



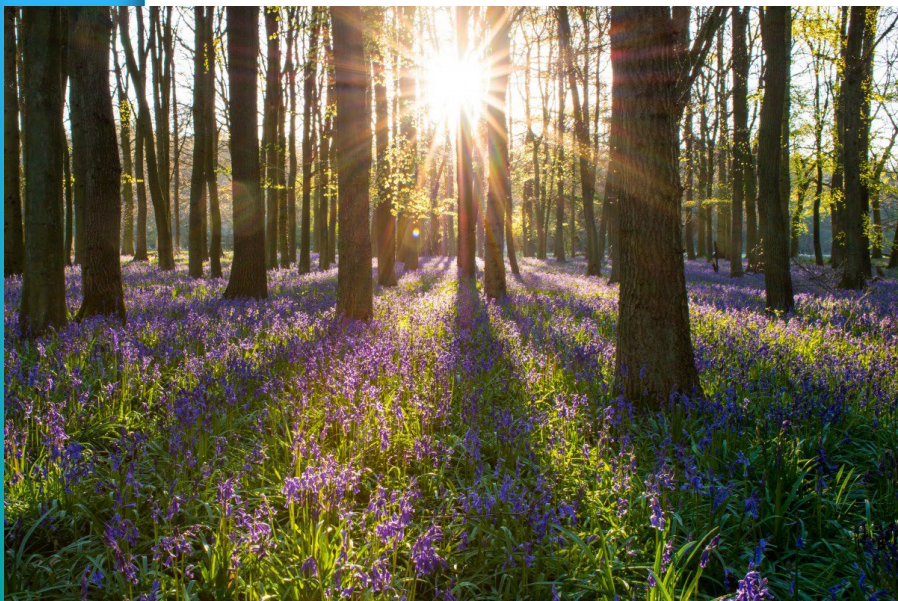
Surveillance Utilization Review Section (SURS)

IHS/Tribal Provider Training

June 21, 2022

Jennifer Tucker, CPC

SURS Supervisor



What is SURS?

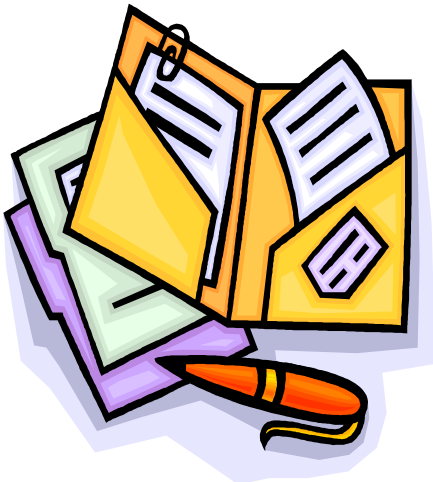
Surveillance Utilization Review Section is a federally mandated program [\[42 CFR, Part 456.3\]](#)

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 if it discovers that the provider was not entitled to payment for any reason.

[ARM 37.85.406 (9) & (10)]



Montana Medicaid Website

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



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Welcome to the Montana Healthcare Programs
Provider Information Website.

Provider Services Portal

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Provider Revalidation Extension

Revised May 13, 2022

On December 13, 2021, Montana Healthcare Programs began sending revalidation notices to providers who are due for provider revalidation. The letters specify a due date. Montana Healthcare Programs is extending the required revalidation date for any provider who has received a revalidation notice. This



Jen Tucker, SURS Supervisor, QAD, June 16, 2022 at 2pm Mountain Time (1 Hour)

Billing 101

Deb Braga, Provider Relations Field Rep, Conduent, July 21, 2022 at 2pm (2 Hours)

CSCT Schools

Christine White, CSCT Medicaid Program Officer, DPHHS, August 18, 2022 at 2pm Mountain Time (1 Hour)

To register for upcoming Online Training and access to previous Training PowerPoints, please visit the Training page at <https://medicaidprovider.mt.gov/training>.

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- [Clinical Pharmacist](#)

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- [Licensed Marriage and Family Therapist](#)
- [Licensed Professional Counselor](#)
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Volume XXXVII Issue 6 - June 2022

SURS Revelations: Treatment Plan Documentation for Mental Health Services

Montana Medicaid and TPL Part 1 of 4: When is it appropriate to bill Medicaid?

Provider Services Portal News:

Uploading Supplemental Documentation in the MPATH Provider Services Portal

New Mailing Process Requires Cover Sheet

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Top 15 Denial Reasons

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Medicaid manual with general information for all provider types.

[Indian Health Service/Tribal 638](#)

This manual has information specific to your provider type.

[Tribal Health Improvement Program \(T-HIP\) Manual](#)

This manual has information specific to your provider type.

[Prescription Drug Program, Prior Authorization Chapter](#)

Prior authorization requirements and procedures are covered in this chapter.

[Passport to Health](#)

How to become a successful Passport provider.





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Montana Diabetes Prevention Program Overview Presentation 01/27/2021	
Prior Authorization Criteria for Specific Services	
SURS Provider Self-Audit Protocol 02/2022	



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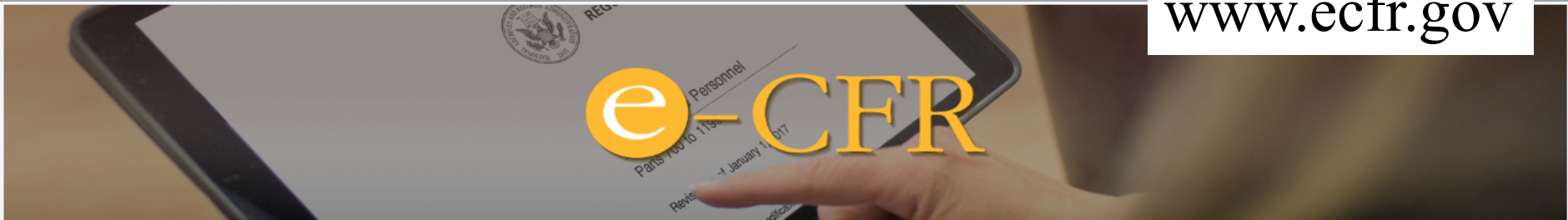


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- Montana Code Annotated (MCA)
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24.101.413	RENEWAL DATES AND REQUIREMENTS		6/10/2017
24.156.801	PURPOSE AND AUTHORITY		10/27/2000
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Subchapter 1 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
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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
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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		

<u>Subchapter 3</u> <u>reserved</u>			
<u>Subchapter 4</u> <u>Provider Requirements</u>			
<u>37.85.401</u>	PROVIDER PARTICIPATION		3/11/1997
<u>37.85.402</u>	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
<u>37.85.403</u>	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
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<u>37.85.406</u>	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
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<u>37.85.410</u>	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
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Rules 37.85.508 through 37.85.510 reserved			



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Rule: 37.85.414

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

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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.

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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.



“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>)



Department of Labor and Industry (DOLI)

mt.gov

Licensee Lookup System

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



GET ONLINE, NOT IN LINE

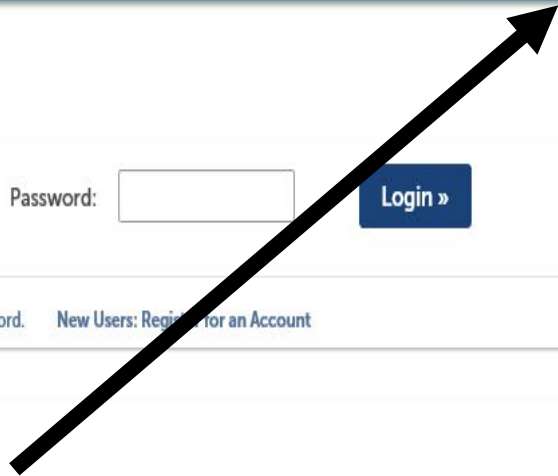
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Welcome to the new Citizen Portal





Licensee Lookup
License Verification Request

User Name or E-mail: Password: Login »

☐ Remember me on this computer I've forgotten my password. New Users: Register for an Account

Welcome to the new Citizen Portal



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.

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)

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List of Excluded Individuals/Entities (LEIE)

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(and/or) First Name

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100% Free

The Official U.S. Government System for:

Contract Opportunities

(was fbo.gov)

Contract Data

(Reports ONLY from fpds.gov)

Wage Determinations

(was wdol.gov)

Federal Hierarchy

Departments and Subtiers

Assistance Listings

(was cfda.gov)

Entity Information

Entities, Disaster Response Registry,
and Exclusions

Entity Reporting

SCR and Bio-Preferred Reporting



NEW [Learn More](#)

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

Get Started

Renew Entity



Check Registration Status

Already know what you want to find?


Select Domain... ▾

e.g. 1606N020Q02



Entity Information

You can search and view entity information, including entity registration records, exclusions, and the Disaster Response Registry from this page. Most entity records are public information, but you must be signed to search and view them.

 [What is an entity?](#)



Please Sign In: You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

[Sign In](#)

Search

[Advanced Search](#)

All Entity Information

e.g. 123456789, Smith Corp



All Entity Information

Entities

Disaster Response Registry

Exclusions



Get help with searching entity registration



Get help with searching exclusions information

NEW

Register Your Entity or Get a Unique Entity ID


Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)
[Renew Entity](#)

[Check Registration Status](#)

Entity Information

You can search and view entity information, including entity registration records, exclusions, and the Disaster Response Registry from this page. Most entity records are public information, but you must be signed to search and view them.

 [What is an entity?](#)



Please Sign In: You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

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[Advanced Search](#)

Exclusions ▼

Pam Smith



NEW

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)
[Renew Entity](#)

[Check Registration Status](#)


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[Get help with searching exclusions information](#)




Search

All Words ▼

e.g. 1606N020Q02

**Select Domain**
Entity Information[All Entity Information](#)[Entities](#)[Disaster Response Registry](#)[Exclusions](#)**Filter By****Keyword Search**

For more information on how to use our keyword search,
visit our [help guide](#)

☐ Any Words ☒ All Words ☐ Exact Phrase 

e.g. 123456789, Smith Corp



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We couldn't find a match for your search criteria.

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Search

All Words ▼

e.g. 1606N020Q02



Select Domain Entity Information



All Entity Information

Entities

Disaster Response Registry



Exclusions

Filter By



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☒ Any Words 
☐ All Words 
☐ Exact Phrase 

e.g. 123456789, Smith Corp

Showing 1 - 25 of 1,160 results

Sort by

Relevance ▼

Pam Pam ● Active

DUNS
(blank)

Unique Entity ID

CAGE Code
(blank)

Physical Address
High Ridge, MO 63049 USA

Exclusion

Classification
Individual

Activation Date
Jan 28, 2020

Termination Date
Jan 27, 2023

Pam Archbald ● Active

DUNS
(blank)

Unique Entity ID

CAGE Code
(blank)

Physical Address
Missouri City, TX 77459 USA

Exclusion

Classification
Individual

Activation Date
Aug 23, 2019

Termination Date
Aug 22, 2022

Pam Richardet ● Active

DUNS
(blank)

Unique Entity ID

CAGE Code
(blank)

Physical Address
High Ridge, MO 63049 USA

Exclusion

Classification
Individual

Activation Date
Jan 28, 2020

Termination Date
Jan 27, 2023

PAM N OLSEN ● Active

DUNS
(blank)

Unique Entity ID

CAGE Code
(blank)

Physical Address
PHILADELPHIA, PA 19149 USA

Exclusion


Classification
Individual


Activation Date
Jan 18, 2005


Termination Date

Keyword Search


For more information on how to use our keyword search, visit our [help guide](#)


☒ Any Words 


☐ All Words 


☐ Exact Phrase 


e.g. 123456789, Smith Corp


"Pam Smith" 


Classification 

Excluded Individual 

Excluded Entity 


Federal Organizations 

Exclusion Type 

Exclusion Program 

Location 

Dates 

Reset 

Pam Richardet ● Active

DUNS Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
High Ridge, MO 63049 USA

Exclusion

Classification
Individual

Activation Date
Jan 28, 2020

Termination Date
Jan 27, 2023

PAM N OLSEN ● Active

DUNS Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
PHILADELPHIA, PA 19149 USA

Exclusion

Classification
Individual

Activation Date
Jan 18, 2005

Termination Date
Indefinite

PAM MARIE NEWPORT ● Active

DUNS Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
SAPULPA, OK 74066 USA

Exclusion

Classification
Individual

Activation Date
Nov 15, 2004

Termination Date
Indefinite

Pam W. Walters ● Active

DUNS Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
Tooele, UT 84074 USA

Exclusion

Classification
Individual

Activation Date
Aug 6, 1999

Termination Date
Indefinite

STEPHEN ANTHONY PAM ● Active

DUNS Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
FOLKSTON, GA 31537 USA

Exclusion

Classification
Individual

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



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 Health Care Boards

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Select One

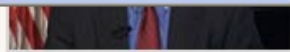
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Internet 100%

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



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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



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
- 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

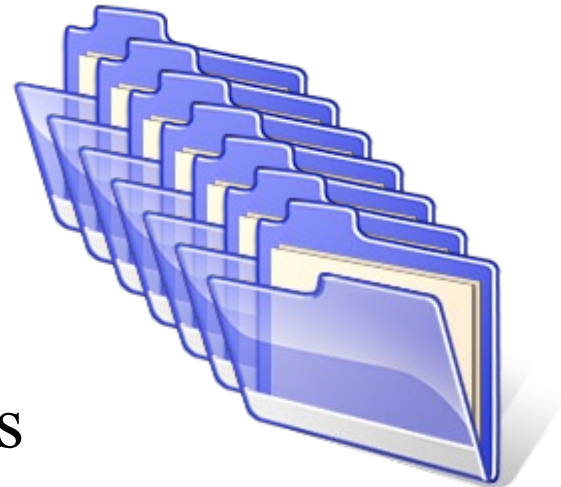
Helena, MT 59620-2960



What are we doing?

Our unit is consistently working on several projects:

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



The progression of 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, 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



False Claims Act Attestation

- » If you received a letter regarding the Deficit Reduction Act (DRA) Threshold [Section 6032 of the DRA]
 - > This means your organization met or exceeded the \$5 million annual threshold.
- » What does this mean?
 - > Your organization is responsible for creating and distributing written policies to your employees and/or contractors that include detailed information about the whistle blower allowance under the False Claims Act. (1902 (a)(68)(A)
 - > An attestation of compliance with Section 6032 of the DRA will accompany the letter. Your organization, after ensuring the policies are in place and distributed, needs to check mark the box and complete the attestation. 
 - > Return the attestation to DPHHS as indicated.

Contact Information

SURS Supervisor

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jtucker2@mt.gov

406-444-4586



Questions?



