental survey.

This survey provides Montana with valuable baseline information required for:

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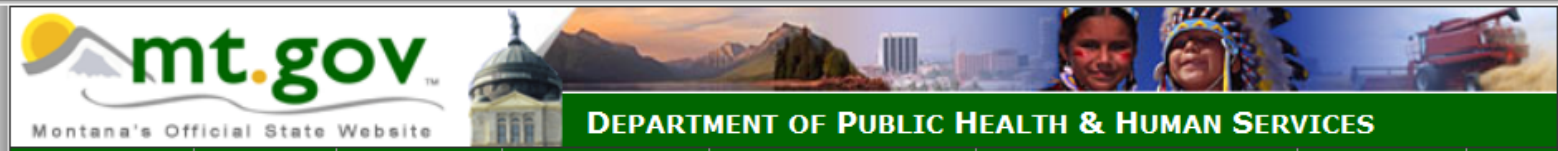
Here you can select the provider type you are looking for.



DPHHS Home | About Us | Contact Us | News & Events | Programs & Services | Vital Records & Statistics | A - Z Index

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

- Log in to Montana Access to Health
- NEW 5010 HIPAA Information
- Claim Instructions
- Contact Us
- Definitions and Acronyms
- Early and Periodic Screening, Diagnosis and Treatment
- Electronic Billing
- Electronic Health Records Incentives
- Emergency Services
- FAQs
- Forms
- Health Improvement Program
- Medicaid Fraud and Abuse
- Medicaid Information
- National Provider Identifier

Select Your Provider Type

A — C | D — F | G — K | L — O | P — Q | R — Z

Provider Types A–C

- 12/26/2012 Ambulance
- 12/26/2012 Ambulatory Surgical Center
- 12/26/2012 Audiologist
- 12/26/2012 Chemical Dependency
- 12/26/2012 Chiropractor (QMB)
- 12/26/2012 Clinic (Freestanding Dialysis)
- 12/26/2012 Clinic (Public Health)

Provider Types D–F

- 12/26/2012 Dental (Dentist, Dental Hygienist)
- 12/26/2012 Denturist
- 12/26/2012 Dialysis Clinic (Freestanding)
- 12/26/2012 Dialysis (Home)
- 12/26/2012 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- 12/26/2012 EPSDT
- 12/26/2012 Eyeglasses
- 12/26/2012 Family Planning
- 12/26/2012 Federally Qualified Health Center (FQHC)

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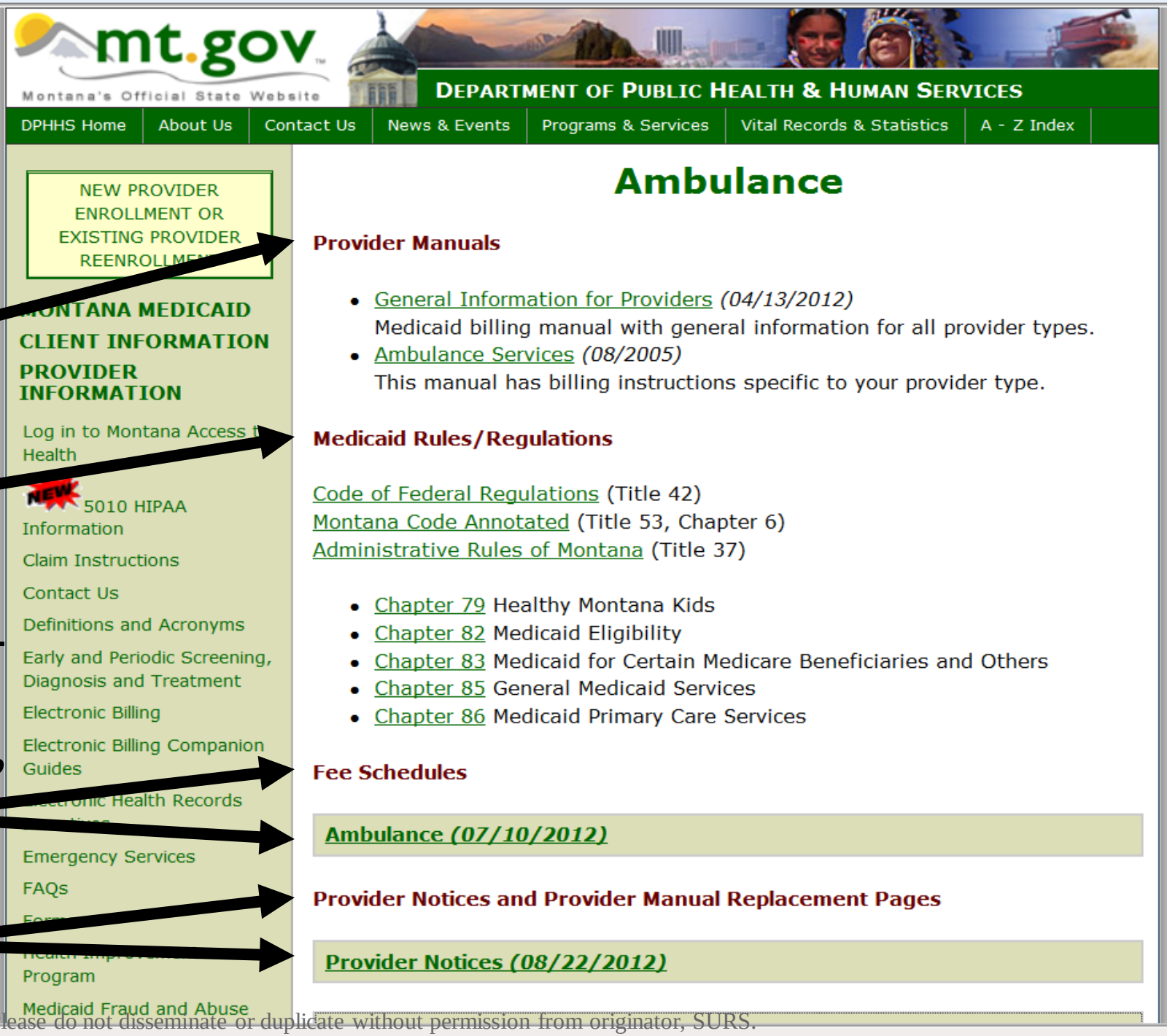
Multiple resources are available on this page

"What's New!?" – "Weekly postings"



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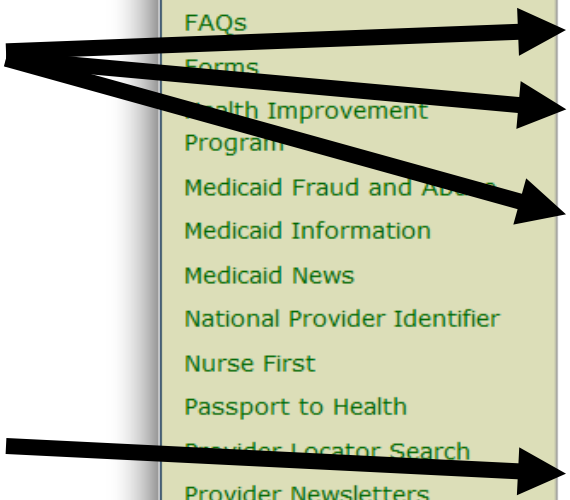

- Guides
- Electronic Health Records Incentives
- Emergency Services
- FAQs
- Forms
- [illegible]lth Improvement Program
- Medicaid Fraud and Ab[illegible]
- Medicaid Information
- Medicaid News
- National Provider Identifier
- Nurse First
- Passport to Health
- [illegible] Locator Search
- Provider Newsletters
- Resources by Provider Type (manuals, fee schedules, notices, etc)
- Site Map
- Team Care
- Training
- Upcoming Events
- Web Links

- Online Enrollment Tutorial
- Online NPI Reenrollment Tutorial
- Online Montana Access to Health Tutorial

Fee Schedules

Ambulance *(07/10/2012)*

Provider Notices and Provider Manual Replacement Pages

Provider Notices *(08/22/2012)*

Provider Manual Replacement Pages *(04/13/2012)*

Other Resources

Other Resources *(08/02/2012)*

Key Contacts

Key Contacts *(04/13/2012)*

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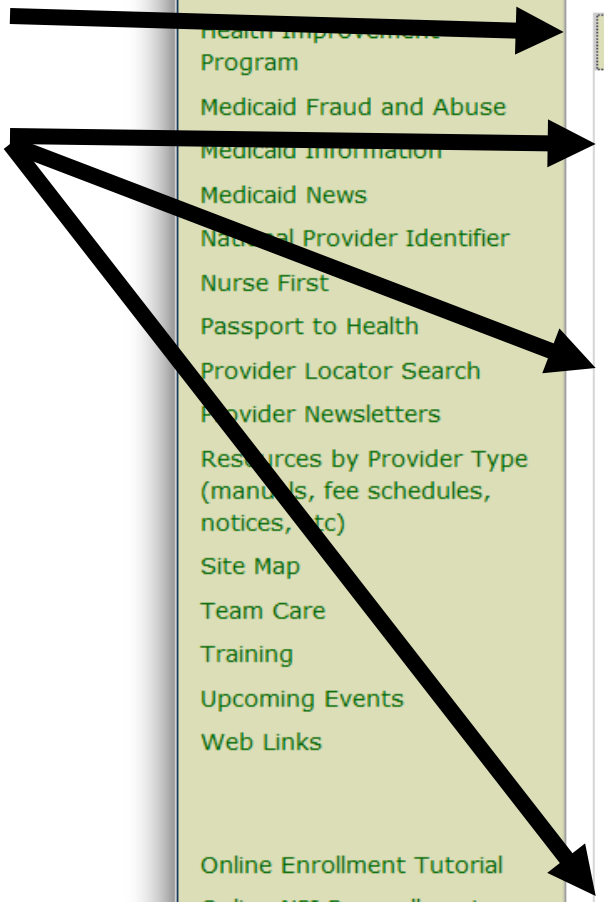

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Ambulance *(07/10/2012)*

Provider Notices and Provider Manual Replacement Pages

Provider Notices *(08/22/2012)*

2012

- 08/22/2012 Deleted ICD-9-CM-Codes
- 01/06/2012 Psychiatric Residential Treatment Facility (PRTF) Prior Authorization Start Date Must Match Admission Date

2011

- 11/07/2011 Provider Information on HIPAA 5010 837 Health Care Claim Transactions
- 09/09/2011 HIPAA 5010/OCR Qualifier Changes Effective January 1, 2012
- 09/07/2011 Payment Error Rate Measurement (PERM)
- 07/22/2011 Ambulance Provider Reimbursement Rate Change
- 07/18/2011 Reimbursement Changes for Covered Ancillary Services Provided to Youth in a Psychiatric Residential Treatment Facility (PRTF) and Additional Ancillary Services Are Covered
- 06/27/2011 HIPAA 5010/OCR Qualifier Changes Effective January 1, 2012
- 04/12/2011 Request: Claims Submission, Date of Payment by June 30, 2011

2010

- 10/05/2010 Changes to NCCI Edits
- 07/28/2010 Provider Record Update Procedures **Effective Immediately**
- 06/23/2010 Cost Sharing Exemption under ARRA
- 06/22/2010 Electronic Health Records Link
- 02/09/2010 United States 2010 Census
- 01/21/2010 Reimbursement Change for Psychiatric Residential Treatment

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Rule/Regulation Materials

- Code of Federal Regulations (CFR)
- Montana Code Annotated (MCA)
- Administrative Rules of Montana (ARM)

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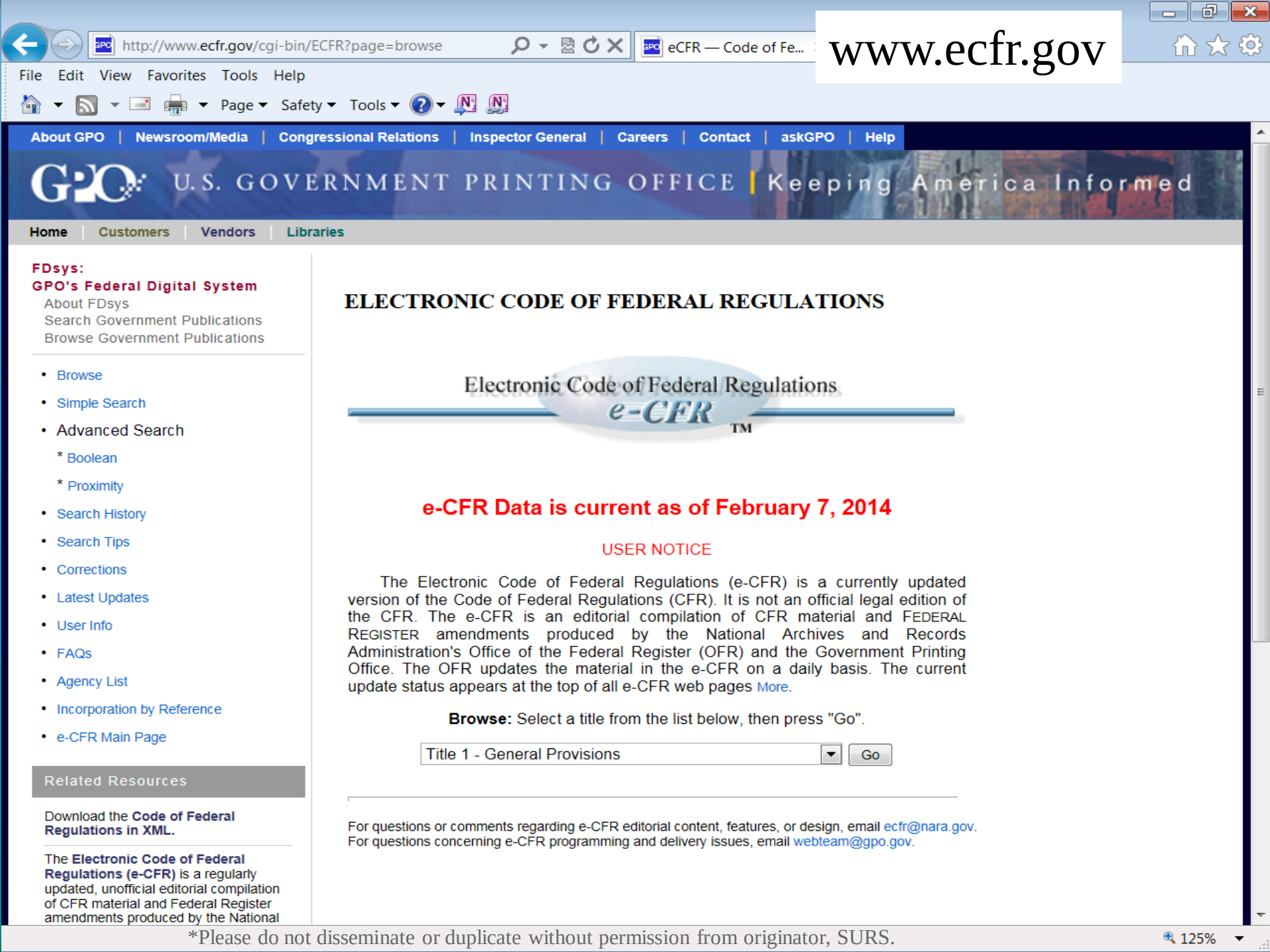

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Montana Code Annotated 2013

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TITLE 53. SOCIAL SERVICES AND INSTITUTIONS
CHAPTER 6. HEALTH CARE SERVICES

Part 1. Medical Assistance -- Medicaid

Back Up One Level in Table of Contents

53-6-101. Montana medicaid program -- authorization of services.
53-6-102. Repealed.
53-6-103. Repealed.
53-6-104. Freedom of doctors to treat recipients of medical assistance -- freedom to select doctor.
53-6-105. Discrimination prohibited.
53-6-106. Health care facility standards -- definitions.
53-6-107. Sanctions -- penalties.
53-6-108. Rules governing sanctions or remedies.
53-6-109. Consistent regulation of long-term care facilities -- rulemaking authority -- timeframes.
53-6-110. Report and recommendations on medicaid funding.
53-6-111. Department charged with administration and supervision of medical assistance program -- overpayment recovery -- sanctions for fraudulent and abusive activities -- adoption of rules.
53-6-112. Department to print and distribute copies of part and certain forms.
53-6-113. Department to adopt rules.
53-6-114. Rules of department binding.
53-6-115. Contracts with other agencies.
53-6-116. Medicaid managed care -- capitated health care.
53-6-117. Participation requirements.
53-6-118. through reserved

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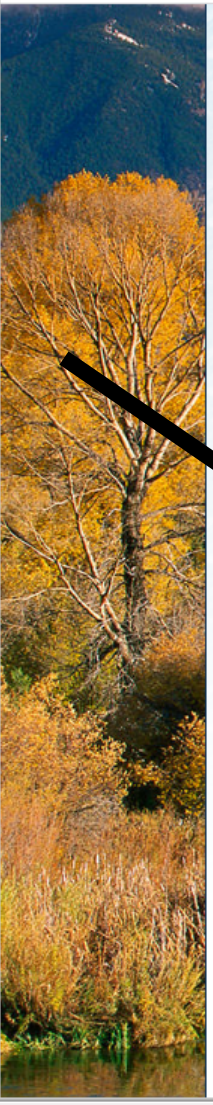

Log in to Montana Access to Health

Member Information

Provider Information

- 5010 HIPAA Information
- Claim Instructions
- Claim Jumper Newsletter
- Contact Us
- Definitions and Acronyms
- Early and Periodic Screening, Diagnosis and Treatment
- Electronic Billing
- Electronic Health Records Incentives
- Emergency Services
- Enhanced Payment
- FAQs
- Forms
- Health Improvement Program
- ICD-10 Information
- Medicaid Fraud and Abuse

General Information for Providers *(04/2012)*
Medicaid billing manual with general information for all provider types.

Physician-Related Services *(05/2012)*
This manual has billing instructions specific to your provider type.

Mental Health Services – Adult *(07/2011)*
This manual has billing instructions specific to your provider type.

Mental Health Services – Children *(04/2013)*
This manual has billing instructions specific to your provider type.

Passport to Health Provider Guide *(09/2013)*
Everything providers need to know to become a successful Passport provider.

Prescription Drug Program
This manual has information specific to your provider type. *(09/2013)*

Medicaid Rules/Regulations

Code of Federal Regulations (Title 42)
Montana Code Annotated (Title 53, Chapter 6)
Administrative Rules of Montana (Title 37)

- Chapter 79 Healthy Montana Kids
- Chapter 82 Medicaid Eligibility
- Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others
- Chapter 85 General Medicaid Services
- Chapter 86 Medicaid Primary Care Services

Fee Schedules

Physician *(02/11/2014)*

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Or you can go directly to: www.mtrules.org

Chapter No.	Chapter Title
37.1	ORGANIZATIONAL RULE
37.2	DEPARTMENT PROCEDURES
37.3	RESERVED
37.4	RESERVED
37.5	FAIR HEARINGS AND CONTESTED CASE PROCEEDINGS
37.6	RESERVED
37.7	RESERVED
37.8	RECORDS AND STATISTICS
37.9	RESERVED
37.10	EMERGENCY HEALTH SERVICES
37.11	RESERVED
37.12	LABORATORIES
37.13	RESERVED
37.14	RADIATION CONTROL
37.15	RESERVED
37.16	RESERVED

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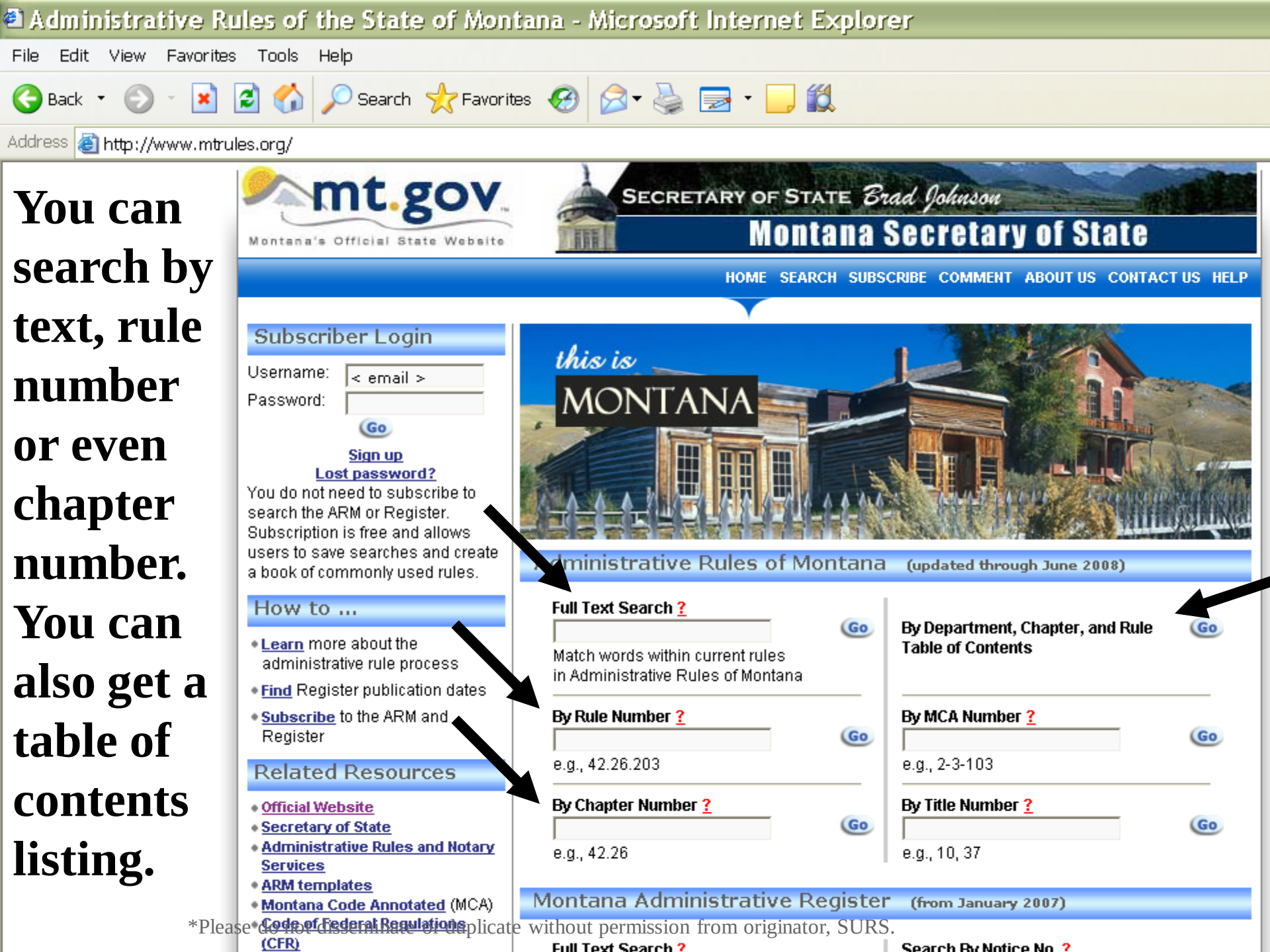

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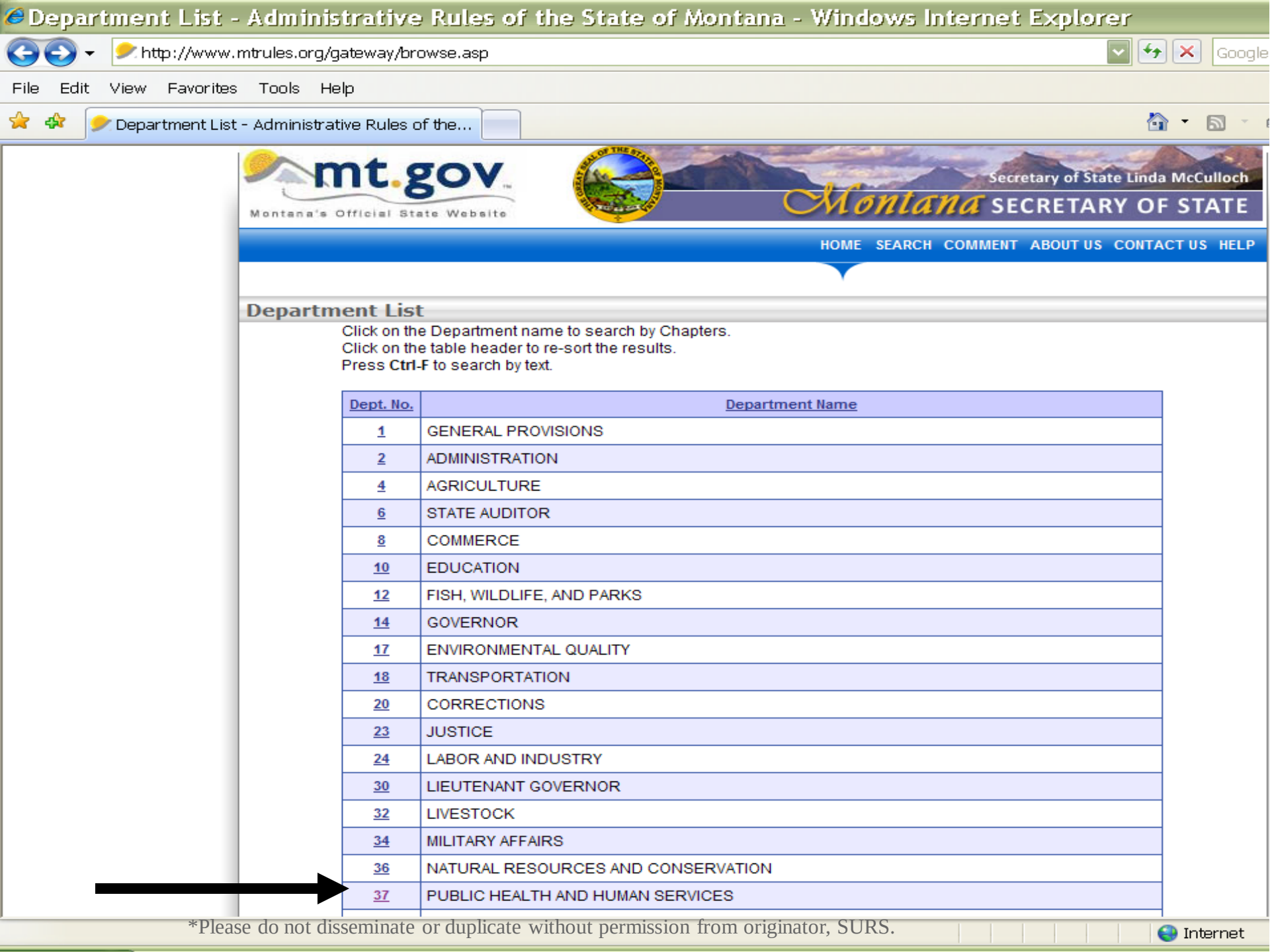

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37.75	CHILD AND ADULT CARE FOOD PROGRAM
37.76	FOOD AND NUTRITION SERVICES
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37.78	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
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37.80	CHILD CARE ASSISTANCE
37.81	PHARMACY ACCESS PRESCRIPTION DRUG BENEFIT PROGRAM
37.82	MEDICAID ELIGIBILITY
37.83	MEDICAID FOR CERTAIN MEDICARE BENEFICIARIES AND OTHERS
37.84	RESERVED
37.85	GENERAL MEDICAID SERVICES
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37.90	MENTAL HEALTH MEDICAID FUNDED 1115 AND 1915 WAIVERS
37.91	CERTIFICATION OF MENTAL HEALTH PROFESSIONAL PERSONS
37.92	RESERVED
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37.94	RESERVED
37.95	LICENSURE OF DAY CARE FACILITIES
37.96	RESERVED
37.97	LICENSURE OF YOUTH CARE FACILITIES
37.98	OUTDOOR BEHAVIORAL PROGRAM
37.99	RESERVED
37.100	LICENSURE OF COMMUNITY RESIDENCES
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Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES

PUBLIC HEALTH AND HUMAN SERVICES

37.85 : GENERAL MEDICAID SERVICES

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Rule No.	Rule Title	Latest Version	Effective Date
	Subchapter 1 reserved		
	Subchapter 2 Miscellaneous		
37.85.201	SELECTION OF PROVIDER		7/1/1999
	Rules 37.85.202 and 37.85.203 reserved		
37.85.204	RECIPIENT REQUIREMENTS, COST SHARING		11/15/2002
37.85.205	RECIPIENT RESTRICTION OF ACCESS TO MEDICAL SERVICES	REP	7/23/2004
37.85.206	SERVICES PROVIDED		1/1/2010
37.85.207	SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM		10/26/2007
	Rules 37.85.208 through 37.85.211 reserved		
37.85.212	RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES		7/1/2009
	Rules 37.85.213 through 37.85.219 reserved		
37.85.220	INDEPENDENT DIAGNOSTIC TESTING FACILITIES		3/15/2002

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Rule: 37.85.212 Prev Up Next

Rule Title: RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES

Department: PUBLIC HEALTH AND HUMAN SERVICES
Chapter: GENERAL MEDICAID SERVICES
Subchapter: Miscellaneous

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Latest version of the adopted rule presented in Administrative Rules of Montana (ARM):

Printer Friendly Version

37.85.212 RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES

(1) For purposes of this rule, the following definitions apply:

(a) "Anesthesia units" means time and base units used to compute reimbursement under RBRVS for anesthesia services. Base units are those units as defined by the Medicare program. Time units are 15 minute intervals during which anesthesia is provided.

(b) "Conversion factor" means a dollar amount by which the relative value units, or the base and time units for anesthesia services, are multiplied in order to establish the RBRVS fee for a service. Effective July 1, 2008 there are four conversion factor categories. They are:

(i) physician services, which applies to the following health care professionals listed in (2): physicians, mid-levels, podiatrists, public health clinics, independent diagnostic testing facilities, nutrition providers, QMB and EPSDT chiropractors, and dentists rendering medical procedures. The conversion factor for physician services for state fiscal year 2010 is $40.09;

(ii) allied services, which applies to the following health care professionals listed in (2): physical therapists, occupational therapists, speech therapists, optometrists, opticians, audiologists, and school-based services. The conversion factor for allied services for state fiscal year 2010 is $30.39;

(iii) mental health services, which applies to the following health care professionals listed in (2): psychologists, licensed clinical social workers, and licensed professional counselors. The conversion factor for mental health services for state fiscal year 2010 is $24.26; and

(iv) anesthesia services, which applies to anesthesia services. The conversion factor for

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Coding Reference Materials

Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-9-CM
- CDT
- DSM
- Publications or training specific to your specialty.

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“If it isn’t documented, it didn’t happen.”

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Maintain records which demonstrate the extent, nature and medical necessity of services provided [ARM 37.85.414]

DOCUMENT!

DOCUMENT!

DOCUMENT!

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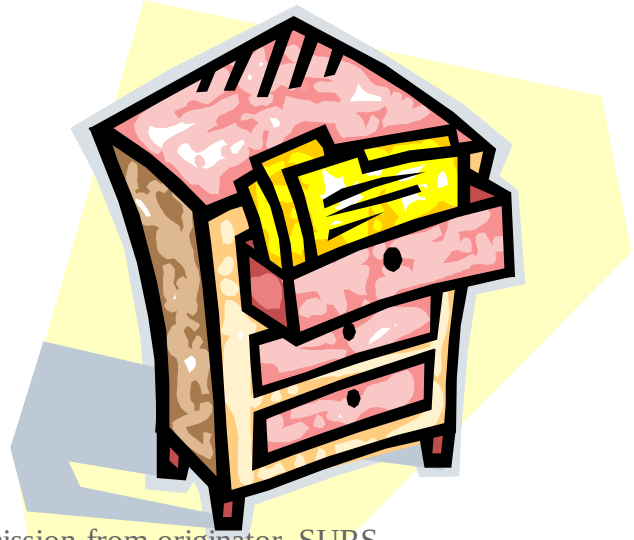
Record Keeping Tips

- Retain medical records for six years and three months from the date of service
- Documentation must specify treatment start and end times when the service is time based. [37.85.414(1)(b)]



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Record Keeping Tips

- Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should…
    - Cross out with a single line
    - Write correct information
    - Date and initial the correction

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Record Keeping Tips

- Provider's must have a contingency plan to ensure the availability of documentation in the event of a loss of medical records.

  [ARM 37.85.414]

- Provider's must obtain **written** authorization from the Department for any variation from the usual billing practice.

  [ARM 37.85.412 and 37.85.413]

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Provider Responsibility

It is the ***responsibility of the provider*** to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

Special Advisory http://oig.hhs.gov/exclusions/advisories.asp

- **DOLI (**http://app.mt.gov/lookup/index.html)
- **LEIE (**http://exclusions.oig.hhs.gov/)
- **SAM** (https://www.sam.gov)

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MONTANA DEPARTMENT OF LABOR AND INDUSTRY - BUSINESS STANDARDS DIVISION

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Home | Professional & Occupational Licensing | Health Care Licensing

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Application for Licensure - please register for an account
Licensee Lookup - registration is not required, see link below

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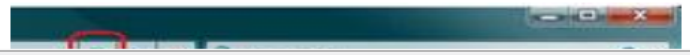

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Renewal - please login to renew your license
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Professional & Occupational Licensing
RENEW / PRINT LICENSE

Health Care Licensing
RENEW / PRINT LICENSE

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License Type: --Select--

State License Number:

XXX-XXX-XXX-####

First Name: Middle Initial: Last Name:

Business Name:

City: State: --Select-- Zip:

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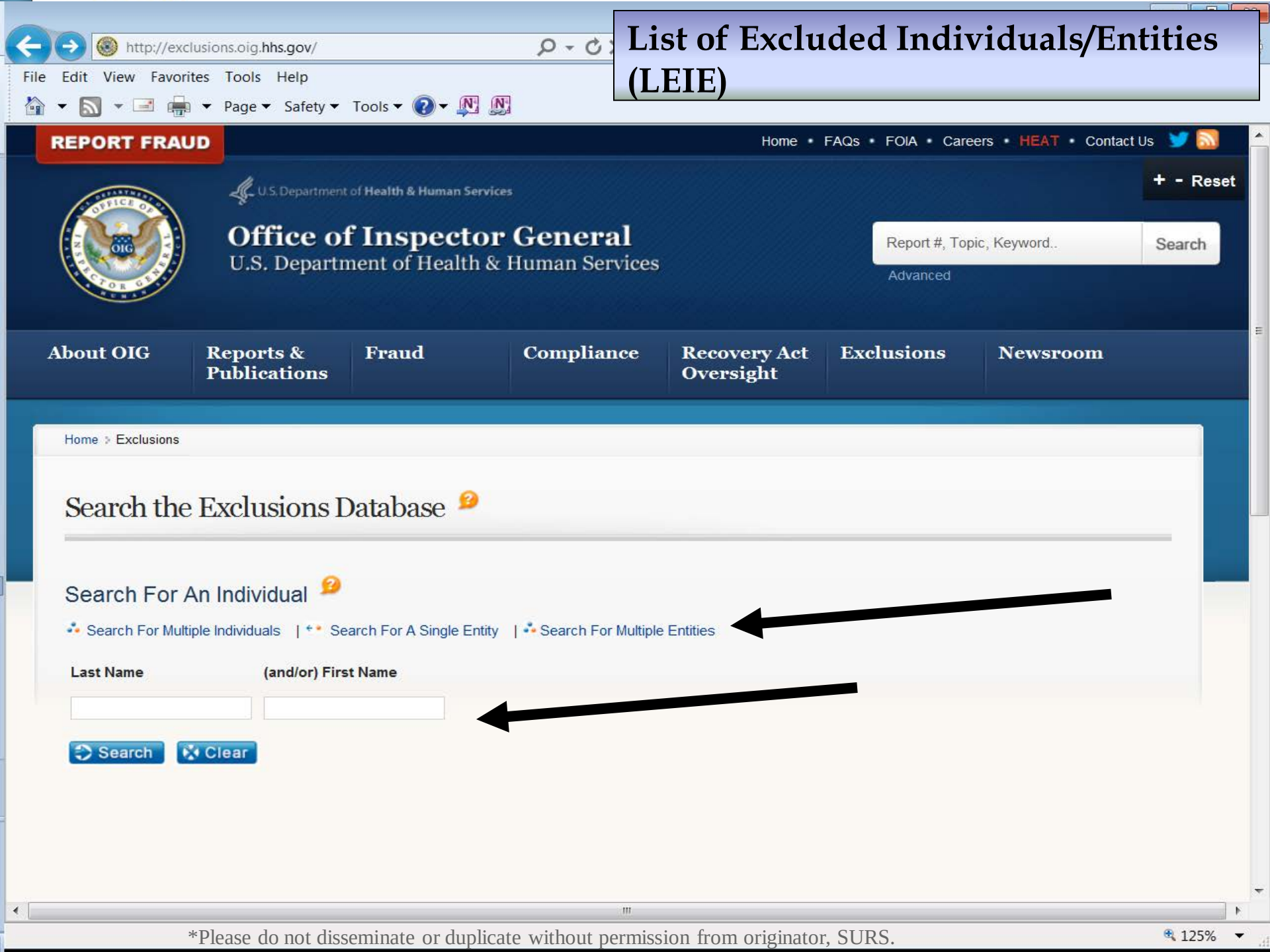
List of Excluded Individuals/Entities (LEIE)



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USER NAME PASSWORD

System for Award Management (SAM)

Create an Account

HOME | SEARCH RECORDS | DATA ACCESS | GENERAL INFO | HELP

CREATE USER ACCOUNT

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

Create User Account

REGISTER/UPDATE ENTITY

You can register your Entity (business, individual, or government agency) to do business with the Federal Government. If you are interested in registering or updating your Entity, you must first create a user account.

Register/Update Entity

SEARCH RECORDS

All entity records from CCR/FedReg and ORCA and exclusion records from EPLS, active or expired, were moved to SAM. You can search these records and new ones created in SAM. If you are a government user logged in with your SAM user account, you will automatically have access to FOUO information.

Search Records

Need Help?

WHAT IS SAM?

The **System for Award Management** (SAM) is **a Federal Government owned and operated** free web site that consolidates the capabilities in CCR/FedReg, ORCA, and EPLS. Future phases of SAM will add the capabilities of other systems used in Federal procurement and awards processes.

NEWS AND ANNOUNCEMENTS

SAM Management Moves to GSA FAS and CIO

Click on General Info and go to the News and Announcements section for the full story.

Can I use my CCR username in SAM?

Click HERE to find answers to this and other top questions

USER GUIDES/HELPFUL HINTS

Additional information, such as a full User Guide, Quick Start Guides, Helpful Hints, and Webinars are available on the HELP tab.

Service Desk

URL: http://www.FSD.gov

FORMER CCR REGISTRANTS

If you had an active record in CCR, you have an active record in SAM. You do not need to do anything in SAM at this time, unless a change in your business circumstances requires updates to your Entity record(s) in order for you to be paid or to receive an award or you need to renew your Entity(s) prior to its expiration. SAM will send notifications to the registered user via email 60, 30, and 15 days prior to expiration of the Entity. To update or renew your Entity records(s) in SAM you will need to create a SAM User Account and link it to your migrated Entity records. You do not need a user account to search for registered entities in SAM by typing

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USER NAME PASSWORD LOG IN

Forgot Username? Forgot Password?

Create an Account

HOME | SEARCH RECORDS | DATA ACCESS | GENERAL INFO | HELP

Search Records

You can enter a DUNS number, CAGE code or Business Name to search for th entities that you are interested in reviewing.The top search bar allows you to enter any search term. You can also enter exclusion search terms to search fo exclusion records. If you want to search for only a CAGE code or a DUNS number you can use the bottom two search bars. Once a search has returned results, use the filters provided to narrow results.

Government employees must create a SAM user account with their gover ent email address. Log in before searching in order to see FOUO information and those registrants who selected to opt out of the public search.

You can only use one search bar at a time

Enter your specific search term

(Example of search term includes the entity's name, etc.)

DUNS Number Search: Enter DUNS number ONLY

CAGE Code Search: Enter CAGE code ONLY

SEARCH Need Help?

SAM | System for Award Management 1.0

IBM v1.837.20130402-1804
WWW1

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

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Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

- Understanding Program Exclusions
- Importance of Documentation

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http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

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U.S. Department of Health & Human Services

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Home > Compliance > HEAT Provider Compliance Training

HEAT Provider Compliance Training Videos

Videos and Audio Podcasts

This page contains videos and audio podcasts that are part of the award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative. We hope you'll take a look at these educational presentations designed to help prevent fraud, waste, and abuse.

These videos are available in audio-only format.

A Toolkit for Health Care Boards

Lewis Morris, Chief Counsel to the Inspector General, provides tips for health care boards to promote quality of care and embrace compliance with the law.

Handout: A Toolkit for Heath Care Boards

I'm looking for

Let's start by choosing a topic

Select One

- What's New
- News Releases
- New Media
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- Testimony & Speeches
- Video

EXCLUSIONS

Done

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http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

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Page Tools

Handout: A Toolkit for Heath Care Boards

Inspector General Introduces Compliance Training Videos and Audio Podcasts

How to Use the Exclusions Database

How to Report Fraud to the OIG

OIG's Self Disclosure Protocol

Importance of Documentation

Tips for Implementing an Effective Compliance Program

Compliance Program Basics

OIG Guidance

Physician Self-Referral Law

+ - Reset

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The videos are hosted on YouTube.com and embedded on OIG's web pages. If YouTube.com is blocked on your computer, any content embedded on our site will not be accessible. Please contact your IT department to remove the YouTube restriction and view these videos.

Webcast Modules

On this page you will find 16 modules from the HEAT Provider Compliance Training Webcast.

For more information and downloadble presentation material, visit the Webcast page.

- Welcome Remarks 4:37
- Overview of OIG 9:56
- Navigating the Fraud and Abuse Laws 26:26
- Compliance Program Basics 17:01
- Operating an Effective Compliance Program 15:59
- Understanding Program Exclusions 10:26
- Navigating the Government 5:10
- Overview of Centers for Medicare and Medicaid Services 34:24
- Importance of Documentation 17:06
- OIG Subpoenas Audits Surveys and Self Disclosure Protocol 17:42
- Health Care Fraud Enforcement Panel 6:08
- Health Care Fraud Enforcement Panel with CMS Deputy Admin 13:43
- Health Care Fraud Enforcement Panel with Special Agent 15:10
- Health Care Fraud Enforcement Panel with Asst. US Attorney 17:08
- Health Care Fraud Enforcement Panel - Fraud Control Unit 11:15
- Adjournment 0:59

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HIPAA

- American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
  - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf
- CMS Website for HIPAA info
  - http://www.cms.gov/HIPAAGenInfo/
- Office for Civil Rights Website
  - http://www.hhs.gov/ocr/privacy/index.html

Michael Mahoney
HIPAA Program Officer
DPHHS Quality Assurance Division

1-800-645-8408 **Hotline**

PO Box 202960
Helena, MT 59620-2960

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RAC and PERM

Recovery Audit Contract (RAC):

- Instituted by the Affordable Care Act (ACA) to help identify and recover overpayments and to identify underpayment. Montana contracted with Health Management Systems (HMS) as of December 15, 2012.
  - Audit request information will be sent from HMS on behalf of the State of Montana Medicaid.
  - Mike Murry, MMurry2@mt.gov or (406) 444-4168

Payment Error Rate Measurement (PERM):

- Medical reviews have started, if your records are selected you will be contacted by the PERM contractor, A+ Government Solutions. If you receive a request for a PERM review please make sure you are responding within the time frames given. If you have questions regarding your PERM review please contact:
  - Heather Smith, HeatherSmith@mt.gov or (406) 444-4171

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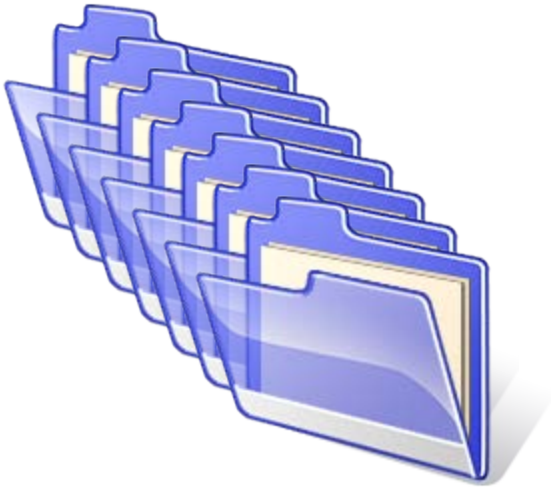
What are we doing?

Our unit is consistently working on several projects:

- Team Audits
- Self Audits
- Individual Audits
- New Provider Audits
- Data Audits



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The progression of an audit…

1. Audit idea
2. Collection of data
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review
8. Additional records or information review
9. Administrative Review determination
10. Fair Hearing
11. Fair Hearing determination
12. Overpayment
13. Closure

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SURS Staff

Jennifer Tucker, CPC; SURS Supervisor

- 10 Program Integrity Auditors
  - Licensed Health Care Professionals
  - Certified Professional Coders
  - Certified Program Integrity Professionals
  - Licensed Practical Nurse

assigned to multiple provider types and specialties

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Contact Information

SURS Supervisor

» **Jennifer Tucker, CPC**

- DPHHS Quality Assurance Division
  SURS Unit
  2401 Colonial Drive
  PO Box 202953
  Helena, MT 59620

jtucker2@mt.gov

406-444-4586

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Questions?

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