Surveillance and Utilization Review Section (SURS)

Provider Tribal WebEx Training

Fall 2017

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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.
We accomplish this by:

- performing retrospective reviews
- educating providers
- recovering overpayments if indicated
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)]
Rule/Regulation Materials

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


- **LEIE** ([http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/))
- **SAM** ([https://sam.gov/portal/SAM/](https://sam.gov/portal/SAM/))
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
- Office for Civil Rights Website

Theran Fries
Privacy Officer
HIPAA Program
Office of Legal Affairs

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Our unit is consistently working on several projects:

- Team Audit Reviews
- Self Audit Reviews
- Individual Reviews
- New Provider Reviews
- Data Reviews
The progression of a review...

1. Review 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 reviews...

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

- Billing for services not personally provided.
- Unbundling of services.
- Illegible records.
- Electronic records out of Word.
Jennifer Tucker, CPC; SURS Supervisor

- 9 Program Integrity Compliance Specialist
  - Licensed Health Care Professionals
  - Certified Professional Coders
  - Certified Program Integrity Professionals
  - Licensed Practical Nurses

assigned to multiple provider types and specialties
Contact Information

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Recovery Audit Contract (RAC):

• The Affordable Care Act (ACA) requires states to contract with a RAC.
• Montana’s current RAC contract is out for RFP bid.

Payment Error Rate Measurement (PERM):

• All States reviewed every 3 years
• Montana is in its 4th PERM review
• CMS Contractor conducts the reviews
  • Chicksaw Nation Industries Advantage, LLC (CNI)
PERM Contacts

State of Montana
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» Heather Smith
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Medical Review Contractor
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Questions?