

# SURS LAP Presentation

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Presented by:

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# Resources:

- [medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)
  - Resources by Provider Type
  - Medicaid Provider Manual

The screenshot displays the Montana DPHHS Medicaid Provider Portal. The header includes the Montana DPHHS logo and the text "MONTANA.GOV" and "STATE WEBSITE". A navigation menu on the left lists: Home, COVID-19 Provider, Online Services, Resources by Provider Type, Provider Enrollment, Montana HELP Plan, Subscribe to Claim, Site Search, and Site Index. The main content area shows "Resources by Provider Type" with links to Enrollment, HELP Plan, and Claim Jumper. On the right, there are tabs for "A - C", "D - F", and "G". Under "Providers A - C", a list of provider types is shown: Ambulance, Ambulatory Surgical Center, Applied Behavior Analysis Services, Audiologist, Chemical Dependency, Chiropractor, Clinic (Public Health), and Clinical Pharmacist. Under "Providers D - F", a list includes: Dental (Dentist, Dental Hygienist), Denturist, Developmental Disabilities Program, Dialysis Clinic, Dialysis (Home), Direct Entry Midwife, Durable Medical Equipment, Prosthetics, Orthotics (DMEPOS), and EPOBT (Childhood Services). At the bottom, there are buttons for "I ACCEPT" and "I DO NOT ACCEPT", and a footer with "Nondiscrimination Notice/Policy" and "Notice of Use of Protected Health Information". An orange arrow points from the text "Medicaid Provider Manual" in the list to the "Providers A - C" section.

# Resources:

- [medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)
  - Resources by Provider Type
    - Medicaid Provider Manual
    - Provider Notices
  - Claim Jumper Newsletter

The screenshot shows the Montana DPHHS website interface. At the top is the Montana DPHHS logo. Below it is a navigation bar with a 'Home' link. A dropdown menu is open, displaying a list of resources. An orange arrow points to the 'Claim Jumper Newsletters' link in the dropdown. Another orange arrow points to the 'Site Index' link at the bottom of the dropdown. To the right of the dropdown, there is a section titled 'Information Reminder' with text about provider reevaluation and a list of options for providers to select. Below this is a section titled 'Online Training Available' with a link to 'Billing 101'.

**MONTANA DPHHS**  
Healthy People. Healthy Communities.  
Department of Public Health & Human Services

**MONTANA.GOV**  
OFFICIAL STATE WEBSITE

Home

COVID-19 Provider Information

Online Services ▾

Resources by Provider Type

Provider Enrollment

Montana HELP Plan

Subscribe to Claim Jumper Newsletters

Site Search

Site Index ▾

Site Search

Site Index ▾

Announcements

Archive

Claim Instructions

Claim Jumper Newsletters

Contact Us

Covid-19 Provider Information

Definitions and Acronyms

Drug and Pharmacy News

Electronic Billing

EOB R&R Crosswalk Excel

EOB R&R Crosswalk PDF

EPSDT

provider reevaluation. The letters specify a date for any provider who has received a notice of non-compliance. Notices will be given a minimum of 90 days to complete revalidation activities once notified.

**Information Reminder**

Providers are able to access information about their claims. When the system answers, **Providers** can view their claims.

On the next menu, select one of the following options:

- OPTION 1: Last 5 PAYMENTS
- OPTION 2: CLAIMS STATUS
- OPTION 3: MEMBER ELIGIBILITY
- OPTION 4: PROVIDER ENROLLMENT STATUS
- OPTION 5: VALIDATE PROVIDER NUMBER
- OPTION 6: GET EDI HELP
- OPTION 7: WEB PORTAL PASSWORD

We appreciate the work you do at all hours. Our staff is there to help you get the information you need.

**Online Training Available**

**Billing 101**

# Resources:

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- [medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)
  - Resources by Provider Type
    - Medicaid Provider Manual and General Information for Providers Manual
  - Claim Jumper Newsletter
- Administrative Rules of Montana ([rules.mt.gov](https://rules.mt.gov) – Chapter 37.85)
- Dental Administrative Rules of Montana ([rules.mt.gov](https://rules.mt.gov) – Chapter 37.86 Sub 10)
- Administrative Rules of Montana LAP Scope of practice ([rules.mt.gov](https://rules.mt.gov) – 24.138.425)
- CDT : Current Dental Terminology book

# What goes into a record?



# What goes into a record?

Per the General Information  
for Providers Manual:

[ARM 37.85.414]

[MCA 53-6-155]

[Federal Register, Vol. 65, No.  
194, pg. 59440]

- Member's name and date of birth
- Date and time of service
- Name/title of person providing service (other than billing practitioner)
- Chief complaint or reason for each visit
- Pertinent medical history
- Pertinent findings on examination
- Medication, equipment, and/or supplies prescribed or provided
- Description and length of treatment
- Recommendations for additional treatments, procedures, or consultations
- Plan of treatment and/or care, and outcome
- Each medical record entry must be signed and dated by the person providing the service

# What goes into a record?

Per the General Information  
for Providers Manual:

[ARM 37.85.414]

- All records which support a claim for a service or item must be completed within 90 days after the date on which the claim was submitted to Medicaid for reimbursement.
- Providers must maintain all Montana Healthcare Programs-related medical and financial records for 6 years and 3 months following the date of service.
- 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.

# Saving Records

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- Records must be saved in a format that is resistant to changes.
  - .PDF
  - Completed paper record.
  - Process management software.



# What does that even mean?

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Also known as: “Please make some sense at some point in this presentation.”

# Why were we targeted by SURS?

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SURS has to have a reason to  
review providers, we do not  
“target” any provider...

# Why were we targeted by SURS?

What is SURS and what function does it serve?

- SURS stands for Surveillance Utilization Review Section
- SURS is federally mandated program per 42 CFR 456.3
- The program's purpose is to identify instances of fraud, waste and abuse.
- The SURS unit will attempt to review a portion of each provider type enrolled with Montana Medicaid each year.
- SURS reviews records to ensure that Medicaid requirements are met and that claims are paid correctly.
- SURS Authority is established by the Federal Register, Code of Federal Regulation, Montana Code Annotated and the Administrative Rules of Montana.

## What else is SURS responsible for?

- Provider Enrollment
  - Oversight
  - Verification
- Provider Termination  
[42 CFR 455.416]
- Provider Exclusion  
[42 CFR 455.436]
- Overpayment Recovery  
[ARM 37.85.406(9) and (10)]
- Identifying Underpayments  
[MCA 53-6-111]
- Working with other agencies when instance of fraud, waste and abuse are identified.

# Will we be reviewed again?

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# Questions?