



# Surveillance and Utilization Review Section (SURS)

## Conduent Provider WebEx Training

*Spring 2019*

Jennifer Tucker, CPC

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 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

**REJECTED  
INSURANCE  
CLAIM**

# 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 \(9\) & \(10\)\]](#)



# Montana Medicaid Website

<https://medicaidprovider.mt.gov/>





## Sheila Hogan, Director

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### Montana Healthcare Programs

*Thank you for serving Montana's Healthcare Program Members.*

## 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

### Important Announcement:

**Next WebEx: March 30, 2017 at 1:00 PM MST**

**Waiver Program with Paula Soll, DPHHS Program Specialist/Claim Examiner**

Resources by Provider Type

Submit Provider Information for Enrollment, File Updates, and Revalidation

Montana HELP Plan

Subscribe to Claim Jumper

Site Search

Web Portal Tutorials

Resources

a review of what fields on the CMS-1500 are required for claims.

[Register for the Waiver Program WebEx](#)

For additional announcements, Please select the Announcement button below.

[Recent Website Posts](#)

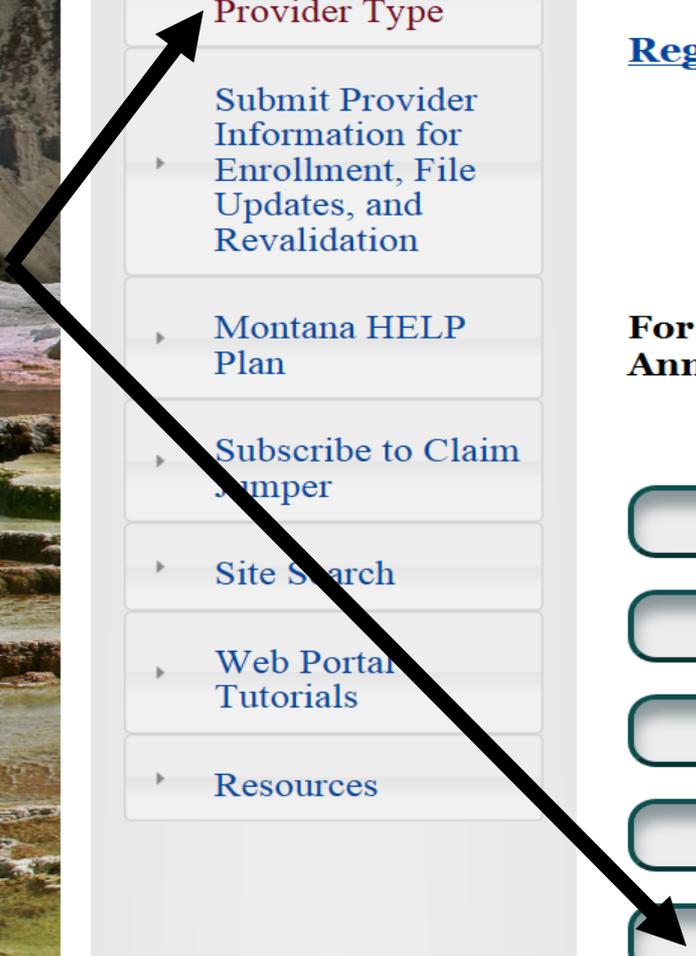
[Announcements](#)

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Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Select Your Provider Type

### 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](#)
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#### Providers A - C

- 03/02/2018 [Ambulance](#)
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- 03/02/2018 [Chiropractor](#)
- 03/02/2018 [Clinic \(Public Health\)](#)
- 03/02/2018 [Clinical Pharmacist](#)

Here you can select the provider type you are looking for. **TOP** ↕

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Montana Healthcare Programs Provider Information » Physician

# Physician

Multiple resources are available on this page

Montana Healthcare Programs

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- ▶ [Fee Schedules – Physician](#)
- ▶ [Fee Schedules – ATP Tests and Fees](#)
- ▶ [Provider Notices](#)
- ▶ [Other Resources](#)
- ▶ [To locate older documents, access the Archive Page.](#)

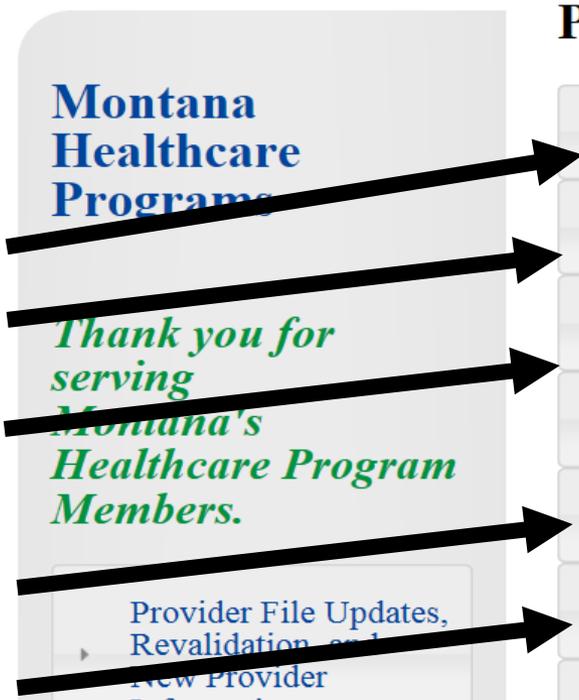
Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by Provider Type

Provider Enrollment

Montana HELP Plan



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## Physician

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### [Provider Manuals](#)

[General Information for Providers](#) 04/2018

Medicaid manual with general information for all provider types.

[Physician-Related Services](#) 12/2017

This manual has information specific to your provider type.

[Prescription Drug Program](#) 02/12/2018

This manual has information specific to your provider type.

[Passport to Health](#) 10/2017

Everything a provider needs to know to become a successful Passport provider.

▶ [Medicaid Rules and Regulations](#)

▶ [Fee Schedules – Physician](#)

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# Physician

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Fee Schedules – ATP Tests and Fees

Provider Notices

Some documents on this page are legal and/or historical in nature and cannot be altered to meet 508 Accessibility standards. Each of those documents has a corresponding .txt document with the same name placed next to it.

For prescription medication notices, see the Pharmacy page/

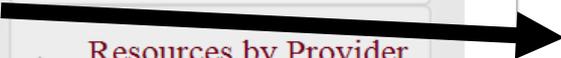
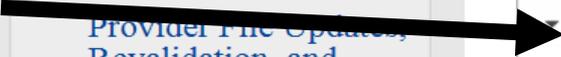
2018

- 04/25/2018 [Changes to the Medicare Part D Drug Benefit for Dual Eligible Members – Benzodiazepines](#)
- 04/04/2018 [Updated Passport Eligible Populations & Reimbursement](#)
- 03/22/2018 [Criteria for Breast Reconstruction](#)
- 03/15/2018 [Criteria for MRI of the Brain](#) rev. 04/10/2018
- 03/15/2018 [Criteria for CT of the Brain](#) rev. 04/10/2018
- 03/14/2018 [Prior Authorization for Genetics Testing for Youth Mental Health](#)
- 03/02/2018 [Physician Administered Drug Update](#) rev. 03/08/2018
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- 01/31/2018 [Montana Healthcare Programs Covered Double Electric Breast Pumps - E0603](#)
- 01/30/2018 [Fetal Chromosomal Aneuploidy Testing](#)
- 01/30/2018 [Psych Care Management New Codes 99492 - 99494](#)
- 01/17/2018 [Xgeva® Prior Authorization Criteria](#)
- 01/12/2018 [Zinplava Prior Authorization Criteria](#) (Revised, provider types

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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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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

# Electronic Code of Federal Regulations

e-CFR data is current as of **May 8, 2018**

### USER NOTICE

The Electronic Code of Federal Regulations (e-CFR) is a currently updated version of the Code of Federal Regulations (CFR). It is not an official legal edition of the CFR. The e-CFR is an editorial compilation of CFR material and *Federal Register* amendments produced by the National Archives and Records Administration's Office of the Federal Register (OFR) and the Government Publishing Office. The OFR updates the material in the e-CFR on a daily basis. The current update status appears at the top of all e-CFR web pages [More](#).

**Browse:** Select a title from the list below, then press "Go".

Title 1 - General Provisions [dropdown] [Go]

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# Montana Code Annotated 2017

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

## Part 1. Medical Assistance -- Medicaid

- [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 53-6-120 reserved](#)
- [53-6-121 Local administration of medical assistance](#)
- [53-6-122 and 53-6-123 reserved](#)
- [53-6-124 Definitions](#)

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## Physician

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<a href="#">8.28.1907</a>	Issuance of Telemedicine Certificate		
<a href="#">8.28.1909</a>	Effect of Denial of Application for Telemedicine Certificate		
<a href="#">8.28.1910</a>	Effect of Telemedicine Certificate		
<a href="#">24.101.413</a>	RENEWAL DATES AND REQUIREMENTS		6/10/2017
<a href="#">24.156.801</a>	PURPOSE AND AUTHORITY		10/27/2000
<a href="#">24.156.802</a>	DEFINITIONS		5/14/2010
<a href="#">24.156.803</a>	LICENSE REQUIREMENT		4/29/2017
<a href="#">24.156.804</a>	APPLICATION FOR A TELEMEDICINE LICENSE		4/29/2017
<a href="#">24.156.805</a>	FEES		4/29/2017
<a href="#">24.156.806</a>	FAILURE TO SUBMIT FEES		4/29/2017
<a href="#">24.156.807</a>	ISSUANCE OF A TELEMEDICINE LICENSE		4/29/2017
<a href="#">24.156.808</a>	RENEWALS		4/29/2017
<a href="#">24.156.809</a>	EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS		4/29/2017
<a href="#">24.156.810</a>	EFFECT OF TELEMEDICINE LICENSE		5/14/2010
<a href="#">24.156.811</a>	SANCTIONS		4/29/2017
<a href="#">24.156.812</a>	OBLIGATION TO REPORT TO THE BOARD		4/29/2017
<a href="#">37.86.3401</a>	TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS		10/14/2017
<a href="#">37.86.3901</a>	TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, DEFINITIONS		10/14/2017



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**Department: PUBLIC HEALTH AND HUMAN SERVICES**



37 : PUBLIC HEALTH AND HUMAN SERVICES



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## Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



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37.85 : GENERAL MEDICAID SERVICES

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Rule No.	Rule Title	Latest Version	Effective Date
<b>Subchapter 1</b>			
<b>Montana Medicaid Provider Fee Schedules</b>			
<a href="#">37.85.104</a>	EFFECTIVE DATES OF PROVIDER FEE SCHEDULES FOR MONTANA NON-MEDICAID SERVICES		3/1/2018
<a href="#">37.85.105</a>	EFFECTIVE DATES, CONVERSION FACTORS, POLICY ADJUSTERS, AND COST-TO-CHARGE RATIOS OF MONTANA MEDICAID PROVIDER FEE SCHEDULES		3/1/2018
<a href="#">37.85.106</a>	MEDICAID BEHAVIORAL HEALTH TARGETED CASE MANAGEMENT FEE SCHEDULE		3/1/2018
<b>Subchapter 2</b>			
<b>Miscellaneous</b>			
<a href="#">37.85.201</a>	SELECTION OF PROVIDER		7/1/1999
<b>Rules 37.85.202 and 37.85.203 reserved</b>			
<a href="#">37.85.204</a>	MEMBER REQUIREMENTS, COST SHARING		1/1/2018
<a href="#">37.85.205</a>	RECIPIENT RESTRICTION OF ACCESS TO MEDICAL SERVICES	REP	7/23/2004
<a href="#">37.85.206</a>	SERVICES PROVIDED		5/7/2016
<a href="#">37.85.207</a>	SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM		1/1/2013
<b>Rules 37.85.208 through 37.85.211 reserved</b>			
<a href="#">37.85.212</a>	RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES		9/9/2017
<b>Rules 37.85.213 through 37.85.218 reserved</b>			

<b>Subchapter 3 reserved</b>			
<b>Subchapter 4 Provider Requirements</b>			
<a href="#">37.85.401</a>	PROVIDER PARTICIPATION		3/11/1997
<a href="#">37.85.402</a>	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
<a href="#">37.85.403</a>	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
<b>Rules 37.85.404 and 37.85.405 reserved</b>			
<a href="#">37.85.406</a>	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
<a href="#">37.85.407</a>	THIRD PARTY LIABILITY		3/11/1997
<b>Rules 37.85.408 and 37.85.409 reserved</b>			
<a href="#">37.85.410</a>	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
<a href="#">37.85.411</a>	PROVIDER RIGHTS		6/30/2000
<a href="#">37.85.412</a>	INTERPRETATION OF RULES		4/1/2005
<a href="#">37.85.413</a>	LIMITATIONS ON CODING ADVICE		4/1/2005
<a href="#">37.85.414</a>	MAINTENANCE OF RECORDS AND AUDITING		4/1/2005
<a href="#">37.85.415</a>	MEDICAL ASSISTANCE MEDICAID PAYMENT		3/15/2002
<a href="#">37.85.416</a>	STATISTICAL SAMPLING AUDITS		6/30/2000
<b>Subchapter 5 Provider Sanctions</b>			
<a href="#">37.85.501</a>	GROUNDS FOR SANCTIONING		4/9/2004
<a href="#">37.85.502</a>	SANCTIONS		4/9/2004
<b>Rules 37.85.503 and 37.85.504 reserved</b>			
<a href="#">37.85.505</a>	FACTORS GOVERNING IMPOSITION OF SANCTION		11/16/1984
<a href="#">37.85.506</a>	SCOPE OF SANCTION		11/28/1987
<a href="#">37.85.507</a>	NOTICE OF SANCTION		6/13/1980
<b>Rules 37.85.508 through 37.85.510 reserved</b>			





**Rule: 37.85.414**

[Prev](#) [Up](#) [Next](#)

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.

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

- (10) In addition to the above, the department will pay:
- (a) the lesser of either the actual charge for drugs and other prescribed supplies, or the wholesale price cited, less 15%, plus a dispensing fee on the Medicaid point-of-sale system;
  - (b) 85% of the cost of durable medical equipment to the appropriate amount when allowing financial assistance, or to the maximum amount set by the program for the federal fiscal year;
  - (c) 85% of the cost of specialized formula and foods and prescriptive or nonprescriptive medications prescribed by a physician for inborn errors of metabolism; and
  - (d) 85% of the cost of syringes and disposable medical equipment for the treatment of covered conditions.

(11) A CYSHCN who attends interdisciplinary pediatric specialty clinics, supported by CSHS, is not responsible for copays, deductibles, or coinsurance, nor will they be balance-billed.

History: [50-1-202](#), MCA; [IMP](#), [50-1-202](#), MCA; [NEW](#), 1990 MAR p. 1256, Eff. 6/29/90; [AMD](#), 1992 MAR p. 919, Eff. 5/1/92; [AMD](#), 1994 MAR p. 1836, Eff. 7/8/94; [AMD](#), 1999 MAR p. 2879, Eff. 12/17/99; [TRANS](#), from DHES, 2001 MAR, p. 398; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2012 MAR p. 1672, Eff. 8/24/12; [AMD](#), 2013 MAR p. 1449, Eff. 8/9/13.

MAR Notices	Effective From	Effective To	History Notes
<a href="#">37-641</a>	8/9/2013	Current	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12; <a href="#">AMD</a> , 2013 MAR p. 1449, Eff. 8/9/13.
<a href="#">37-588</a>	<a href="#">8/24/2012</a>	8/9/2013	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12.
	<a href="#">8/1/2003</a>	8/24/2012	History: Sec. <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , Sec. <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03.

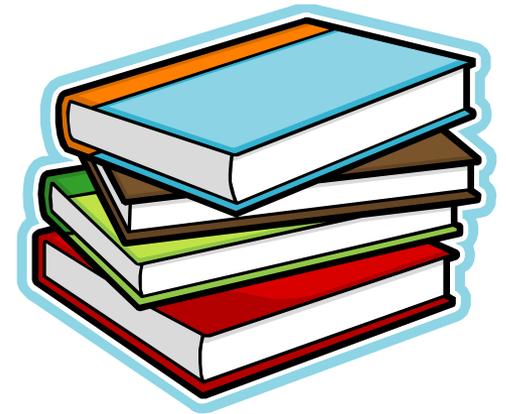
For questions regarding the content, interpretation, or application of a specific rule, please contact the agency that issued the rule. A directory of state agencies is available online at <http://www.mt.gov/govt/agencylisting.asp>.

For questions about the organization of the ARM or this web site, contact [sosarm@mt.gov](mailto:sosarm@mt.gov).

# Coding Reference Materials

## Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-10 CM
- ICD-10 PCS
- 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 [\[ARM 37.85.414\]](#)



**DOCUMENT!**

**DOCUMENT!**

**DOCUMENT!**

**DOCUMENT!**



# 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>)





Select one of the links below to begin your search:

[Nurses Aides](#)

[Healthcare and Occupational Licensees](#)

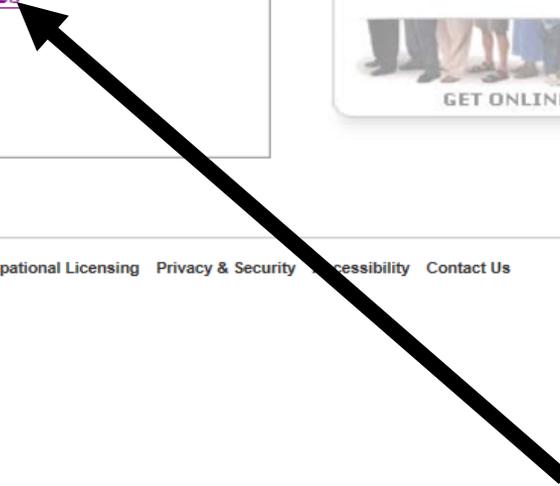
[Construction Licensees](#)

**PEOPLE WHO USE THIS SERVICE ALSO USE:**

- **Corporate Records**  
Download Business Entity Information
- **Registered Principals Search**  
Search for officers/directors of a business
- **Certified Copies**  
Order certified documents from SOS



GET ONLINE, NOT IN LINE



▶ TRY THE DEMO



**NEW!** Watch a video to learn how to file an online license application.  
\*Video with optional closed captioning

[Advanced Search](#)

### 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](#) [Status Definitions](#)

### ATTENTION:

The Board of Nursing is currently transitioning to the National Licensure Compact which takes effect Oct 1, 2015. On that date, all current RN and LPN licensees who live in a compact state will no longer have an active license in MT, but will have a privilege to practice in MT under their compact license from their home state. If you question the status of a license, check [www.nursys.com](http://www.nursys.com) (Quick Confirm) for multi-state privileges.

## Search for Licensee

Licensing Board:

License Type:

• City/State

[Instructions](#) [Search Tips](#) [Status Definitions](#)

**ATTENTION:**

The Board of Nursing is currently transitioning to the National Licensure Compact which takes effect Oct 1, 2015. On that date, all current RN and LPN licensees who live in a compact state will no longer have an active license in MT, but will have a privilege to practice in MT under their compact license from their home state. If you question the status of a license, check [www.nursys.com](http://www.nursys.com) (Quick Confirm) for multi-state privileges.

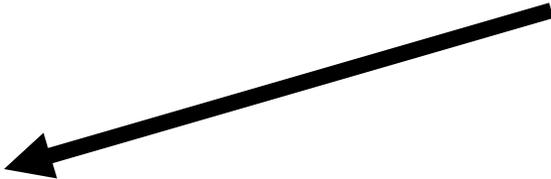
## Search for Licensee

Licensing Board:

License Type:



State License Number: ?



First Name:

Middle Initial:

Last Name:

Business Name:

City:

State:

Zip:

Country:

**Search**

**Clear**

# List of Excluded Individuals/Entities (LEIE)

REPORT FRAUD

Home • FAQs • FOIA • Careers • HEAT • Contact Us

+ - Reset



U.S. Department of Health & Human Services

Office of Inspector General  
U.S. Department of Health & Human Services

Report #, Topic, Keyword..

Search

Advanced

About OIG

Reports & Publications

Fraud

Compliance

Recovery Act Oversight

Exclusions

Newsroom

Home > Exclusions

## Search the Exclusions Database

### Search For An Individual

[Search For Multiple Individuals](#) | [Search For A Single Entity](#) | [Search For Multiple Entities](#)

Last Name

(and/or) First Name

Search

Clear



# System for Award Management (SAM)

[Forgot Username?](#) [Forgot Password?](#) [Create an Account](#)

- HOME
- SEARCH RECORDS
- DATA ACCESS
- CHECK STATUS
- ABOUT
- HELP

The System for Award Management (SAM) is an official website of the U.S. government. There is no cost to use SAM. You can use this site for FREE to:

- Register to do business with the U.S. government
- Update or renew your entity registration
- Check status of an entity registration
- Search for entity registration and exclusion records

## Getting Started

Create A User Account



Start by creating a SAM user account.

Register Entity



After creating your SAM user account, log in to register to do business with the U.S. government.

Search Records



Do a public search for existing entity registration records or exclusion records.

Federal users can log in to see additional information.



USER NAME [input] PASSWORD [input] 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](http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp)

- Understanding Program Exclusions
- Importance of Documentation



**REPORT FRAUD**



U.S. Department of Health & Human Services  
**Office of Inspector General**  
U.S. Department of Health & Human Services

Report #, Topic, Keyword.. Search  
Advanced

- About **OIG**
- Reports & Publications
- Fraud
- Compliance
- Recovery Act Oversight
- Exclusions
- Newsroom

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 Health 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





Inspector General Introduces Compliance Training Videos and Audio Podcasts



How to Use the Exclusions Database



How to Report Fraud to the OIG

**EXCLUSIONS DATABASE**

+ - Reset

**REPORT FRAUD**



OIG's Self Disclosure Protocol



Importance of Documentation



Tips for Implementing an Effective Compliance Program

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Compliance Program Basics



OIG Guidance



Physician Self-Referral Law



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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.

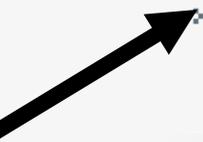
## Webcast Modules

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



For more information and downloadable 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



# 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](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>

Theran Fries  
Privacy Officer  
HIPAA Program  
Office of Legal Affairs

1-406-444-9503

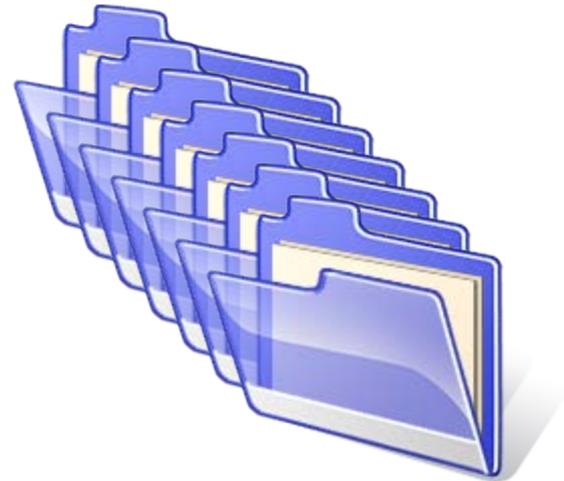
PO Box 202960  
Helena, MT 59620-2960



# What are we doing?

Our unit is consistently working on several projects:

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



# The progression of an reviews...

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 issues within reviews ...

- Incomplete documentation (demonstrating the extent and nature of the service).
- Incomplete or missing orders/prescriptions.
- 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 Evaluation and Management.
- Identifying information on documentation.



# Additional review errors ...

- Billing for services not personally provided.
- Unbundling of services.
- Illegible records.
- Electronic records out of Word.



# SURS Staff

Jennifer Tucker, CPC; SURS Supervisor

- 8 Program Integrity Compliance Specialists
  - Certified Professional Coders
  - Certified Program Integrity Professionals
  - Licensed Practical Nurses

assigned to multiple provider types and specialties



# Contact Information

## SURS Supervisor

### » **Jennifer Tucker, CPC**

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SURS Unit  
2401 Colonial Drive  
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Helena, MT 59620

[jtucker2@mt.gov](mailto:jtucker2@mt.gov)

406-444-4586



# Questions?

