

SURS LAP Presentation

Presented by:

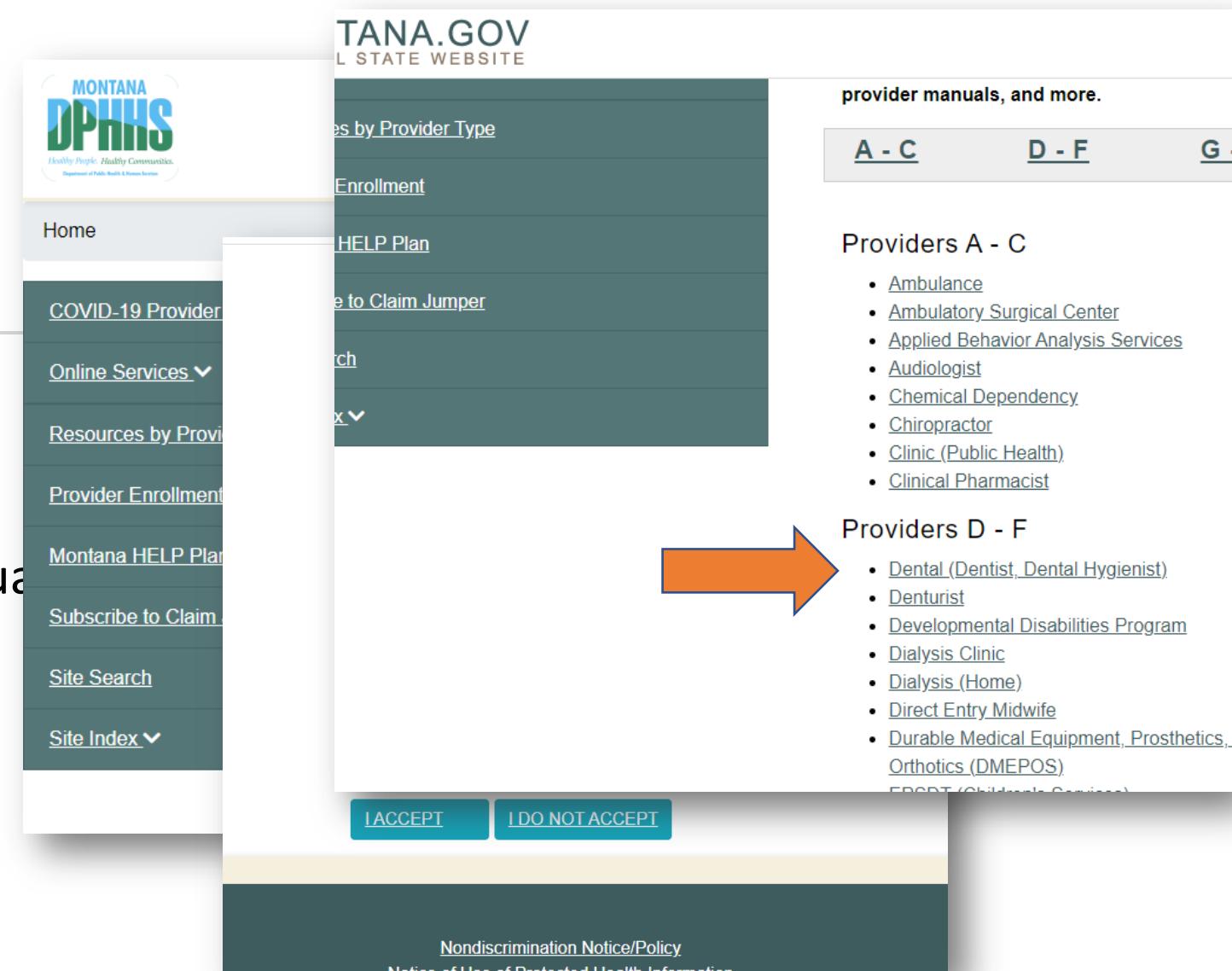
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Lynea Linz, Program Specialist: Dental and Transportation

Resources:

- medicaidprovider.mt.gov
 - Resources by Provider Type
 - Medicaid Provider Manual



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THE MONTANA STATE WEBSITE

Resources by Provider Type

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HELP Plan

How to Claim Jumper

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I ACCEPT

I DO NOT ACCEPT

Nondiscrimination Notice/Policy

Notice of Use of Protected Health Information

provider manuals, and more.

[A - C](#) [D - F](#) [G - Z](#)

Providers A - C

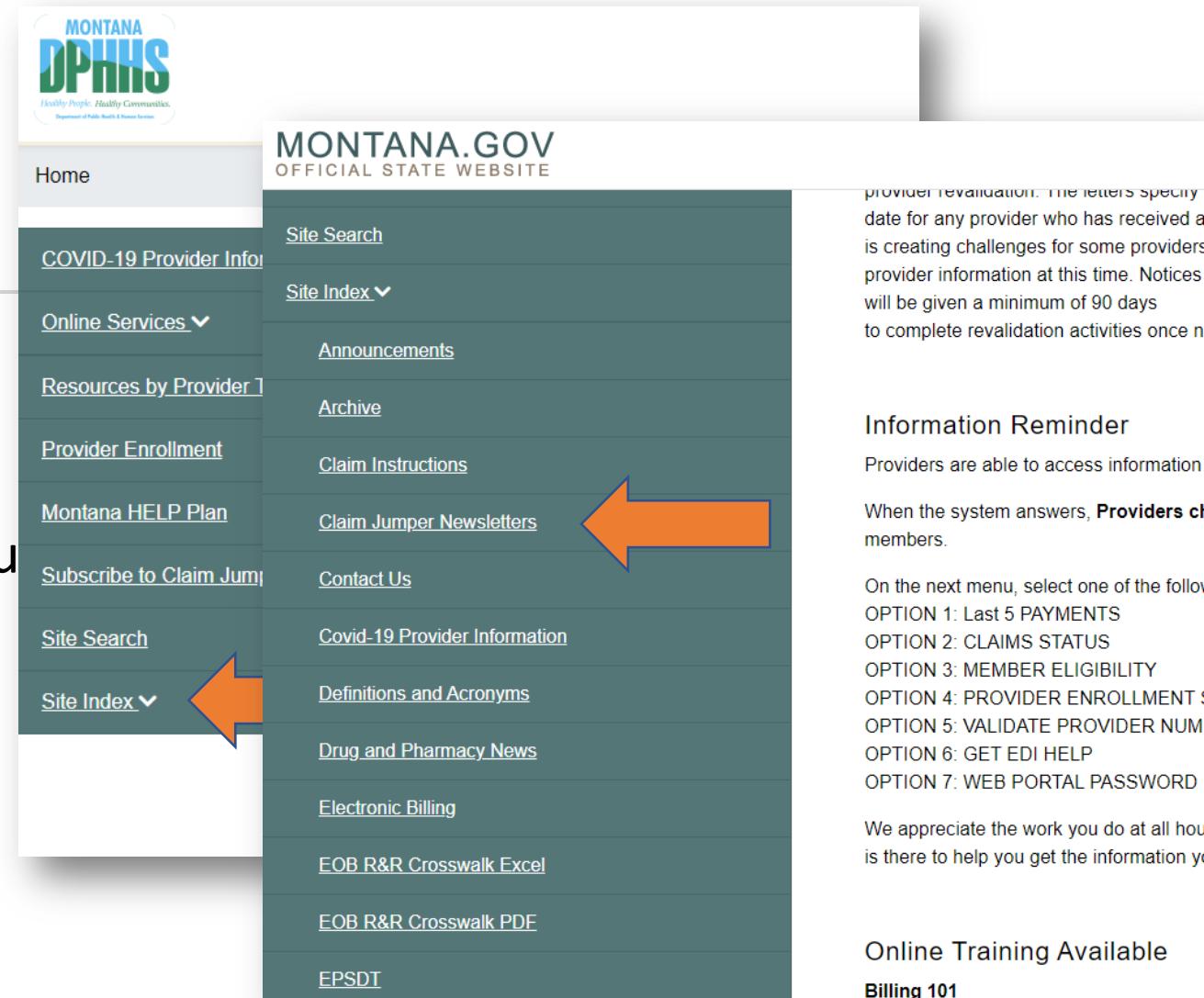
- [Ambulance](#)
- [Ambulatory Surgical Center](#)
- [Applied Behavior Analysis Services](#)
- [Audiologist](#)
- [Chemical Dependency](#)
- [Chiropractor](#)
- [Clinic \(Public Health\)](#)
- [Clinical Pharmacist](#)

Providers D - F

- [Dental \(Dentist, Dental Hygienist\)](#)
- [Denturist](#)
- [Developmental Disabilities Program](#)
- [Dialysis Clinic](#)
- [Dialysis \(Home\)](#)
- [Direct Entry Midwife](#)
- [Durable Medical Equipment, Prosthetics, Orthotics \(DMEPOS\)](#)
- [EBCDT \(Children's Services\)](#)

Resources:

- medicaidprovider.mt.gov
 - Resources by Provider Type
 - Medicaid Provider Manual
 - Provider Notices
 - Claim Jumper Newsletter



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[EOB R&R Crosswalk PDF](#)

[EPSDT](#)

provider revalidation. The letters specify a date for any provider who has received a is creating challenges for some providers provider information at this time. Notices will be given a minimum of 90 days to complete revalidation activities once n

Information Reminder
Providers are able to access information When the system answers, **Providers** cl members.
On the next menu, select one of the following:
OPTION 1: Last 5 PAYMENTS
OPTION 2: CLAIMS STATUS
OPTION 3: MEMBER ELIGIBILITY
OPTION 4: PROVIDER ENROLLMENT S
OPTION 5: VALIDATE PROVIDER NUM
OPTION 6: GET EDI HELP
OPTION 7: WEB PORTAL PASSWORD
We appreciate the work you do at all hours is there to help you get the information yo

Online Training Available
Billing 101

Resources:

- 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 – Chapter 37.85)
 - Dental Administrative Rules of Montana (rules.mt.gov – Chapter 37.86 Sub 10)
 - Administrative Rules of Montana LAP Scope of practice (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

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

What does that even mean?

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

Why were we targeted by SURS?

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?