MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Surveillance and Utilization Review Section (SURS)

Xerox Provider Training

Fall 2016

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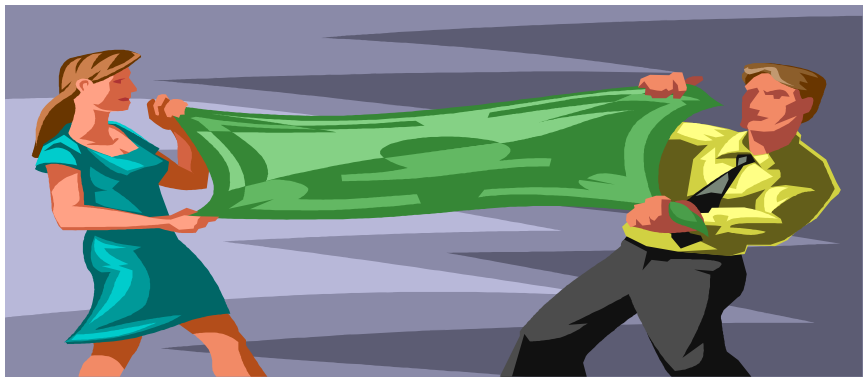
SURS Supervisor

What is SURS?

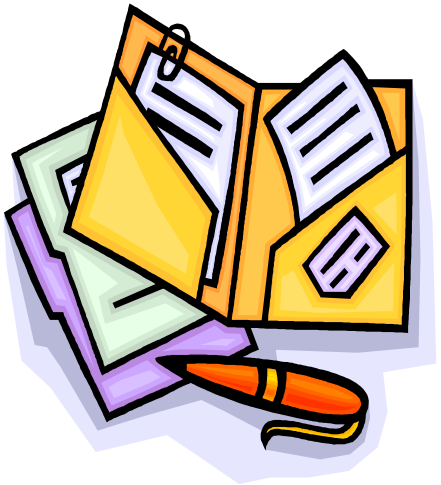
Surveillance/Utilization Review Section is a federally mandated program [42 CFR, Part 456.3]

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.



We accomplish this by:

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



The Medicaid Processing System

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

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

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)]

Referrals

Referrals may come from:

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

Montana Medicaid Website

http://medicaidprovider.mt.gov/

http://medicaidprovider.mt.gov/
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Montana Healthcare Programs Provider Information » Home
Montana Healthcare Programs Provider Information
Welcome to the Montana Healthcare Programs Provider Information website. If you are unable to locate a resource you need, please contact Provider Relations at 1.800.624.3958 or 406.442.1837.
Montana Healthcare Programs
HELP Plan
Montana Health and Economic Livelihood Partnership
Provider Enrollment
New or Existing Providers
Montana HELP Plan
HELP Plan Information Update
Providers can now use the updated Montana Access to Health (MATH) web portal eligibility inquiry tool to view eligibility for the Medicaid Expansion population. Members who present a Montana Access to Health card and are part of the Medicaid

Passport to Health
Plan First
Preferred Drug List
Presumptive Eligibility
Prior Authorization Information
Provider Locator Search
Provider Specialty Table
Resources by Provider Type *(fee schedules, provider manuals, provider notices, etc.)*
RBRVS Fee Schedule
Team Care
Terminated/Excluded Medicaid Providers
Training

Web Portal Tutorials

Provider Type	Most of the information on this website is organized by provider type. Each provider type has a page containing resources (fee schedules, provider manuals, provider notices, and other resources) applicable to that provider type. See the Resources by Provider Type link in the menu on the left.
Rebateable Manufacturers	Montana Medicaid reimburses only for drugs that are manufactured by companies that have a signed rebate agreement with CMS. To determine if a manufacturer has signed a rebate agreement, check the first 5 digits of the National Drug Code (NDC) against the list. If there is no match, the drug is not reimbursable.
Vaccines for Children	In addition to the link on the DPHHS website (Vaccines for Children), refer to provider notices on your provider type page and articles in *Claim Jumper* newsletters for information.

Drug and Pharmacy News

Select Your Provider Type

Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.

A–C D–F G–K L–O P–Q R–Z

Providers A – C

01.20.2016 Ambulance
01.20.2016 Ambulatory Surgical Center
01.20.2016 Audiologist
01.20.2016 Chemical Dependency
01.20.2016 Chiropractor
01.20.2016 Clinic (Public Health)

TOP

Providers D – F

01.21.2016 Dental (Dentist, Dental Hygienist)
01.21.2016 Denturist
02.22.2016 Dialysis Clinic

Montana Healthcare Programs

HELP Plan
Montana Health and Economic Livelihood Partnership

Provider Enrollment
New or Existing Providers

Provider File Updates
Changes to Current Enrollments

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

Physician

Multiple resources are available on this page

Montana Healthcare Programs

HELP Plan

Montana Health and Economic Livelihood Partnership

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Provider Manuals

Provider Manuals – Replacement Pages

Medicaid Rules and Regulations

Fee Schedules – Physician

Fee Schedules – 72-Hour Presumptive

Fee Schedules – ATP Tests and Fees

Fee Schedules – Medicaid Mental Health

Fee Schedules – Mental Health Services Plan (MHSP)

Provider Notices 2010–2016

Programs

HELP Plan

Montana Health and Economic Livelihood Partnership

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MATH Web Portal

Log in to Montana Access to Health

- Provider Manuals
- Provider Manuals – Replacement Pages
- Medicaid Rules and Regulations
- Fee Schedules – Physician
- Fee Schedules – 72-Hour Presumptive
- Fee Schedules – ATP Tests and Fees
- Fee Schedules – Medicaid Mental Health
- Fee Schedules – Mental Health Services Plan (MHSP)
- Provider Notices 2010–2016
- Provider Notices 2000–2009
- Other Resources

Updates

Changes to Current Enrollments

MATH Web Portal

Log in to Montana Access to Health

Member Information

Provider Information

Claim Instructions

Claim Jumper Newsletters

Contact Us

Definitions and Acronyms

Enhanced Payment

Fee Schedules – Mental Health Services Plan (MHSP)

Provider Notices 2010–2016

For prescription medication notices, see the Pharmacy page.

2016

02.19.2016 Physician Fee Schedule Update

02.01.2016 Basic Medicaid Benefit Increased to Standard Medicaid Benefit

01.15.2016 Standard Medicaid and HELP Plan Claims Processing *Rev. 01.19.2016*

01.15.2016 Hospital Grade Electric Breast Pump Requirements

2015

12.31.2015 Changes to Montana Medicaid

12.31.2015 Increase in Passport Caseloads Due to HELP Plan

12.30.2015 Addictive and Mental Disorders Division Changes to Prior Authorization

11.27.2015 Compound Drugs Billed on CMS-1500

11.23.2015 Prior Authorization Requests and Medical-Surgical Prior Authorization Request Form *Rev. 12.2015*

Rule/Regulation Materials

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

http://www.ecfr.gov/cgi-bin/text-idx?SID=cc8408016765148f2b4(eCFR — Code of Feder

www.ecfr.gov

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- Incorporation By Reference

Related Resources

The **Code of Federal Regulations (CFR) annual edition** is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government produced by the Office of the Federal Register (OFR) and the Government Publishing Office.

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Title	*Volume*	*Chapter*	*Browse Parts*	*Regulatory Entity*
Title 42 Public Health	1	I	1-199	PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES
		II-III	200-399	[RESERVED]
	2	IV	400-413	CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES
	3		414-429	
	4		430-481	
	5		482-699	
		V	1000-1999	OFFICE OF INSPECTOR GENERAL-HEALTH CARE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Need assistance?

http://leg.mt.gov/bills/mca_toc/53_6_1.htm
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Montana Code Annotated 2015

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TITLE 53. SOCIAL SERVICES AND INSTITUTIONS
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Part 1. Medical Assistance -- Medicaid

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53-6-101. Montana medicaid program -- authorization of services.
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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.
53-6-121. Local administration of medical assistance.

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Contact Us

Definitions and Acronyms

Enhanced Payment

Electronic Billing

EPSDT

FAQs

- Provider Manuals
- Provider Manuals – Replacement Pages
- Medicaid Rules and 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
- Fee Schedules – 72-Hour Presumptive
- Fee Schedules – ATP Tests and Fees
- Fee Schedules – Medicaid Mental Health
- Fee Schedules – Mental Health Services Plan (MHSP)
- Provider Notices 2010–2015
- Provider Notices 2000–2009
- Other Resources

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

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37.2	DEPARTMENT PROCEDURES
37.3	RESERVED
37.4	RESERVED
37.5	FAIR HEARINGS AND CONTESTED CASE PROCEEDINGS
37.6	RESERVED
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37.8	RECORDS AND STATISTICS
37.9	RESERVED
37.10	EMERGENCY HEALTH SERVICES
37.11	RESERVED
37.12	LABORATORIES
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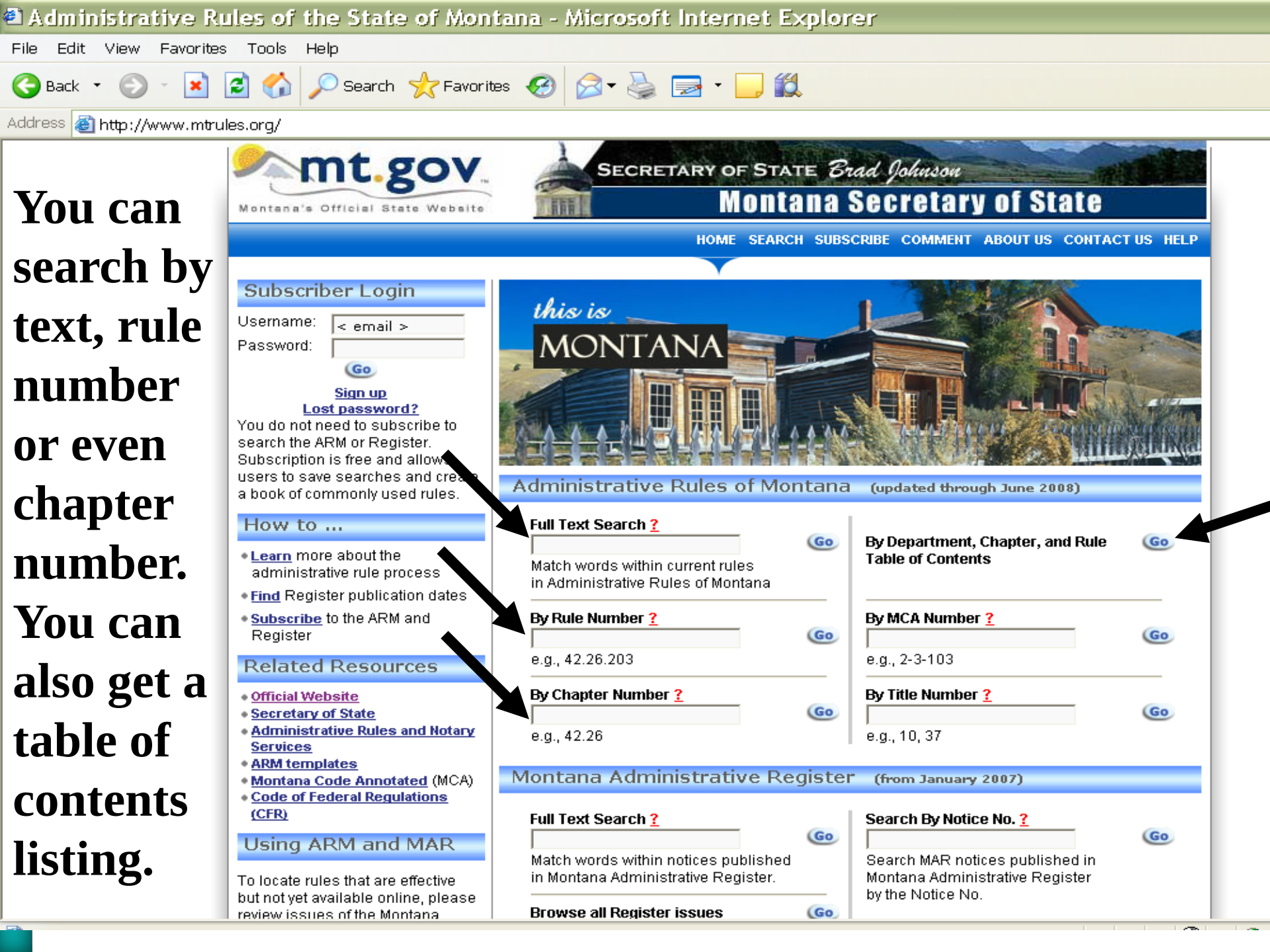
37.14	RADIATION CONTROL
37.15	RESERVED
37.16	RESERVED



You can search by text, rule number or even chapter number. You can also get a table of contents listing.

Department List

Click on the Department name to search by Chapters.
Click on the table header to re-sort the results.
Press **Ctrl-F** to search by text.

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36	NATURAL RESOURCES AND CONSERVATION
37	PUBLIC HEALTH AND HUMAN SERVICES

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37.89	MENTAL HEALTH SERVICES
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37.91	CERTIFICATION OF MENTAL HEALTH PROFESSIONAL PERSONS
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37.102	RESERVED

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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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Subchapter 3 reserved			
Subchapter 4 Provider Requirements			
37.85.401	PROVIDER PARTICIPATION		3/11/1997
37.85.402	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
37.85.403	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
	Rules 37.85.404 and 37.85.405 reserved		
37.85.406	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
37.85.407	THIRD PARTY LIABILITY		3/11/1997
	Rules 37.85.408 and 37.85.409 reserved		
37.85.410	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
37.85.411	PROVIDER RIGHTS		6/30/2000
37.85.412	INTERPRETATION OF RULES		4/1/2005
37.85.413	LIMITATIONS ON CODING ADVICE		4/1/2005
37.85.414	MAINTENANCE OF RECORDS AND AUDITING		4/1/2005
37.85.415	MEDICAL ASSISTANCE MEDICAID PAYMENT		3/15/2002
37.85.416	STATISTICAL SAMPLING AUDITS		6/30/2000
Subchapter 5 Provider Sanctions			
37.85.501	GROUNDS FOR SANCTIONING		4/9/2004
37.85.502	SANCTIONS		4/9/2004
	Rules 37.85.503 and 37.85.504 reserved		
37.85.505	FACTORS GOVERNING IMPOSITION OF SANCTION		11/16/1984
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37.85.507	NOTICE OF SANCTION		6/13/1980
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MONTANA SECRETARY OF STATE
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Rule: 37.85.414

Rule Title: MAINTENANCE OF RECORDS AND AUDITING

Department: PUBLIC HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Chapter: GENERAL MEDICAID SERVICES
Subchapter: Provider Requirements

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

Printer Friendly Version

37.85.414 MAINTENANCE OF RECORDS AND AUDITING

(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

(b) When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.

(c) These records must be retained for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

(d) In maintaining financial records, providers shall employ generally accepted accounting methods. Generally accepted accounting methods are those approved by the National Association of Certified Public Accountants.

(e) The department shall have access to all records so maintained and retained regardless of a provider's continued participation in the program.

(f) In the event of a change of ownership, the original owner must retain all required records unless an alternative method of providing for the retention of records has been established in writing and approved by the department.

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providers must also comply with any specific record keeping requirements applicable to the type of service the provider furnishes, which may be more restrictive than the minimum requirements of this rule.

(2) In addition to the recipient's medical records, any Medicaid information regarding a recipient or applicant is confidential and shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, 50-16-501 et seq., MCA.

(3) The department, the designated review organization, the legislative auditor, the Department of Revenue, the Medicaid fraud control unit, and their legal representatives shall have the right to inspect or evaluate the quality, appropriateness, and timeliness of services performed by providers, and to inspect and audit all records required by this rule.

(a) Upon the department's request for records, the provider shall submit a true and accurate copy of each record of the service or item being reviewed as it existed within 90 days after the date on which the claim was submitted to Medicaid.

(b) Refusal to permit inspection, evaluation or audit of services shall result in the imposition of provider sanctions in accordance with the rules of the department.

(4) The provisions of this rule specifying the length of time for which records must be retained shall not be construed as a limitation on the period in which the department may recover overpayments or impose sanctions.

History: 53-6-113, MCA; IMP, 53-2-201, 53-6-101, 53-6-111, 53-6-113 and 53-6-141, MCA; NEW, 1980 MAR p. 1491, Eff. 5/16/80; AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479; AMD, 2005 MAR p. 459, Eff. 4/1/05.

MAR Notices	Effective From	Effective To	History Notes
	4/1/2005	Current	History: **53-6-113**, MCA; IMP, **53-2-201**, **53-6-101**, **53-6-111**, **53-6-113** and **53-6-141**, MCA; NEW, 1980 MAR p. 1491, Eff. 5/16/80; AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479; AMD, 2005 MAR p. 459, Eff. 4/1/05.

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For questions regarding the content, interpretation, or application of a specific rule, please contact the agency that issued the rule.
A directory of state agencies is available online at http://www.mt.gov/govt/agencylisting.asp.

For questions about the organization of the ARM or this web site, contact sosarm@mt.gov.

Coding Reference Materials

Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-9 CM **(9/30/2015 and before)**
- ICD-10 CM **(10/1/2015 and after)**
- ICD-10 PCS **(10/1/2015 and after)**
- CDT
- DSM
- Publications or training specific to your specialty.

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

"If it isn't documented, it didn't happen."

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

DOCUMENT!

DOCUMENT!

DOCUMENT!

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)]

Record Keeping Tips

Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should…

- For Written Documentation:
  - Cross out with a single line
  - Write correct information
  - Date and initial the correction
- For Electronic Health Records:
  - Add an addendum to the note/documentation indicating what's incorrect and what's correct
  - Date and initial the correction

Record Keeping Tips

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

  [ARM 37.85.414]

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

  [ARM 37.85.412 and 37.85.413]

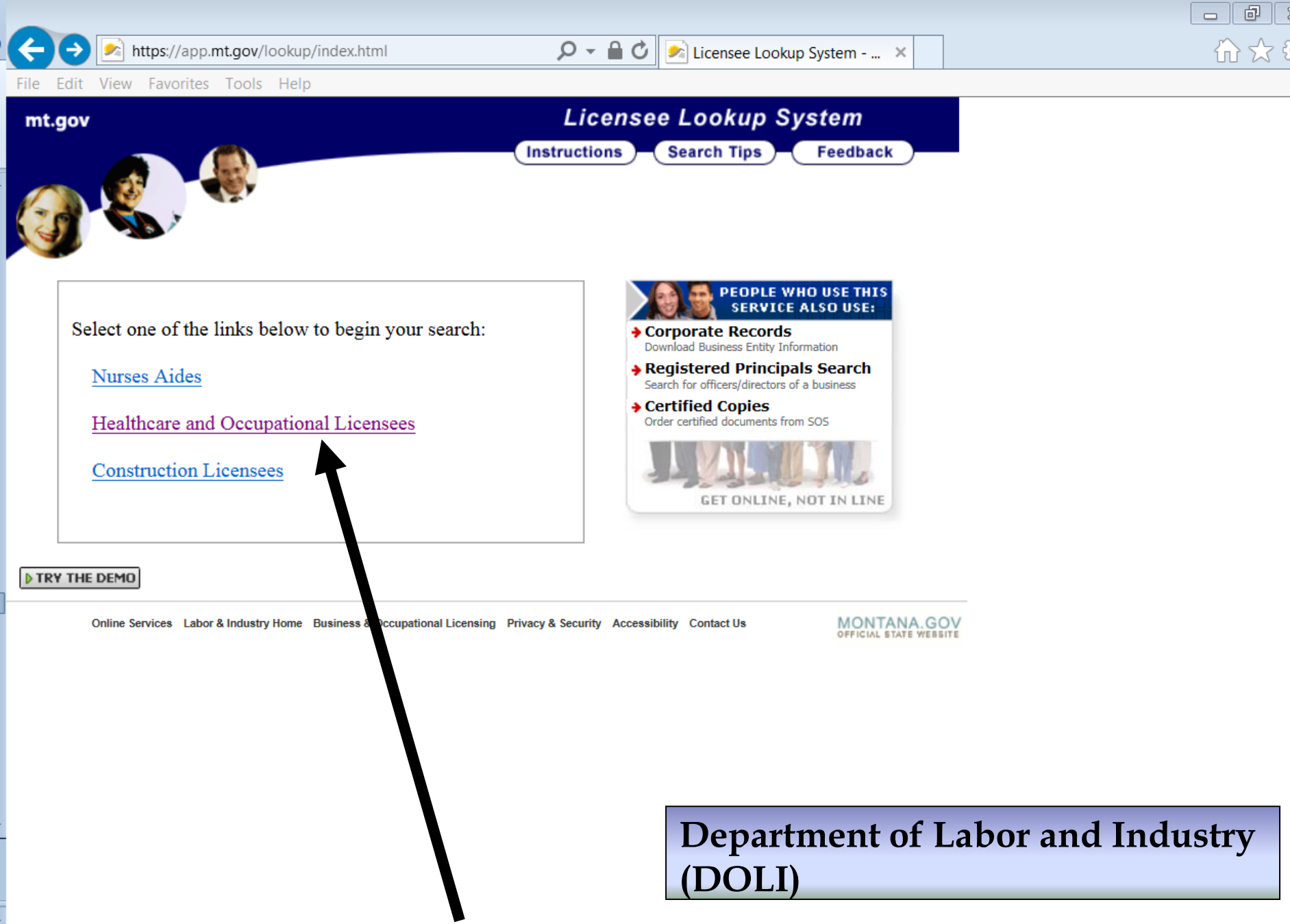
Provider Responsibility

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.

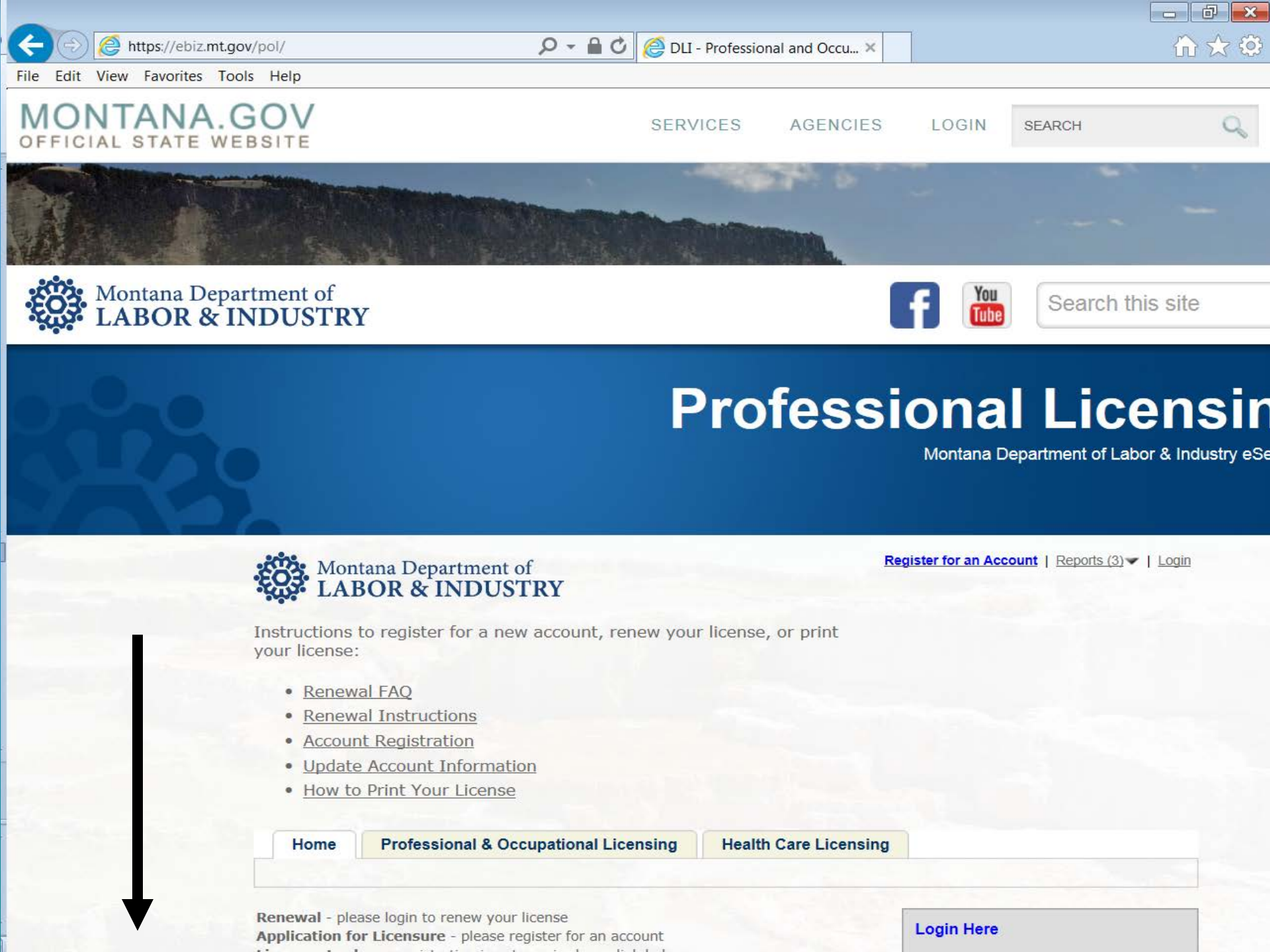
In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

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)



Department of Labor and Industry (DOLI)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Renewal Instructions
Account Registration
Update Account Information
How to Print Your License
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Health Care Licensing
Renewal - please login to renew your license
Application for Licensure - please register for an account
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Montana Department of
LABOR & INDUSTRY

Instructions to register for a new account, renew your license, or print your license:

- Renewal FAQ
- Renewal Instructions
- Account Registration
- Update Account Information
- How to Print Your License

Home | Professional & Occupational Licensing | Health Care Licensing

Renewal - please login to renew your license
Application for Licensure - please register for an account
Licensee Lookup - registration is not required, see link below
Wall Certificate - Please login and click on your license record for option to print a wall certificate.

Your E-Pass information (License and Pin Number) will not work when trying to login to this service.

The recommended internet browser for this site is **Internet Explorer 9**. Using other browsers or versions may cause functionality issues with this site depending on the browser and browser version.

Licensee Lookup
SEARCH FOR A LICENSEE

Professional & Occupational Licensing
RENEW / PRINT LICENSE

Health Care Licensing
RENEW / PRINT LICENSE

Login Here

User Name:

Password:

Login »

Remember me on this computer

I've forgotten my password.
New Users: Register for an Account

For instructions to register for a new account, renew your license, or print your license click here.

Home | Professional & Occupational Licensing | Health Care Licensing

Search for Licensee

Enter information below to search for Licensees in the State's database. Licensee information can be searched by entering any of the following information:

- Name
- Business Name
- License Number
- City/State

Instructions Search Tips

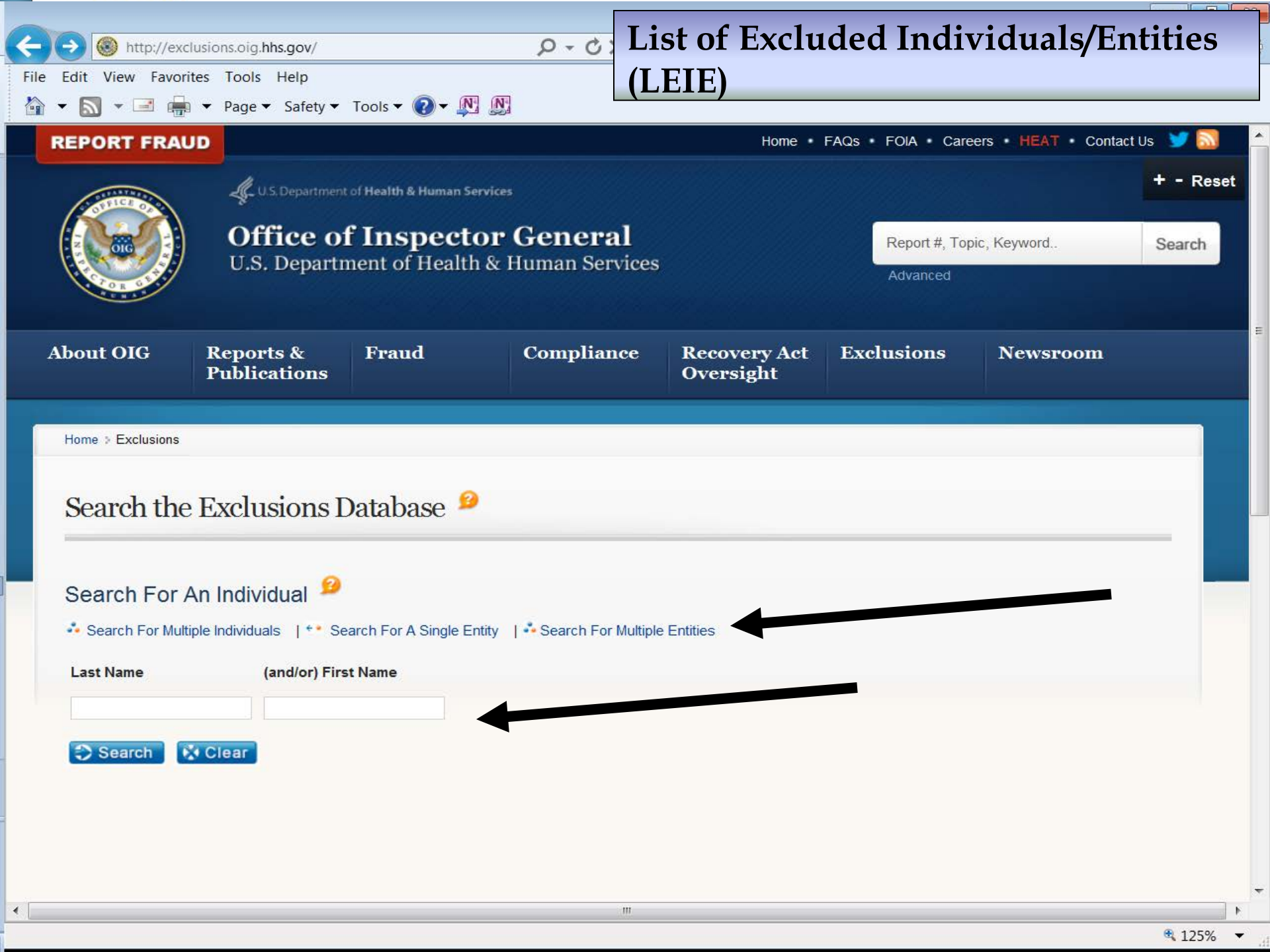
ATTENTION:
As of August 1, 2013, the Plumber and Electrical Apprentice license look-up information is being managed by the Montana Registered Apprenticeship and Training Program.
To access apprentice license look-up information please go to:
https://jobs.mt.gov/jobs/apprenticeshipSearch.seek .

Search for Licensee Search for Licensee

Licensing Board: --Select--
License Type: --Select--
State License Number:
XXX-XXX-XXX-####
First Name:
Middle Initial:
Last Name:
Business Name:
City:
State: --Select--
Zip:

Search Clear

List of Excluded Individuals/Entities (LEIE)



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 (busines individual, or government agency) to do business with the Federal Government. If y 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

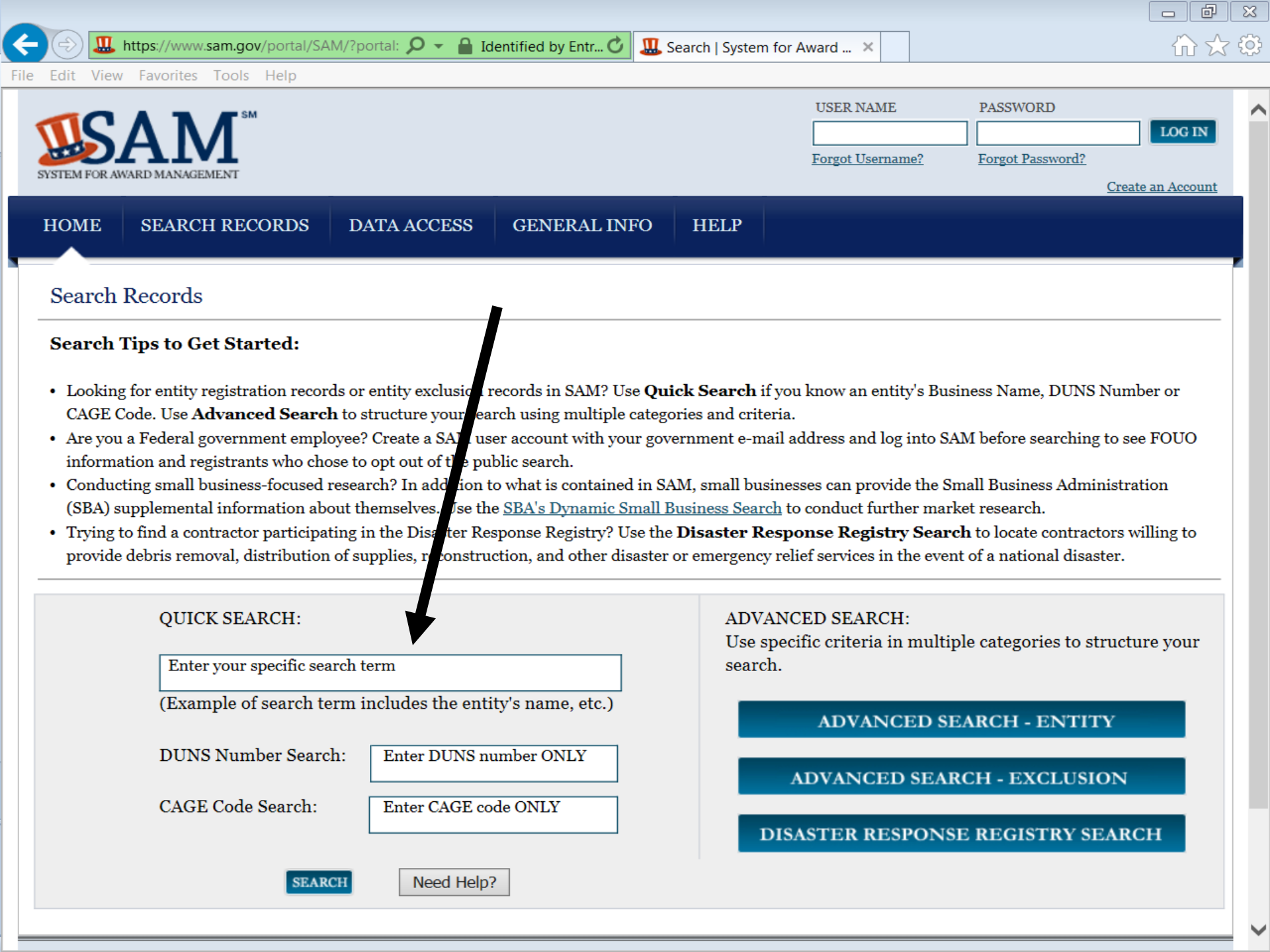
Additional information, such as a full User Guide, Quick Start Guides, Helpful Hints, and Webinars are available on the HELP tab.

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


https://www.sam.gov/portal/SAM/?portal:
Identified by Entr...
Search | System for Award ...
File Edit View Favorites Tools Help
SAM
SYSTEM FOR AWARD MANAGEMENT
USER NAME
PASSWORD
LOG IN
Forgot Username?
Forgot Password?
Create an Account
HOME
SEARCH RECORDS
DATA ACCESS
GENERAL INFO
HELP
Search Records
Search Tips to Get Started:
Looking for entity registration records or entity exclusion records in SAM? Use Quick Search if you know an entity's Business Name, DUNS Number or CAGE Code. Use Advanced Search to structure your search using multiple categories and criteria.
Are you a Federal government employee? Create a SAM user account with your government e-mail address and log into SAM before searching to see FOUO information and registrants who chose to opt out of the public search.
Conducting small business-focused research? In addition to what is contained in SAM, small businesses can provide the Small Business Administration (SBA) supplemental information about themselves. Use the SBA's Dynamic Small Business Search to conduct further market research.
Trying to find a contractor participating in the Disaster Response Registry? Use the Disaster Response Registry Search to locate contractors willing to provide debris removal, distribution of supplies, reconstruction, and other disaster or emergency relief services in the event of a national disaster.
QUICK SEARCH:
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?
ADVANCED SEARCH:
Use specific criteria in multiple categories to structure your search.
ADVANCED SEARCH - ENTITY
ADVANCED SEARCH - EXCLUSION
DISASTER RESPONSE REGISTRY SEARCH

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

HEAT Provider Compliance Training Videos | Video | Newsroom | Office of Inspector General | U.S - Windows Int...
http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp
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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
- Spotlight Articles
- Testimony & Speeches
- Video

EXCLUSIONS

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

EXCLUSIONS DATABASE

REPORT FRAUD

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Stay up to date on the latest OIG news and opinions

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http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp
Google
File Edit View Favorites Tools Help
Department of Health a...
HEAT Provider Comp...
Page Tools
+ - Reset

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

Internet 100%

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

Olivia Roussan
TPL Supervisor
HIPAA Program
DPHHS Quality Assurance Division

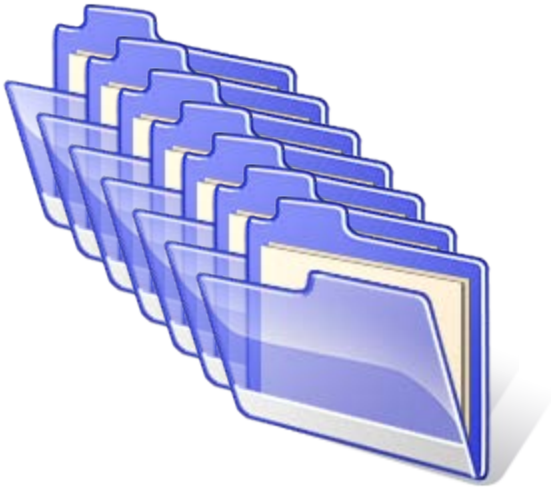
1-800-645-8408 **Hotline**

PO Box 202960
Helena, MT 59620-2960

What are we doing?

Our unit is consistently working on several projects:

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



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

Top 5 issues within audits …

1. Incomplete documentation/Incomplete or missing orders.
2. Missing dates and signatures on notes or DME delivery confirmation.
3. Missing time in and out or full amount of time spent on time based codes.
4. Up-coding/Overcharging for items without a fee.
5. Identifying information on documentation.

Additional Audit Errors …

1. Billing for services not personally provided.
2. Unbundling of services.
3. Illegible records.
4. Electronic records out of Word.

SURS Staff

Jennifer Tucker, CPC; SURS Supervisor

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

assigned to multiple provider types and specialties

Contact Information

SURS Supervisor

» **Jennifer Tucker, CPC**

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

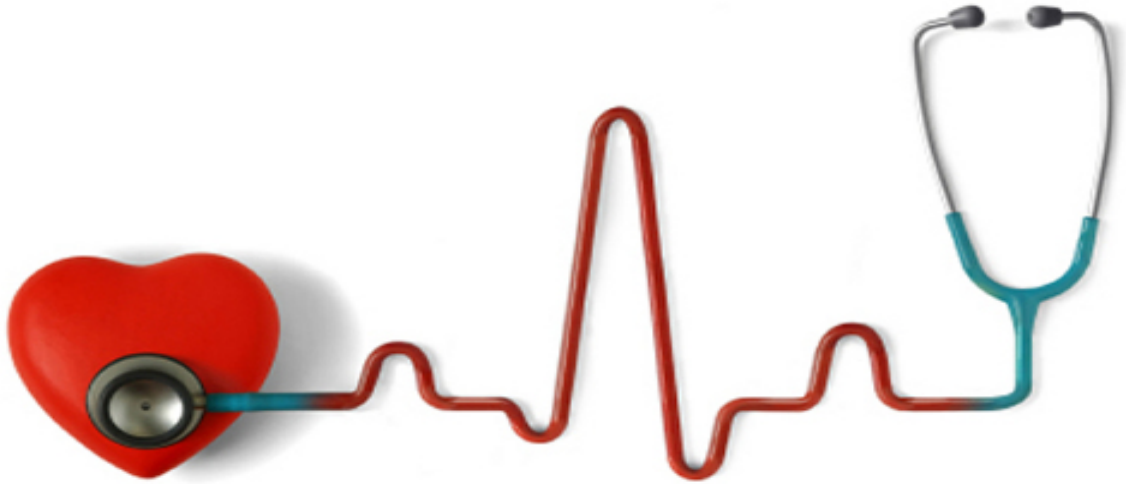
jtucker2@mt.gov

406-444-4586

RAC

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.



Current RAC Audit Scenario

- Appropriateness of setting
  - Montana PPS hospitals
  - Complex Medical Records audit
  - Physician Reviewed
  - Clinical evaluation conducted to determine if a lower level of care should have been billed
    - Inpatient vs Outpatient or Observation

RAC HMS Provider Portal

- Allows providers to manage their RAC reviews
- Secure website
- Real time
- HMS contacts
- Providers can update their contacts
- Monitor claim audit status
- Review recipients by name or ICN
- Copies of all letters

https://ecenter.hmsy.com

RAC Contacts

State of Montana

» **Mike Murry**

- RAC Coordinator, DPHHS

2401 Colonial Drive

Helena, MT 59620

mmurry2@mt.gov

406-444-4168

HMS RAC Contractor

» **Paige Wall**

- Program Director, HMS

Paige.Wall@hms.com

360-951-6237

http://dphhs.mt.gov/qad/PC/PCRAC.aspx

PERM

Payment Error Rate Measurement (PERM):

- Federal law requires audits on Medicaid and CHIP programs.
  - Fiscal oversight to protect taxpayer dollars.
  - Identify fraud, waste and abuse.
- All States reviewed every 3 years
- Montana is beginning its 4th PERM review
  - FFY 2008, 2011, 2014 & 2017
  - Providers will begin seeing record requests in August 2017
- Measures improper Medicaid and CHIP payments.
  - Overpayments and Underpayments

PERM Reviews

- CMS Contractor conducts the reviews
  - A+ Government Solutions, LLC
    - Licensed medical and coding staff
- Medical Review based on documentation provided
  - Is claim supported as billed?
  - Will ask for additional documentation if needed
- Data processing reviews
  - Is all required information listed on the claim form?
- Eligibility reviews on Medicaid and CHIP participants
  - Approvals, denials and terminations

PERM Contacts

State of Montana

» **Heather Smith**

- PERM Medical & Data Processing Review contact

HeatherSmith@mt.gov

406-444-4171

Medical Review Contractor

» **A+ Government Solutions**

- 1300 Piccard Drive, Suite 205

  Rockville, MD 20850

  Phone: 301-987-1100

  Fax: 301-987-2201 or 877-6197850

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Questions?