



Surveillance and Utilization Review Section (SURS)

Provider Tribal WebEx Training



Fall 2017

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What is SURS?

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

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.



We accomplish this by:

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



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



Rule/Regulation Materials

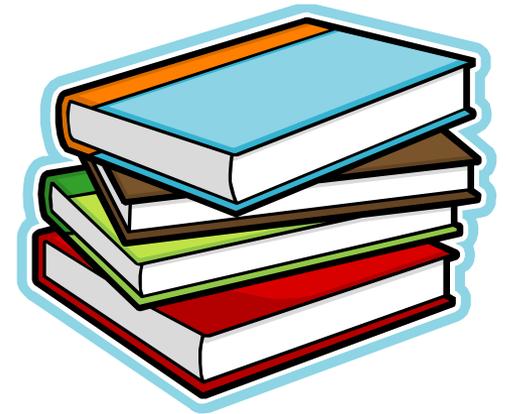
- Code of Federal Regulations (CFR)
- Montana Code Annotated (MCA)
- Administrative Rules of Montana (ARM)



Coding Reference Materials

Some coding reference materials

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



“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!
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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://sam.gov/portal/SAM/>)



HIPAA

- American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
 - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf
- CMS Website for HIPAA info
 - <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 Todd Olson

PO Box 202960

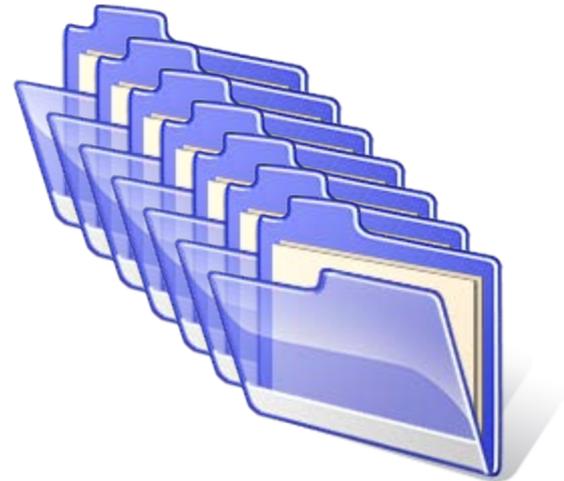
Helena, MT 59620-2960



What are we doing?

Our unit is consistently working on several projects:

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



The progression of a review...

1. Review idea
2. Collection of data
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review
8. Additional records or information review
9. Administrative Review determination
10. Fair Hearing
11. Fair Hearing determination
12. Overpayment
13. Closure



Top 5 issues within reviews...

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



Additional review errors ...

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



SURS Staff

Jennifer Tucker, CPC; SURS Supervisor

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

assigned to multiple provider types and specialties



Contact Information

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RAC/PERM

Recovery Audit Contract (RAC):

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

Payment Error Rate Measurement (PERM):

- All States reviewed every 3 years
- Montana is in its 4th PERM review
 - FFY 2008, 2011, 2014 & 2017
- CMS Contractor conducts the reviews
 - Chicksaw Nation Industries Advantage, LLC (CNI)



PERM Contacts

State of Montana

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Medical Review Contractor

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Questions?

