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Surveillance Utilization Review Section (SURS)

Fall 2020

Jennifer Tucker, CPC
SURS Supervisor

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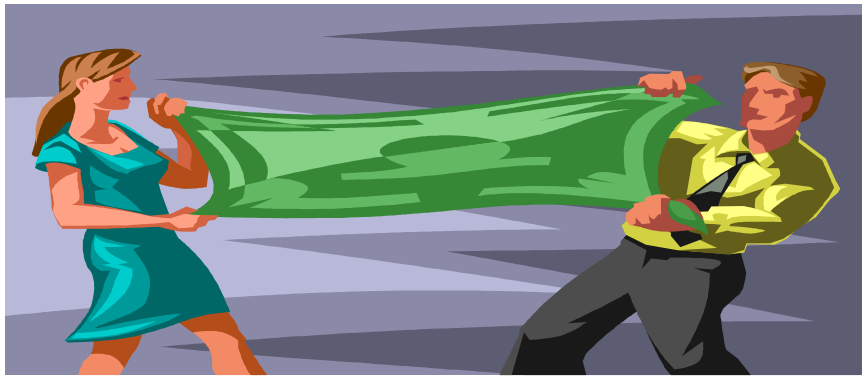
What is SURS?

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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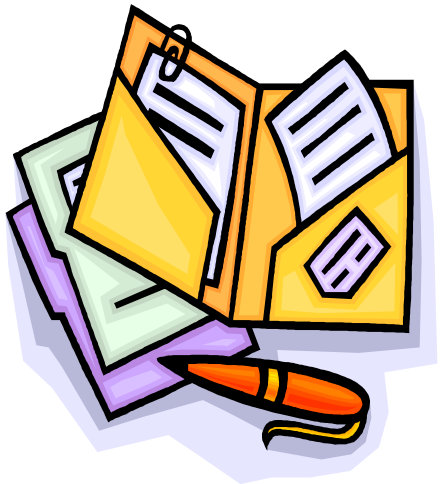
We accomplish this by:

- performing retrospective reviews
- educating 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 if it discovers that the provider was not entitled to payment for any reason.

[ARM 37.85.406 (9) & (10)]

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Montana Medicaid Website

Provider Website:
https://medicaidprovider.mt.gov/

https://medicaidprovider.mt.gov/

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OFFICIAL STATE WEBSITE

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Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Home

Montana Healthcare Programs

Thank you for serving Montana's Healthcare Program Members.

- Provider File Updates, Revalidation, and New Provider Information
- MATH Web Portal
- Resources by Provider Type

Welcome to the Montana Healthcare Programs Provider Information Website.

In Response to COVID-19

The following documents are available:

- Developmental Disabilities 0208 Comprehensive Waiver Providers
- National Correct Coding Initiative Announcement
- Temporary Suspension of the PCP Referral Requirement
- Non-Covered Services Agreement Policy Change
- Changes to Youth Community-Based Psychiatric Rehabilitation and Support Services
- Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs
  - FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs

For access to previous Training PowerPoints, please visit the Training page at https://medicaidprovider.mt.gov/training.

Reminder: New MATH Web Portal Link

The MATH web portal has a new link.

The new link is https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

The link to the portal that contained "ACS" has been disabled and if you attempt to use it you will get a security warning.

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837

Recent Website Posts
Announcements
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Resources by Provider Type
Claim Instructions
Training and Events
Claim Jumper Newsletters
Montana HELP Plan

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provider.mt.gov/providertype | Select Your Provider Type

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Montana Healthcare Programs Provider Information » Select Your Provider Type

Montana Healthcare Programs

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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

03/02/2018	Ambulance
03/02/2018	Ambulatory Surgical Center
03/02/2018	Audiologist
03/02/2018	Chemical Dependency
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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Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Physician

Physician

Multiple resources are available on this page

Prior Authorization

Forms

Claim Jumper Newsletters

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Provider File Updates, Revalidation, and New Provider Information

Provider File Updates
Changes to Current Enrollments

Provider Revalidation
Existing Providers

New Providers
Tools for New Providers to Bill Successfully

MATH Web Portal

- ***Provider Manuals***
- Medicaid Rules and Regulations
- Fee Schedules – Physician
- Fee Schedules – ATP Tests and Fees
- Provider Notices
- Other Resources
- To locate older documents, access the Archive Page.

Sheila Hogan, Director

Claim Jumper 2020

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SURS Audit Revelations
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Physician

Montana Healthcare Programs

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- Provider Enrollment

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

Program Members:

- Provider File Updates, Revalidation, and New Provider Information
- MATH Web Portal
- Resources by Provider Type
- Provider Enrollment
- Montana HELP Plan
- Subscribe to Claim Jumper
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Provider Manuals

Medicaid Rules and Regulations

Code of Federal Regulations (Title 42)

Montana Code Annotated - https://leg.mt.gov/ (Choose "Laws & Bills" then " Montana Statutes – MCA")

Applicable Section: 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

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Provider Notices

For prescription medication notices, see the Pharmacy page/

2020

04/30/2020 National Correct Coding Initiative Announcement
04/28/2020 Temporary Suspension of the PCP Referral Requirement
04/27/2020 Non-Covered Services Agreement Policy Change
04/23/2020 Elimination of Prior Authorization and Criteria Requirements for MRI of the Head and CT of the Brain

04/22/2020 Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs

- FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs

04/01/2020 Suspension of Face to Face Requirements for Some Medicaid Programs
03/19/2020 Telemedicine Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth rev 03/27/2020
03/19/2020 Telemedicine Policy Clarification

- Frequently Asked Questions on Telemedicine / Telehealth

03/12/2020 Medical Food or Formula for Phenylketonuria (PKU) due to Inborn Errors of Metabolism (IEM) - HCPCS Code S9435
02/28/2020 Starting Dose and Quantity Limitations for Sedative Hypnotics
02/25/2020 Physician Administered Drug Update
01/24/2020 Consent for Sterilization Form

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- Fee Schedules – ATP Tests and Fees
- Provider Notices
- ***Other Resources***

  Prior Authorization Criteria for Specific Services

  Rebateable Manufacturers *04/2018*

  SURS Provider Self-Audit Protocol *10/2015*
- To locate older documents, access the Archive Page.

Rule/Regulation Materials

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

https://www.ecfr.gov/cgi-bin/ECFR?page=browse

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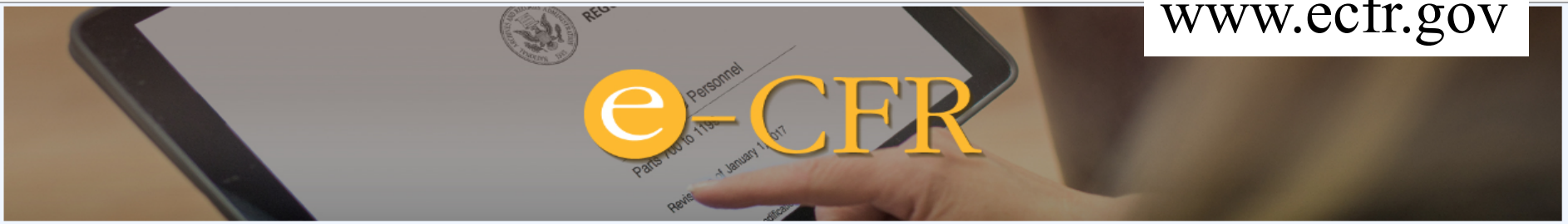

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Electronic Code of Federal Regulations e-CFR

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

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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.

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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

Physician

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e.g., 42.26.203

By MCA Number ? Go
e.g., 2-3-103

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e.g., 42.26

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e.g., 10, 37

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Rule No.	Rule Title	Rule File	Effective Date
8.28.1904	Application for a Telemedicine Certificate		
8.28.1907	Issuance of Telemedicine Certificate		
8.28.1909	Effect of Denial of Application for Telemedicine Certificate		
8.28.1910	Effect of Telemedicine Certificate		
24.101.413	RENEWAL DATES AND REQUIREMENTS		6/10/2017
24.156.801	PURPOSE AND AUTHORITY		10/27/2000
24.156.802	DEFINITIONS		5/14/2010
24.156.803	LICENSE REQUIREMENT		4/29/2017
24.156.804	APPLICATION FOR A TELEMEDICINE LICENSE		4/29/2017
24.156.805	FEES		4/29/2017
24.156.806	FAILURE TO SUBMIT FEES		4/29/2017
24.156.807	ISSUANCE OF A TELEMEDICINE LICENSE		4/29/2017
24.156.808	RENEWALS		4/29/2017
24.156.809	EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS		4/29/2017
24.156.810	EFFECT OF TELEMEDICINE LICENSE		5/14/2010
24.156.811	SANCTIONS		4/29/2017
24.156.812	OBLIGATION TO REPORT TO THE BOARD		4/29/2017
37.86.3401	TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS		10/14/2017
37.86.3901	TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, DEFINITIONS		10/14/2017

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37.7	RESERVED
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37.74	REFUGEE ASSISTANCE
37.75	CHILD AND ADULT CARE FOOD PROGRAM
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37.96	RESERVED
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37.98	OUTDOOR BEHAVIORAL PROGRAM
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37.100	LICENSURE OF COMMUNITY RESIDENCES
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37.102	RESERVED

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Rule Chapter: 37.85

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PUBLIC HEALTH AND HUMAN SERVICES

37.85 : GENERAL MEDICAID SERVICES

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

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
37.85.506	SCOPE OF SANCTION		11/28/1987
37.85.507	NOTICE OF SANCTION		6/13/1980
	Rules 37.85.508 through 37.85.510 reserved		

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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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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: 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.

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.

(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
37-641	8/9/2013	Current	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.
37-588	8/24/2012	8/9/2013	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.
	8/1/2003	8/24/2012	History: Sec. 50-1-202, MCA; IMP, Sec. 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.

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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-10 CM
- ICD-10 PCS
- 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!

DOCUMENT!

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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…

- 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]

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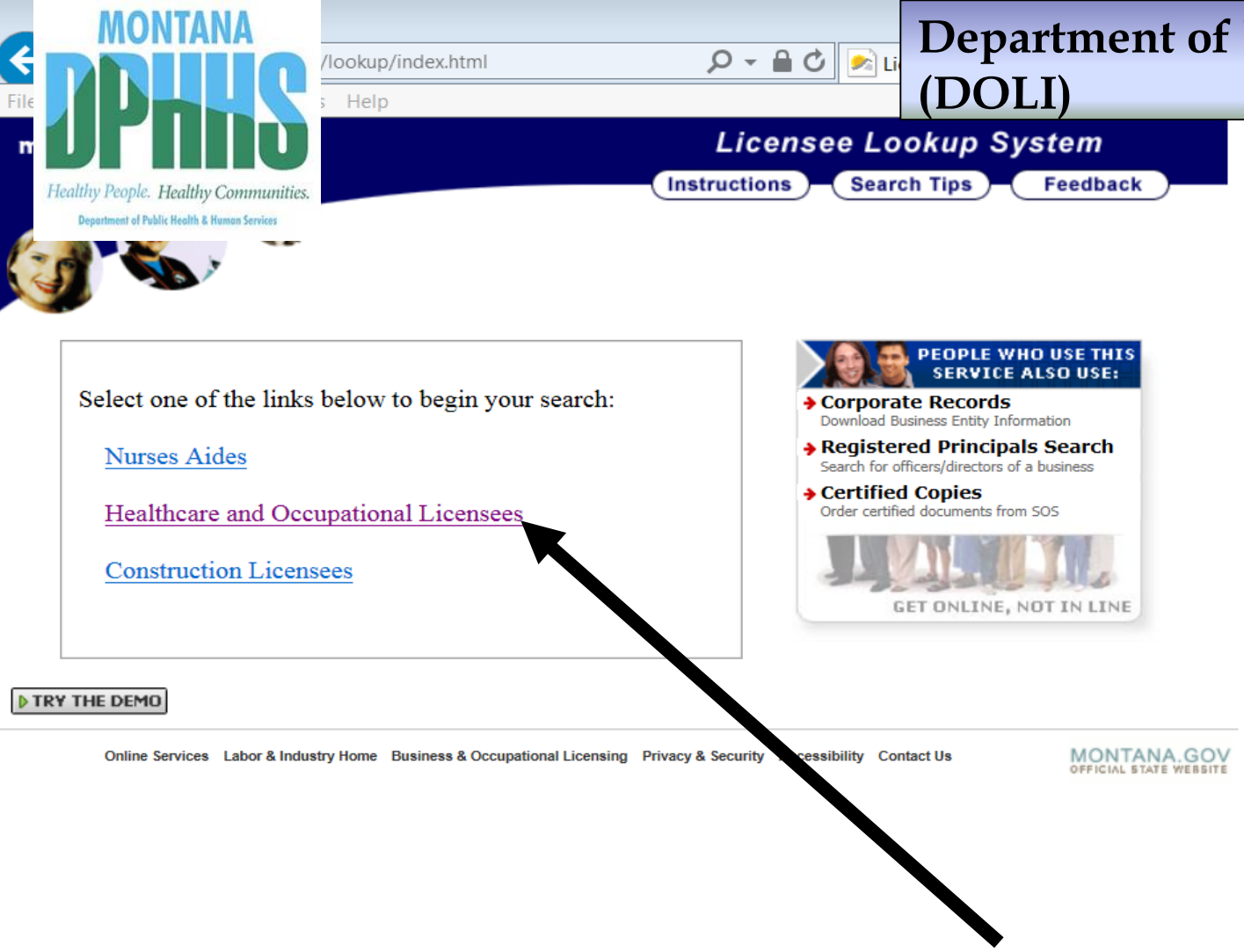
Provider Responsibility

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)

Department of Labor and Industry (DOLI)



https://ebiz.mt.gov/POL/Default.aspx

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Welcome to the new Citizen Portal

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Licensee Lookup

License Verification Request

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License Search

Please be advised that any "license" with REG in the naming convention instead of LIC, is not an actual license, but rather an interstate licensure registration that immediately expires when the state of emergency is no longer in effect.

License Information

Licensing Board/Program
Select

License Type
Select

License Number

License Holder Information

First Name | Last Name

Business Name

City | State | Zip

Country
Select

Verification

Please answer the verification question below before continuing your search.

https://ebizws.mt.gov/PUBLICPORTAL/searchform?myl | State of Montana | State of Montana | DLI Record Search

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Select

License Type

Select

License Number

License Holder Information

First Name | Last Name

Business Name

City | State | Zip

Country

Select

Verification

Please answer the verification question below before continuing your search.

Remaining Attempts: 3

Please enter the number value of each image (example: 587)

Search Reset

List of Excluded Individuals/Entities (LEIE)

http://exclusions.oig.hhs.gov/

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https://www.sam.gov/portal/SAM/#1 General Services ... System for Award Manage...

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View assistance for SAM.gov

System for Award Management (SAM)

SAM SYSTEM FOR AWARD MANAGEMENT

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.

Search Records Disclaimers FAPIIS.gov

https://www.sam.gov/portal/SAM/?portal: Identified by Entr... Search | System for Award ...

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SAM SYSTEM FOR AWARD MANAGEMENT

USER NAME PASSWORD LOG IN

Forgot Username? Forgot Password?

Create an Account

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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

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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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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

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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

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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

Theran Fries
Privacy Officer
HIPAA Program
Office of Legal Affairs

(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
- Active Provider Reviews

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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

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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.

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Additional review errors …

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

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SURS Staff

Jennifer Tucker, CPC, CPIP; 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

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Questions?

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